Poster
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Patient Perceptions of Injectable Therapies Among Adults with IgAN: A Qualitative Study

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BACKGROUND

- Newer disease-modifying B cell therapies in immunoglobulin A nephropathy (IgAN) are predominantly delivered as subcutaneous self-injections, administered using prefilled syringe or autoinjector devices.
- The options differ in key administration-related attributes including device type, dosing frequency, volume, and injection site reactions (ISR).
- A recent systematic literature review (SLR) in chronic diseases found that delivery mode significantly affects patient experience, satisfaction, and treatment engagement.[1] Across all seven preference studies (n=904 patients),[2–8] up to 98% of patients preferred autoinjectors over prefilled syringes, citing ease of use, convenience, faster administration, safety features, less pain, and reduced needle-related fear or anxiety.[1]
- As novel B cell therapies for IgAN emerge, understanding patients' preferences for self-injection options will be important to support shared decision-making between healthcare professional (HCP) and patients; however, IgAN-specific evidence is lacking.

OBJECTIVE

- The objective of this study was to characterize patient perceptions and preferences regarding treatment administration-related attributes of the newer self-administered injectable therapies for IgAN. Using semi-structured interviews with adults living with IgAN in the United States, the study also sought to identify the key themes that influence these preferences.

METHODS

- A mixed-methods, cross-sectional study was conducted including 25 adult participants diagnosed with IgAN in the US.
- Data were collected using a screener that included questions on demographics and clinical characteristics and a semi-structured interview guide.
- Study eligibility criteria were assessed based on self-report.
  - Inclusion: 1) a biopsy-verified IgAN diagnosis; 2) patient had taken angiotensin converting enzyme inhibitors (ACEi) and/or angiotensin II receptor blockers (ARB) for at least 3 months.
  - Exclusion: 1) a history or current diagnosis of end-stage kidney disease (ESKD), dialysis, or kidney transplant; 2) current or prior participation in an IgAN trial.
- Semi-structured 1:1 virtual interviews lasting up to 60 minutes were used to elicit participant responses to questions from a discussion guide.
  - Participants were shown pictures and short videos of an autoinjector and prefilled syringe specific to what is available in IgAN, to explain how the devices are appropriately used.
  - Participants were specifically asked about preferences for administration-related attributes such as device type (autoinjector/prefilled syringe), dosing frequency, volume, injection time, and ISR.
  - Participant responses to structured questions were recorded using a notetaking sheet, and transcripts were analyzed using a coding framework that combined deductive codes derived from the interview guide with inductive codes identified through data immersion.



Autoinjector



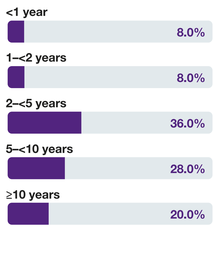
Prefilled syringe

RESULTS

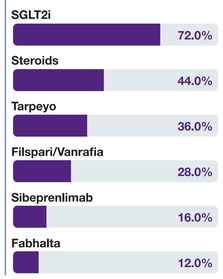
Participant Characteristics (N=25)

- **Mean age 43.4 years** — SD 11.2, Range 26–75 years
- **Female 60.0%** — 15 of 25 participants
- **White | Asian 64.0% | 20.0%** — 16 | 5 of 25 participants
- **Full-time employed 68.0%** — 17 of 25 participants
- **Suburban[a] 64.0%** — 16 of 25 participants

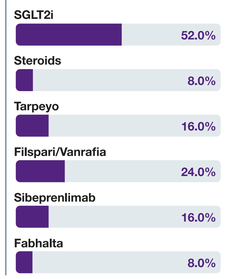
Time since IgAN diagnosis



Medications ever used to treat IgAN[b]



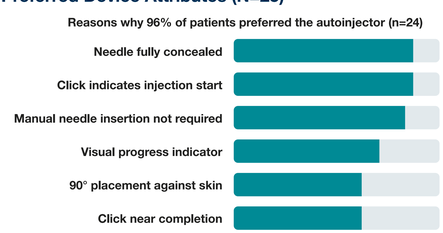
Medications currently used to treat IgAN[b]



[a]"Suburban" was self-identified by participants as residing in an area that was neither urban nor rural.
[b]Participant could pick more than one medication.

Preferred Device Attributes (N=25)

Reasons why 96% of patients preferred the autoinjector (n=24)

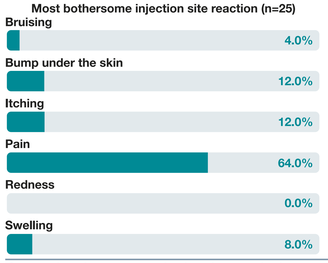


Reasons why the one patient preferred the prefilled syringe (n=1)

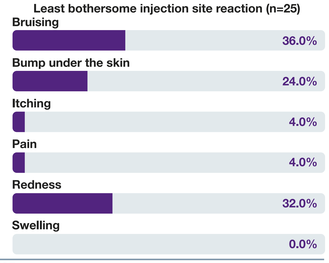
- Liked controlling the needle insertion and speed of injection
- The visual progress indicator
- The needle guard activating after thumb release from the plunger

Perceptions on Injection Site Reactions (N=25)

Most bothersome injection site reaction (n=25)



Least bothersome injection site reaction (n=25)



Context for what was perceived as the most bothersome ISR:

- **64% of participants reported pain** as the most bothersome ISR; and it was least bothersome to only 4.0% of participants

Device Preference (N=25)

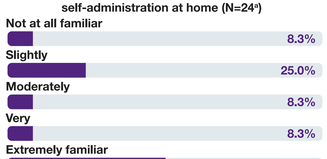
96.0% preferred the autoinjector
24 of 25 participants



