

Identifying Real-World Practice Patterns in Second-Line Treatments for Patients With Overactive Bladder Receiving Navigated or Routine Care From a US National Retrospective Database Study

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OBJECTIVE

To describe real-world utilization patterns of second-line pharmacological treatments for OAB stratified by those who did or did not receive navigated care

CONCLUSIONS

Discontinuation rates for initial second-line pharmacological treatments are high regardless of class

Navigator-based care can modestly decrease discontinuation of initial second-line therapies

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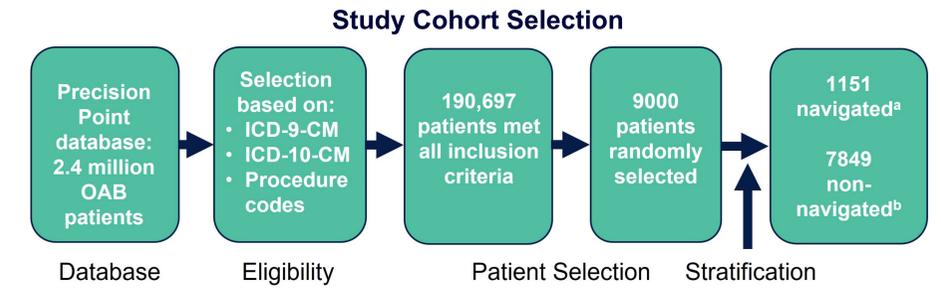
INTRODUCTION

- Second-line treatments for overactive bladder (OAB) include oral anticholinergic and beta-3 adrenergic medications¹
 - These OAB medications have varying levels of efficacy and can be associated with significant side effects, leading to high rates of discontinuation^{2,3}
- Navigation of care by a dedicated professional may help guide patients through the OAB clinical pathway to the appropriate therapeutic options, thus optimizing results and improving medication adherence

METHODS

Study Design

- Retrospective observational cohort study utilizing an electronic medical records database
 - Precision Point Specialty Analytics Portal for OAB
 - Contains data for more than 90 community-based urology practices in the United States
- Included adults (aged ≥18 years) newly diagnosed and treated for non-neurogenic OAB between January 1, 2015 and December 31, 2019 with at least 2 OAB medical visits occurring ≥30 days apart

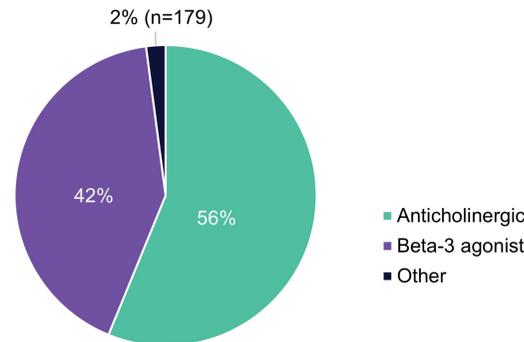


ICD-9-CM, International Classification of Diseases, 9th revision, Clinical Modification; ICD-10-CM, International Classification of Diseases, 10th revision, Clinical Modification; OAB, overactive bladder.
^aNavigated cohort: Patients assigned to a treatment navigator's list AND navigator has started to manage a patient's care with notes in their chart or by setting up action items. ^bNon-navigated cohort: All patients not placed on a navigator's list OR those on a navigator list without notes or action items.

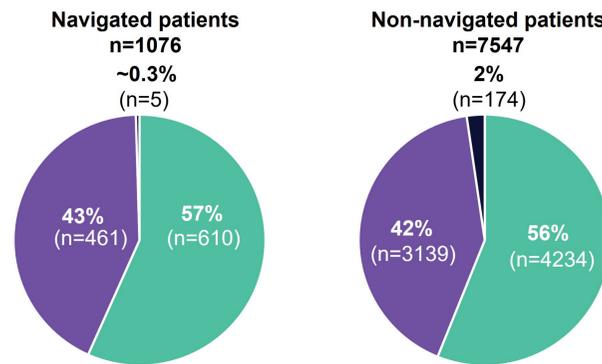
RESULTS

High Rates of Initial Second-line Pharmacologic Treatment for OAB in US Community Urology Practices

Initial second-line treatment by medication type

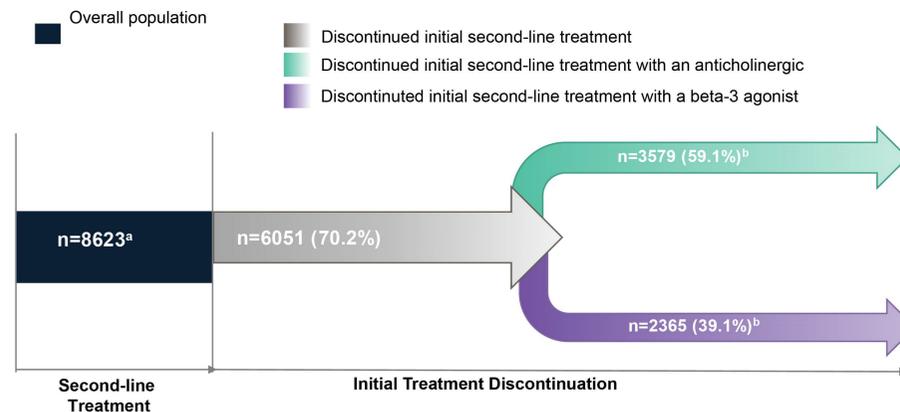


Medication types for initial second-line treatment did not differ by navigation status



