

### RWD87 ENHANCING EFFICIENCY THROUGH TELEMEDICINE AND ELECTRONIC-PATIENT REPORTED OUTCOMES IN CERVIX AND ENDOMETRIAL ONCO-RADIOTHERAPY PATIENTS IN A SPANISH TERTIARY HOSPITAL

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**Objectives:** An essential potential of using electronic Patient Reported Outcomes in clinical practice is symptom detection. The aim is to present the efficiency related with detecting symptoms among radiotherapy patients and changing their follow-up protocol increasing telemedicine in a Spanish tertiary hospital. **Methods:** The PROMs considered for treatment follow-up among endometrial and cervix cancer patients were discussed in 2023 in consecutive meetings between the hospital PROM-team and a multidisciplinary care team (nursery, onco-radiotherapists). The final symptom-outcomes consensus were a mix between PRO-CTCAE and EORTC items. FACT questionnaire was also included to assess quality-of-life evolution. Former follow-up protocol included one face-to-face visit per radiotherapy cycle. New protocol was two face-to-face visits (first/last cycle), one telematics visit (third week), and additional telematics visits if PROM-frequency and intensity related-alerts were activated. Direct public direct care costs were estimated considering the last published Catalan Healthcare Institute tariffs. Patient Reported experience was also collected through centralized own-hospital SMS questionnaires on telemedicine. **Results:** 16 patients were invited (October 2023-June 2024). 4 rejected to participate or to complete the RT full 5-weeks follow-up. 7 final participants received cervix and 5 endometrial radiotherapy. By June-2024 all patients but three answered to at least 4 of the 5 weekly cycles of questionnaires. An average of 44% of contacts/cycle were related with alerts. Subsequently, a 41% of direct cost savings were estimated applying the protocol change (195€ per patient follow-up costs). Patients did not make relevant complaints through the experience questionnaires. **Conclusions:** Telemedicine and the availability of centralized hospital apps enabling PROMs registry are related with new scale-up opportunities to improve processes care and avoid none-value resource use. The successful protocol change is serving as an inspiration to expand the experience in other indications and chemotherapy.



### RWD88 THE PSYCHOSOCIAL IMPACT OF CHRONIC HAND ECZEMA: FINDINGS FROM THE POPULATION-BASED CHECK (CHRONIC HAND ECZEMA EPIDEMIOLOGY, CARE, AND KNOWLEDGE OF REAL-LIFE BURDEN) STUDY

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**Objectives:** Chronic Hand Eczema (CHE) is an inflammatory disease, negatively influencing patients' quality of life. The objective of this analysis is to describe the effects of CHE on psychosocial health in terms of physical contact, anxiety, depression and suicidal ideation. **Methods:** CHECK (Chronic Hand Eczema epidemiology, Care, and Knowledge of real-life burden) was a population-based study recruiting participants in Canada, France, Germany, Italy, Spain, and the UK aged 18-69 via online panels. Participants assessed the impact of CHE on physical contact with loved ones over the past 6-months and completed the Hospital Anxiety and Depression Scale (HADS). A previously published photographic guide was used to assess severity of CHE in the past week. **Results:** In total, 1024 participants completed the questionnaire. Most were females 70.6% (n=723). Mean (SD) age was 45.9 (11.8) years and most participants (59.2%) reported mild CHE. Over half, 54.2% (n=555) reported that in the past 6-months their CHE prevented them from touching their close ones; this included 15.0% (n=154) who were prevented from doing so "a lot" or "very much". This was more pronounced in moderate-to-severe vs mild CHE (23.0% vs 9.6%) Two thirds of participants with moderate-to-severe CHE (n=278, 66.5%) indicated borderline abnormal or abnormal anxiety levels (8-21), and 52.2% (n=218) reported such levels for depression. One in four participants (n=282, 27.5%) had ever had suicidal thoughts indicating a significant mental burden associated with living with CHE. Only minor differences were observed between participants with mild (n=163, 26.9%) versus moderate-to-severe CHE (n=119, 28.5%). **Conclusions:** Results show that CHE patients have impaired physical contact with their close ones. Patients with moderate-to-severe CHE reported a profound impact on mental well-being, with higher rates of anxiety, depression and suicidal thoughts. Thus, highlighting the need for focused psychosocial interventions and improved treatment options for patients living with CHE.



### RWD89 HOSPITAL RESOURCE UTILIZATION AND COSTS OF IMMINENT SUBSEQUENT FRACTURES IN POSTMENOPAUSAL WOMEN: A DISTRIBUTED NETWORK ANALYSIS USING DATA FROM THE UK AND SPAIN MAPPED TO OMOP COMMON DATA MODEL

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**Objectives:** To describe hospital resource utilisation and costs of index and imminent subsequent fragility fractures (ISF) in postmenopausal women using electronic health records (EHR) from the UK (CPRD\_Aurum-HES) and Spain (SIDIAPI-CMBD) mapped to the OMOP common data model. **Methods:** A time-stratified propensity-score-matched study identified three cohorts of women aged  $\geq 50$  in 2010-2018: ISF within two years of their index fracture (F2); index fracture with no fracture 2-years prior (F1); and without fractures (F0). The impact of index (F1 vs. F0) and subsequent fractures (F2 vs. F1) was described between the matched cohorts. Hospital care comprised emergency, outpatient and inpatient admissions for CPRD-HES and inpatient only for SIDIAPI-CMBD, described by median number of admissions per woman per year (PWPY) and length of stay (LoS). Mean costs PWPY were estimated using a bespoke algorithm (CPRD-HES), weighted average unit costs and national tariffs. **Results:** Analyses were based on 211,086 and 650,757 women for F1 vs. F0, and 56,427 and 186,924 for F2 vs F1, respectively. Hospital resource use was higher for F1 compared to matched-F0 in emergency, outpatient, all-cause hospitalisations and LoS. Emergency and outpatient costs were £201 and £336 higher for F1; for fracture-related hospitalisations, they were £289 (CPRD-HES) and €154 (SIDIAPI-CMBD) higher for F1. F2 reported lower resource use than matched-F1 in emergency and outpatient. All-cause hospitalisations were equal in both databases, LoS the same in SIDIAPI-CMBD and lower for F2 in CPRD-HES. Emergency and outpatient costs were £62 and £119 lower for F2; £34 lower for fracture-related hospitalisations in CPRD-HES and €26 higher in SIDIAPI-CMBD. **Conclusions:** Fragility fractures are associated with a significant hospital care burden, with imminent subsequent fractures adding extra load though slightly less than index fractures. This is the first network study estimating hospital resource utilisation and costs of fractures based on EHR mapped to the OMOP-CDM.



### RWD90 COST PER RESPONDER IN BRAZIL (EASI-75, EASI90 AND ANRS $\geq 4$ ) OF BIOLOGICS AND JAK INHIBITORS BASED ON A NETWORK-META-ANALYSIS OF THERAPIES FOR ATOPIC DERMATITIS.

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**Objectives:** Atopic dermatitis (AD) poses a significant global health burden, affecting a substantial percentage of both pediatric and adult populations. Conventional systemic therapies exhibit limited efficacy and undesirable side effects, emphasizing the urgent need for more effective and economically viable treatment options. This study aims to provide an updated analysis of the cost per response ratio for different systemic medications in monotherapy for moderate-to-severe AD, considering the unique Brazilian healthcare context. Additionally, it explores the number of successfully treated patients across various clinically meaningful endpoints. **Methods:** The study includes biological therapies and JAK inhibitors approved by ANVISA up to January 2024. Efficacy was assessed using EASI and pruritus-NRS scores, aligning with HOME's Core Outcome Set for clinical trials. Costs were calculated based on each specific outcome, considering the factory price with an 18% increment for ICMS. Dosages and costs were derived from prescribing information and network meta-analyses. **Results:** Upadacitinib 15 mg emerged as the most cost-effective therapy for achieving EASI-90, providing a substantial cost reduction compared to other medications. All JAK inhibitors demonstrated superior cost per response values for pruritus ANRS  $\geq 4$  compared to dupilumab. Study limitations: This analysis was limited to the endpoints presented in the meta-analyses and other endpoints might offer different perspectives results. **Conclusions:** This research contributes valuable insights into the cost-effectiveness of systemic therapies for AD in the Brazilian context. Despite not being obligatory, JAK inhibitors showcase notable cost-efficacy, providing an alternative to biological treatments. Decision-makers should leverage cost-effectiveness analyses for informed resource management and prioritize treatments that maximize clinical benefits and minimize costs.

