

The WISDOM Survey: Physicians' Behaviors and Attitudes towards Treating Vulvar and Vaginal Atrophy (VVA)

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Disclosures

- **Consultant:** Acerus, Bayer,AMAG, Endoceutics, Emotional Brain, Materna, Nuelle, TherapeuticsMD, Novo Nordisk, Palatin Technologies, Pfizer, Sermonix Pharmaceuticals, Sprout Pharmaceuticals, and Valeant Pharmaceuticals

Objective

- To evaluate physicians' behaviors and attitudes regarding VVA treatment in menopausal women
 - The WISDOM survey

WISDOM Survey

- Online survey consisting of 23 multi-part questions
- Conducted by Rose Research between August and September 2016
- Nationally representative sample of US physicians provided by GMI, a global IRB-approved, online sample provider
- Eligible survey participants included OB/GYNs and PCPs who saw ≥ 50 and ≥ 25 menopausal women per month, respectively
- Physicians who cited conflicts of interest, did not work in a community-based practice, and managed or treated < 15 patients with VVA per month were excluded
- \$23 USD was offered for a completed survey

Survey Topics

- Number of patients seen in a month, stratified by age
- Number of menopausal women with VVA or VMS symptoms
- Treatments used for VVA
- Types of prescriptions recommended
- Reasons why products were prescribed
- Barriers to prescription therapy
- Reasons for prescription therapy discontinuation
- Importance of prescribing the lowest hormone therapy dose possible

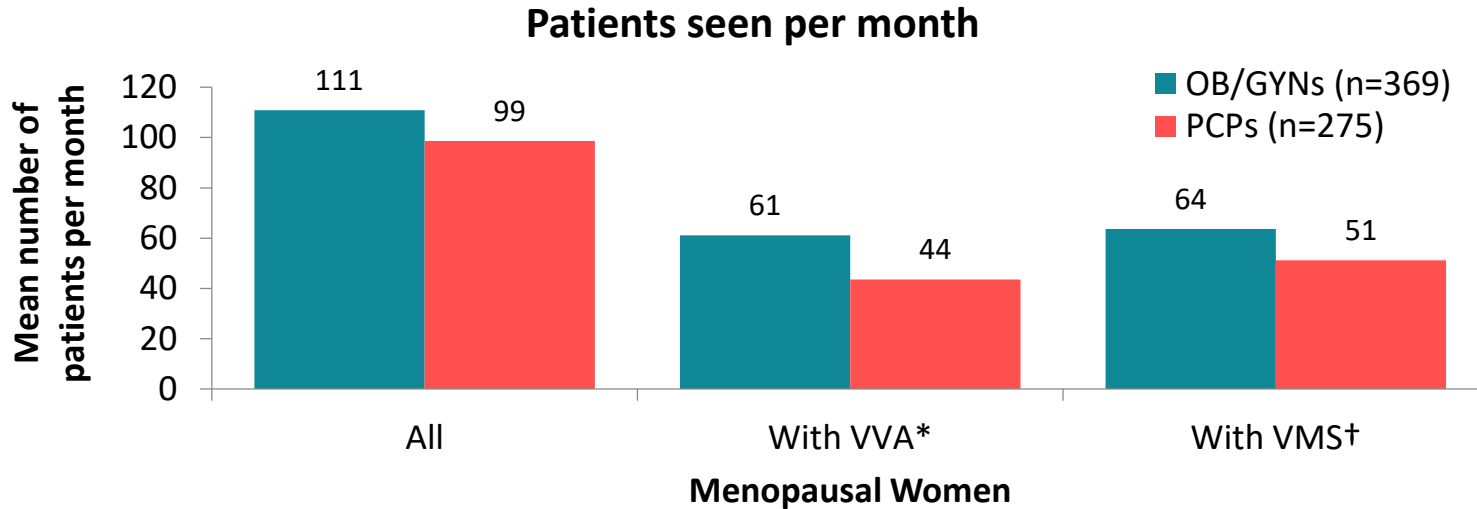
Physician Characteristics

- ≥2424 physicians were invited to participate, 945 responded
- 369 OB/GYNs and 275 PCPs completed the survey
- Majority of respondents were
 - Male (64%)
 - 40 to 59 years of age (64%)
 - Practicing for >15 years (66%)

Physician Characteristics	OB/GYNs (n=369)	PCPs (n=275)
Gender		
Male	226 (61)	186 (68)
Female	143 (39)	89 (32)
Age, years		
<30	0	1 (0)
30-39	46 (12)	35 (13)
40-49	107 (29)	89 (32)
50-59	116 (31)	100 (36)
60-69	90 (24)	49 (18)
≥70	10 (3)	1 (0)
Years practicing*		
0-5 years	22 (6)	15 (5)
6-10 years	39 (11)	37 (13)
11-15 years	59 (16)	49 (18)
16-20 years	71 (19)	50 (18)
>20 years	178 (48)	124 (45)