OAB, overactive bladder

Discontinuation Rates for Patients Initiating Second-line Treatment, in Overall Population and With Either Anticholinergics or Beta-3 Agonists



^an = number of patients initiating second-line treatment in the overall population. ^bPercentages are based on total patients in the overall population discontinuing initial treatment (n=6051).

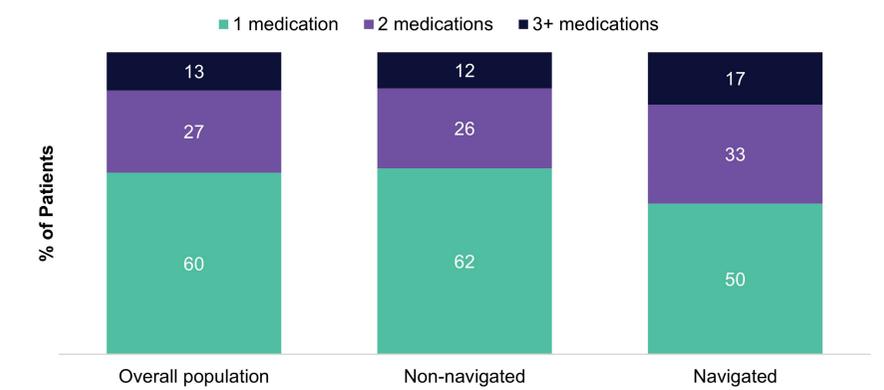
Time to Initial Second-line Treatment Discontinuation Was Longer for Patients Receiving Navigated Care

	Overall n=8623	Navigated Patients n=1076	Non-navigated Patients n=7547	P value
Time to second-line treatment discontinuation, months				
Range	1.0–64.9	1.0–54.6	1.0–64.9	
Median (IQR)	3.9 (1.0–12.8)	4.4 (1.7–12.8)	3.7 (1.0–12.8)	P<0.001 ^a
Mean (SD)	7.7 (9.1)	8.2 (9.1)	7.7 (9.1)	P<0.001 ^b

IQR, interquartile range; SD, standard deviation.
^an = number of patients in each group who initiated second-line treatment.
^bNavigated patients vs non-navigated patients based on a Wilcoxon log-rank test. ^cBased on a log-rank test using a two-sided P-value.

Overview of Second-line Pharmacologic Treatments in the Overall Population and by Navigation Status

Total No. of Second-line Treatments Received^a

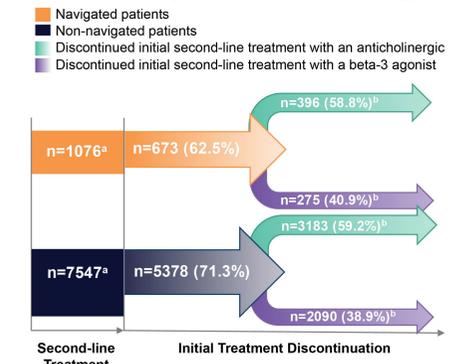


Number of Second-line Treatments			
Mean (SD)	1.6 (0.8)	1.5 (0.8)	1.7 (0.9)
Median	1.0	1.0	2.0
Range	1–7	1–7	1–7

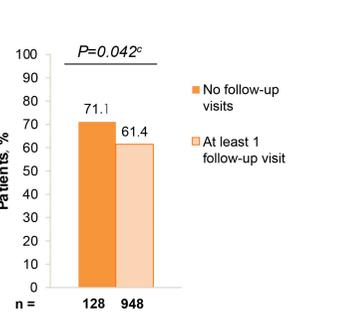
SD, standard deviation.
^aAmong patients receiving second-line treatment.

Discontinuation Rates for Initial Second-line Treatments Were Lower in Patients Receiving Navigated Care

A. Proportion of patients discontinuing initial second-line treatment, by navigation status and medication type



B. Among patients receiving navigated care who initiated second-line treatment (n=1076), discontinuations were lower for patients who had ≥1 follow-up visit



^an = number of patients with navigated or non-navigated care who received initial second-line treatment. ^bPercentages are based on total patients in each group (navigated or non-navigated) discontinuing initial second-line treatment (shaded arrows). ^cP value based on a two-sided Pearson's chi-square test.