Patient and Surgeon Preferences Regarding the Port Delivery System and Intravitreal Injections for nAMD

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Purpose:

To understand patient and physician decision-making drivers for anticipated nAMD treatment choices and to develop patient decision support resources.

Methods:

A cross-sectional survey study was conducted involving physicians and patients at a single, academic medical center. Included physicians were Wills Retina specialists. Eligible patients were those with nAMD, 50 years or older, and 2 or more intravitreal injections. An information packet was developed for both patient and physician groups and described the hypothetical benefit, safety profile, and care burden of the Port Delivery System (PDS) as compared to continued intravitreal injections. Surveys assessed usability and key concept communication of the information packet, participant preference for PDS according to intravitreal injection frequency, and concern level about choice considerations.

Results:

Pilot study results are reported here and scaled results are planned for the conference presentation. 13 physicians and 15 patients were included in the pilot. Patients averaged 79 years-old and were 86% female and 100% white. 62% of physicians and 79% of patients thought the treatment options were presented in a balanced manner. 54% of physicians and 93% of patients thought the length and amount of information was just right. For survey questions that assessed key concept communication by the information packet, 71% of physicians and 77% of patients answered correctly. In a hypothetical choice between continued injections and PDS, fewer physicians offered the implant at longer expected injection intervals (92% at 4 weeks, 46% at 8 weeks, and 15% at 12 weeks). Similarly, fewer patients preferred the implant at longer expected injection intervals (40% at 4 weeks, 29% at 8 weeks, and 21% at 12 weeks). 92% of physicians and 100% of patients were most concerned about considerations that disfavored the implant (i.e. need for an operation with the implant, endophthalmitis risk, and less clinical experience with the implant).

Conclusions:

Both patient and physician groups demonstrated a trend toward preferring the implant with longer injection intervals. Both groups were most concerned about factors that disfavor the implant. Pending refinement and reassessment of the information materials, a scaled multi-center, generalizable study will be conducted.