Overview of Patients

- In a typical month, OB/GYNs and PCPs see 111 and 99 menopausal women, respectively
 - Of these, 61 (55%) and 44 (44%) had VVA symptoms, respectively



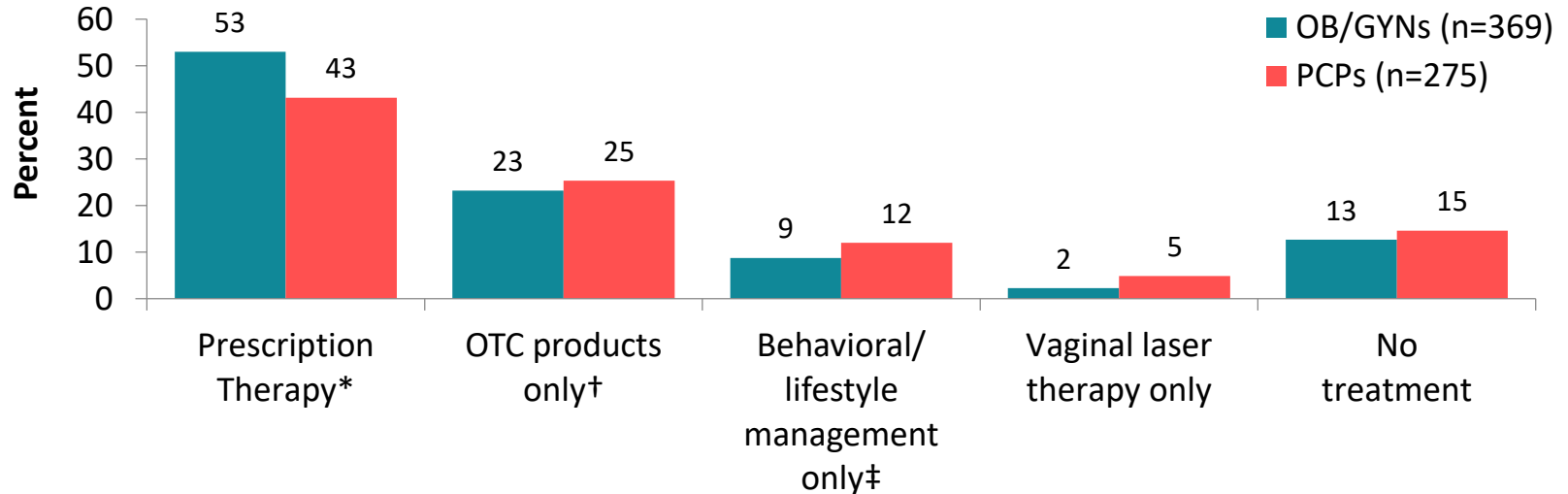
*VVA symptoms such as painful intercourse (dyspareunia), vaginal dryness, vaginal itching and burning and/or bleeding with intercourse.

†VMS symptoms such as hot flashes and/or night sweats.

Treatments for VVA

- Prescription therapy was the most common VVA treatment
 - More OB/GYNs than PCPS preferred to treat VVA with prescription therapy
 - OB/GYNs wrote more scripts per month than PCPs (44 vs 35)

