New treatment dynamics in PNH – a chart review of 211 US PNH patients and how physicians are adapting to new treatment options

S. Young, T. Hurtado: Spherix Global Insights

SPHERIX GLOBAL INSIGHTS

Background/Introduction

Paroxysmal nocturnal hemoglobinuria (PNH) is a rare hematologic disorder. Recently approved iptacopan (Dec 2023), danicopan (April 2024), and crovalimab (June 2024) now provide physicians with more options beyond eculizumab, ravulizumab, and pegceta-coplan. These newer therapies offer varied efficacy and safety metrics, along with different administrations; however, unmet needs remain for some patients. Here we present survey data on U.S. hematologists' clinical practice and expectations regarding the evolving treatment of PNH.

Methods:

211 PNH patient records were collected in collaboration with 88 US hematologists via a HIPAA-compliant, online chart review tool from October 14–30, 2024. Launch tracking data on iptacopan, danicopan, and croval-imab were captured in an online survey to US hematologists in 4 waves through 2024 (March 6-12, n=23; June 5-11, n=25; Sept 5-10, n=44; Dec 3-7, n=33; March 4-10, n=51).

Results:

Included patients had a mean age of 43.2 years, with 39% aged 50 years or older and 60% of Caucasian/White race. Hematologists identified 23% of patients as having "mild" disease, 63% "moderate" disease, and 12% "severe" disease *(Figure 1)*.

Hematologists reported increased awareness and familiarity of the newer medications through 2024, along with an increase in the perception that the agents are notable advances in PNH treatment *(Figure 2)*. They increasingly believe oral options are prefer-able over injectables/IVs and are increasingly likely to report that prescribing decisions are driven by whether a patient is likely to adhere, making convenience important *(Figure 3)*.

Recorded treatment rates were: 38% eculiz-umab, 23% ravulizumab, 6% pegcetacoplan, 6% iptacopan, and <2% on danicopan and crovalimab *(Figure 4)*. Among the 75% of patients identified as having "moderate" to "severe" disease, 19% were not on a complement or factor inhibitor, with patient reluctance (37%) and out-of-pocket costs (27%) cited as the leading reasons for non-treatment *(Figure 5)*.

56% of audited patients were on their first line of advanced therapy, with nearly all of them (91%) on a complement 5 inhibitor, and 19% were on a second- or later-line of therapy (31% eculizumab, 23% ravulizumab, 21% pegcetacoplan, 23% iptacopan, 10% danicopan).

Unmet needs remain, with 91% of patients reporting fatigue at their most recent visit, as well as anxiety (63%) and/or depression (46%) *(Figure 6)*. Hematologists report discussing quality of life with most patients (51%), plus tactics to manage fatigue (45%) and drug side effects (38%); few discussed starting (14%) or switching therapies (6%) *(Figure 7)*.

Among patients already on a C5 inhibitor (n=125), hematologists suggest 17% are likely to advance to iptacopan should their condition worsen or they need to change therapy, 23% to pegcetacoplan, 5% to crovalimab, and 5% to add on danicopan. 10% may move to a clinical trial. Of the 53 patients not currently on a complement or factor inhibitor, hematologists are most likely to start them on a C5 inhibitor (55%); 6% may start iptacopan and 4% pegcetacoplan *(Figure 8)*. Overall, hematologists consider 51% of their PNH patients as potential candidates for iptacopan, 41% for danicopan, and 38% for crovalimab.

Figure 1

Patient Demographics and Reported Disease Severity

Patient gender	64% male 36% female
Patient age	Mean: 43.2 years 61% under age 50 39% 50 years+
Patient race	60% Caucasian/White 18% Hispanic/Latino 15% African American/ Black 5% Asian 2% Other
Physician-reported disease severity	23% "mild" disease 63% "moderate" disease 12% "severe" disease

