

# Clinical Characteristics and Health-Related Quality of Life of Patients with Recurrent Pericarditis in the United States: Findings from a Patient Survey

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## STUDY AIM

- Although recurrent pericarditis (RP) is associated with significant morbidity, there is little information regarding the impact of RP on patients' health-related quality of life (HRQOL)
- This study aimed to describe the clinical characteristics of and HRQOL burden in patients with RP in the United States

## METHODS

- An IRB-approved web-based survey was conducted among patients ≥18 years old with a self-reported diagnosis of RP who experienced ≥1 recurrence during the prior 12 months
- Respondents were recruited from a centralized recruitment database for the Phase 2 and Phase 3 (RHAPSODY) clinical trials for rilonacept
- Patients who met the survey inclusion criteria were asked to provide information on their demographic/clinical characteristics, treatments for RP, and to complete an 11-point pain numeric rating scale, the Patient Global Impression of Pericarditis Severity, the Patient-Reported Outcomes Measurement Information System® (PROMIS®) Global Health v1.2 and Short Form Sleep Disturbance 8b, and custom questions about the impact of fear of RP on daily life
  - Instrument-specific recall periods (e.g., past 7 days, past 24 hours) were used to assess ongoing RP episodes in participants who self-reported experiencing a recurrence at the time of the survey. Participants without an ongoing RP episode at the time of the survey were asked to fill out the survey based on their most recent recurrence.
- Descriptive statistics were used to summarize study variables and HRQOL instruments were scored according to their respective scoring manuals

## RESULTS

**Table 1. Baseline Patient Characteristics**

	All Patients (N = 83)	
Female sex, n (%)	46	(55.4%)
Age (years, at time of survey), mean (SD)	49.3	(13.7)
Race, n (%)		
White or Caucasian	63	(75.9%)
Black or African American	15	(18.1%)
American Indian or Alaska Native	1	(1.2%)
Other	4	(4.8%)
Hispanic ethnicity, n (%)	8	(9.6%)
Most frequently reported comorbidities, n (%)		
Hypertension	32	(38.6%)
Anxiety	31	(37.3%)
Depression	28	(33.7%)
Asthma	18	(21.7%)
Anemia	13	(15.7%)
Autoimmune disease	13	(15.7%)
Obesity	13	(15.7%)
Diabetes	12	(14.5%)
Inflammatory bowel disease	7	(8.4%)

Abbreviation: SD, standard deviation.

- Eighty-three patients completed the survey; 21 (25%) self-reported experiencing a recurrence at the time of the survey. Most respondents were Caucasian (76%), and 55% were female, with mean (standard deviation [SD]) age of 49.3 (13.7) years. Patient demographic and clinical characteristics are shown in **Table 1**.

