

Characterizing Knowledge and Perceptions Towards P-Selectin Inhibitor Therapy and its Use Among Sickle Cell Disease Patients and Providers

November 6, 2022 - APHA

Presented by: Miles Thomas, MS-3 VTCSOM

Inclusive Introduction

Presenter Disclosures

Characterizing Knowledge and Perceptions Towards P-Selectin Inhibitor Therapy and its Use in Sickle Cell Disease Patients and Providers

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 24 months:

No relationships to disclose

The I-SPY DATA Lab



Charlotte Baker, DrPH, MPH, CPH

Assistant Professor

Members of the I-SPY DATA Lab

- Tosin Ogunmayowa
- Sarah Frey
- Oziomachukwu Chinaka
- Miles Thomas

Abstract Authors

Miles Thomas, MS-3

Virginia Tech Carilion School of Medicine

Mandy Atkinson, MD

Carilion Clinic Pediatric Hematology & Oncology

Charlotte Baker, DrPH, MPH, CPH

Virginia-Maryland College of Veterinary Medicine at Virginia Tech



Background and Knowledge Gap

- Crizanlizumab was approved in 2019 for the reduction of vaso-occlusive crises (VOCs) in sickle cell disease (SCD).^{1,2}
- Crizanlizumab appeared to be sparsely used as of 2022, per TriNetX data review.
- How is crizanlizumab deployed in the community? What considerations dictate its use?
- Knowing the barriers and perceptions in using crizanlizumab would help us understand the uptake of newly approved medications in this patient population.

¹Food and Drug Administration (11/2019). Crizanlizumab Drug Label. Retrieved 3/28/2021 from https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/761128s000lbl.pdf

²Lee, B. Y. (2019). FDA Approves Crizanlizumab, A New Drug For Sickle Cell Disease. Forbes. Retrieved 4/28/22 from <https://www.forbes.com/sites/brucelee/2019/11/17/fda-approves-crizanlizumab-here-is-a-new-drug-for-sickle-cell-disease/?sh=1a1a2e162b78>

Study Objectives

1. Establish frequency of crizanlizumab use.
2. Identify clinical and demographic characteristics of patients taking this medication.

Hypothesis:

- There will be a low rate of crizanlizumab use among patients potentially eligible.

TriNetX Data Analysis

Methods

- **Retrospective descriptive analysis**
- Patients with a **diagnosis of SCD with and without crisis** (ICD-10 codes D57.0, D57.1, D57.2, D57.4, D57.8), excluding those with sickle cell trait (D57.3) were retrospectively identified through the TriNetX research network, comprising **EHR data from 58 HCOs**.
- De-identified EHR data for **46,340 patients** meeting the above mentioned criteria was transferred to the study team.

Data Cleaning

Diagnosis or Procedure	Code Types	Codes	TriNetX Data Set	Columns returned
SCD with Crisis	ICD10 and ICD9	D57.0, D57.21, D57.41, D57.43, D57.45, D57.81, 282.62, 282.69, 282.64	Diagnosis	ICD10 - 730,882 ICD9 - 363,044
Hydroxyurea	NDC and RxNORM	0003-6335-17, 0003-6336-17, 0003-6337-17, 0003-0830-50, 0904-6939-61, 70518-0916-0, 0555-0882-02, 10135-702-01, 49884-724-01, 42291-321-01, 68084-284-01, 69315-164-01, 55154-7143-0, 60429-265-01, 71770-105-60, 71770-120-30, 216755, 151871, 5552,1999309,200342, 200343, 200344,105602, 197797,1999308, 1999314, 1999316	Medication Ingredients and Drugs	Med_Ingred - 592908 Med_Drug - 262,264
Crizanlizumab	NDC and RxNORM	2262279, 2262430, 78088361	Medication Ingredients and Drugs	Med_Ingred - 4,468 Med_Drug - 117
Voxelotor	NDC and RxNORM	2265683, 2265689, 2265678, 72786010101	Medication Ingredients and Drugs	Med_Ingred - 5,401 Med_Drug - 1,426
Blood Transfusions	ICD-10-PCS, ICD-9-CM, CPT, SNOMED, HCPCS	30233N0, 30233N1, 30233H, 30243H, 30243N, 99.0, 99.00, 99.01, 99.02, 99.03, 99.04, 36430, 36455, P9010, P9011, P9016, P9021, P9022, P9038, P9039, P3040, P9051, P9054, P9057, P9058	Procedure	161,831
HgA	LOINC	4546-8, 20572-4, 42244-4, 10346-5	Lab_Result	128,990
Pregnancy	ICD10 and ICD9	O00-O9A, Z33, Z33.1, Z34, O00-O08, V22, V22.0, V22.1, V22.2	Diagnosis	59,880

Crizanlizumab Eligibility Criteria

- ≥ 2 crisis diagnosis codes in past 12 months
- ≥ 1 hydroxyurea medication code
- Not pregnant within past 462.5 days (280 days (40 wks) pregnancy + 182.5 days (6 mo) average for breastfeeding)
- Less than 24 blood transfusion procedure codes in past 24 months
- No history of voxelotor medication codes
- Hemoglobin A $\leq 20\%$
- No date of death in EHR

