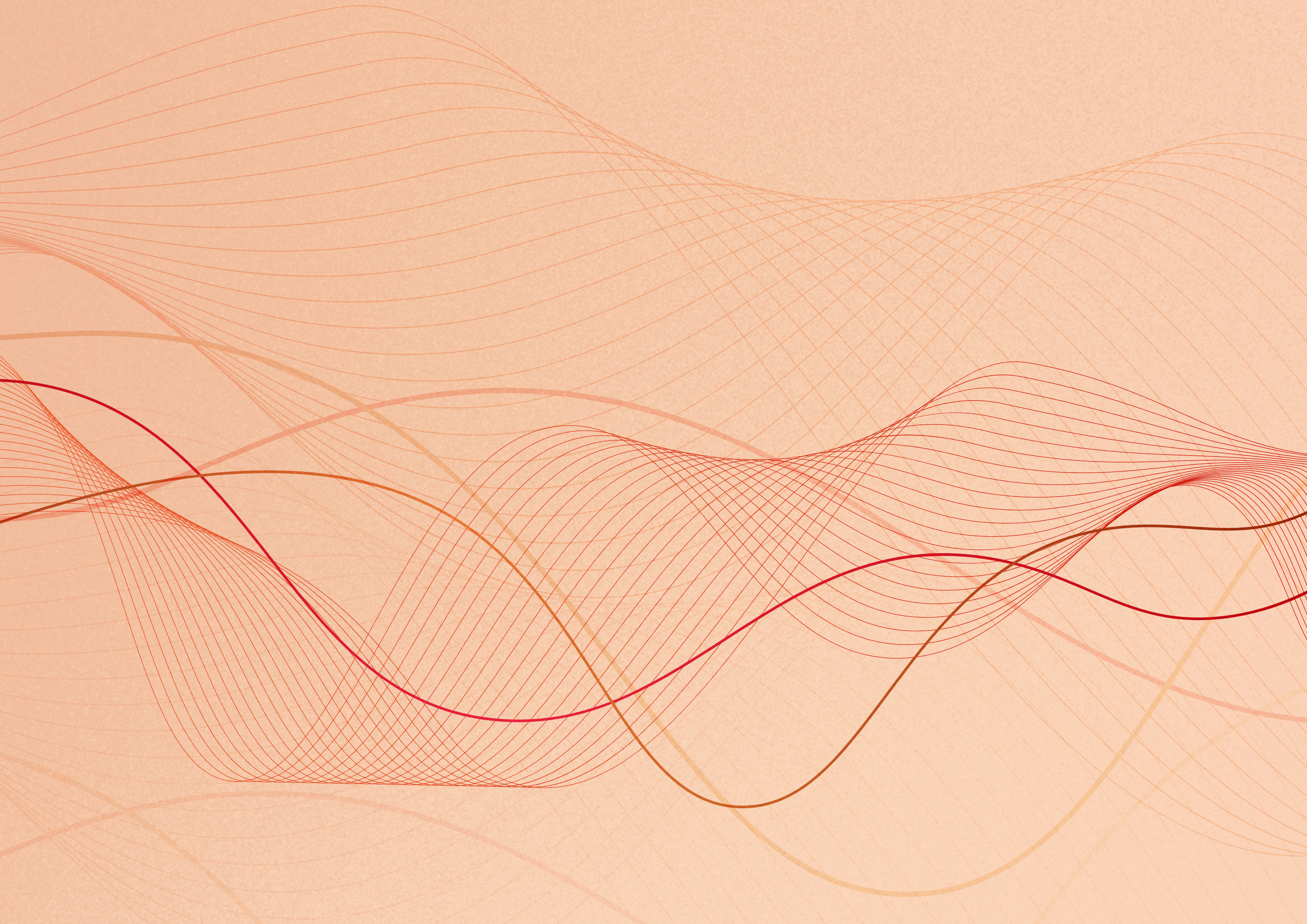

Hope, Hesitancy, and Hard Truths

A PATIENT AND PROVIDER PERSPECTIVE ON EPILEPSY TREATMENT

SK life science

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Foreword

At SK Life Science, our mission is to improve the lives of people living with epilepsy by advancing science and addressing the realities that shape patient care.

This mission is deeply meaningful to me and reflects our shared belief in protecting people, creating value for society, and serving with sincerity. These principles guide everything we do.

As part of SK Biopharmaceuticals, SK Life Science benefits from being within a global network of innovators dedicated to developing novel therapies in the central nervous system (CNS) and oncology. Together, we are united by a common purpose — to push the boundaries of science and deliver meaningful solutions that make a difference in patients' lives.

While progress has been made in epilepsy care, too many patients continue to face stigma, limited treatment options, and inconsistent access to care. Overcoming these challenges requires not only innovation, but also collaboration and compassion. The insights captured in this report highlight both the barriers and the opportunities ahead — and reinforce our responsibility to help close the gaps so that every person affected by epilepsy has the opportunity to live with greater hope and possibility.

Donghoon Lee
Chief Executive Officer
SK Life Science, Inc. & SK Biopharmaceuticals

Introduction

In today's healthcare environment, data plays a critical role in shaping knowledge, guiding engagement, and prompting action. For SK Life Science, a company dedicated to improving treatment options for people living with epilepsy, national research efforts are a reflection of its long-standing commitment to the community.

Epilepsy affects nearly **3.4 million people in the U.S. alone**, and while advances in medicine have made seizure control possible for many, about **one-third of patients** continue to experience seizures despite treatment.

Beyond medical management, challenges such as stigma, misconceptions about epilepsy, and concerns over medication side effects continue to impact quality of life.

