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Article Title: Ravulizumab or Eculizumab: What do patients with atypical hemolytic uremic syndrome prefer?

What is this article about?

Atypical hemolytic uremic syndrome (aHUS) is a rare disease that causes blood clots to form in the blood vessels, which consequently leads to a number of other problems. Patients with aHUS are treated with intravenous infusions of either ravulizumab or eculizumab, two monoclonal antibodies. Ravulizumab requires fewer infusions as compared to eculizumab and is equally effective.

In this study, we gathered real-world insights from web-based surveys to find out patients' preference for either treatment and their impact on patients' quality of life. We administered the surveys to adult patients with aHUS and caregivers of pediatric patients with aHUS. Only patients who were being treated with ravulizumab and had previously received treatment with eculizumab were included.

What were the results?

Almost all (94%) adult patients and all caregivers of pediatric patients preferred ravulizumab over eculizumab. The need for fewer infusions was a key reason for their preference, as that meant lesser disruptions to their daily lives, and a greater ability to go to work or school and on vacations.

What do the results mean?

Our survey shows that ravulizumab can help maintain better quality of life than eculizumab due to the need for fewer infusions. This finding can help doctors, patients, and caregivers choose a suitable treatment option.

Keywords/meta tag: Monoclonal antibodies, kidney disease, rare disease, intravenous infusion, quality of life, patient preference

Title of the original paper/book: Treatment preference and quality of life impact: ravulizumab vs eculizumab for atypical hemolytic uremic syndrome

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