

US DATABASE STUDY OF CLINICAL BURDEN AND UNMET NEED IN RECURRENT PERICARDITIS (RP)

Authorship:

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Objectives: Pericarditis, a debilitating inflammatory condition, is frequently recurrent. Some recurrent patients have complicated pericarditis (ComP), with increased morbidity from complications and inadequate treatment response. This real-world study explored comorbidity burden in ComP.

Methods: This retrospective analysis of the PharMetrics Plus database (90M commercially insured US patients 2013-2018) included patients without a pericarditis claim in 12 months preceding an index episode followed by ≥ 24 months of continuous history. RP: ≥ 2 pericarditis events separated by 28 days. ComP: ≥ 2 recurrences or serious complication, i.e., constrictive pericarditis, cardiac tamponade, large pericardial effusion associated with pericardiocentesis/pericardial window. Four ComP cohorts were identified: A) long-term steroid use with corticosteroids started within 30 days of a flare, continuing for ≥ 90 consecutive days; B) inadequate treatment response, recurring despite corticosteroids and/or colchicine, or other non-NSAID drugs within 30 days of flare, or prior pericardiectomy; C) multiple recurrences: patients not meeting criteria for (A) or (B); D) serious complication + 1 recurrence.

Results: Patients (N=2,096) also had hypertension [60%], cardiomegaly [9%], congestive heart failure [17%], atrial fibrillation [16%], autoimmune diseases (18%), diabetes (21%), renal disease (20%), anxiety (21%), and depression (14%). Of the 2096 patients: 50% had pericardial effusion (any severity); 9% had cardiac tamponade; 4% had constrictive pericarditis. Medication exposure within 30 days of a flare included colchicine (38%), NSAIDs (33%), corticosteroids (26%). ComP was identified in 55% of the 2,096 patients: 57 (3%) in cohort A; 505 (24%) in B; 432 (21%) in C, with up to 22 recurrences in some patients; 144 (7%) in D. The remaining patients had one recurrence without complication.

Conclusions: ComP is common among RP patients, likely due to inadequate response to conventional treatments and persistent underlying disease. Corticosteroid use is common despite prevalent RP comorbidities suggesting the potential for increased risk of adverse effects. This underscores the unmet need for effective, safe treatments.