## RESULTS

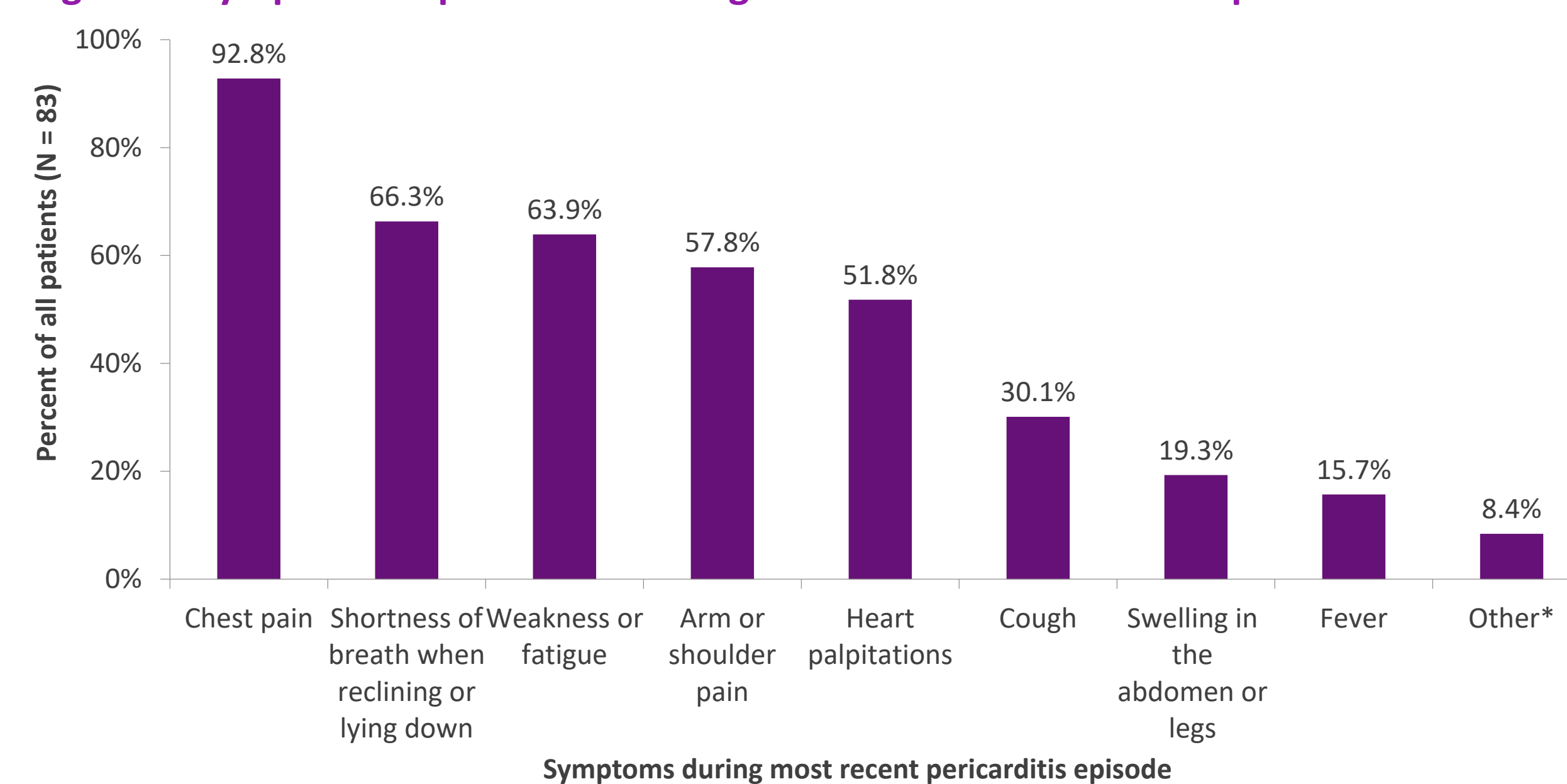
**Table 2. Patient History of Recurrent Pericarditis**

	All Patients (N = 83)	
Cause of pericarditis reported by ≥5% of patients, n (%)		
Unknown reason or idiopathic disease	44	(53.0%)
Viral, bacterial, fungal, or parasitic infection including HIV/AIDS or tuberculosis	17	(20.5%)
Heart attack or heart surgery	9	(10.8%)
Myocarditis	7	(8.4%)
Autoimmune disease	7	(8.4%)
Number of pericarditis episodes in the prior 12 months, n (%)		
1	19	(22.9%)
2	23	(27.7%)
3 or more	41	(49.4%)
Time since most recent pericarditis episode, n (%)		
Currently experiencing	21	(25.3%)
Within 1 month	13	(15.7%)
1 month - under 3 months	16	(19.3%)
3 months - under 6 months	15	(18.1%)
6-12 months	18	(21.7%)
Number of pericarditis hospitalizations in prior 12 months, n (%)		
No hospitalizations	44	(53.0%)
1	18	(21.7%)
2+	21	(25.3%)
Admitted to hospital for most recent pericarditis episode, n (%)	21	(25.3%)
Visited ER for most recent pericarditis episode, n (%)	33	(39.8%)

Abbreviations: AIDS, acquired immunodeficiency syndrome; ER, emergency room; HIV, human immunodeficiency virus.

