

Real-world patient experience on intravenous and subcutaneous immunoglobulin administration for chronic inflammatory demyelinating polyneuropathy

Batyrkhan Kuatov,¹ Sarah-Jane Cashmore,² Noemi Hahn,² Julia Braverman,³ Laurence Undreiner,⁴ Shicheng Weng,³ Ben Gibbons,² Melissa Day⁵

1. CSL, Bern, Switzerland
2. Bryter Inc., New York, NY, United States
3. CSL, Waltham, MA, USA
4. CSL, Paris, France

Introduction

- Chronic inflammatory demyelinating polyneuropathy (CIDP) is an autoimmune disease affecting the peripheral nerve system¹
- CIDP results in sensory and reflex loss, fatigue, and a slow symmetrical onset of relapsing or progressive proximal limb weakness^{2,3}
- Immunoglobulin (Ig) therapy is the recommended first-line treatment for CIDP. Intravenous immunoglobulin (IVIg) is typically used as induction and maintenance therapy
- Subcutaneous immunoglobulin (SCIg) is a recommended maintenance treatment as an alternative to IVIg.⁴ SCiG allows patients to self-administer at home
- The administration method of Ig therapy has been shown to affect treatment satisfaction and patients' perception of their overall health and health-related quality of life⁵
- Understanding patient experiences with Ig therapy is essential for optimizing treatment strategies and improving quality of life

Objective

This study aimed to characterize patient experiences with Ig therapy in CIDP

Methods

- Eligible patients with CIDP using Ig from the United States and Canada completed an online questionnaire (30-minutes). It comprised 68 main items and 8 demographic/classification items, organized into domains assessing CIDP symptoms, treatment experience and satisfaction, IVIg/SCiG administration burden, treatment wear-off and interruptions, side effects, treatment preferences, and demographics
- Eligibility was determined through a structured screening questionnaire that assessed the following inclusion criteria: 18 years of age or older; have undergone at least one diagnostic procedure for CIDP; possess a physician-confirmed CIDP diagnosis; have their diagnosis established or current care managed by either a neurologist or neuromuscular disease specialist; be actively receiving either IVIg or SCiG therapy for CIDP management; and have maintained continuous Ig treatment for a minimum duration of 6 months

