

The Burden people suffering from CIDP experience In terms of Utilities: Comparison With The General Population

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Introduction

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) is a rare, progressive and severe autoimmune disorder, resulting in disability due to limb weakness and/or sensory deficits.

Objectives

To perform a post-hoc comparison of utility values between CIDP patients treated with efgartigimod and the general population, and their association with disease severity.

Methods

- POPUP is a multinational digital observation study to estimate health-related quality-of-life norms among the general population.
- Efgartigimod is a new subcutaneous treatment option for patients with CIDP. The efficacy of efgartigimod was demonstrated in the ADHERE trial.
- In stage A of ADHERE, patients received efgartigimod for 12 weeks or until Evidence of Clinical Improvement (ECI), derived from the adjusted INCAT disability score, I-RODS centile metric score and mean grip strength of either right or left hand.
- EQ-5D-5L utility values and Visual Analogue Scale (VAS) scores of stage A were compared to the general population for responders (ECI) and non-responders (no ECI).
- Utility values ranged from 1 (full health) to -1, with 0 corresponding to death.
- The adjusted Inflammatory Neuropathy Cause and Treatment (INCAT) scale was used to measure the degree of disability (0 = no disability, 10 = severely disabled).

Abbreviations: CIDP: Chronic Inflammatory Demyelinating Polyneuropathy, ECI: Evidence of Clinical Improvement, EQ-5D-5L: EuroQoL 5-Dimension 5-Level, VAS: visual analogue scale, INCAT: Inflammatory Neuropathy Cause and Treatment, SD: Standard Deviation, SE: Standard Error, I-RODS: Inflammatory Rasch-built Overall Disability Scale

In patients with CIDP treated with efgartigimod in ADHERE:

- Patients responding to treatment (**responders**) on average showed an improvement in EQ-5D-5L utility value and EQ VAS score, while patients not responding to treatment (**Non-Responders**) remained at a similar level.
- Adhere CIDP patients had lower utility values than the **General population**.
- Non-Responders** had lower utility values than **Responders**.
- Higher disease severity is associated with lower utility values.

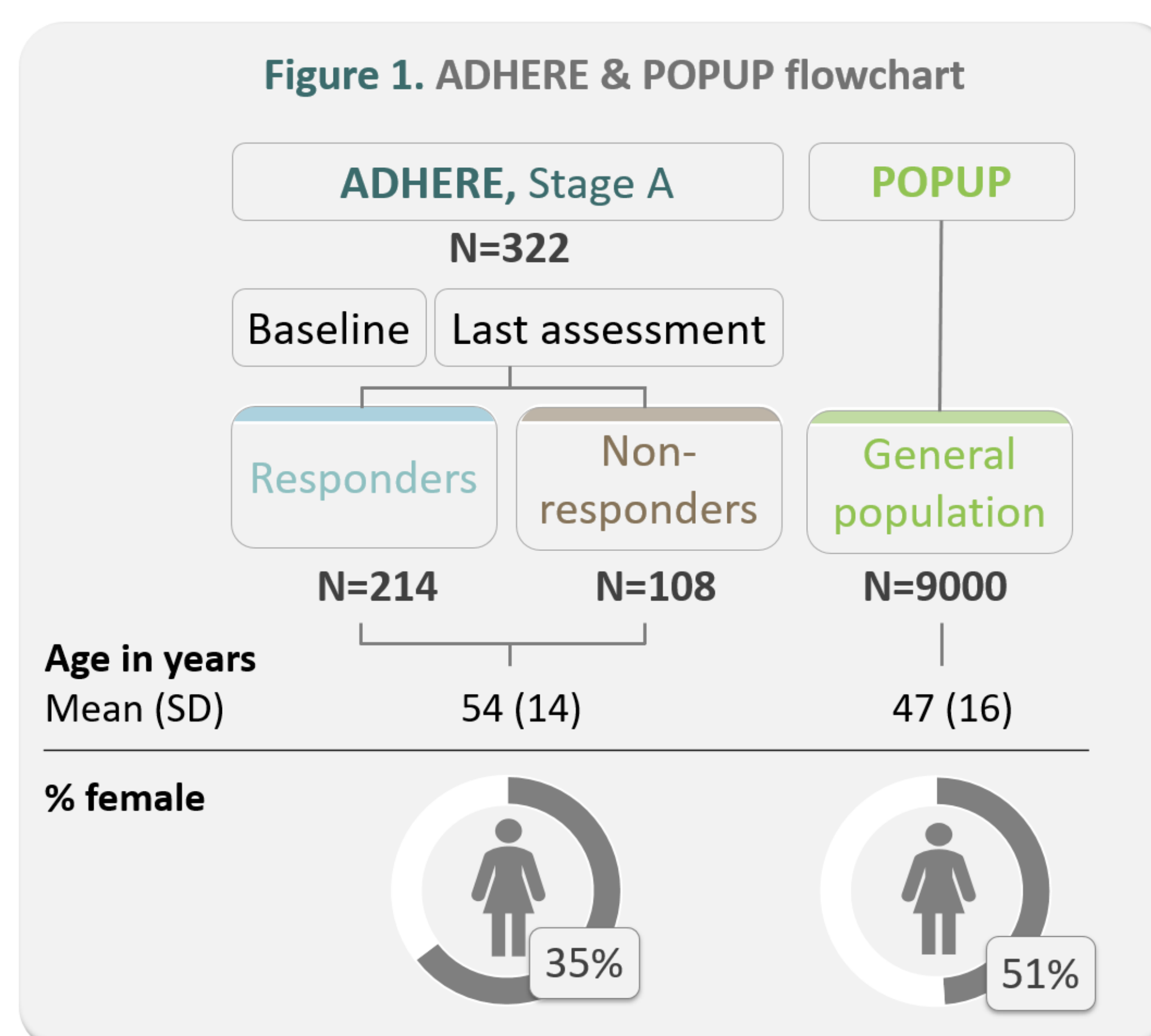


Table 1. Mean (SE) EQ VAS and EQ-5D-5L utility values for the general population

	POPUP	General population
EQ-5D-5L utility values		0.799 (0.002)
EQ VAS		75.7 (0.18)