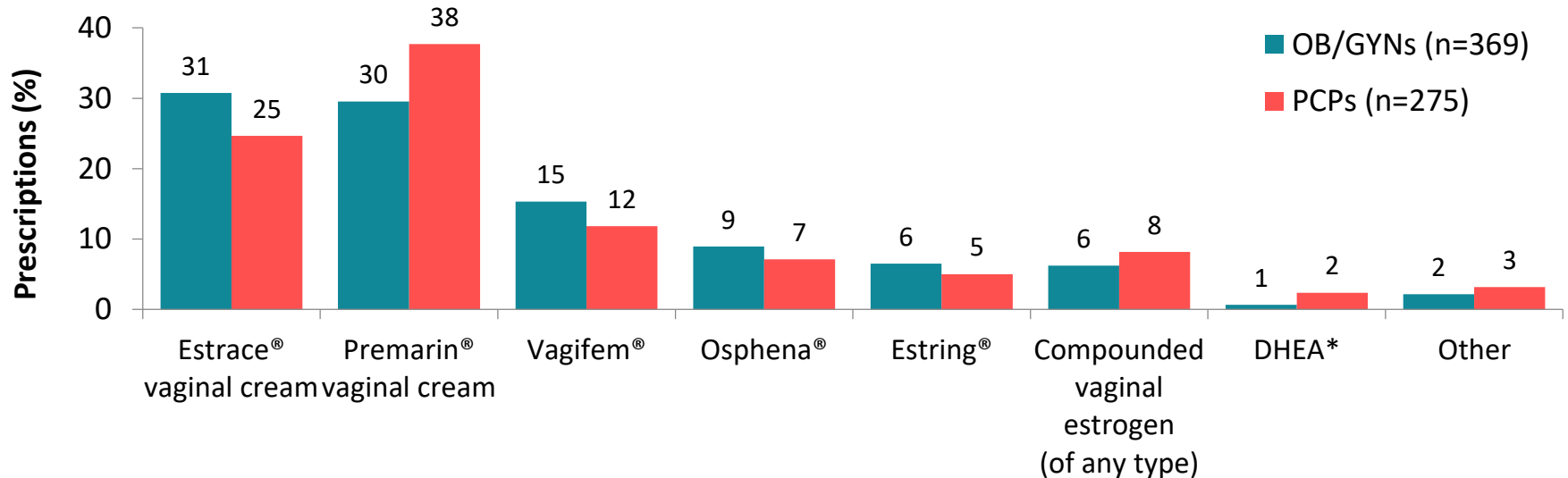
Treatment recommended to patients with VVA



*With or without any other type of treatment; †Vaginal lubricants and moisturizers; ‡Increased sex, vaginal dilation, other.
OTC: Over the counter.

Prescription Treatments

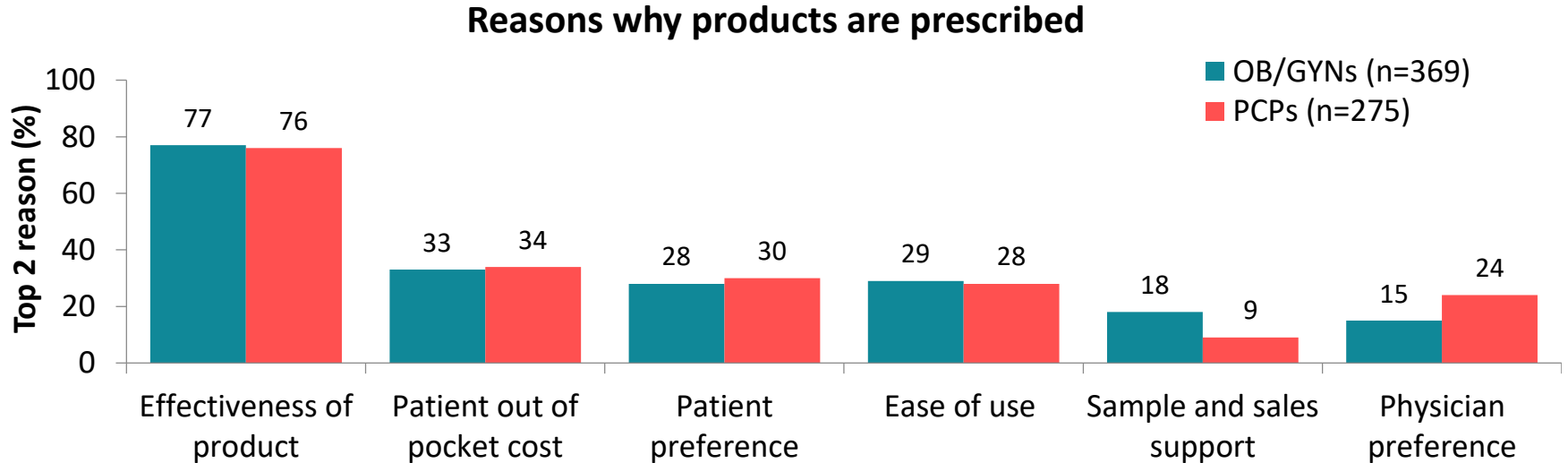
- Premarin® vaginal cream was most commonly prescribed among PCPs, while both Premarin® and Estrace® vaginal creams were prescribed most by OB/GYNs



*Intrarosa™ was not approved at the time of the survey.