Results

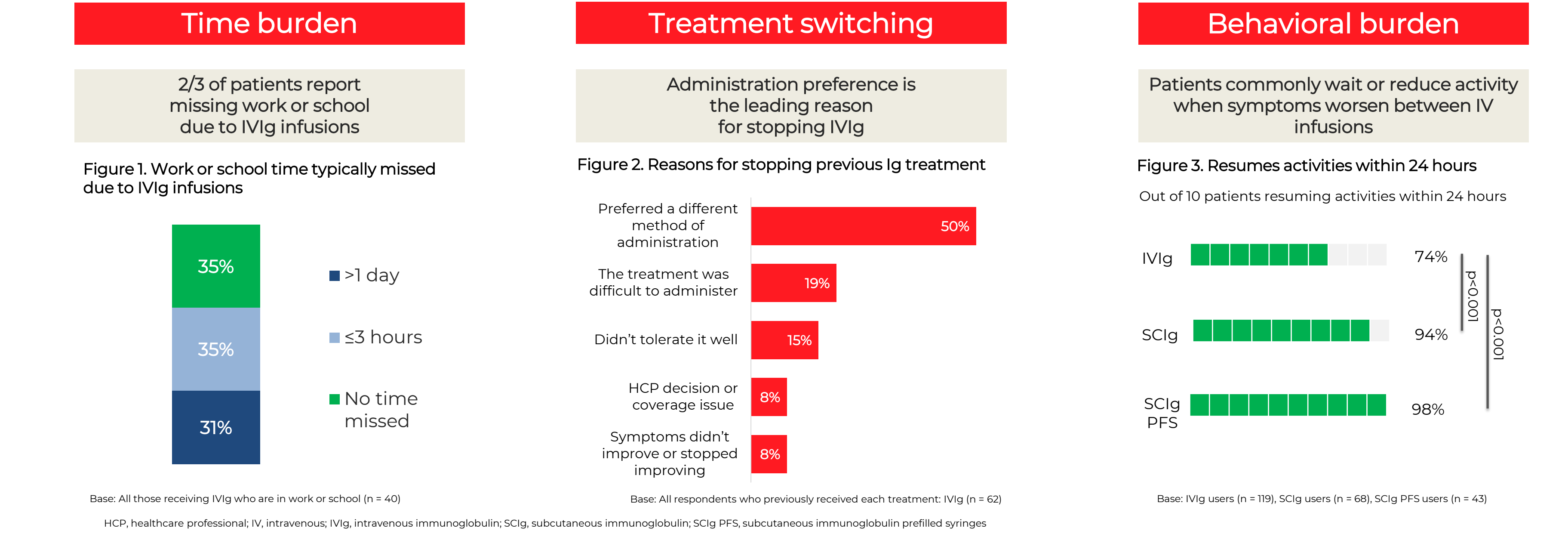


Figure 4. Self-reported % finding each treatment convenient

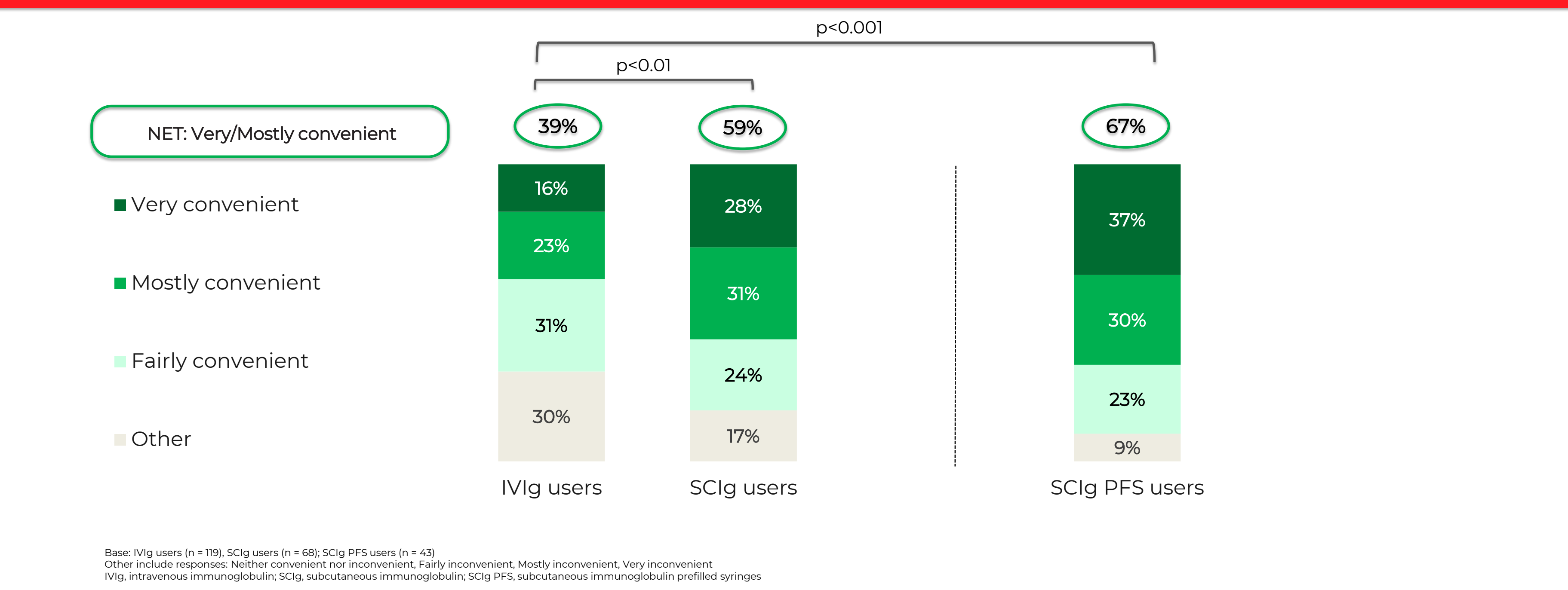
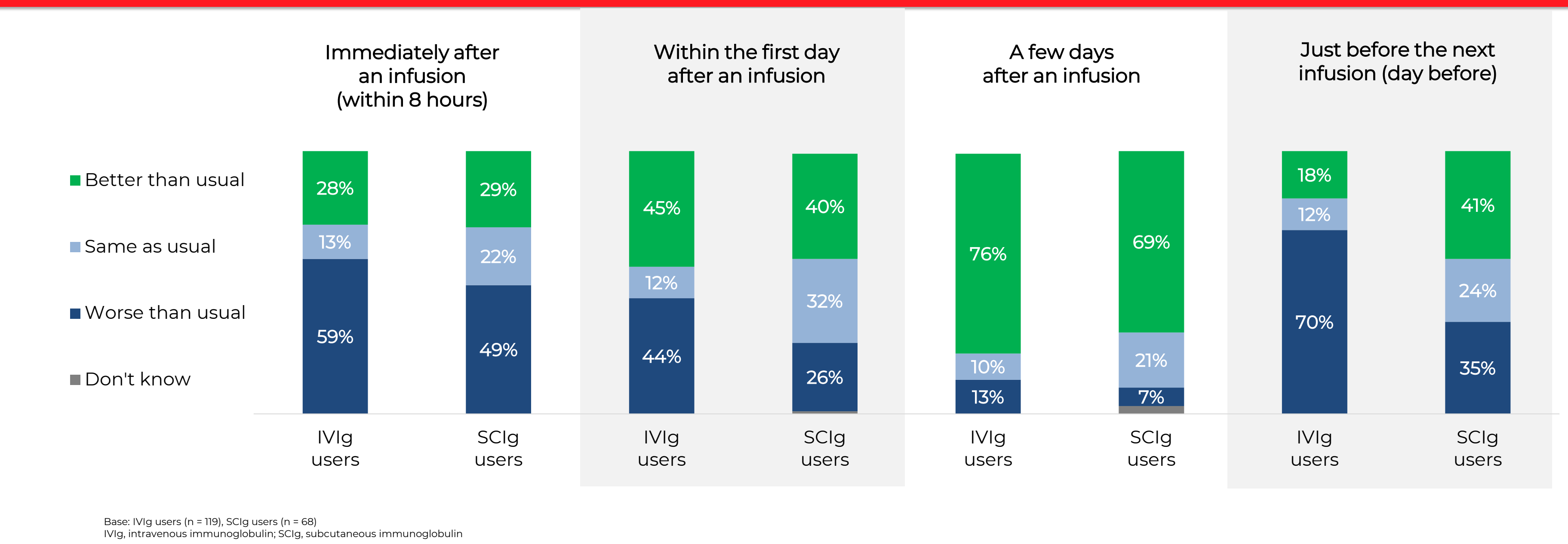