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Results

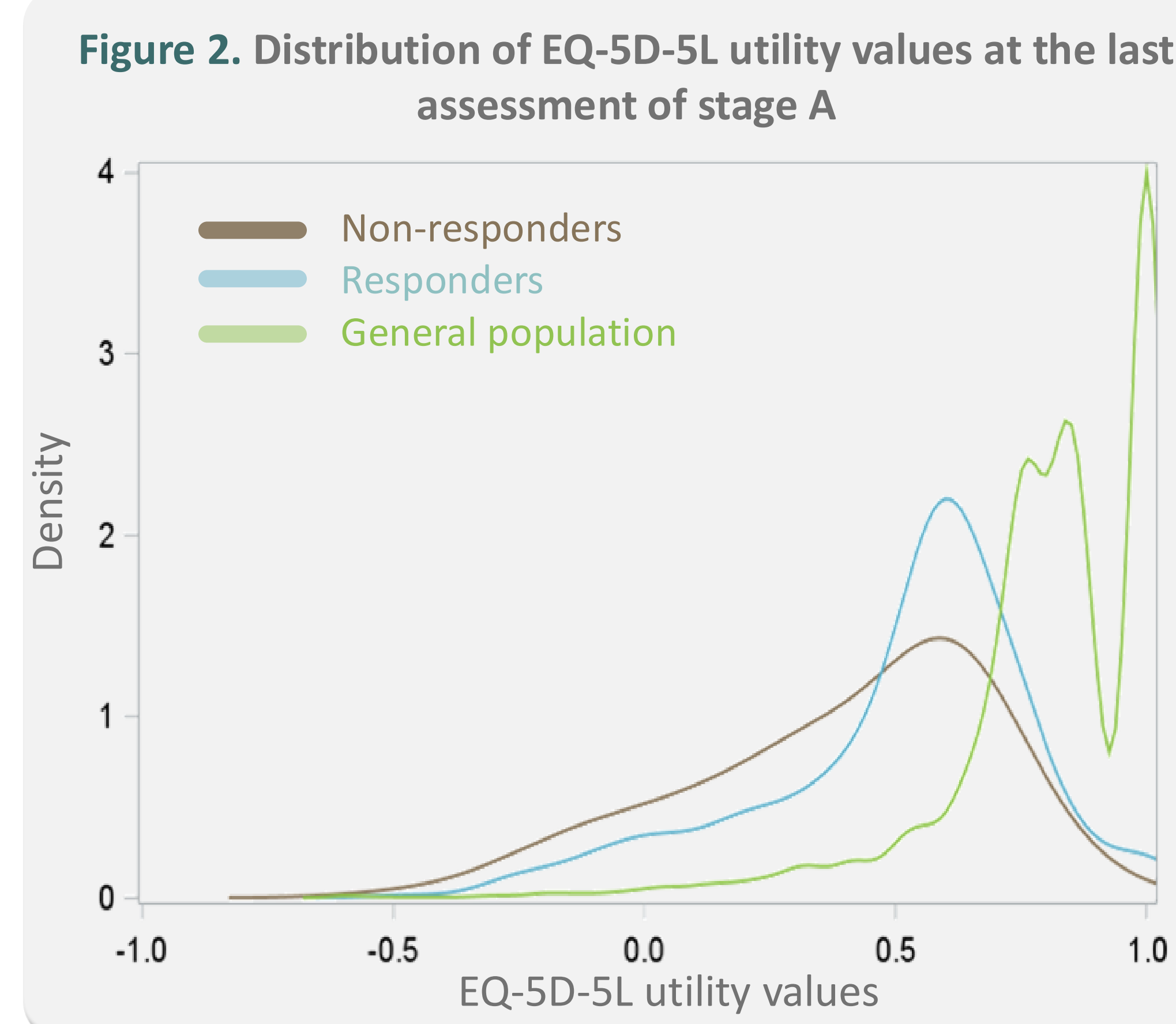


Table 2. Mean (SE) EQ VAS and EQ-5D-5L utility values in stage A, for responders and non-responders.

ADHERE	Responders	Non-responders
Number of observations of EQ-5D and VAS in stage A		
Baseline	209	106
Last assessment	190	88
Change from baseline	187	88
EQ-5D-5L utility values in stage A		
Baseline	0.417 (0.018)	0.386 (0.027)
Last assessment	0.601 (0.018)	0.399 (0.035)
Change from baseline	0.195 (0.019)	0.000 (0.034)
EQ VAS in stage A		
Baseline	51.4 (1.40)	49.8 (2.12)
Last assessment	65.7 (1.29)	53.1 (2.49)
Change from baseline	14.5 (1.54)	2.7 (2.43)

