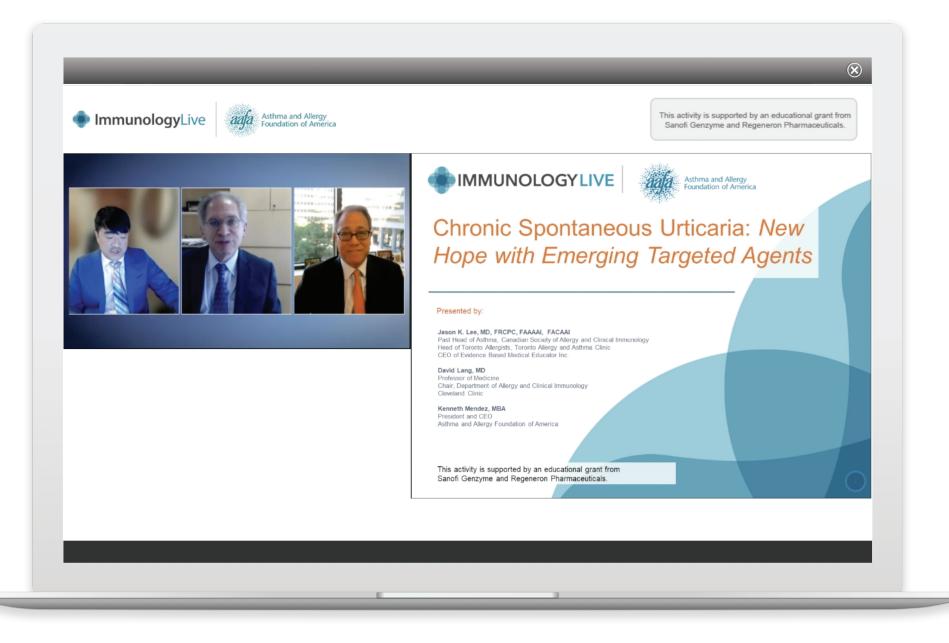
Online Education with the Patient Voice Highlights Continuous Gaps in Care and Needs for Therapeutic Options for Chronic Spontaneous Urticaria Management

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INTRODUCTION

BACKGROUND: Patients with chronic spontaneous urticaria (CSU) cycle through visits with multiple clinicians (HCPs) without relief due to missed diagnoses or inadequate treatments. We evaluated the impact of online continuing education (CME) on HCPs' ability to address patient needs by optimizing CSU diagnosis and antihistamine dosing.



METHODOLOGY

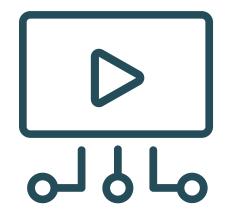
Educational Program and Evaluation Details





Advocacy group: Asthma and Allergy Foundation of America (AAFA)

Education: PlatformQ Health and Postgraduate Institute for Medicine (PIM)



Interventions

A 1-hour online CME activity broadcast live in September 2021 and available on-demand for a year. A representative from AAFA sat on the panel and video segments of patient interviews were included to represent the patient voice.



Changes in knowledge and competence, reported behavior, engagement, and identification of continuing gaps.



Measurements

Questions asked before, immediately post, and 2 months after the activity. Chi Square tests were used for statistical analysis.





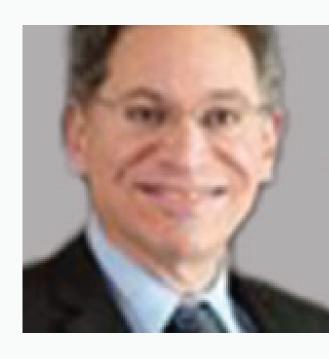
METHODOLOGY

Chronic Spontaneous Urticaria: New Hope with Emerging Targeted Agents

Learning Objectives:

- 1. Account for high disease burden resulting from delays in diagnoses and multiple treatment failures experienced by many CSU patients when making therapeutic decisions
- 2. Explain the limitations of current management of CSU with second-generation H1-antihistamine and anti-lgE agents, even when used at their maximal, guideline-recommended doses for CSU
- 3. Describe how agents that block interleukin signaling involved in T2 inflammation pathways may provide an alternative to omalizumab for patients who are symptomatic despite use of H1 antihistamines or who are naïve to, intolerant of, or incomplete responders to omalizumab
- 4. Summarize the anticipated place of emerging agents targeting T2 inflammation in the treatment of CSU

Faculty



David M. Lang, MD **Professor of Medicine** Chair, Department of Allergy and Clinical Immunology **Cleveland Clinic**



Kenneth Mendez, MBA President and CEO Asthma and Allergy Foundation of America

Jason K. Lee, MD, FRCPC, FAAAAI, FACAAI Past Head of Asthma, Canadian Society of Allergy & Clinical Immunology Head of Toronto Allergists, Toronto Allergy and Asthma Clinic CEO of Evidence Based Medical Educator Inc.





