

# Iron Deficiency Anemia in Patients with Heavy Menstrual Bleeding: Patient Journey from Diagnosis to Treatment

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## Background

Iron deficiency anemia (IDA) affects approximately 5 million people in the US.<sup>1</sup> Heavy menstrual bleeding (HMB) depletes iron stores, leading to IDA; it is one of the more common causes of IDA.<sup>2</sup> IDA and HMB are prevalent among adolescents and women of reproductive age and can adversely affect many aspects of quality of life (QoL).<sup>3</sup> Iron stores can be replenished through oral iron or, if oral iron is found to be ineffective or poorly tolerated, through intravenous iron (IVI).

## Objective

To understand the multiple-dose IVI treatment journey for patients with IDA and HMB.

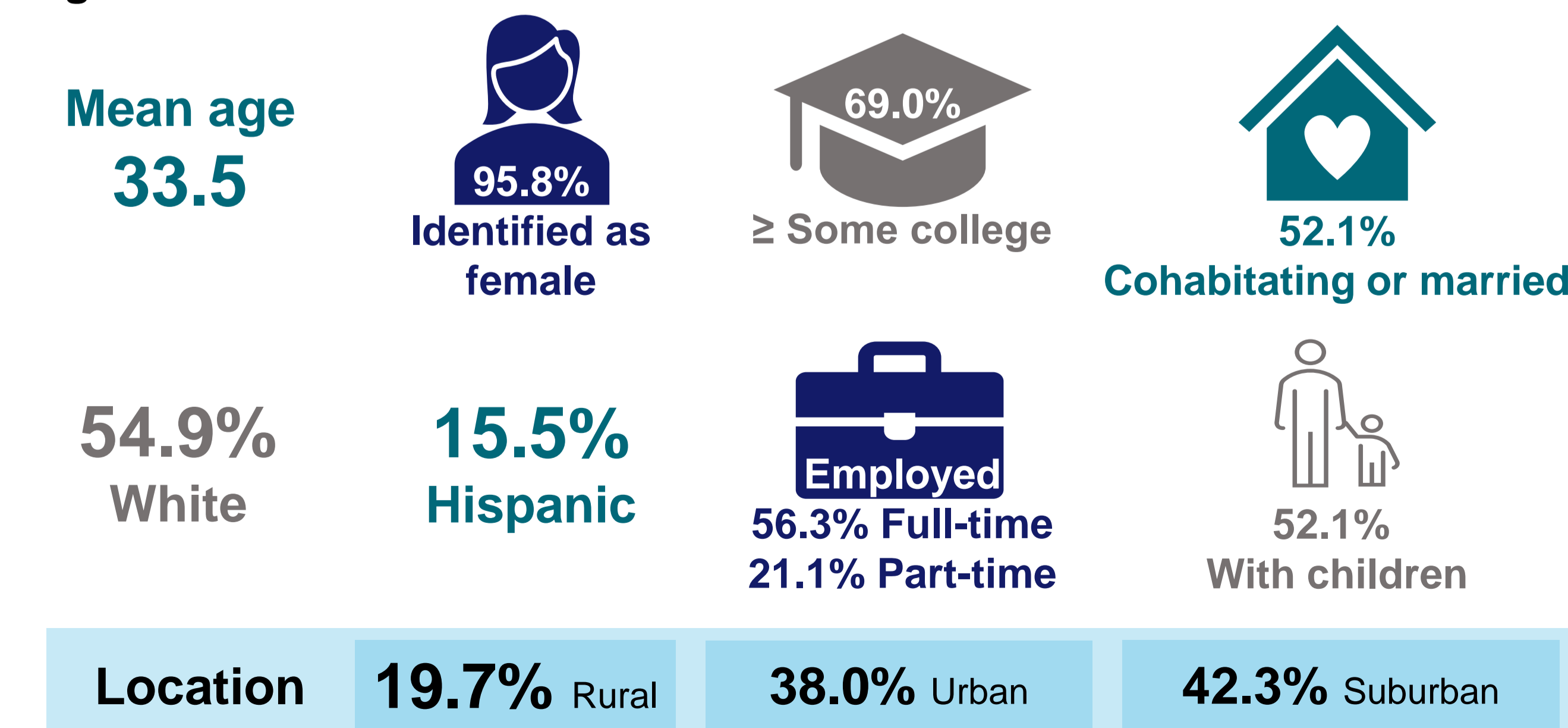
