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## INTRODUCTION AND OBJECTIVES

- Chronic urticaria (CU) has considerable physical and psychological burden on the lives of patients.<sup>1</sup>
- Despite a growing body of clinical evidence on CU, the burden is often underestimated, and the patient's perspective is not widely understood and acknowledged. This disconnect in the patient-physician dialogue has been reported, with patients with CU reporting feelings of not being understood by their physician.<sup>2</sup>
- The Urticaria Voices study aimed to assess CU patients' and physicians' perceptions on the burden of disease, treatment and management in order to identify potential misalignment, miscommunication and any unmet needs or opportunities to improve CU care and experience for patients.
- This poster presents the study design and some descriptive interim results only. The study is currently ongoing and final results are expected by 2023.

## MATERIALS AND METHODS

- Through the collaboration of patient advocates and physicians, Urticaria Voices was designed as a multi-country (Canada, France, Germany, Italy, UK, USA, Japan), cross-sectional, internet-based quantitative survey of patients with CU and physicians (Table 1).
- Eligible adult patients must have had a confirmed diagnosis of CU either of chronic spontaneous urticaria (CSU) and/or chronic inducible urticaria (CINDU) and be symptomatic despite current treatment.
- Eligible physicians were either dermatologists, allergists or immunologists currently treating patients with CU and able to make autonomous treatment decisions.
- Two internet-based self-completed surveys were developed (40-minutes for patients; 30-minutes with physicians).
- Before conducting the main survey, 6 pilot telephone interviews (n=3 with patients and n=3 with physicians) were conducted to ensure the questions were correctly worded and understandable.
- The surveys were designed with corresponding questions enabling comparisons between patient and physician responses to identify potential misalignment in key areas around the disease and its treatment.
- Both surveys include validated Patient Reported Outcome Measures (PROMs) and customized questions, e.g. focusing on communication and shared decision-making in practice.
- Data from the physicians' and patients' surveys will be reported and compared globally and at a country level by type of CU (i.e. CSU and CINDU).