Statistical Methodology

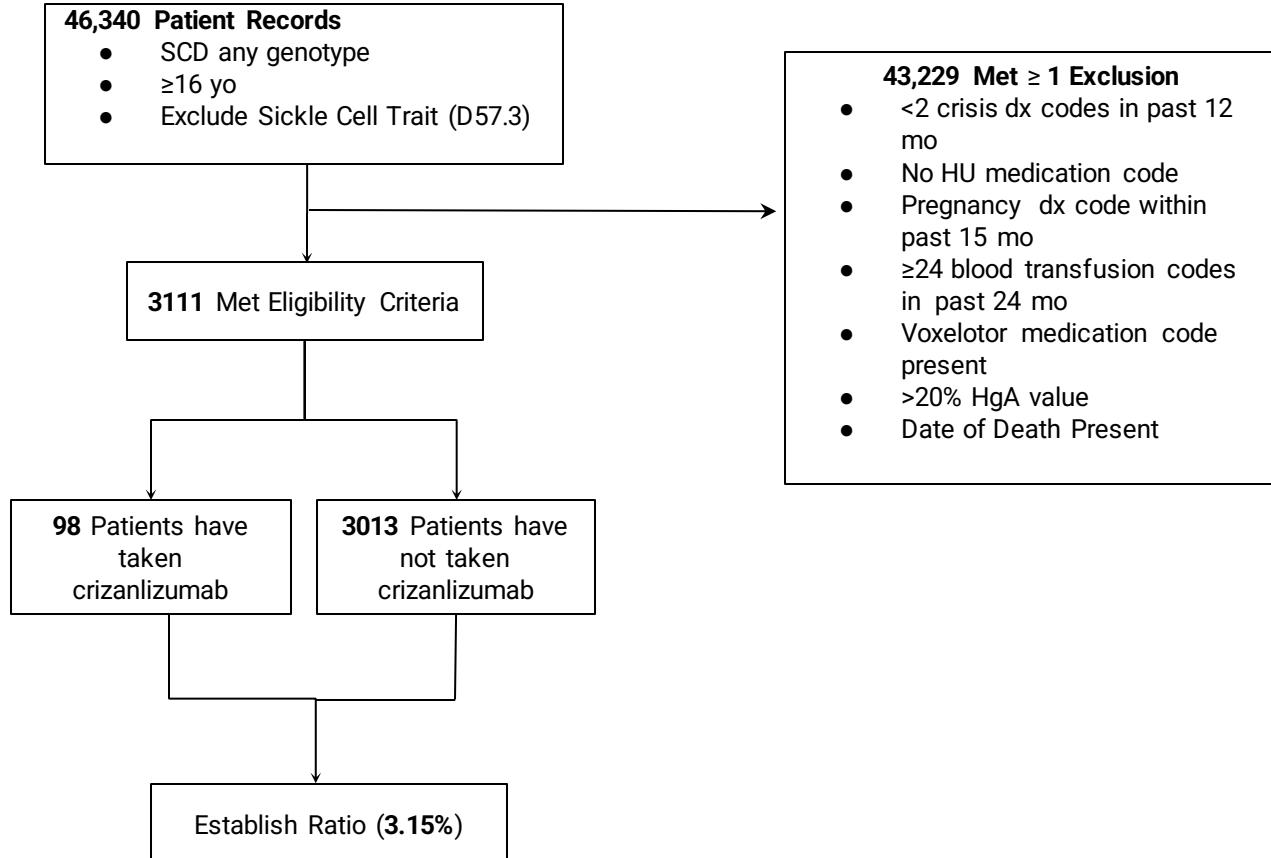
Descriptive Analysis:

- Measures of central tendency reported as mean for continuous data, compared with 2 sample t-test.
- Categorical data reported as counts (%), compared via chi-square test.
- P value of 0.05 considered statistically significant.