- Median time since pericarditis diagnosis was 3.0 years. Additional disease characteristics are summarized in **Table 2**.
- Medications most frequently used for RP and pain in the prior year included non-steroidal anti-inflammatory drugs (82%), colchicine (63%), corticosteroids (29%), and opioids (22%)

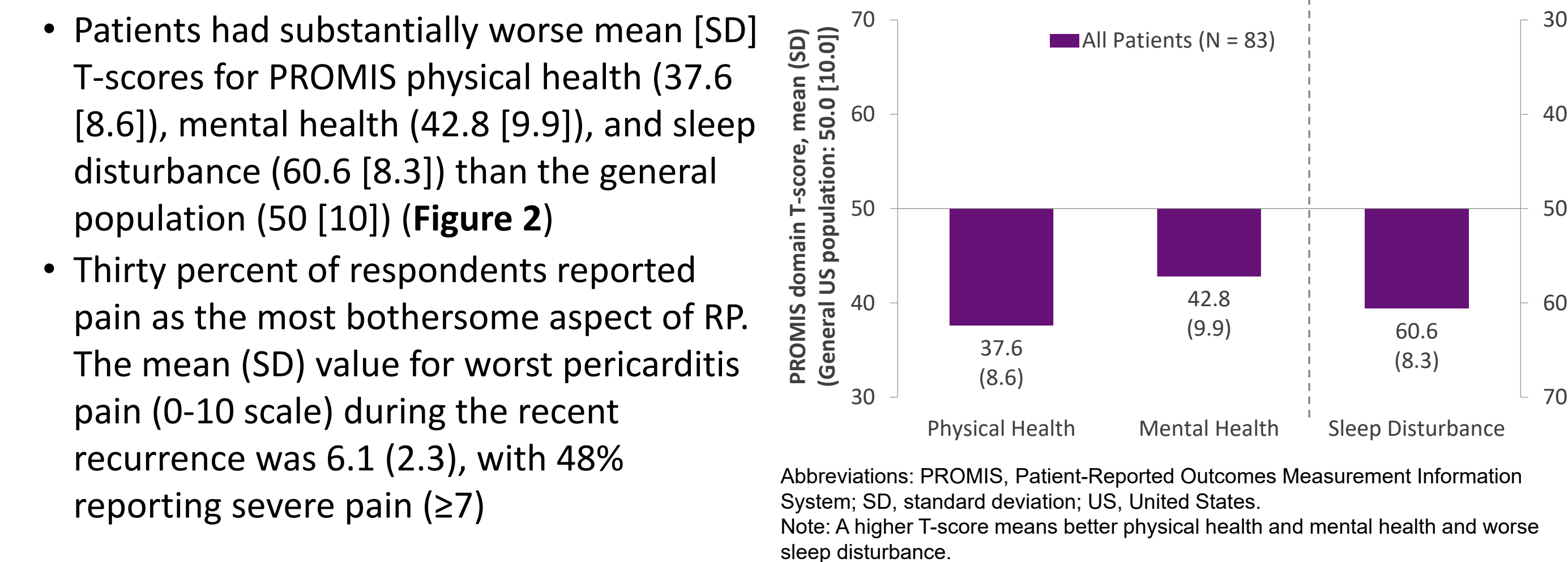
**Figure 1. Symptoms Experienced During Most Recent Pericarditis Episode**