Figure 5. Self-reported 'feeling better' for IVIg vs SCiG users at various timepoints following their infusions



References:
For further information please contact:
medinfoNA@csllbehning.com

QR

Acknowledgments: The original poster was developed with support from Bryter. Editorial support for the development of this encore poster was provided by Bioscript Group, UK.

Conclusions

- IVIg treatment is associated with treatment burden, including missed work/school and symptom worsening between infusions
- Administration preference is a common reason for stopping IVIg, highlighting the relevance of treatment convenience
- SCiG is frequently reported as convenient, with the highest convenience ratings among prefilled syringe (PFS) users
- Many SCiG users report rapid return to daily activities and improved well-being after infusions
- Administration route and format appear to shape patient-reported experience and daily functioning in CIDP

Results

- A total of 187 patients with CIDP were enrolled in this study, comprising 150 patients from the United States and 37 from Canada. The mean age of the cohort was 55 years and there were more female patients (65%) than male (35%). At enrollment, 119 patients were receiving IVIg and 68 were receiving SCiG
- Among patients receiving IVIg, approximately two thirds of working patients and students reported missing work or school due to infusions, indicating a notable time burden (Figure 1)
- Administration preference was the most frequently reported reason for stopping IVIg (Figure 2)
- When symptoms worsened between infusions, most patients reported waiting until the next infusion or reducing daily activities, suggesting reliance on passive coping behaviors. Resumption of normal daily activities within 24 hours was more commonly reported by SCiG users than IVIg users (Figure 3)
- SCiG was more frequently rated as convenient than IVIg, with very or mostly convenient ratings reported by 59% of SCiG users and 67% of SCiG PFS users, compared with 39% of IVIg users (Figure 4)
- Across post infusion timepoints, a higher proportion of SCiG users reported feeling better after infusions, while IVIg users more commonly reported feeling the same or worse, particularly shortly after infusion (Figure 5)
- At both 6 months after treatment initiation and at the time of assessment, fewer SCiG users reported moderate or severe CIDP symptoms across several symptom domains compared with IVIg users (Figure 6)
- In the 3–6 days before the next infusion, symptom worsening was reported less frequently by SCiG users, while a greater proportion reported no symptom worsening compared with IVIg users (Figure 7)