**Table 1. Study sample by country and physician specialty**

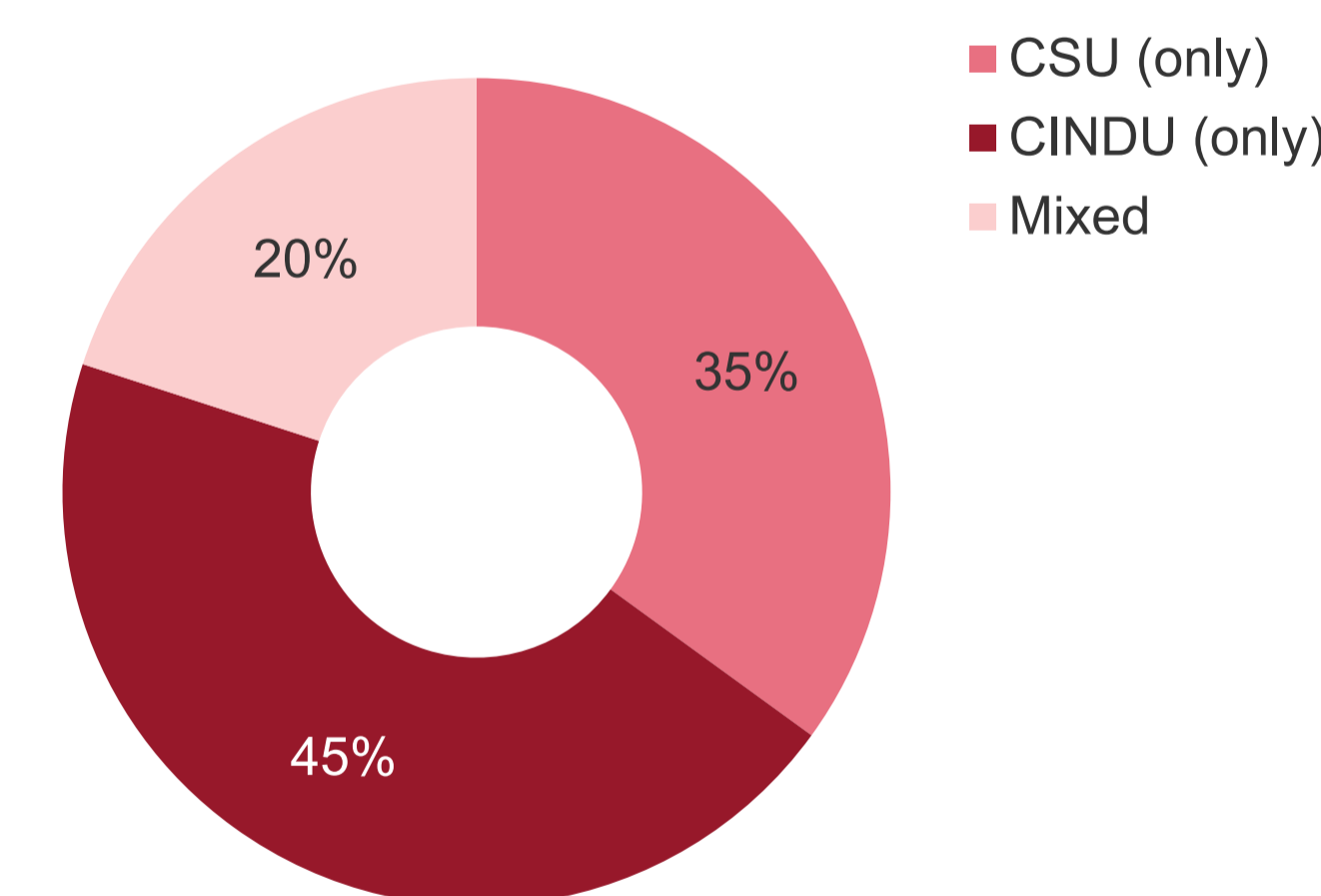
	Canada	France	Germany	Italy	UK	USA	TOTAL*
Adult CU patients	108	145	150	152	150	253	n=958
Dermatologists /immunologists physicians who treat CU	30	31	101	150	30	101	n = 667
Allergist /immunologists physicians who treat CU	10	25	-	50	29	110	

\*The study is currently ongoing in Japan and the total will be updated once completed.

