

# Logistics of Intravenous Iron Administration and Adherence to Therapy: Results from a Patient Survey

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## Background

Iron deficiency anemia (IDA) affects ~5 million people in the US<sup>1</sup> and has a significant impact on health and quality of life.<sup>2</sup> Iron stores can be replenished with oral iron tablets or, if ineffective or poorly tolerated, through intravenous (IV) iron.<sup>2</sup> Despite the effectiveness of IV iron, patients miss or delay appointments, leading to incomplete treatment response.

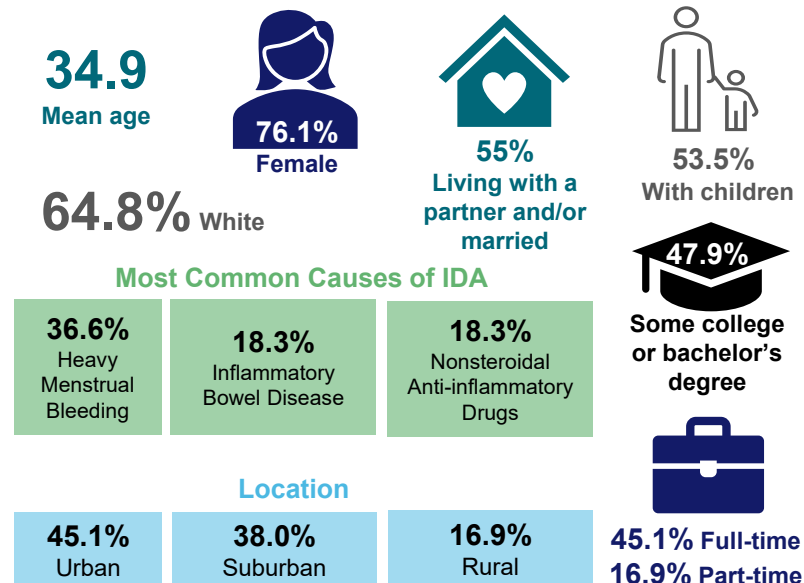
## Objective

To identify barriers to treatment with IV iron from the patient perspective.

## Methods

From February to March 2023, a survey was deployed by The Harris Poll to an online panel of patients identified from a medical vendor. 323 screened patients who had a confirmed diagnosis of IDA and were receiving or had recently completed IV iron therapy were asked to respond to a 10-minute, 46-question online survey. 71 out of 323 patients who were prescribed at least 2 IV iron infusions and missed at least 1 infusion were evaluated. Questions queried demographics, appointment logistics, IV iron infusion experience, impact of infusion on daily activities, reasons for missing doses, and ways to improve patient adherence.

Figure 1. Demographics of Patients Who Missed ≥ 1 Infusion



Convenience plays an important role in adherence to IV iron treatment and should be considered when choosing treatment for iron deficiency anemia.

## Results

- 323 patients completed the survey. 193 patients (59.8%) were prescribed at least 2 IV iron infusions/month. Of those 193 patients, 71 (36.8%, mean age 34.9 years) reported missing ≥1 dose.
- These 71 patients received an average of 2.6 IV iron infusions/month.
- The most frequently reported adverse impacts of IV iron treatment on quality of life were having to schedule life around infusions (80.3%), missing important events (64.8%), and interference with productivity (63.4%).
- >30% of patients reported missing events, spending time with loved ones, work, and time for other responsibilities due to IV iron infusions.

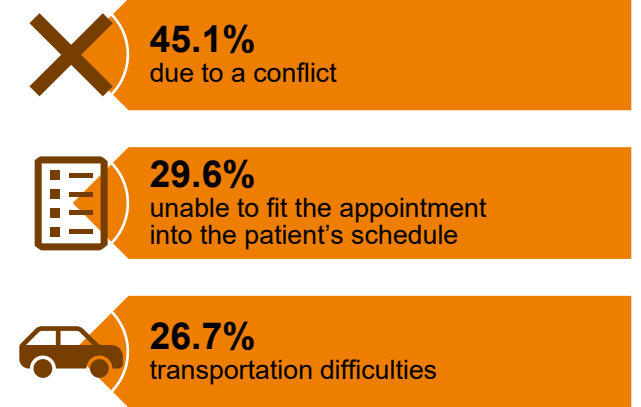
Figure 2. Mean minutes spent on IV iron appointments



38.0% were not satisfied with their infusion frequency.

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Figure 3. Most common reasons for a skipped or missed infusion



84.5% agreed that fewer infusions would improve adherence.  
85.9% would have preferred a single dose option.

## Conclusions

- Despite the therapeutic benefits, more than a third of patients prescribed ≥ 2 IV iron infusions/month missed an infusion.
- The most common reasons for inability to complete treatment were due to an unforeseen conflict, inability to fit the appointment into the patient's schedule, and transportation difficulties.
- Patients expressed preference for a single-dose treatment, which may improve adherence and quality of life.

## Limitations

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

## References

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