

EnABLE Survey[†]



Discrepancies in SLE management: barriers to improved care

Approach to SLE management

Results from EnABLE highlight an opportunity for **increased awareness** on appropriate corticosteroid use and a more proactive approach to the management of SLE



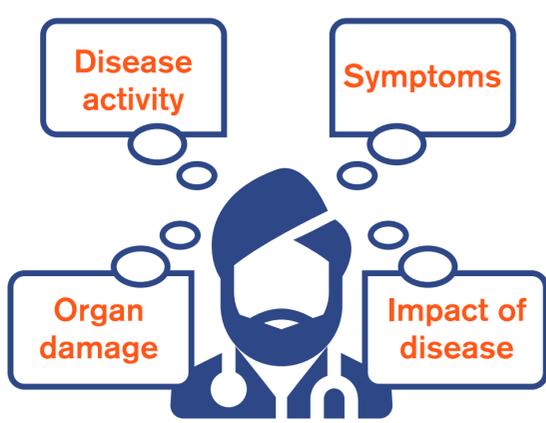
More than a third of HCPs surveyed (37%)

did not agree that long-term treatment/management was as important as immediate symptoms when caring for persistently active SLE patients



69% of patients surveyed

did not believe that their HCP went beyond treating symptoms to fully manage all aspects of their persistently active SLE



Survey feedback indicated that only **~40% of rheumatologists** are aware that SLE leads to organ damage in 30-50% of patients within 5 years of diagnosis



Appropriate use of corticosteroids

Corticosteroids are a common treatment for the manifestations of SLE, but long-term use is associated with irreversible organ damage^{1,2,3}



More than **half of patients (53%)** rely heavily on corticosteroids to get through difficult periods of lupus



Approximately a third of SLE patients

reported upping oral corticosteroid dosage and frequency without HCP consent - on average as many as **six times** a year



HCPs underestimated

the scale of this patient self-management predicting that **only 15-20%** of their patients independently increased corticosteroid dosage or frequency



58% of HCPs define high dose corticosteroids as 20mg/day or higher, significantly greater than the clinical threshold of 7.5mg/day^{*2,3}

The majority considered **10mg/day** to be a low dose for patients with SLE**

Reductions of as little as 1mg/day in mean corticosteroid dose lower the estimated risk of future organ damage,² however:

61% HCPs reported that they did not plan to alter their corticosteroid use during times of active disease

8% expected to increase it in patients with persistently active SLE



10mg
7.5mg/day threshold



A need for better education



Half of patients suffer irreversible organ damage within five years of being diagnosed⁴

EnABLE reveals a need for **improved awareness** around long-term impact of the disease and appropriate use of corticosteroids in SLE management



These factors could be improved by:
Educating patients and HCPs on appropriate use of corticosteroids
Helping HCPs to recognise that issues are ongoing and not just when symptoms appear

GSK has prepared several US and Global patient and HCP-focused resources called **UsinLupus.com**, **Living with Lupus** and **TalkSLE.com** designed to educate and equip the lupus community with the relevant tools to take a more holistic approach to disease management



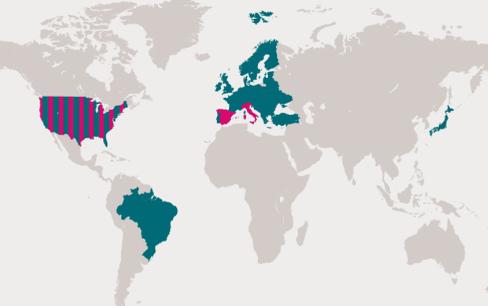
Methodology

Major **multi-country** survey, designed to:



The qualitative phase

involved a total of **22 patients** from the US, Italy and Spain. It consisted of a combination of small focus groups and in-depth face-to-face/telephone interviews carried out from March – April 2017



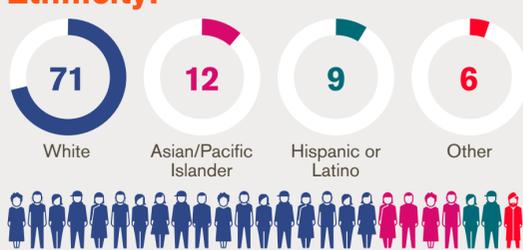
The quantitative phase

involved **261 patients** with active SLE and **311 treating HCPs** (89% Rheumatologists + some IMs in EU4) from the US, Europe, Japan and Brazil. Research interviews were conducted May – June 2017

Demographic summary



Ethnicity:



* Clinical threshold was defined as 7.5mg/day in survey ** HCPs defined short term as 5.5 weeks and long term as 13.4 weeks † EnABLE (Exploration iNto Attitudes and Behaviour in the Lupus Experience). Although the study represented a robust sample size overall, some markets have base sizes lower than N=30. In addition, the survey was carried out in an uncontrolled setting and only looked at certain aspects of SLE management. As a result, caution should be taken when interpreting these results as they are directional only.

References 1. Lopez, R, et al. Lupus disease activity and the risk of developing organ damage and mortality in a large lupus cohort. Rheumatology 2012. Vol. 51, pp. 491-8. 2. Al Sawah, S, et al. Effect of corticosteroid use by dose on the risk of developing organ damage over time in systemic lupus erythematosus—the Hopkins Lupus Cohort. Lupus Science & Medicine 2015. p. 2:e000066. 3. Ruiz-Irastorza, G, et al. Glucocorticoid use and abuse in SLE. Rheumatology 2012. p.51:11451153. 4. B Urowitz, M et al. Evolution of disease burden over five years in a multicenter inception systemic lupus erythematosus cohort. Arthritis care & research. 2011. 64. 132-7.10.1002/acr.20648.