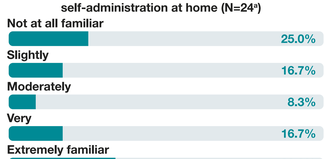
4 of 4 participants taking sibeprenlimab (IgAN prefilled syringe) preferred the autoinjector

The one participant who preferred the prefilled syringe was 'slightly familiar' with autoinjectors and 'not at all familiar' with prefilled syringes

Familiarity with autoinjectors for self-administration at home (N=24[a])



Familiarity with prefilled syringes for self-administration at home (N=24[a])



In general, participants had varying levels of familiarity with autoinjectors and prefilled syringes

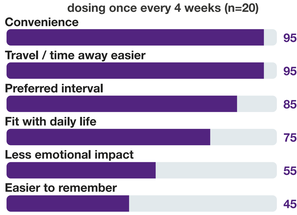
[a]Question skipped by one participant

Dosing Frequency (N=25)

80.0% preferred dosing every 4 weeks
20 of 25 participants

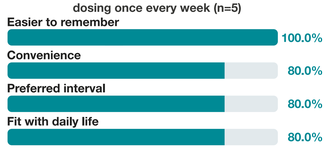


Reasons why patients preferred dosing once every 4 weeks (n=20)



The top reasons for **preferring dose once every 4 weeks** were Convenience and Travel / time away easier

Reasons why patients preferred dosing once every week (n=5)



The top reason for **preferring dose once every week** was that it was Easier to remember

Participant Quotes by Themes

Psychological burden associated with prefilled syringe needle
"Intimidating […] that needle was a pretty thick needle. I'm not too squeamish about needles, but I'd rather just kind of avoid it... especially if I'm going to do it myself [P15]."
"[…] it's like it kind of makes me feel sick to my stomach […] the needle is just gnarly to me […] To me, it's like almost torturous […] It's medication, but the whole concept to me is like it would be like a torture maneuver in my mind [P1]."
"[…] on a syringe, the needle looks bigger and meaner […] I don't like the look of the needle […] It's intimidating, you know? […] The device itself looks like some scientist invented a crazy device that was created in a laboratory and is given in a hospital. It just looks very, it's very intimidating because of the way it looks [P21]."
"The whole idea [of injecting with the prefilled syringe] just makes me queasy looking at it [P25]."
"I'm a bit of an anxious person, so seeing the needle right away would just make me more anxious during the process. Just not seeing it is a bit easier [P22]."

Theme	Perceptions about injecting with an autoinjector
Reduced psychological burden associated with autoinjector needle	*"So, to me an autoinjector is much easier to use […] and it, for me, it's less intimidating than a regular syringe […] I like the fact that with the autoinjector I don't see the needle, and it's simple [P21]."*
	"But I just think that not seeing it [the needle] […] just makes it a lot easier. Less anxiety [P16]."
	"I generally don't like needles. The idea of injecting myself with a needle isn't the most comfortable, so not seeing the needle I think helps with the experience [P14]."
Confidence/ease of use	*"So with an autoinjector, I don't have to worry about "Am I putting the medication in too fast, am I putting it in too slow?" The autoinjector determines that for me […] I'm extremely confident that with the autoinjector I wouldn't make a mistake [P21]."*
	"[With the prefilled syringe] I'm always like, did I get the whole thing? Is there a little bit left? I see a little bit left in here. With the autoinjector, I don't have to worry about that [P24]."
	"I think having a sound to cue you when it's almost done helps make the process easier, not feeling like you need to be inspecting the device closely while you're injecting [P14]."
Safer handling	*"It [the autoinjector needle] comes out when you're done, [and] it's already protected, you don't have to worry about dropping it or an animal sniffing what's in your hand […] It feels safer [P1]."*
	"I like this [autoinjector] a little bit more because I have a kid and I'm never really alone. So, just knowing that my kid is less likely to see needles or just touch something with a needle is preferable [P18]."
	"Just not seeing it [the needle] is a bit easier. And less accidents and not as dangerous [P22]."

Injection experience with IgAN prefilled syringe (n=4 currently administering sibeprenlimab)
"I had never seen one like it. I've done a lot of injectables over my years. So it's a little bit difficult to push. […] Like there's a lot of pressure when you're pushing it. […] The plunger, the push down is one of the most difficult ones I've ever used [P1]."
"So I push it down with my thumb, and I'm really having to press. […] It's pushing pretty hard. […] So in my head I'm thinking if somebody has issues with hand strength, they would probably need someone else to do it for them [P12]."
"I also have some pain when I'm injecting with this one. The needle feels so long. It feels like it's not ever going to finish getting into my skin [P20]."
"It was painful. It burned. It was hard to do myself, to use the injector. […] So I've done lots of injectable medicine before. This is the first one I've used with this type of dispenser [plunger]. It's hard to do with one hand because I'm using my other hand to pinch my skin, and it was just very hard to use my thumb to push it down […] So it's just I don't like the mechanism of the thing. […] my next three injections, my husband has done them for me because of how difficult it is to use [P23]."

CONCLUSIONS

- Patients with IgAN reported an overwhelming preference for the autoinjector over the prefilled syringe (96.0%) citing features such as the needle not being visible, and elimination of manual needle insertion.
- Dosing every 4 weeks was strongly preferred over weekly dosing (80.0%) for convenience, the fit with daily life, and when considering travel or time away from home.
- **Strengths**: First study on patient preference for devices used in IgAN treatment.
- **Limitations**: Potential for selection bias as participants self-selected into the study.

KEY TAKEAWAY

- Adults living with IgAN strongly prefer administration features of the autoinjector (96%) and every 4-week dosing schedule (80%) for greater convenience and easier integration into daily life.

References

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Author Disclosures

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