

Baseline characteristics of patients initiating mirabegron or antimuscarinics treatment for overactive bladder (OAB): The PERSPECTIVE registry

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INTRODUCTION

- Antimuscarinics (AMs) and mirabegron are both recommended as second-line therapy in OAB.¹
 - AMs are typically used prior to mirabegron, which is often prescribed to patients who fail or are intolerant to AMs.¹
- Real-world comparative effectiveness data of mirabegron and AMs for OAB are lacking; but the validity of comparisons rests on the comparability of treated populations.
- The objective was to describe baseline differences in characteristics between OAB patients initiating either AM or mirabegron.

METHODS

- PERSPECTIVE is a prospective, non-interventional, one-year registry of adult OAB patients initiating a new AM or mirabegron in the US and Canada (NCT02386072).
 - Baseline data included demographics and clinical characteristics (including the Charlson Comorbidity Index [CCI]) collected at enrollment. Patient-reported outcomes (PRO) characterizing OAB symptom bother and health-related quality-of-life (HRQoL) from the OAB-Q-SF and Patient Perception of Bladder Condition (PPBC) measures were emailed to the patients to be completed within 7 days of enrollment.
- The registry was designed to achieve a 3:2 distribution between AMs and mirabegron (N>1500).
- Baseline characteristics are described per treatment group.

RESULTS

- 1,519 patients from 17 Canadian and 91 US sites were included (Table 1).
 - 901 (59.3%) received AMs and 618 (40.7%) received mirabegron.
 - The three most frequent AMs were oxybutynin [46.8%], solifenacin [33.2%], and tolterodine [10.0%].
- 70.5% of Canadian and 32.8% of US patients initiated mirabegron.
- In the US, 43.3% of mirabegron and 46.3% of AM patients had Medicare coverage.
 - Compared to AM patients, mirabegron patients were more likely to have private insurance (42.3% versus 27.6%).
- 47.2% of Canadian patients had private drug coverage, and this was similar across treatment groups.

OAB History and Diagnosis

- Compared to AM patients, mirabegron patients (Table 2):
 - Had a longer median time since diagnosis;
 - Were more likely to be diagnosed by a urologist.
- The likelihood of treatment for OAB in the prior year was higher among mirabegron than AM patients.

Table 1: Baseline demographics

	Mirabegron (n=618)	AM (n=901)
Age at enrollment, years (mean)	62.6	61.9
Female sex, %	69.3	76.4
Race, %		
Black/African American	6.6	9.5
White	88.8	86.2
Other	3.1	2.9
Unknown/Not Available	1.5	1.2
Employment, %		
Employed full-time	29.1	23.9
Employed part-time	8.7	8.0
Retired	46.0	47.8
Other	13.4	20.1
Unknown/Not available	3.9	1.9

Baseline PRO Scores

- Baseline PROs were available for 937 (61.7%) patients.
 - The percent with missing data varied by both treatment type (33.2% AM to 45.3% mirabegron) and country (49.7% Canada vs 35.3% US).
 - Symptom bother scores were lower among mirabegron patients (58.9) compared with AM patients (63.0; Fig 1).
 - Total HRQoL scores were higher (better quality of life) among mirabegron patients (score: 49.9 mirabegron versus 43.4 AM Fig 1).
 - Mirabegron patients were more likely to report many severe problems, and AM patients more likely to report severe problems, by PPBC (Fig 2).

Figure 1: Select QAB-Q-SF baseline scores, by treatment group

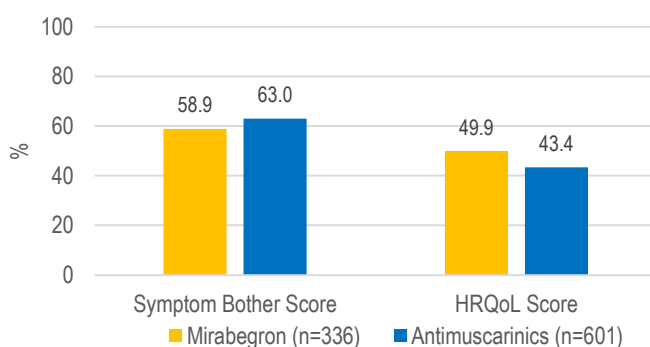


Figure 2: PPBC scores, by treatment group

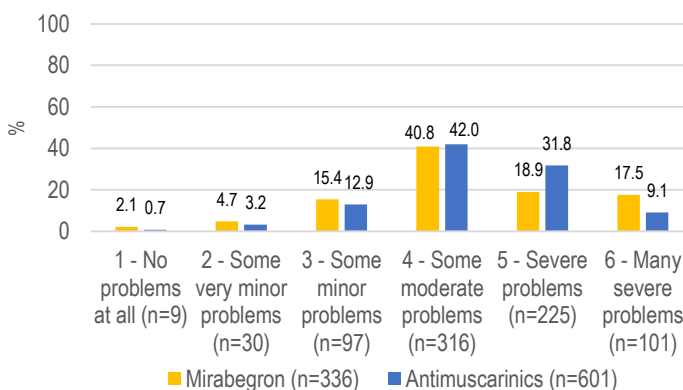


Table 2: Selected clinical characteristics

	Mirabegron (n=618)	AM (n=901)
Depression, %	18.0	19.4
CCI, mean (SD)	3.4 (2.1)	3.3 (1.9)
Median months since OAB diagnosis	20.8	14.9
HCP specialty making OAB diagnosis, n (%)		
Primary care	238 (38.5)	464 (51.5)
Urology	304 (49.2)	353 (39.2)
Other	65 (10.5)	79 (8.7)
Unknown	11 (1.8)	5 (0.6)
OAB treatment in the prior year, n (%)	186 (30.1)	172 (19.1)

Conclusions

- Baseline data analyses suggest that important demographic, clinical and HRQoL differences exist between AM- and mirabegron-treated populations;
 - Among mirabegron-treated patients, time since diagnosis was longer, previous treatment for OAB in the prior year was higher, and diagnosis by a urologist was more frequent.
 - The distribution of treatment in Canada may have been affected by a voucher program for mirabegron available in all but two Canadian provinces.
- These findings highlight the importance of identifying and understanding differences prior to OAB treatment that may be critical determinants of outcome.

References: 1. Gormley et al., (2012). J Urol. 188 (6 Supp): 2455-63