INTRODUCTION & OBJECTIVE

The hemophilia treatment landscape is characterized by multiple clotting factor products that vary in key characteristics, making it difficult for patients, caregivers, and clinicians to select the optimum individualized treatment.

In this context, it is valuable to understand the benefit-risk preferences of these stakeholders for various treatment attributes.

This is commonly assessed via discrete choice experiments (DCEs).

The objective of this systematic review was to identify DCE studies and characterize common treatment-related attributes evaluated in hemophilia.

METHODS

A systematic literature review was conducted in EMBASE/Medline and the ISPOR scientific presentations database to identify published studies and abstracts.

Search terms included: hemophilia, discrete choice experiments, conjoint analysis, and best worst scaling.

The search was limited to studies in English reporting DCEs in hemophilia.

RESULTS

Ten full-text studies were identified (Table 1).

Sample sizes ranged from 30 to 200.

5-12 attributes were typically evaluated.

Attributes stratified into convenience, treatment efficacy, safety, cost, and other medication-related factors (Table 2).

9 (90%) studies included frequency of administration/admission time as a convenience attribute.

The most common efficacy-related attribute assessed was bleeding risk (N = 8 [80%]).

Risk of viral infection (N = 5 [50%]) and risk of inhibitor development (N = 4 [40%]) were the most common safety-related attributes evaluated.

Cost was assessed as an attribute in 7 (70%) studies.

Infusion diluted volume (N = 4 [40%]) was the most frequently assessed other medication-related attribute.

CONCLUSIONS

Convenience, efficacy, and safety were the most frequently used key treatment attributes in published DCE studies in hemophilia.

Future studies should assess the benefit-risk preferences of key stakeholders for newer hemophilia therapies that may vary in profile.

REFERENCES


DISCLOSURES

Pharmerit International LP, Bethesda, MD, USA.

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