Reasons Why Products Are Prescribed

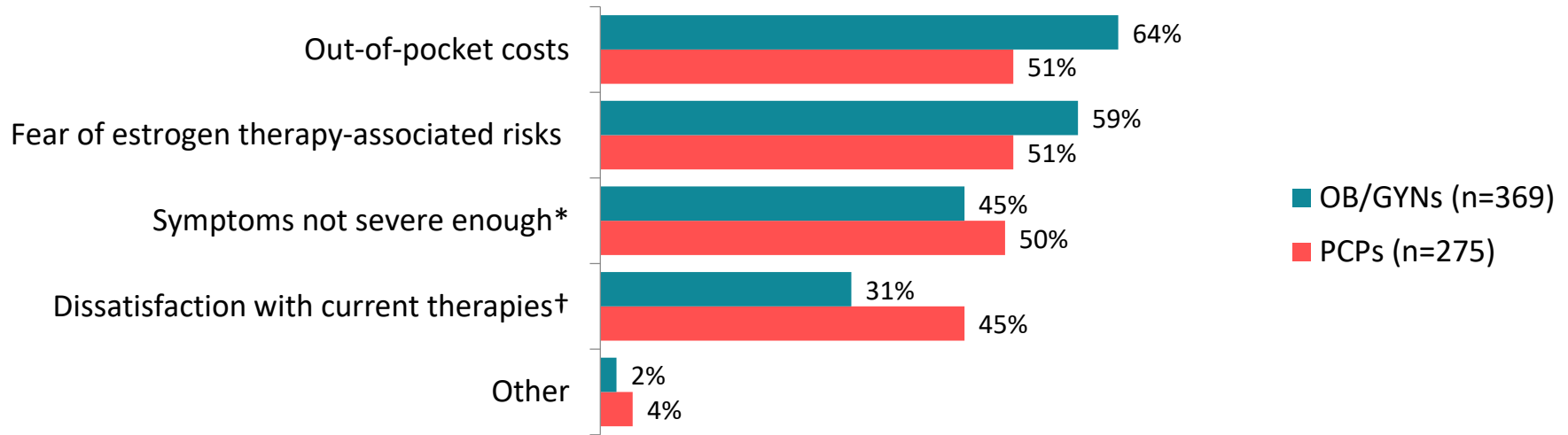
- Effectiveness of the product was the primary reason why specific VVA treatment products are currently prescribed



Reasons why products were prescribed were ranked 1 (primary reason) through 6 (least important reason). Reasons shown are those ranked 1 or 2 by each physician.

Barriers to Prescription Therapy

- Out-of-pocket cost and fear of estrogen's risks were believed to be the main barriers for women choosing not to use prescription therapy
- >30% women seem to be dissatisfied with current therapies

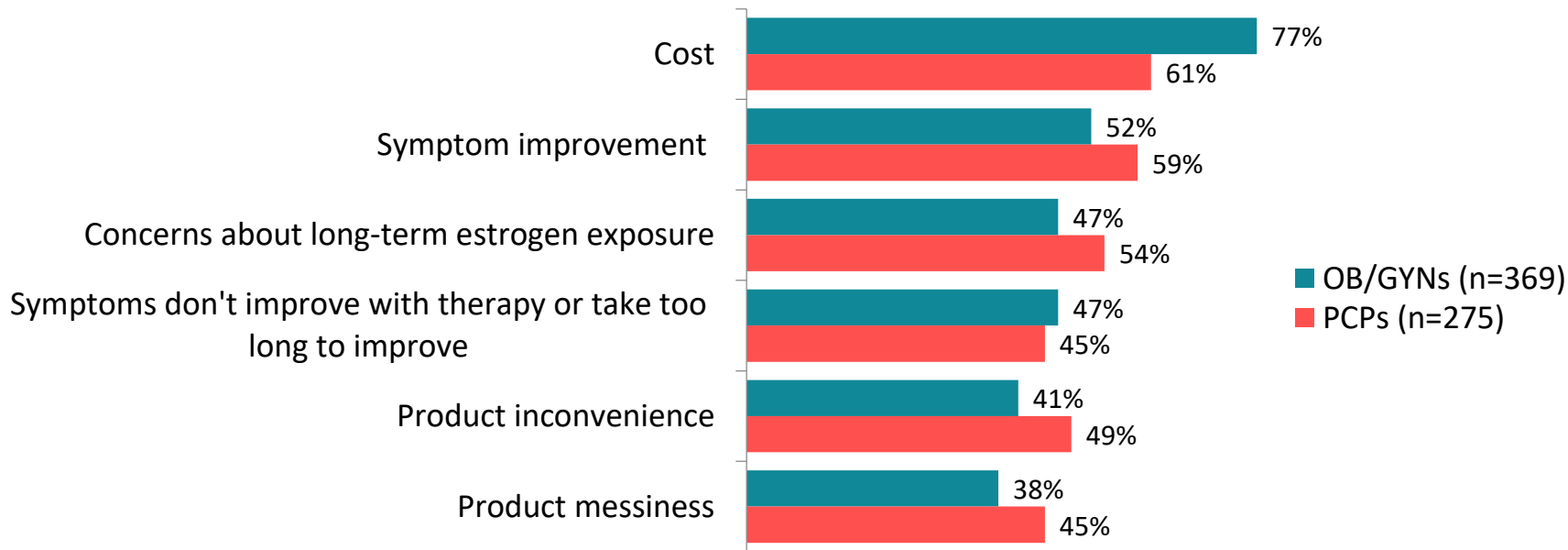


Barriers were ranked 1 (primary reason) through 5 (least important reason). Reasons shown are those ranked 1 or 2 by each physicians.