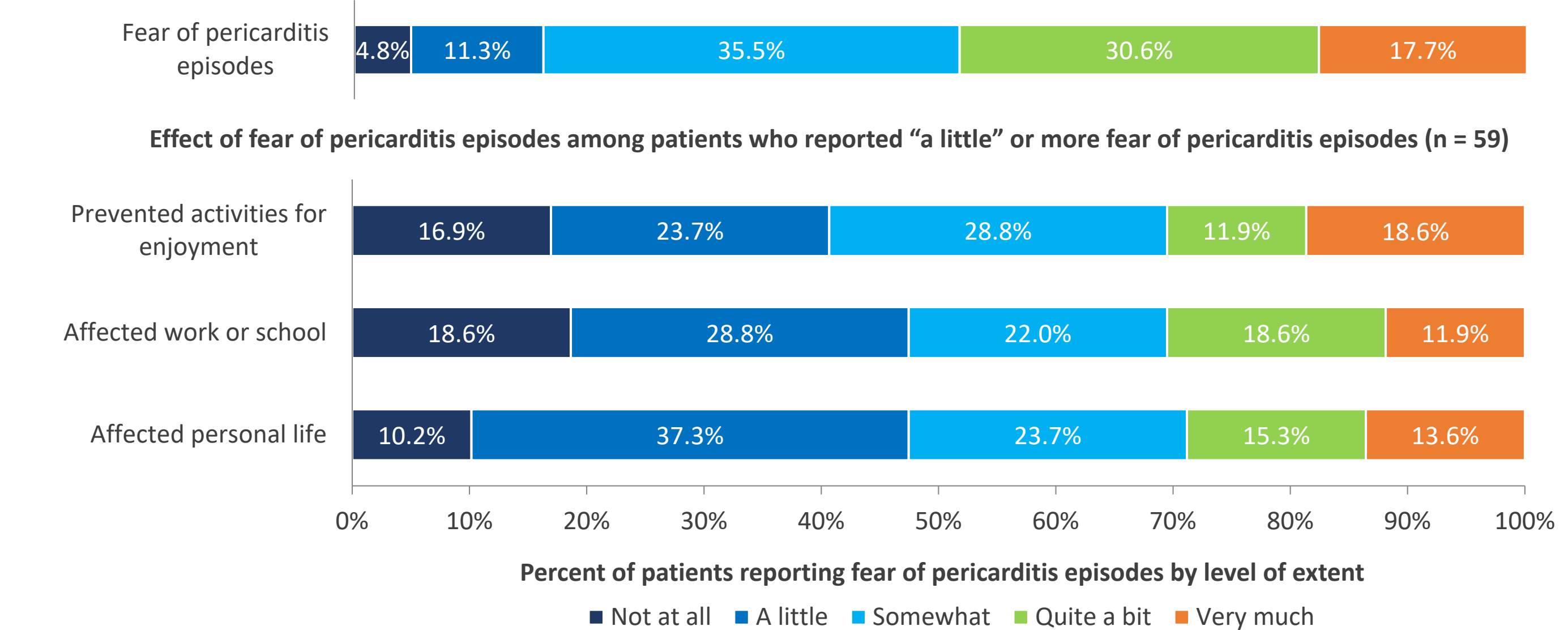
\* Other symptoms include difficulty swallowing, nausea, chest spasms, pneumonia, dizziness, headaches, pain when breathing, and upper back pain.

- Two-thirds of patients rated the average severity of all symptoms during the most recent RP episode as “moderately severe” to “very severe.” Commonly reported symptoms are presented in **Figure 1**.

**Figure 2. PROMIS Physical Health, Mental Health, and Sleep Disturbance**



**Figure 3. Fear of Pericarditis Among Patients Not Experiencing a Recurrence During the Survey (N = 62)**



- About half (48%) reported “quite a bit” or “very much” fear of pericarditis recurrence, and over half reported that the fear impacted their lifestyle “somewhat” to “very much” (**Figure 3**)

## DISCUSSION AND CONCLUSIONS

- Patients with RP reported severe levels of pain and a high number of recurrences with impactful symptoms that reduced their overall HRQOL (including poor physical and mental health, and sleep disturbance) more significantly than patients with cancer and many other debilitating diseases
- The negative impact of RP on HRQOL is observed even though the majority of patients were treated with conventional therapies (e.g., NSAID, colchicine, corticosteroids)
- Our study is subject to some limitations, including small sample size, self-reported data, and potential non-response by patients experiencing more severe pain or symptoms
- Safe and more effective disease-modifying treatments are needed to reduce recurrences and alleviate the overall burden of patients suffering from RP