## Methods

In 2023, patients (>18 years) in the United States with a diagnosis of IDA who were currently receiving multiple-dose IVI therapy were asked to complete a survey conducted by The Harris Poll. Questions included IDA symptoms, time to diagnosis and treatment, iron infusion appointment logistics, IVI infusion experience, the impact of infusion on daily activities, and patient treatment preferences.

## Results

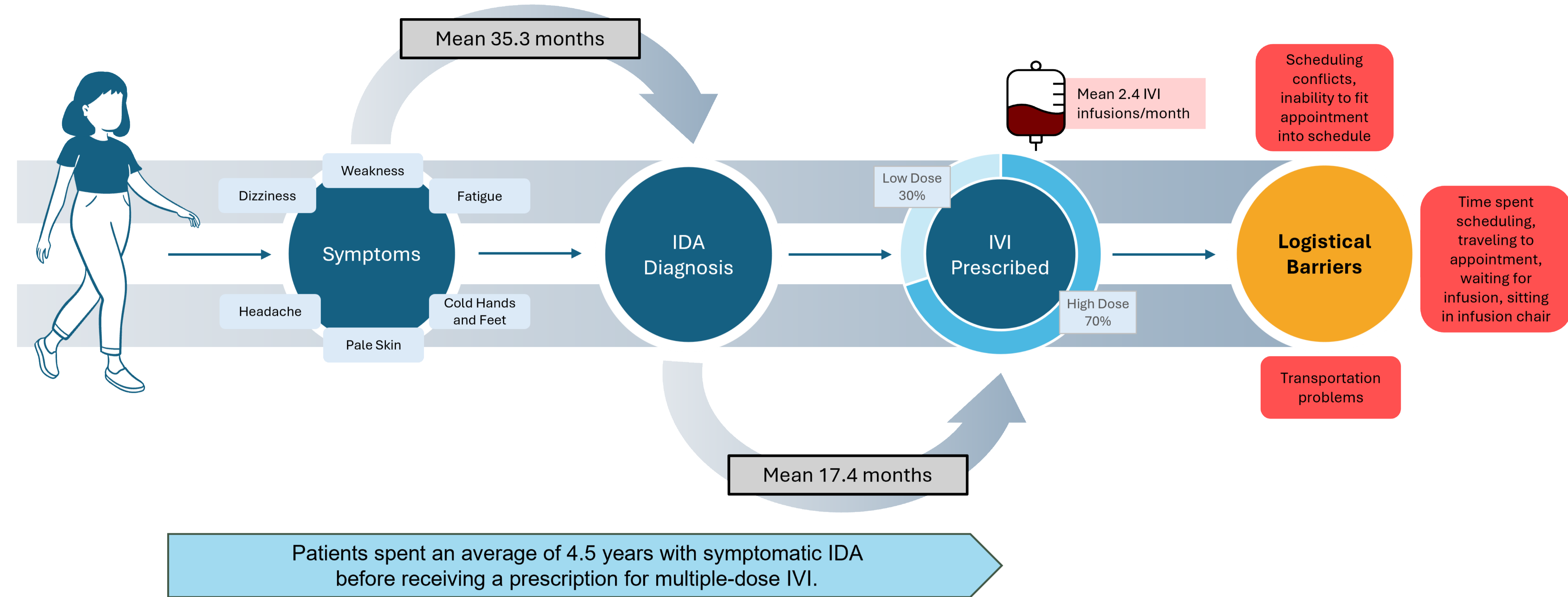
- Of the 323 patients who completed the survey, 71 (22.0%) reported treatment for HMB and were prescribed  $\geq 2$  IVI infusions/month.
- Patients included in the analysis received a mean of 2.4 IVI infusions/month for a mean total of 9.6 total infusions.
- The symptoms most improved with multiple-dose IVI included dizziness, weakness, and fatigue.
- 36.6% of patients reported missing  $\geq 1$  infusion, most often due to scheduling conflicts, an inability to fit the appointment into their schedules, or transportation difficulties.
- 83.0% of patients reported that they would prefer a single-dose IVI option.