Figure 2

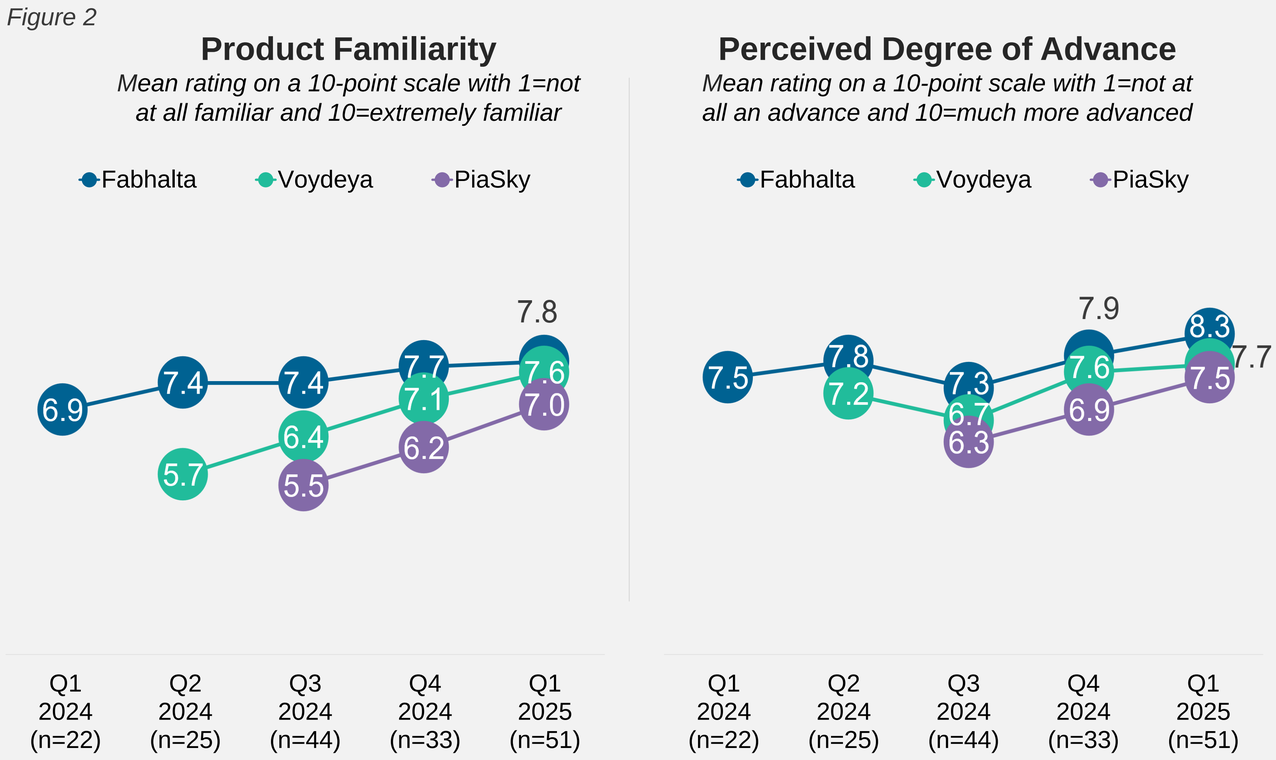

Figure 3

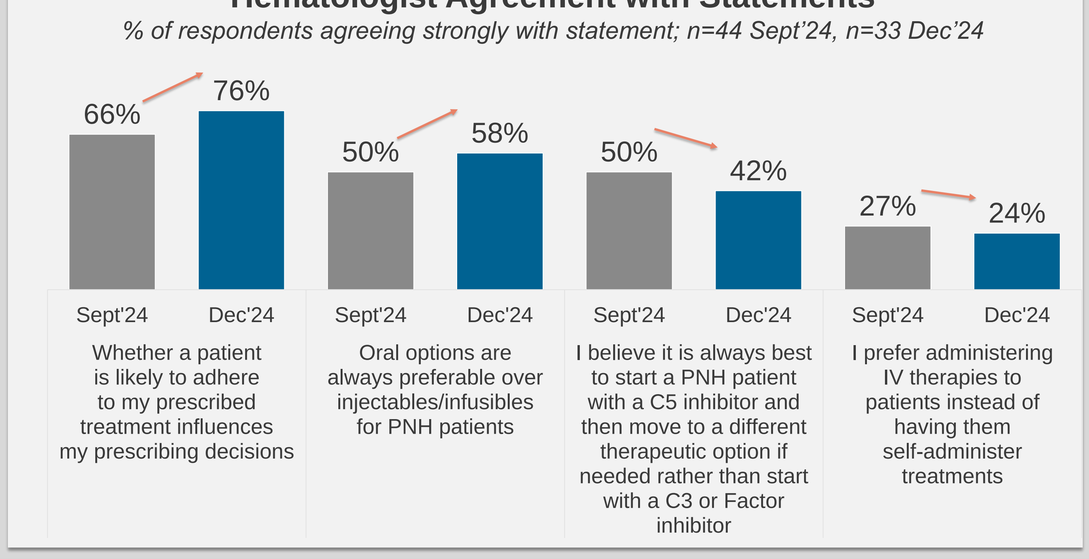

Figure 4

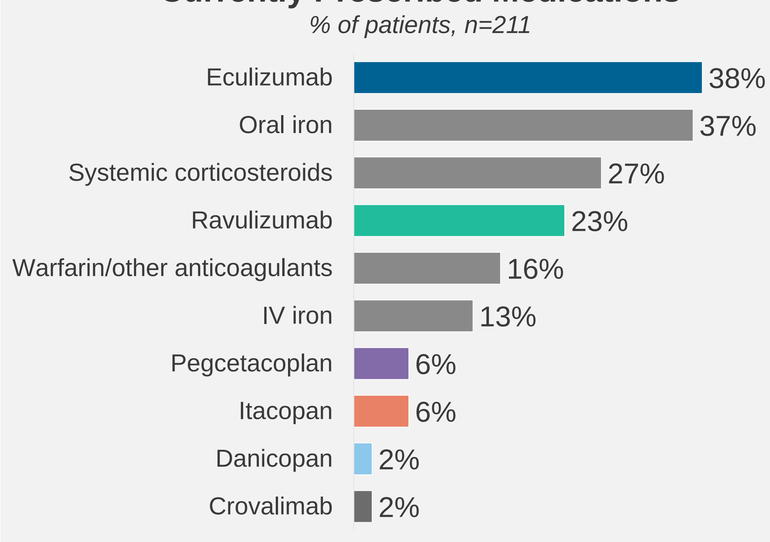

Figure 5

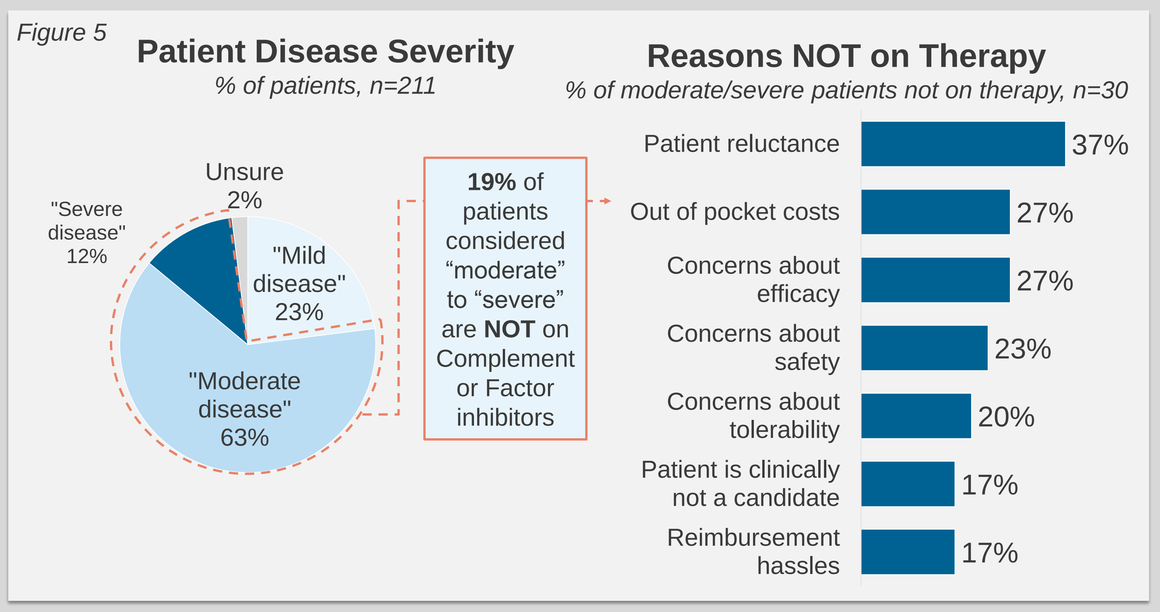

Figure 6

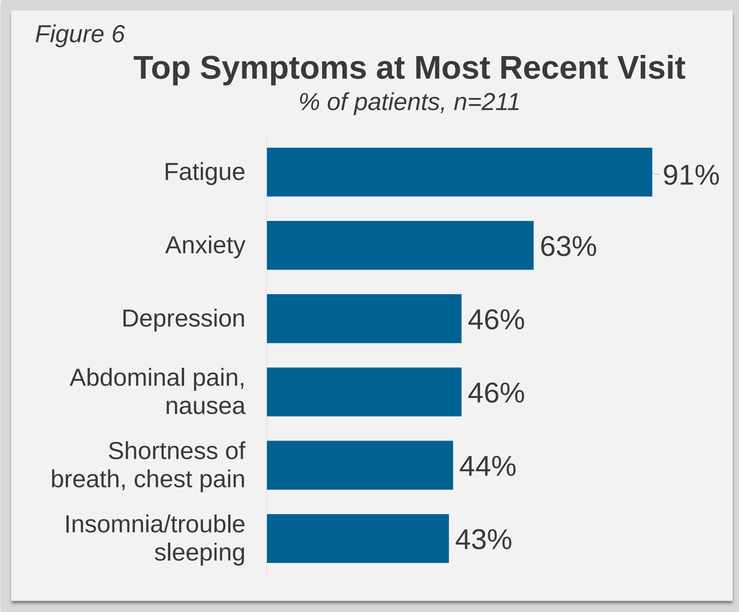

Figure 7

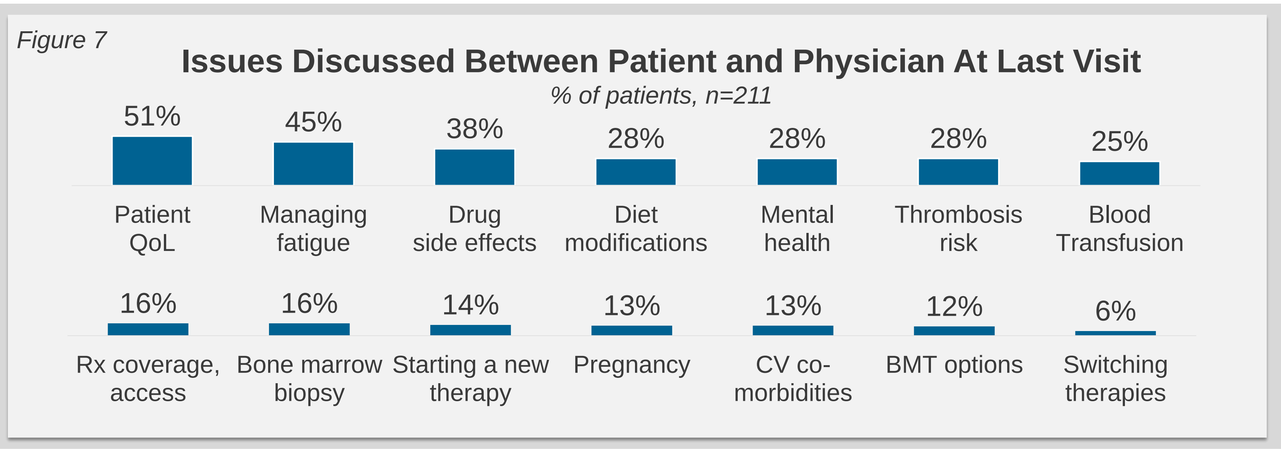

Figure 8

Next likely course of therapy should patient's disease advance or need to change treatment

		Patients already on a C5 inhibitor *(n=125)*	Treatment naïve patients *(n=53)*
Likely to advance next to…	C5 inhibitor (eculizumab or ravulizumab)	NA	55%
	Pegcetacoplan	23%	4%
	Iptacopan	17%	6%
	Crovalimab	5%	0%
	Danicopan (add-on)	5%	2%
	New clinical trial (if possible)	10%	2%

Conclusion/Discussion

Despite new treatment options for PNH, patients still report fatigue and other symptoms, indicating remaining unmet needs. Hematologists show optimism about the impact of new options with high projected patient candidacy. While there was movement towards prescribing new therapies across 2024, particularly iptacopan, change is slow as most patients continue to start therapy on a C5-inhibitor, reserving newer options for later line.

SCAN HERE: