

ISPOR 2024 POSTER/PODIUM PRESENTATION SCHEDULE

Poster Presentation	Summary	Date and Time
<p><u>Enhancing Oncology Model: Discordance Among Patients Using Intravenous Iron in the US</u></p> <p>Poster Code: RWD20</p> <p>Suresh Ratnam Texas Oncology—McAllen</p> <p>Michael Polson (Presenting Author) Pharmacosmos Therapeutics Inc.</p>	<p>This study aimed to evaluate incomplete treatment among intravenous iron products in patients with iron-deficiency anemia and Enhancing Oncology Model tumor types using Komodo Health's claims database.</p>	<p>Monday, May 6 10:30 a.m.-1:30 p.m.</p>
<p><u>First-Generation Antipsychotic Shortages in the United States: Analysis of Switching and Utilization Patterns</u></p> <p>Poster Code: HSD4</p> <p>Ashley Tabah (Presenting Author), Clayton D. English University of Washington</p>	<p>Treatment of schizophrenia and other psychotic disorders requires an individualized approach, often requiring use of antipsychotic medication to treat symptoms and prevent functional decline. Shortages and manufacturer discontinuations of antipsychotic medications place patients in vulnerable scenarios if medication cannot be accessed, leaving prescribers to alter therapy without guarantee of a sustained response to the new treatment. Our observational analysis aims to describe antipsychotic switches and utilization after a drug shortage or discontinuation is declared.</p>	<p>Monday, May 6 10:30 a.m.-1:30 p.m.</p>
<p><u>Real-World Treatment Patterns in Adults With Pemphigus Foliaceus in the United States</u></p> <p>Poster Code: HSD5</p> <p>Cecile Blein (Presenting Author), Francesca Barion, Olga Ostrovskaya, Glenn Phillips Argenx</p> <p>Tharun Balaji Suthagar, Vasanth Radhakrishnan, Rucha Kulkarni, Amit Goyal ZS Associates</p>	<p>We evaluated treatment patterns in patients with pemphigus foliaceus in the U.S. using Komodo Health's claims database.</p>	<p>Monday, May 6 10:30 a.m.-1:30 p.m.</p>

<p><u>Burden of Illness for Adults With Chronic Inflammatory Demyelinating Polyneuropathy in the United States</u></p> <p>Poster Code: EE18</p> <p>Cecile Blein (Presenting Author), Clémence Arvin-Berod, Jeffrey Guptill, Deborah Gelinias, Sergio Barrera-Sierra Argenx</p> <p>Hashmath Ulla, Eric Splan, Mai Sato, Amit Goyal ZS Associates</p>	<p>This study aimed to evaluate the cost and healthcare resource utilization burden of adults with chronic inflammatory demyelinating polyneuropathy in the U.S. overall and based on treatment patterns.</p>	<p>Monday, May 6 10:30 a.m.-1:30 p.m.</p>
<p><u>Comparison of Patient Identification Methodologies in Chronic Inflammatory Demyelinating Polyneuropathy Using United States Administrative Claims Data</u></p> <p>Poster Code: EPH8</p> <p>Cecile Blein (Presenting Author), Clémence Arvin-Berod, Deborah Gelinias, Sergio Barrera-Sierra argenx</p> <p>Hashmath Ulla, Charlotte Ward, Mai Sato, Amit Goyal ZS Associates</p>	<p>Complexities of diagnosing chronic inflammatory demyelinating polyneuropathy (CIDP) experienced in clinical practice is also reflected in real-world data. Relying solely on diagnostic codes for patient selection may lead to misrepresentative cohort selection. This study aimed to explore patient identification methods for CIDP in claims data to better align with diagnostic processes in clinical practice.</p>	<p>Monday, May 6 10:30 a.m.-1:30 p.m.</p>
<p><u>Characterizing the Prevalence of Metabolic Dysfunction-Associated Steatohepatitis (MASH) Among Adults ≥65 Years of Age in the United States (US) Using Three Real-World Cohorts</u></p> <p>Poster Code: EPH50</p> <p>Yestle Kim (Presenting Author), Jesse Fishman Madrigal Pharmaceuticals</p> <p>Hannah Rochon, Christina Qian, Shelagh M. Szabo, Rosie Sun Broadstreet HEOR</p>	<p>Prevalence estimates of MASH (formerly NASH, non-alcoholic steatohepatitis) range from 115-506 cases per 100,000 adults. MASH is considered common among people ≥65 years of age, but the exact prevalence is unknown. This analysis characterized the epidemiology of MASH among older U.S. adults using Medicare 100% fee-for-service claims from Optum’s de-identified Clinformatics Data Mart Database and Veradigm’s electronic health records linked to Komodo Health’s claims database.</p>	<p>Monday, May 6 10:30 a.m.-1:30 p.m.</p>



<p>Alina Bogdanov, Ni Zeng, Mac Bonafede Veradigm</p> <p>Matthew Davis, Dominic Nunag Medicus Economics</p>		
<p><u>Changes in Neutropenia Outcomes Following Implementation of the Clozapine Risk Evaluation and Mitigation Strategy Update</u></p> <p>Poster Code: EPH16</p> <p>Jane Huang (Presenting Author), Jana Chang, Ken Taylor, Yuqin Wei</p> <p>Komodo Health</p> <p><i>Top 5% finalist for the ISPOR 2024 Research Presentation Awards</i></p>	<p>Clozapine Risk Evaluation and Mitigation Strategy (REMS) was originally introduced in October 2015 by the FDA as a drug safety program to mitigate clozapine-induced neutropenia risk. It was updated in February 2019 to require prescriber and pharmacy certifications before prescribing or dispensing clozapine. This study examined the impact of the Clozapine REMS update on neutropenia outcomes among clozapine users.</p>	<p>Monday, May 6 12:30-1:30 p.m.</p>
<p><u>Real-World Clinical Burden of Friedreich Ataxia in the United States</u></p> <p>Poster Code: RWD46</p> <p>Hongbo Yang, Su Zhang, Anya Jiang, Qi Hua Analysis Group</p> <p>Richard Lawson (Presenting Author), Juliana Setyawan, Seemi Khan, Abhishek Bajaj, Robert Jaramillo Reata/Biogen</p> <p>David Lynch University of Pennsylvania</p> <p>Susan Perlman Ronald Reagan UCLA Medical Center</p>	<p>Friedreich ataxia (FA) is a rare, inherited neurodegenerative progressive disorder that leads to loss of ambulation, multisystem involvement, poor quality of life, and, ultimately, premature death. This study assessed the real-world clinical burden of FA in the U.S. using Komodo Health claims data.</p>	<p>Monday, May 6 3:30-6:30 p.m.</p>
<p><u>Healthcare Resource Utilization of Patients With Short Bowel Syndrome With Intestinal Failure (SBS-IF): A Retrospective Claims Analysis</u></p> <p>Poster Code: EE147</p>	<p>Short bowel syndrome with intestinal failure is a rare, chronic, debilitating malabsorptive condition often caused by massive resection of the small intestine that leads to lifetime dependence on parenteral support (PS). This study aimed to quantify patients' healthcare resource utilization, frequency of disease-related symptoms, comorbidities, and PS-specific complications.</p>	<p>Monday, May 6 3:30-6:30 p.m.</p>



<p>Ahan Ali, Mark Gallivan, Aishwarya M. Kulkarni, Trinity Life Sciences</p> <p>Gail Mitchell (Presenting Author), Jeff Henderson VectivBio AG</p> <p>Dejan Micic University of Chicago Medical Center</p>		
<p><u>Burden of Illness for Adults Living With Primary Chronic Immune Thrombocytopenia in the United States</u></p> <p>Poster Code: EE133</p> <p>Cecile Blein (Presenting Author), Syed Raza, Clémence Arvin-Berod, Mickael Yeakey, Arash Mahajerin argenx</p> <p>Dakshinamoorthy Amirthaganesan, Eric Splan, Mai Sato, Amit Goyal ZS Associates</p>	<p>Primary immune thrombocytopenia (ITP), a rare autoimmune platelet disorder, presents a multifaceted challenge owing to its diverse treatment approaches. The objective of this study was to assess healthcare resource utilization and cost among adults with primary chronic ITP in the U.S. and any disparities observed based on their treatment strategies.</p>	<p>Monday, May 6 3:30-6:30 p.m.</p>
<p><u>Real-World Treatment Patterns in Adults With Pemphigus Vulgaris in the United States</u></p> <p>Poster Code: EPH60</p> <p>Cecile Blein (Presenting Author), Francesca Barion, Olga Ostrovskaya, Glenn Phillips argenx</p> <p>Tharun Balaji Suthagar, Vasanth Radhakrishnan, Rucha Kulkarni, Amit Goyal ZS Associates</p>	<p>To evaluate treatment patterns in patients with pemphigus vulgaris in the U.S. using Komodo Health’s claims database.</p>	<p>Monday, May 6 3:30-6:30 p.m.</p>
<p><u>Depression Severity Among Pregnant Patients by Antidepressant Use During Pregnancy</u></p> <p>Poster Code: PCR86</p> <p>Yuqin Wei (Presenting Author), Francesca Devine, Lyuba Popadic</p>	<p>Poor depression management has been associated with adverse pregnancy outcomes, with more severe depression having higher risks. Given the broad exclusion of pregnant patients from clinical trials, limited evidence exists on the efficacy of antidepressant treatments (ADTs) during pregnancy. This study aimed to describe maternal patient characteristics and depression severity among women with depression or anxiety based on whether ADT use was</p>	<p>Monday, May 6 4-5 p.m.</p>



<p>Komodo Health</p>	<p>discontinued vs. maintained during pregnancy.</p>	
<p><u>Enhancing BMI Data Accuracy: A Comparison Of Claims And Electronic Health Records (EHR) Database</u></p> <p>Poster Code: EPH54</p> <p>Queeny Ip (Presenting Author), Ahmed Noman, Pam Kumparatana Komodo Health</p>	<p>Obesity is an important indicator of health status and a risk factor for numerous chronic diseases. ICD-10-CM codes found in administrative claims data are often used to assess obesity incidence. This study evaluated the ability to enhance the assessment and tracking of obesity by integrating electronic health record (EHR)-derived BMI data with administrative claims data.</p>	<p>Monday, May 6 4-5 p.m.</p>
<p><u>Validation of an Algorithm to Identify HR+/HER2- Metastatic Breast Cancer in Claims Data</u></p> <p>Poster Code: EPH56</p> <p>Queeny Ip (Presenting Author), Andi Chin, Xiyuan Wu Komodo Health</p> <p>Derek Lyle NeoGenomics</p>	<p>For therapeutic areas without a specific corresponding ICD-10-CM code, identification of patient populations can be challenging in administrative claims databases. This study aimed to validate an existing claims-based algorithm used to identify HR+/HER2- metastatic breast cancer patients, the most common breast cancer subtype.</p>	<p>Monday, May 6 4:00 - 5:00 p.m.</p>
<p><u>Validating Gestational Age ICD-10 Codes in Claims Data With Physician-Reported Gestational Age on Non-Invasive Prenatal Screening</u></p> <p>Poster Code: SA14</p> <p>Claire Miller (Presenting Author), Devika Chawla Myriad Genetics, Inc.</p>	<p>Real-world evidence studies on pregnancy often rely on insurance claims data, yet the accuracy of ICD-10 diagnostic codes for estimating gestational age (GA) remains unclear. Estimating GA is crucial for accurate categorization of pregnancy outcomes such as miscarriage and stillbirth. This study investigated concordance between Z3A diagnostic codes and physician-reported GA using a linked dataset of clinical and insurance claims data.</p>	<p>Tuesday, May 7 10:30 a.m.-1:30 p.m.</p>



<p><u>Real-World Treatment Patterns in Adults With Chronic Inflammatory Demyelinating Polyneuropathy in the United States</u></p> <p>Poster Code: RWD83</p> <p>Cecile Blein (Presenting Author), Jeffrey Guptill, Sergio Barrera, Deborah Gelinas, Clémence Arvin-Berod, argenx</p> <p>Hashmath Ulla, Eric Splan, Mai Sato, Amit Goyal ZS Associates</p> <p><i>Top 5% finalist for the ISPOR 2024 Research Presentation Awards</i></p>	<p>A retrospective cohort study using Komodo’s U.S. claims database was conducted to evaluate treatment patterns in patients with chronic inflammatory demyelinating polyneuropathy.</p>	<p>Tuesday, May 7 10:30 a.m.-1:30 p.m.</p>
<p><u>Real-World Treatment Patterns in Adults Living With Primary Chronic Immune Thrombocytopenia in the United States</u></p> <p>Poster Code: EPH110</p> <p>Cecile Blein (Presenting Author), Mickael Yeakey, Clémence Arvin-Berod, Syed Raza, Arash Mahajerin, argenx</p> <p>Hashmath Ulla, Eric Splan, Mai Sato, Amit Goyal ZS Associates</p>	<p>Diverse treatment strategies can be utilized for patients living with primary immune thrombocytopenia (ITP), a rare autoimmune platelet disorder. The objective of this study was to assess common treatment patterns in the chronic phase among adults with primary ITP using a Komodo’s U.S. claims database.</p>	<p>Tuesday, May 7 10:30 a.m.-1:30 p.m.</p>
<p><u>Comparative Analysis of Vaping Use Disorder (VUD) and CDC Proxy Codes: A Demographic Perspective</u></p> <p>Poster Code: RWD113</p> <p>Usha Periyanyagam Komodo Health</p>	<p>Vaping is associated with various medical consequences, including e-cigarette or vaping-associated lung injury (EVALI). In 2019, the CDC introduced coding guidance to proxy EVALI in an attempt to capture and track patients with this rapidly evolving disease. Subsequently, an emergency code for vaping use disorder (VUD) was introduced to enhance the characterization of these injuries. This study aimed to compare and profile the population of patients using the VUD and CDC proxy codes.</p>	<p>Tuesday, May 7 12:30-1:30 p.m.</p>



<p><u>Breast Cancer–Related Healthcare Resource Utilization and Staging Before and After the COVID-19 Pandemic Among White and Black Patients With Newly Diagnosed Breast Cancer</u></p> <p>Poster Code: HPR73</p> <p>Francesca Devine (Presenting Author), Christine Kim, Ethan Yung, Lyuba Popadic Komodo Health</p>	<p>Care for breast cancer has varied by race, and Black women have higher mortality rates than White women. This study sought to analyze whether the COVID-19 pandemic, which highlighted racial disparities in general healthcare access and outcomes, impacted breast cancer staging and healthcare resource utilization, exacerbating inequities in breast cancer care.</p>	<p>Tuesday, May 7 12:30-1:30 p.m.</p>
<p><u>Comparing Compliance by Race and Ethnicity for Schizophrenia Patients on Oral or Long-Acting Injectable Antipsychotics</u></p> <p>Poster Code: PCR163</p> <p>Jack McLean (Presenting Author), Yuqin Wei Komodo Health</p>	<p>Limited research has evaluated the prescribing behavior, adherence and persistence rate of oral antipsychotics and long-acting injectable antipsychotics for schizophrenia patients by race/ethnicity. This study analyzed therapies prescribed, adherence, and persistence among populations defined by race and ethnicity for these two most common forms of treatment.</p>	<p>Tuesday, May 7 12:30-1:30 p.m.</p>
<p><u>Assessing the Value of Linking Abstracted Medical Record Data With Administrative Claims Data to Study Patients With High-Risk Non-Muscle Invasive Bladder Cancer in the United States</u></p> <p>Poster Code: SA75</p> <p>Rituparna Bhattacharya (Presenting Author), Vladimir Turzhitsky, Haojie Li Merck & Co., Inc.</p> <p>Julia Ward, Alex Perlmutter, Matthew Phelan Target RWE</p>	<p>Bladder cancer is the sixth most common cancer in the U.S., and 75% to 80% of cases are non-muscle invasive bladder cancer (NMIBC). As the NMIBC treatment landscape evolves, particularly for high-risk (HR) NMIBC, it is necessary to understand current real-world treatment patterns and their clinical implications among HR NMIBC patients.</p> <p>This study described the process of linking abstracted medical records data with administrative claims and quantified the information added to the study of HR NMIBC by linking these data sources — all in an effort to overcome the challenges of data completeness for capturing healthcare utilization and long-term outcomes.</p>	<p>Tuesday, May 7 3:30-6:30 p.m.</p>
<p><u>Healthcare Resource Utilization Following 6 Months of Treatment With Olanzapine/Samidorphan: Real-World Assessment of Patients With Schizophrenia or Bipolar I Disorder</u></p> <p>Poster Code: RWD194</p> <p>Alejandro G. Hughes, Noah S. Webb</p>	<p>Long-term pharmacotherapy is recommended for treating schizophrenia (SZ) and bipolar I disorder (BD-I), but adverse effects of atypical antipsychotic medications, such as weight gain, contribute to suboptimal treatment adherence. The combination of olanzapine and samidorphan (OLZ/SAM) provides the established antipsychotic efficacy of olanzapine while mitigating olanzapine-associated weight gain. In real-world settings, treatment with OLZ/SAM may be associated with reductions in healthcare resource utilization</p>	<p>Tuesday, May 7 3:30-6:30 p.m.</p>



<p>Optum, Inc.</p> <p>Hemangi Panchmatia (Presenting Author), Michael J.J. Doane</p> <p>Alkermes, Inc.</p> <p>Rakesh Jain</p> <p>Texas Tech University School of Medicine</p> <p>Andrew J. Cutler</p> <p>SUNY Upstate Medical University</p>	<p>(HCRU). This study examined the impact of initiating treatment with OLZ/SAM on HCRU among patients with SZ or BD-I.</p>	
<p><u>Validation of Treatment Patterns in Adults With Chronic Inflammatory Demyelinating Polyneuropathy in the United States Using Administrative Claims Datasets</u></p> <p>Poster Code: RWD124</p> <p>Cecile Blein (Presenting Author), Jeffrey Guptill, Sergio Barrera, Deborah Gelinias, Clémence Arvin-Berod,</p> <p>argenx</p> <p>Hashmath Ulla, Charlotte Ward, Mai Sato, Amit Goyal</p> <p>ZS Associates</p>	<p>In the U.S., representation of payers (Commercial, Medicaid, Medicare, etc.) can differ across claims databases depending on their data source, potentially impacting real-world estimates such as treatment usage. To evaluate the external validity of treatment pattern results among patients with chronic inflammatory demyelinating polyneuropathy across 2 US. claims datasets — Komodo Health’s Healthcare Map and Optum’s Market Clarity.</p>	<p>Tuesday, May 7 3:30-6:30 p.m.</p>
<p><u>Best of Both Worlds: Enhancing Claims Data With Lab Results in Real-World Evidence Generation</u></p> <p>Poster Code: RWD153</p> <p>Jane Huang (Presenting Author), Xinshuo Ma, Francesca Devine</p> <p>Komodo Health</p>	<p>Health insurance claims data is the mainstream foundation for real-world evidence generation, but it lacks the clinical details needed to assess and track health outcomes. This study explored integrating administrative claims and lab results data to further contextualize patient health and increase the granularity of outcomes assessments.</p>	<p>Tuesday, May 7 4-5 p.m.</p>
<p><u>Evaluating Risk of Complications in CAR-T Cell Therapy Among Patients With Acute Lymphocytic Leukemia</u></p> <p>Poster Code: CO159</p> <p>Christine Kim (Presenting Author), Raquel Freeman, Anna Druet</p>	<p>CAR-T cell therapy is a potentially life-saving final treatment option for patients with treatment-resistant acute lymphocytic leukemia (ALL). However, this therapy does not come without consequences: Patients who undergo CAR-T are at risk for major health complications. This study integrated administrative claims and lab data to investigate differences in biochemical lab data among patients treated with CAR-T from those treated with standard chemotherapy</p>	<p>Tuesday, May 7 4-5 p.m.</p>



<p>Komodo Health</p>	<p>to identify the risk of complications.</p>	
<p><u>Characterization of Chronic Kidney Disease Patients by eGFR Status Using Health Insurance Claims Linked to Lab Testing Data</u></p> <p>Poster Code: RWD146</p> <p>Reyn Kenyon (Presenting Author), Sara Auran Komodo Health</p>	<p>Linking health insurance (administrative) claims to specialty data sources enables greater contextualization of the patient journey. This study integrated lab and administrative claims data to surface more granular insights into patients with chronic kidney disease (CKD) by stage. The National Kidney Foundation's five stages of CKD (based on estimated glomerular filtration rate status) were observed and the distribution of patients for each stage was reported by gender and race/ethnicity.</p>	<p>Tuesday, May 7 4-5 p.m.</p>
<p><u>Identifying Prediabetic Patients Using Administrative Claims Linked With Lab Data to Assess Progression to Type 2 Diabetes</u></p> <p>Poster Code: EPH227</p> <p>Queeny Ip (Presenting Author), Zoe Wu, Andi Chin, Ngan Pham Komodo Health</p> <p>Rehan Waheed Quest Diagnostics</p>	<p>Prediabetes is currently identified in administrative claims data by one ICD-10-CM diagnosis code, which calls into question the accuracy of properly identifying prediabetes patients. This study sought to compare three approaches to assessing the incidence of prediabetes and its progression: the use of the singular ICD-10-CM code for prediabetes; lab results; and a combination of the two.</p>	<p>Wednesday, May 8 9-10 a.m.</p>
<p><u>Clinical and Healthcare Resource Burden of Disease in Patients With Lennox-Gastaut Syndrome (LGS): Results From a U.S. Claims Matched-Control Analysis</u></p> <p>Poster Code: EE484</p> <p>Mei Lu (Presenting Author), Satish Rao Takeda</p> <p>Xinshuo Ma, Queeny Ip, Ethan Yung, Ahmed Noman, Yuqin Wei Komodo Health</p>	<p>Lennox-Gastaut syndrome, a type of epilepsy, often impacts quality of life and leads to greater healthcare resource utilization (HCRU). This study aimed to assess and characterize clinical outcomes and HCRU burden using seven years (2016-2022) of longitudinal administrative claims data.</p>	<p>Wednesday, May 8 9-10 a.m.</p>
<p><u>Reductions in Real-World Healthcare Resource Utilization Among United States Hereditary Angioedema (HAE) Patients Following Berotralstat Initiation</u></p> <p>Poster Code: EE477</p>	<p>This study aimed to evaluate angioedema-related healthcare resource utilization before and after initiation of berotralstat for long-term prophylaxis of hereditary angioedema in U.S. patients</p>	<p>Wednesday, May 8 9-11:30 a.m.</p>



<p>Sean D. MacKnight, François Laliberte, Colleen Spencer Groupe d'analyse</p> <p>Lorena Lopez-Gonzalez (Presenting Author), Sandra Nestler-Parr, Douglas Johnston, Patrick Gillard BioCryst Pharmaceuticals</p> <p>Sandra Christiansen University of California–San Diego</p> <p>Bruce Zuraw Veterans Administration Healthcare</p>		
<p><u>Association Between Routine Colorectal Cancer Screening and the Risk of Colorectal Cancer Diagnosed at Advanced Stage and Total Cost of Care Among U.S. Adults</u></p> <p>Poster Code: HSD109</p> <p>Tiffany Lee (Presenting Author), Angela Inneh, Duy Do, Urvashi Patel Evernorth Research Institute</p>	<p>Colorectal cancer (CRC) screening helps reduce incidence, mortality, and total cost of care by alleviating the proportion of people diagnosed with advanced-stage CRC. This study examined the association between CRC screening and the prevalence of advanced-stage CRC and total cost of care among U.S. adults.</p>	<p>Wednesday, May 8 9-11:30 a.m.</p>
<p><u>Impact of COVID-19 Pandemic on IV Iron (IVI) Cost and Utilization in Commercially Insured Patients With Iron-Deficiency Anemia (IDA)</u></p> <p>Poster Code: EE486</p> <p>Michael Polson (Presenting Author) Magellan Rx Management</p> <p>Bradley Winegar American Oncology Network Pharmacy</p> <p>Susan Kidd CONE Health</p>	<p>The goal was to understand the impact of the COVID-19 pandemic on IV iron cost and utilization in commercially insured iron-deficiency anemia patients.</p>	<p>Wednesday, May 8 9-11:30 a.m.</p>
<p><u>Characterization of Adult Patients With Primary Chronic Immune Thrombocytopenia Using U.S. Administrative Claims Data</u></p>	<p>Immune thrombocytopenia (ITP), a rare autoimmune platelet disorder, presents varying unmet needs based on 2 key factors: whether presenting as primary (idiopathic) or secondary (comorbid/underlying conditions); and disease</p>	<p>Wednesday, May 8 9-11:30 a.m.</p>



<p>Poster Code: EPH197</p> <p>Cecile Blein (Presenting Author), Clémence Arvin-Berod, Syed Raza, Mickael Yeakey, Arash Mahajerin argenx</p> <p>Dakshinamoorthy Amirthaganesan, Charlotte Ward, Mai Sato, Amit Goyal ZS Associates</p>	<p>phase (newly diagnosed, persistent, or chronic). The objective of this study was to characterize adults with primary chronic ITP using Komodo’s U.S. claims database.</p>	
<p><u>Evaluating Dynamic Treatment Using a Target Trial: the Real-World Effectiveness of Adding Oral Selexipag to a Double Oral Therapy for the Treatment of Patients With Pulmonary Arterial Hypertension</u></p> <p>Poster Code: P60</p> <p>Wenze Tang (Presenting Author), Sumeet Panjabi Janssen/Johnson & Johnson</p> <p>Charles D. Burger Mayo Clinic</p> <p><i>Top 5% finalist for the ISPOR 2024 Research Presentation Awards</i></p>	<p>For patients with pulmonary arterial hypertension (PAH), selexipag is often added several months after initiating double oral therapy (DOT) with an endothelin receptor antagonist and phosphodiesterase type 5 inhibitor. To appropriately assess the effectiveness of escalation to triple oral therapy vs. DOT, it is critical to account for the DOT duration prior to selexipag initiation. This study, using a target trial design, compared the effectiveness of adding selexipag within 3, 6, and 12 months to DOT vs. DOT alone for risk of hospitalization and PAH-related disease progression.</p>	<p>Wednesday, May 8 10:45 a.m.</p> <p>Podium Presentation:- Healthcare Simulation Modeling in HEOR Theater 2, Exhibit Hall Hall A1, Level 1</p>

