PSS5
SAFETY IN NATIONAL CARE - REAL WORLD DATA FROM THE GERMAN PSORIASIS-REGISTRY "PSOBEST"
Rustenbach SJ1, Purwins S1, Spehr C1, Radtke MA1, Reich K2, Augustin M3
1University Medical Center Hamburg-Eppendorf, Hamburg, Germany, 2Dermatologikum Hamburg, Hamburg, Germany

OBJECTIVES: The registry “PsOBest” observes systematic therapy of moderate and severe psoriasis/psoriasis-arthritis in Germany since 2008. The registry is supported by the German society for dermatologists, the association of dermatologists, pharmacetical manufacturers, dermatologists and patients. It is located at CV德ver and documents safety, effectiveness and patient benefit in routine health care. One purpose of PsObest is to monitor the safety of systemic antipsoriasis.

METHODS: Patients receiving first time a conventional systemic or biological therapy was observed for 5 years, regardless of therapy switches. Standardised questionnaires for physicians and patients are compiled. Adverse and serious adverse events (AE/ SAE) and morbidity were evaluated and analyzed by Spanish retinologists. In total, 1403 to systems (1548 patient years) resulted in 187 SAE codings in 121 patients (6.1%). A total of 105 SAE were observed under biologic and 95 under conventional systemic treatment (8.9 and 4.5%, respectively). Of these, 20 SAE in 14 patients were observed in combined treatment. By system-organ-classes, general disorders and administration site conditions were observed for 2.3% of biologic (1.5 events/100 patient years) and 1.3% systemic patients (1.32 events/100 patient years).

The rates for cardiac disorders were 0.92 (1.4%) and 0.49 (0.9% of systemic patients), respectively. For infections and infestations the rates were 0.84 (1.3%) and 0.52 (0.8%) and for neoplasms benign, malignant and unspecified (including cysts and polyps) 0.67 (1.0%) and 0.71 (0.8%).

CONCLUSIONS: Five to provide urgently needed long-term safety data in the systematic treatment of psoriasis and psoriatic arthritis from routine care in Germany. To date, no safety concern emerged from the data package and any payer critique of the manufacturer approach.

PSS5
OPTIMISING PHYSICIANS FOR HEALTH OUTCOME AND POST-APPROVAL STUDIES: BENEFITS OF A MANAGED PHYSICIAN PANEL
Posthoff P1, Güther B1, Brown C2, Eichmann F1
1Kantar Health Germany, Munich, Germany, 2All Global, London, UK

OBJECTIVE: Access to management of country physician panels is an alternative option to recruit medical sites for health outcome or post-approval studies, compared to the conventional approach of individually recruiting clinical expert sites. The objective of this study was to describe the potential of physician panels for medical research.

METHODS: In 2012, a representative survey among members of a managed physician panel (All Global’s managed panel of ophthalmologists in US, UK, GER, FR, IT and SP) was conducted. The survey assessed the willingness of the physicians to participate in post-approval studies. Information on the number of patients in those studies and commitment to special requests for post-approval studies (e.g. ethical committee involvement, advert reporting to sponsor, security of patient’s informed consent) were also collected.

RESULTS: A total of 200 ophthalmologists participated in the survey. No special incentive was offered for participation. The response rate of more than 25% was satisfactory. 79 (39.5%) of the physicians formerly participated in clinical trials and 95 (47.5%) in post-approval studies. 54.5% of the physicians agreed to participate in future studies. More than 80% of this group was ready to ask their hospital or other legal authorities for permission to participate in studies of this kind, to report serious adverse events to the sponsor and to ask for further information of the manufacturer.

CONCLUSIONS: Managed physician panels are a valuable alternative option to recruit medical sites for post-approval or health outcome studies. Every second ophthalmologist from participating in this kind of studies and most of them are willing fulfill all necessary legal and quality requirements. In addition to timing and cost factors, an advantage of physician panels is the better representation of daily medical routine-practice, adding to the epidemiological validity of respective projects.

PSS5
LYMPHEDEMA – THE LONG WAY TO DIAGNOSIS AND THERAPY
Blomma C1, Berger M2, Sánchez A3, Augustin M2,3
1University Medical Center Hamburg, Hamburg, Germany, 2University Medical Center Hamburg-Eppendorf, Hamburg, Germany

OBJECTIVE: Clinical experience indicates that edema often remains undiagnosed. The aim of this study was to examine in how much time patients went from the first symptoms to be seen by a physician.

METHODS: Five hundred and sixty patients with edema in the process of care.

RESULTS: The data package of edema patients included 67% (49%) and 5.3% (77%) for neoplasms benign, malignant and unspecified (including cysts and polyps), and 0.84 (0.9%) and 0.84 (0.9%) for neoplasms benign, malignant and unspecified (including cysts and polyps). Moreover, HrQol (DLQI) improved by 65% from inclusion. The conventional systems cohort showed a reduction in PASI–3.1 (7%) but less improvement in DLQI–3.1 (49%).

