Abstract: P2008

Title: PATIENT JOURNEY TO DIAGNOSIS AND TREATMENT OF HYPEREOSINOPHILIC SYNDROME IN EUROPE AND THE UNITED STATES: EVIDENCE FROM A REAL-WORLD SURVEY IN CLINICAL PRACTICE

Abstract Type: e-Poster Presentation

Topic: Myeloproliferative neoplasms - Clinical

Background:

Hypereosinophilic syndrome (HES) encompasses a group of rare diseases characterized by persistent hypereosinophilia in the blood or tissue, associated with eosinophil-mediated organ damage and dysfunction. The pathophysiology of HES is heterogeneous and symptoms vary in severity. Patients with HES face debilitating symptoms often requiring hospital admission and cycling between multiple healthcare professionals (HCPs), resulting in a substantial disease burden exacerbated by delays in referrals, diagnosis and treatment.

Aims:

This real-world study characterized the patient journey to diagnosis and treatment of HES.

Methods:

Data were drawn from the Adelphi Real World HES Disease Specific Programme™, a crosssectional survey of physicians and their patients in France, Germany, Italy, Spain, the United Kingdom and the United States from July–December 2023. Physicians managing ≥3 patients with HES per month provided data for 2–4 consecutively consulting patients, reporting patient demographics, disease milestones, symptoms and severity. The DSP collected data on patients with HES without an identifiable non-hematologic secondary cause (HESWOINHC), a subgroup of HES, excluding clonal HES (genetic overproduction of eosinophils) and reactive HES (from underlying conditions such as malignancies or infections). Descriptive analyses were performed on interim data.

Results:

In total, 103 physicians provided data on 398 patients. Mean (standard deviation; SD) patient age was 43.6 years (16.1) and 62% of patients were male. Mean (SD) time from symptom onset to first HCP consultation was 3.1 (5.4) months, mean (SD) age at symptom onset was 38.6 (16.3) years. Of 376 patients with available data, 63% initially consulted a primary care physician (PCP), 34% a specialist, 2% visited an emergency department and 1% consulted other HCPs. The patient journey is shown in the **Figure**.

Mean (SD) time from symptom onset to diagnosis was 7.9 (9.9) months; mean (SD) age at diagnosis was 40.7 (16.7) years. Based on physician assessment, 74% of patients had moderate or severe disease at diagnosis. Before diagnosis, 383 patients consulted a mean (SD) of 2.6 (2.1) different physicians. Patients typically underwent multiple reviews before receiving a HES diagnosis, most commonly: PCPs (44%, mean 2.5 [1.2] visits), allergists/immunologists (33%, mean 2.1 [1.1] visits), hematologists (31%, mean 2.2 [1.7] visits), internists (26%, mean 1.9 [0.7] visits) and pulmonologists (23%, mean 1.8 [0.7] visits). Patients diagnosed in the 12 months before survey completion (n=117) consulted physicians a mean (SD) of 4.2 (3.6) times before diagnosis. Patients (n=385) were commonly diagnosed by hematologists (31%), allergists/immunologists (15%), internists (11%), gastroenterologists (8%) and pulmonologists (8%). The most common symptoms experienced by patients who were symptomatic at data collection are reported in the **Figure**.

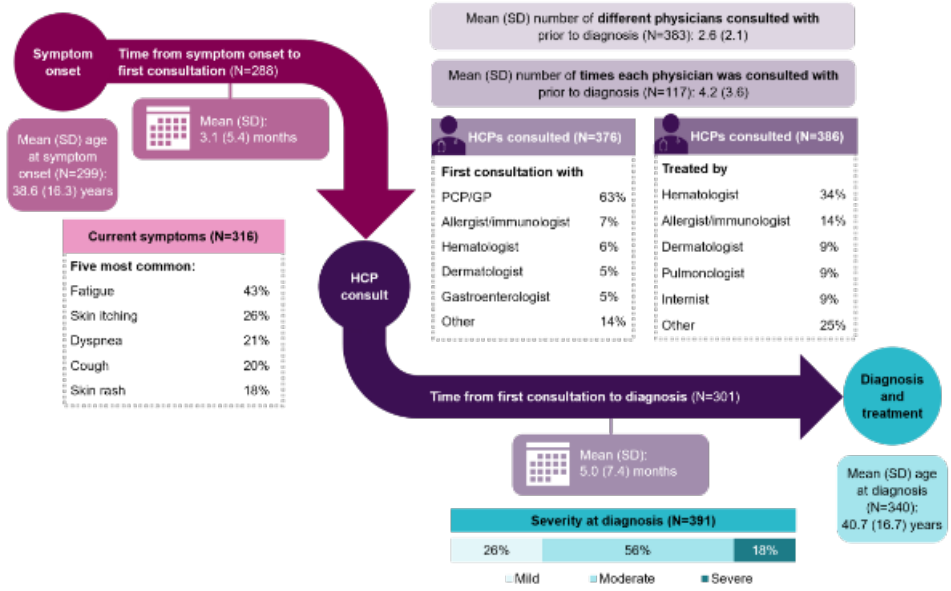
Treatment was initiated in patients (n=386) by hematologists (34%), allergists/immunologists (14%), dermatologists (9%), pulmonologists (9%) and internists (9%). Patients (n=393) consulted a mean (SD) of 1.8 (1.6) different physicians regarding treatment, commonly hematologists (41%), pulmonologists (19%) and

allergists/immunologists (17%). Patients had a mean (SD) of 7.3 (6.9) consultations in 12 months prior to survey completion. At survey completion, 22% of patients had moderate or severe disease.

Summary/Conclusion:

The diverse clinical presentation and varying symptom severity of HES complicate patient management and result in multiple referrals and diagnostic delays, underscoring a need for greater disease awareness.

Figure. Patient journey from onset of HES symptoms to diagnosis and treatment



GP, general practitioner; HCP, healthcare professional; HES, hypereosinophilic syndrome; N, number of patients; PCP, primary care physician.

Keywords: Myeloproliferative disorder, Real world data, Quality of life, Hypereosinophilic syndrome