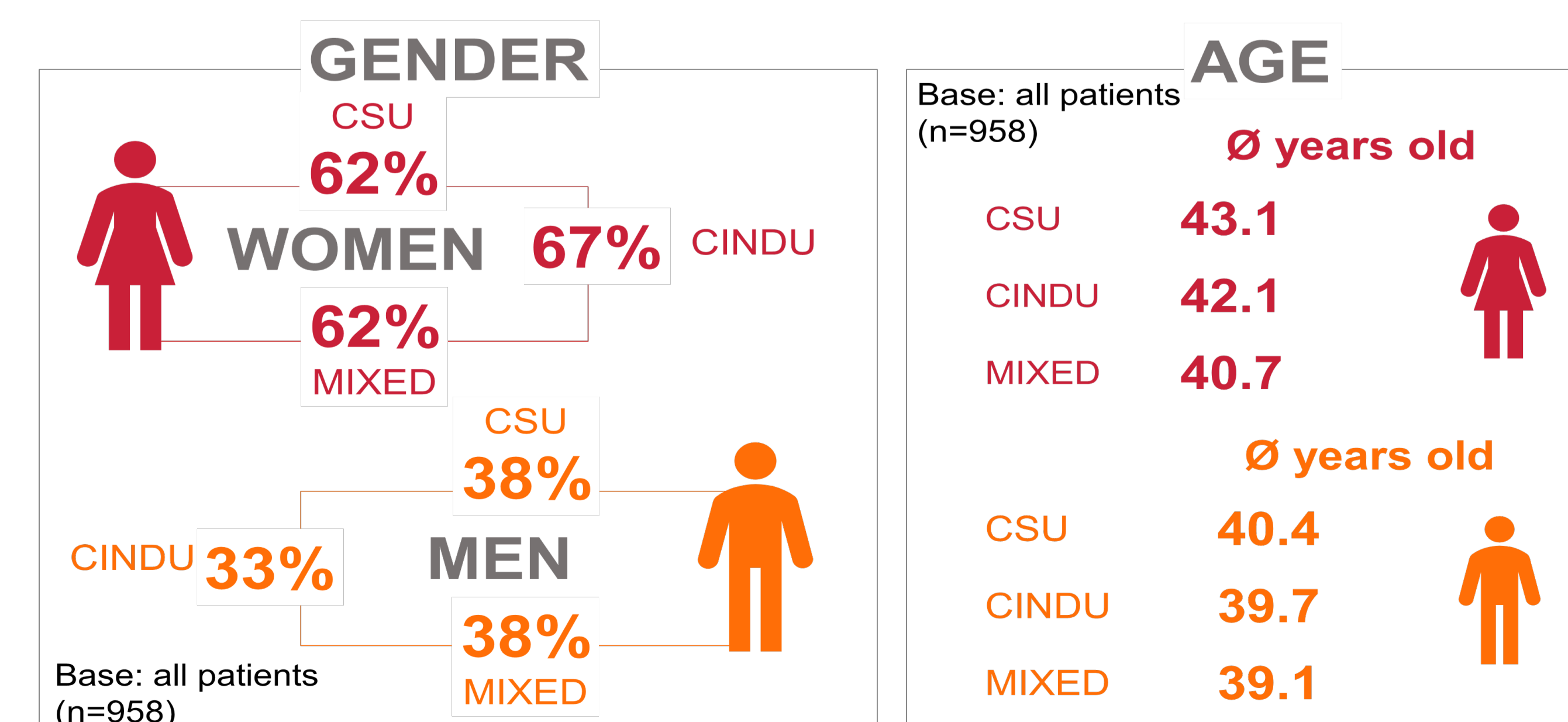
## INTERIM RESULTS

- A total of 667 physicians and 958 adult patients (18 years and older) with self-reported CSU and/or CINDU diagnosis given to them by a specialist physician (either an allergist or dermatologist) participated in the Urticaria Voices study (Table 1).
- Sample size was based on the maximum feasible sample given the incidence of the condition and the number of physicians who specialize in treating the condition in each country. Thirty-five percent of patients had a self-reported physician-confirmed CSU (only) diagnosis, 45% had a CINDU (only) diagnosis, and 20% of patients reported a mixed CSU-CINDU diagnosis (Figure 1).
- The patient cohort was surveyed for sociodemographic characteristics (country, age, gender, higher level of education and current occupation status) (Figure 2).
- A higher frequency of CU was reported amongst females. Most of the patients surveyed had a higher education level, were employed and married or lived with a partner.
- Patients reported a delay to diagnosis of 2.0 years since symptom onset. Physicians reported delay to diagnosis separately for CSU and CINDU; they estimated a delay of 0.9 years (SD 1.1) to a CSU diagnosis and a delay of 1.0 years (SD 1.1) to a CINDU diagnosis.
- Most patients (64%) indicated having received their CU diagnosis from their dermatologists, with only 20% being diagnosed by an allergist and 16% by other specialists (Figure 3).