CONCLUSIONS: PsObest provides long-term real-world data on psoriasis care in Germany. The results show the high burden of psoriasis patients entering the registry and also the high quality of care and patient benefit after initiation of systemic treatment.

PSS5
HEALTH RELATED QUALITY OF LIFE OUTCOME IN NATIONAL CARE - REAL WORLD DATA FROM THE GERMAN PSORIASIS-REGISTRY “PSOBEST”
Purwins S1, Spehr C1, Augustin M2, Radtke MA1, Reich K2, Rustenbach SJ1
1University Medical Center Hamburg-Eppendorf, Hamburg, Germany, 2Dermatologikum Hamburg, Hamburg, Germany

OBJECTIVES: The registry “PsOBest” observes systematic therapy of moderate and severe psoriasis/psoriasis-arthritis in Germany since 2008. The registry is supported by the German society for dermatologists, the association of dermatologists, pharma-aceutical manufacturers, dermatologists and patients. It is located at CV德ver and documents safety, effectiveness and patient benefit in routine health care. One purpose of PsObest is to monitor the safety of systemic antipsoriasis.

METHODS: Patients receiving first time a conventional systemic or biological therapy was observed for 5 years, regardless of therapy switches. Standardised questionnaires for physicians and patients are compiled. Adverse and serious adverse events (AE/ SAE) and morbidity were evaluated and analyzed by Spanish retinologists. In total, 1403 to systems (1548 patient years) resulted in 187 SAE codings in 121 patients (6.1%). A total of 105 SAE were observed under biologic and 95 under conventional systemic treatment (8.9 and 4.5%, respectively). Of these, 20 SAE in 14 patients were observed in combined treatment. By system-organ-classes, general disorders and administration site conditions were observed for 2.3% of biologic (1.5 events/100 patient years) and 1.3% systemic patients (1.32 events/100 patient years).

The rates for cardiac disorders were 0.92 (1.4%) and 0.49 (0.9% of systemic patients), respectively. For infections and infestations the rates were 0.84 (1.3%) and 0.52 (0.8%) and for neoplasms benign, malignant and unspecified (including cysts and polyps) 0.67 (1.0%) and 0.71 (0.8%).

CONCLUSIONS: Five to provide urgently needed long-term safety data in the systematic treatment of psoriasis and psoriatic arthritis from routine care in Germany. To date, no safety concern emerged from the data package and any payer critique of the manufacturer approach.

CONCLUSIONS: Managed physician panels are a valuable alternative option to recruit medical sites for post-approval or health outcome studies. Every second ophthalmologist from participating in this kind of studies and most of them are willing fulfill all necessary legal and quality requirements. In addition to timing and cost factors, an advantage of physician panels is the better representation of daily medical routine-practice, adding to the epidemiological validity of respective projects.

PSS5
ADHERENCE BY SPANISH RHEUMATOLOGISTS TO THE GUIDANCE FOR THE MANAGEMENT OF PATIENTS WITH WET AGE-RELATED MACULAR DEGENERATION Camilo A1, Balaja M2, Ruiz Moreno JM1, Roura M3
1Novartis Farmacútica, S.A, Barcelona, Spain, 2Instituto de Oftalmología Alicante (VISSM) y Universidad de Castilla la Mancha, Alcántar, Spain

OBJECTIVES: To assess the adherence by Spanish rheumatologists to the recommendations for the management of age-related macular degeneration (AMD) published by the Spanish Society of Retina and Vitreous (SEIV). METHODS: Non-interventional, retrospective and multicenter study, involving 59 researchers from different Spanish Ophthalmology Services that collected medical records from 346 patients aged ≥50 years and diagnosed with exudative AMD. RESULTS: Adherence to SEIV guidelines by Spanish rheumatologists was first time an AMD diagnosis was performed (96.7%) and 95.1% of the patients received their first AMD treatment within the first 6 months of diagnosis (96.7%). A total of 1,984 patients were enrolled up to July 2012 (60% male, mean age of 6 years); mean duration of illness was 19±4 years. Patients on biologics (n=686) tended to be male (63 v. 58%), older (48 v. 46.7 years) as patients on conventional treatment (n=1,298) and more often of white (96.8%) and black (3.2%) ethnicity. RESULTS: A total of 1,984 patients were enrolled up to July 2012 (60% male, mean age of 47 years); mean duration of illness was 19±4 years. Patients on biologics (n=686) tended to be male (63 v. 58%), older (48 v. 46.7 years) as patients on conventional treatment (n=1,298) and more often of white (96.8%) and black (3.2%) ethnicity.