PIM Postgraduate Institute for Medicine

RESULTS

Learner Demographics



total

learners

2,182



MD/NP/PA

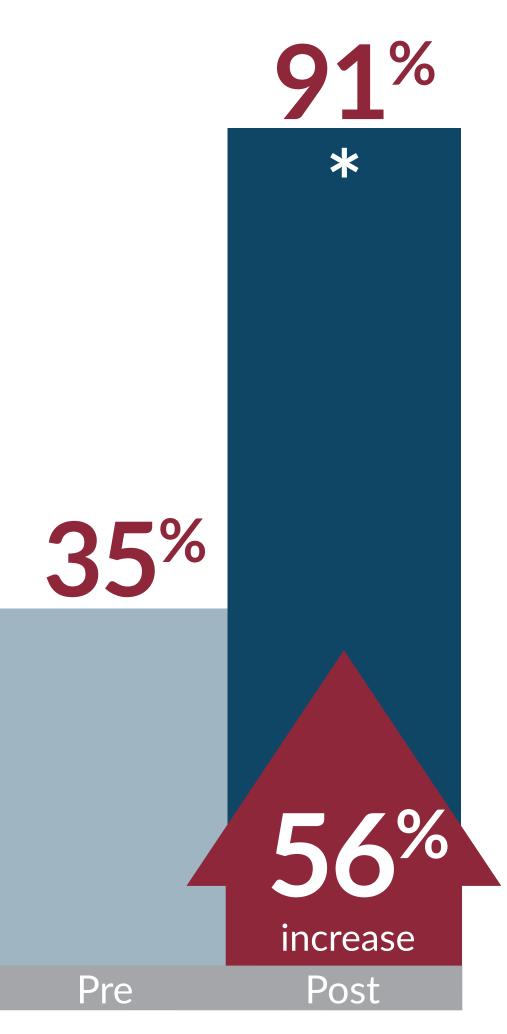
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Learner Engagement



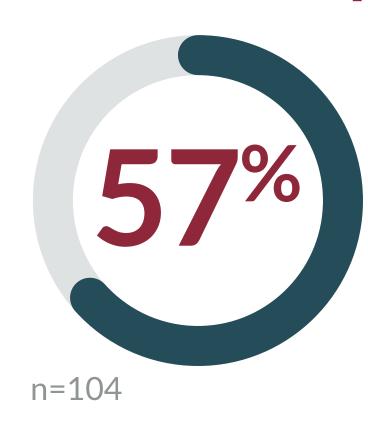
average of weekly CSU patients seen

Changes in Knowledge/Competence

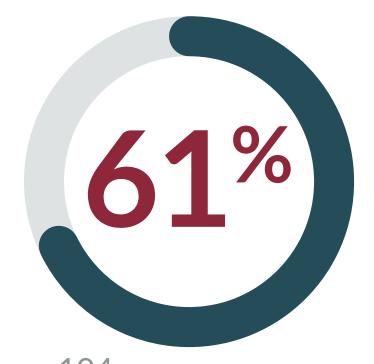


Optimization of antihistamine dosing

certificates slide downloads awarded **Positive Impact on Clinical Practice and Patient Experience**



of learners reported the activity positively impacted their clinical practice



of learners reported the activity positively impacted their patients' experiences or outcomes

"Increase 4-fold the dose of antihistamine when low-dose antihistamine has no effect on patients with CSU."

"Started increasing the dose of second-generation antihistamines."