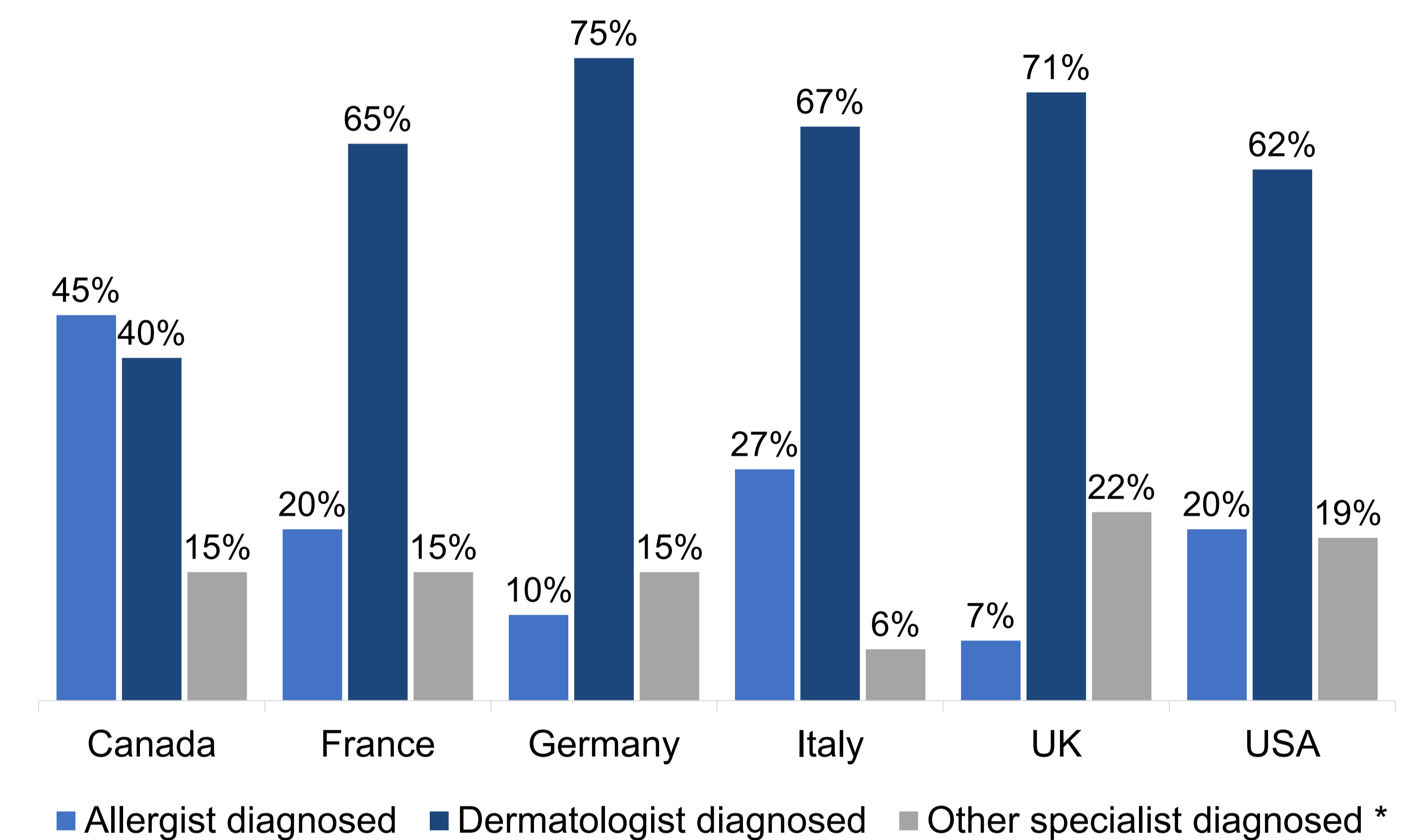
**Figure 1. Self-reported share of CSU, CINDU or mixed diagnosis (both CSU and CINDU) in the patient cohort**



**Figure 2. Patient cohort demographic characteristics**



**Figure 3. Patient indication of the primary medical speciality of the doctor that gave them their confirmed diagnosis of chronic urticaria**



\*Other diagnosing specialists: IMs / Immunologists (GP diagnosed patients did not meet inclusion criteria)

## DISCUSSION

- Urticaria Voices is the first multi-country study investigating real-world evidence for potential perception gaps between CU patients and CU-treating physicians, with a special focus on the burden of CU, the patient-physician relationship and shared treatment decision-making.
- Once complete results are available, we will be able to conclusively identify the disconnects between patient and physician perspectives.
- Understanding and addressing these disconnects might foster a more patient-centric model of care, contribute to advancing the standards of disease management, and improve quality of life for CU patients.

## References

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