***Percentage of patients taking crizanlizumab is small among those “eligible”.**

***But much larger than the percentage among all patients (0.7%)**



Next Step

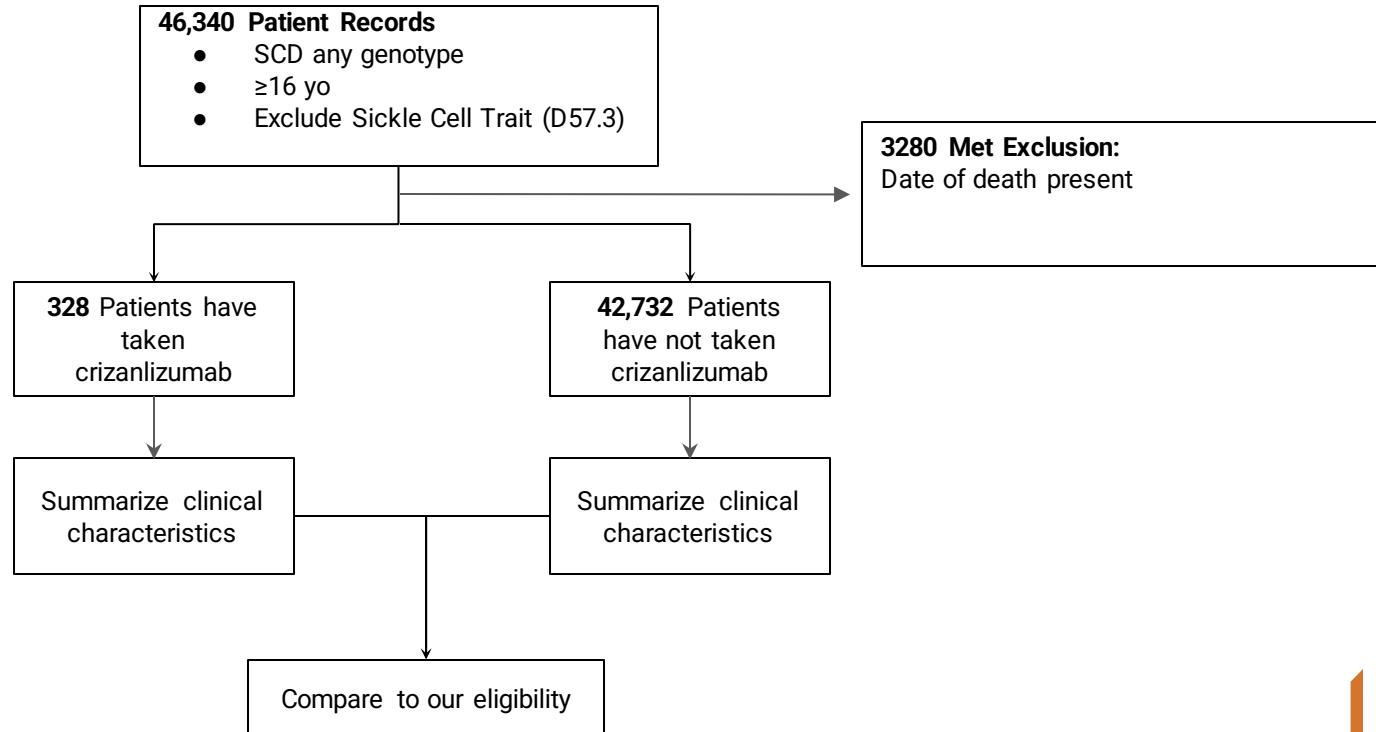


Table 1. Characteristics of crizanlizumab vs. non crizanlizumab

Variable	Crizanlizumab (N = 328)	Non-Crizanlizumab (N = 42,732)	P-value or Total
Mean Age (range) - yr	33.9 (17-75)	41.5 (16-90)	<0.01
Sex - no. (%)			
Male	115 (35%)	16629 (37%)	0.43
Female	213 (65%)	28145 (63%)	
Meet Study Inclusion Criteria (%)	98 (29.9%)	3013 (7.1%)	3111
Geographic Region - no. (%)			
- Midwest	72 (22.0%)	4997 (12.3%)	
- Northeast	13 (4%)	10334 (25.5%)	
- South	225 (68.6%)	23448 (57.8%)	
- West	8 (5.5%)	1578 (3.9%)	
- Ex-US	0 (0.0%)	245 (0.6%)	<0.01
Number Crisis Codes - no of patients.			
- 0	43 (13.1%)	33538 (78.5%)	
- 1-2	17 (5.2%)	3018 (7.1%)	
- 3-4	8 (2.4%)	1310 (3.1%)	
- 5+	260 (79.3%)	4866 (11.4%)	<0.01

Table 1 continued. Characteristics of crizanlizumab vs. non crizanlizumab

Characteristic	Crizanlizumab (N = 328)	Non-Crizanlizumab (N = 42,732)	P-value or Total
Other Complications - Mean (SD)* - Acute chest syndrome - Splenic sequestration - Cerebral Vascular Involvement	2.01 (6.08) 0.018 (0.23) 0.03 (0.26)	0.1 (1.17) 0.008 (0.5) 0.013 (0.39)	- <0.01 - 0.73 - 0.36
Mean number of emergency encounters (SD)	39.9 (107.6)	32.2 (7.8)	<0.01
HU Status - no (%) - Hx of HU - None	295 (89.9%) 33 (10.1%)	10703 (25.0%) 32029 (75%)	<0.01

*Not including ICD-9-CM diagnoses before 10/1/2015 (Not well enough defined in the data)

Limitations and Areas for Further Exploration

- Eligibility criteria is not consistent across private payers and state Medicaid programs. Our eligibility criteria may have been too restrictive.
- Diagnosis codes give us a rough proxy for healthcare encounters associated with a disease, but they do not substitute a detailed chart review.
- Our data may not have captured prescriptions given in the context of a clinical trial.

Next Steps

Patient and Provider Surveys

Survey Aims:

- *Identify rationale and considerations used by providers for prescribing crizanlizumab.*
- *Assess awareness and perceptions towards crizanlizumab.*
- *Identify barriers to access and which barriers most strongly prevent treatment with this medication.*

Thank You!

Feel free to reach out

Email: milest@vt.edu

Phone: 208-794-7033