*Symptoms are not severe enough and patients prefer to deal with symptoms without prescription therapy; †Applicators, discharge from products, dosing issues, etc.

Reasons for Discontinuing Prescription Therapy

- Women were believed to discontinue treatment primarily because of cost, symptom improvement, and concerns about long-term estrogen exposure



Discontinuation reasons were ranked from 1 (no impact) to 5 (most impact). Reasons shown are those ranked 4 or 5 by each physician.

Thoughts on VVA Treatments

Physicians who agreed or strongly agreed with	OB/GYNs (n=369)	PCPs (n=275)
My ability to treat VVA is limited by currently available choices	42%	45%
VVA only requires treatment if the symptoms negatively impact patient's quality of life	39%	40%
VVA is best treated with OTC products versus prescription products	10%	27%

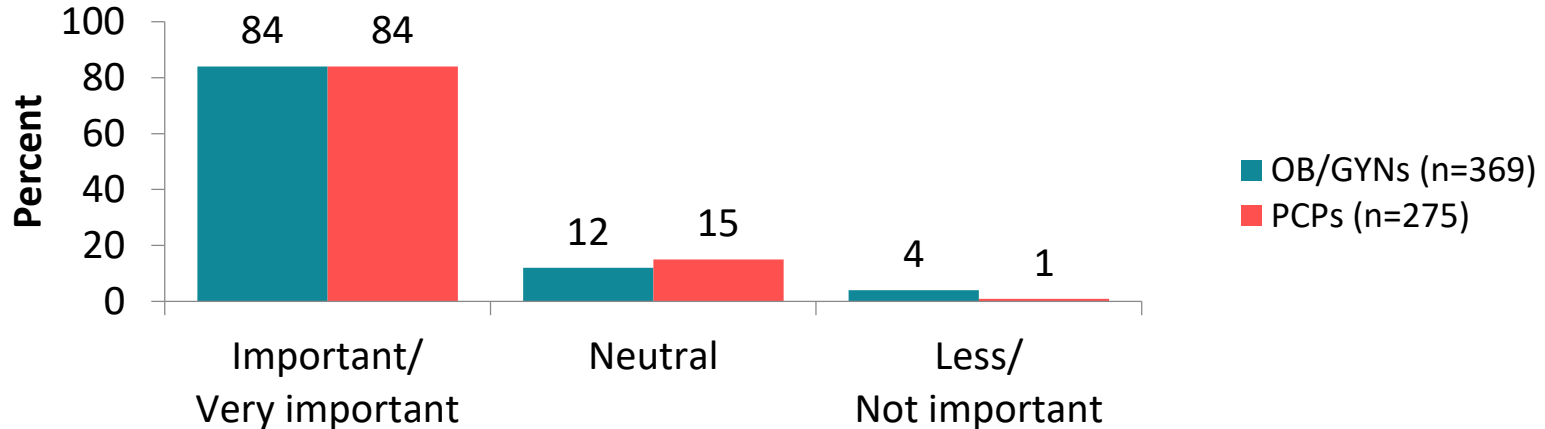


More OB/GYNs than PCPs (72% vs 47%) disagreed or strongly disagreed that VVA was best treated with OTC versus prescription products

Using the Lowest Dose Possible

- 84% of doctors consider it “important” or “very important” to treat VVA patients with the lowest effective dose of hormone therapy

“How important is it for you to be able to treat your patients that have VVA with the lowest effective dose of hormone therapy?”



Conclusions

- Both physician types had similar attitudes and behaviors regarding VVA treatment
- More OB/GYNs than PCPs prescribed VVA treatment, especially vaginal estrogens
- Effectiveness was the primary reason for prescribing VVA therapy
- Patients' fear of estrogen risks was a primary barrier to treatment initiation and a main reason for discontinuing treatment
- >30% of women seem to be dissatisfied with current therapies
- Most physicians thought it was important/very important to prescribe the lowest effective dose possible of FDA-approved vaginal estrogens