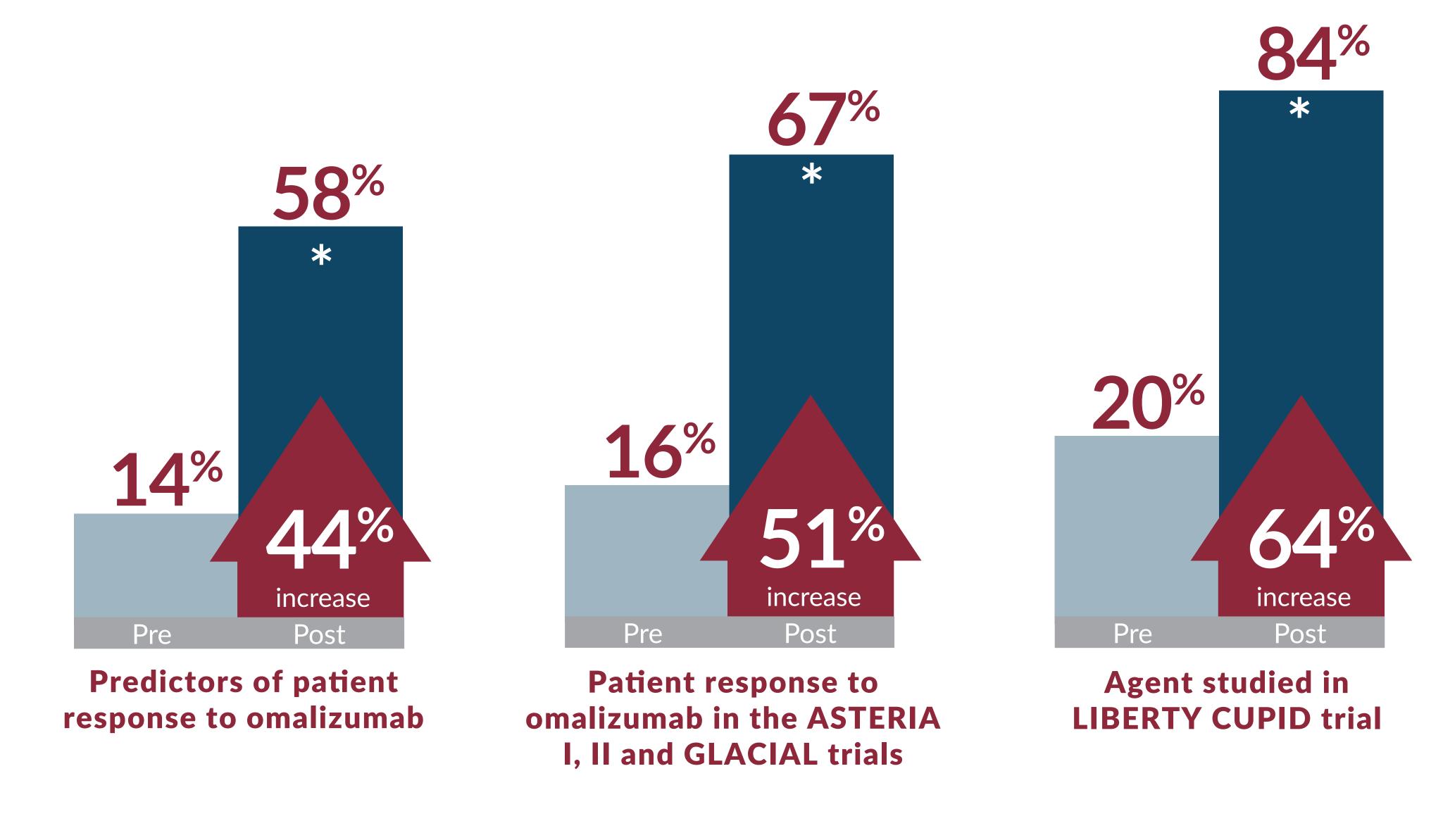
"Use dupilumab (when available).'

CONCLUSION

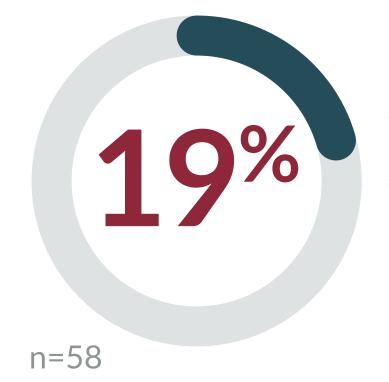
Incorporating the patient voice into CME was associated with successful activation of HCPs to proactively optimize the diagnosis and management of CSU. Future education will build upon these impacts by enhancing awareness of emerging options for patients who do not respond to antihistamines.



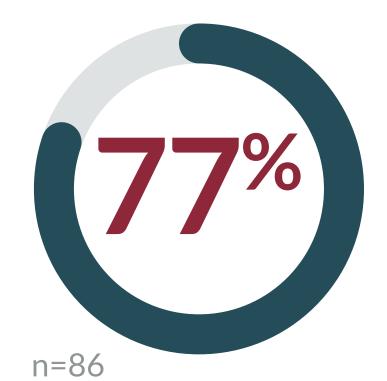
n = 4,012 pretest, n = 2,611 posttest; *P<0.05



Provider Insights



of learners consider themselves very experienced treating people who are not responsive to antihistamine



of learners report following the correct steps to diagnosing

"Explaining available treatments and how they may help makes patients less anxious about CSU."

"Before I would have a patient fail omalizumab and would think the only recourse was oral immunomodulators with a less than ideal safety profile. Now I would consider dupilumab as a next step in these patients."