Figure 6. Severity of CIDP symptoms (reported as very/fairly severe) experienced (A) 6 months after starting Ig treatment, (B) Currently. Statistics performed on IVIg users vs SCiG users

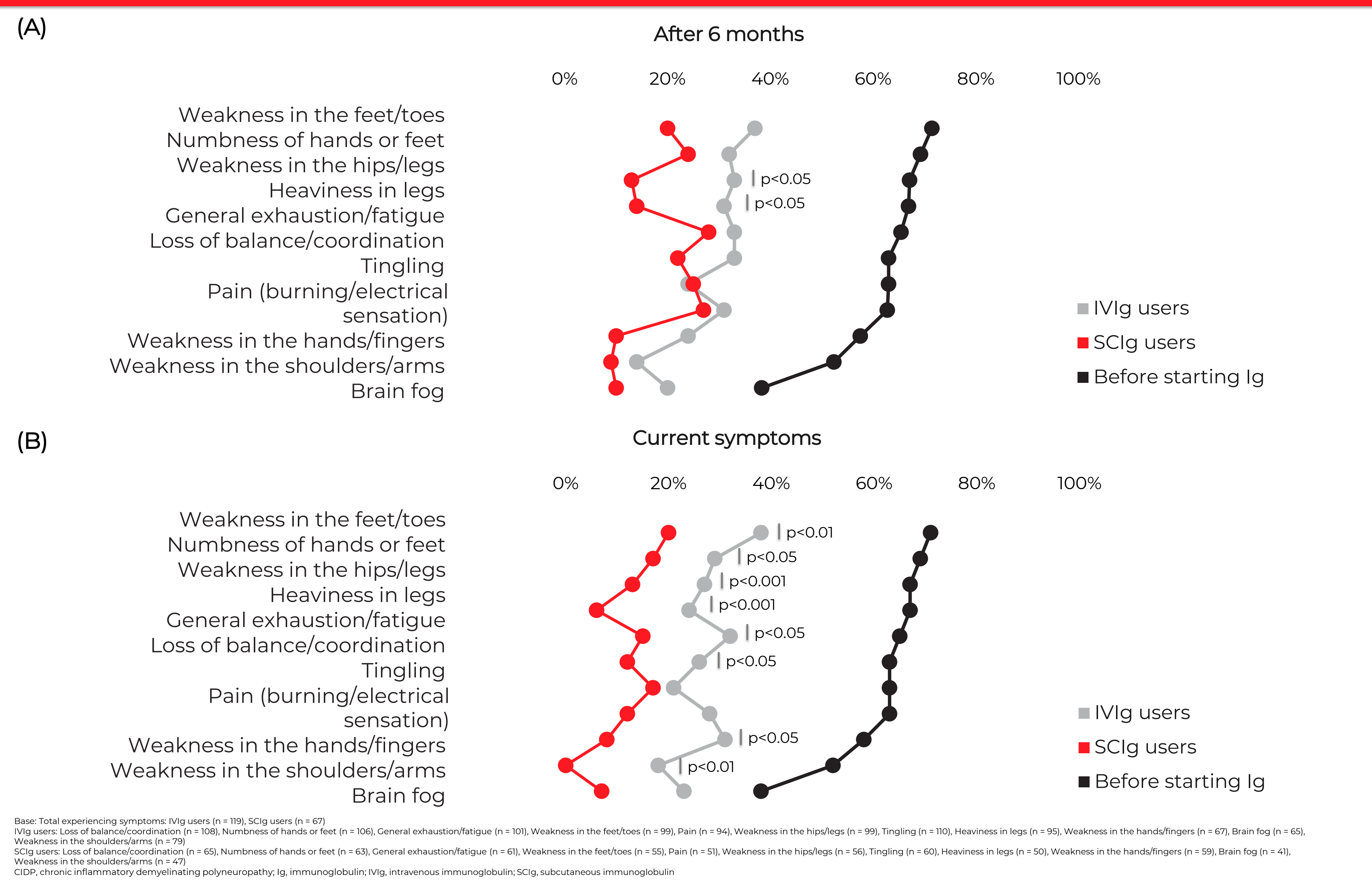


Figure 7. Percentage of IVIg and SCiG users experiencing worsening of each CIDP symptom 3–6 days before their next infusion