Figure 1. Patient Characteristics



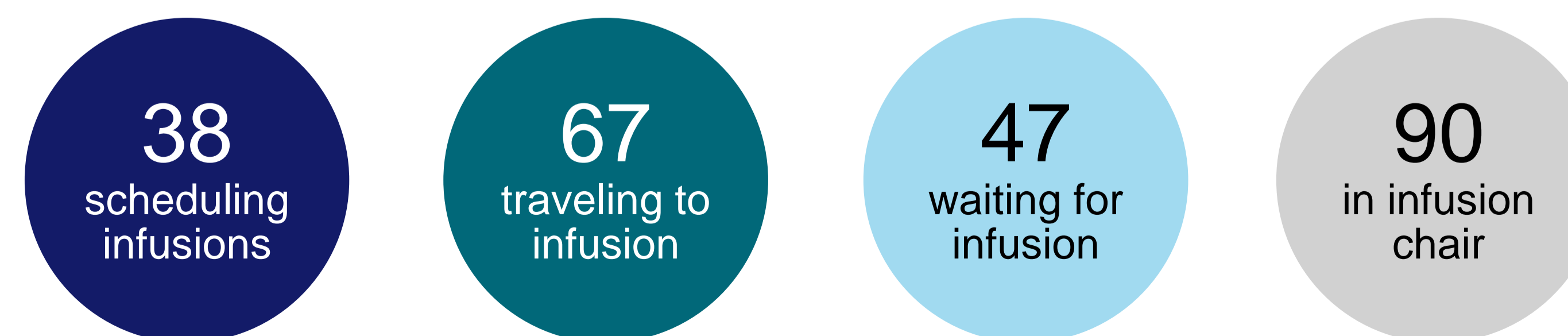
There currently is no specific guidance on when to transition patients with HMB and IDA from oral to IV iron.<sup>3</sup>

Figure 2. The Journey from Diagnosis to Treatment for Patients with Heavy Menstrual Bleeding and Iron Deficiency Anemia



Patients with HMB and IDA reported that multiple-dose IVI logistics decreased productivity (53.5%), prevented attendance at important events (50.7%), and necessitated scheduling life around treatment (67.6%).

Figure 3. Mean Minutes Spent on Multiple-Dose IVI Appointment Logistics



## Conclusions

- Patients with HMB had IDA symptoms for an average of almost 3 years before IDA diagnosis. Thereafter, a mean of 1.5 years passed before multiple-dose IVI treatment was prescribed, for a total delay of 4.5 years between symptom onset and treatment. This demonstrates a potential gap in care.
- With multiple-dose IVI, appointment logistics negatively impacted patients' perspective on their treatment and more than one-third reported nonadherence.
- Patient preferences, like a single-dose infusion, should be considered in IVI treatment to improve adherence and QoL.

## Limitations

This study may be subject to self-report bias. The survey was completed by a small sample; the results may therefore not be generalizable to all patients treated with multiple-dose IVI. The sample was limited to patients currently receiving IVI and may not reflect the perspectives of patients who have completed a full treatment course.

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1. Miller JL. Iron deficiency anemia: a common and curable disease. *Cold Spring Harb Perspect Med.* 2013; 3(7).  
2. Camaschella C. Iron-deficiency anemia. *N Engl J Med.* 2015;372(19):1832-43.

3. Munro MG. Heavy menstrual bleeding, iron deficiency, and iron deficiency anemia: Framing the issue. *Int J Gynaecol Obstet.* 2023; 162(S2).