The *Hope, Hesitancy, and Hard Truths: A Patient and Provider Perspective on Epilepsy Treatment* survey builds on the foundation of the 2019 S.T.E.P.S. study and marks an important step forward in learning from both patients and the healthcare professionals who care for them. Through its partnership with Wakefield Research, SK Life Science ensures the findings are both statistically sound and personally meaningful. It brings to light the lived experiences of epilepsy, highlighting what patients endure, how providers respond, and where perspectives may be misaligned. The goal is to translate these findings into more effective communication, greater understanding, and stronger support for those impacted by this condition.

By including both patients and healthcare professionals, the survey provides a clearer view of how treatment decisions are made, how quality of life is defined, and what stands in the way of progress. It reveals important gaps in perception, especially around the definition of seizure control, concerns about switching medications, and the influence of family dynamics on treatment decisions. It also underscores the ongoing need to address stigma and improve education, as misconceptions about epilepsy can be just as limiting as the seizures themselves. With this effort, SK Life Science is working to build trust, share knowledge, and inspire new conversations that support better outcomes for people living with epilepsy.

Methodology

Wakefield Research conducted two separate surveys on behalf of SK Life Science Inc., one polling physicians and the other patients.

Healthcare Provider Survey

150 Neurologists

150 Epileptologists

150 Advanced Practice Providers

The physician survey was polled (all respondents treat patients with epilepsy in the U.S.) using an email invitation and an online survey between July 8th and July 21st, 2025.

Results of any sample are subject to sampling variation. The magnitude of the variation is measurable and is affected by the number of interviews and the level of the percentages expressing the results. For the interviews conducted in this particular study, the chances are 95 in 100 that a survey result does not vary, plus or minus, by more than 4.6 percentage points for the total sample, and 8 percentage points in each subaudience, from the result that would be obtained if interviews had been conducted with all persons in the universe represented by the sample.

Patient Survey

500 U.S. Patients

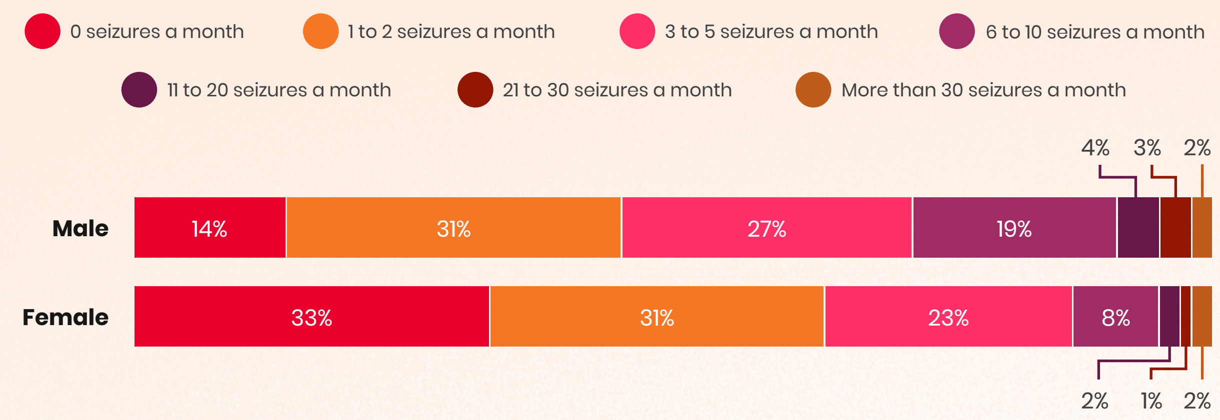
Patients diagnosed with and being treated for epilepsy were polled between July 8th and July 21st, 2025, via an email invitation and online questionnaire.

Results of any sample are subject to sampling variation. The magnitude of the variation is measurable and is affected by the number of interviews and the level of the percentages expressing the results. For the interviews conducted in this particular study, the chances are 95 in 100 that a survey result does not vary, plus or minus, by more than 4.4 percentage points for the total sample from the result that would be obtained if interviews had been conducted with all persons in the universe represented by the sample.

The Hope Gap for Seizure Control

Most epilepsy patients hold out little hope for a seizure-free existence. The survey found that **78% of patients do not believe it's realistic to think they will ever be completely free of seizures**, and one in four say it's not worth trying a new treatment because they've accepted the fact that they will be living with seizures for the rest of their lives.

A notable proportion of patients receiving treatment — 25% — consider their condition under control even when experiencing three to five seizures a month. Men are even more resigned than women are to living with frequent seizures; nearly one in five (19%) accept that their condition is controlled while having six to 10 seizures each month. And, while one-third of females define seizure control as being seizure-free, only 14% of males use that definition.


How do you define seizure control?

Physicians, however, are more optimistic about the seizure control patients can achieve. In fact, **more than six-in-10 (63%) doctors say it's realistic to expect treatment to reduce seizures by 75%–100%**. Yet fewer than half of patients (46%) believe such a reduction is possible.

> *"For many patients with uncontrolled seizures, fear of their condition worsening often displaces hope of improvement. We, as specialists, need to show patients and non-specialist providers that seizure freedom is achievable for some, even after years of uncontrolled seizures."*
>
> **Pavel Klein, MD**

Interested but Hesitant:

Attitudes Toward New Treatments

The survey shows a discrepancy in how patients and doctors view openness to treatment changes. While patients are interested in new options, doctors say they often experience pushback when suggesting medication changes. Nearly 90% of patients say they would ask their doctor about switching or adding a medication that could better control their seizures. Yet, 88% of doctors report encountering resistance from patients or their loved ones when proposing a change, and almost half (46%) say the reluctance to try a different medication makes them hesitant to make a change.

The survey did show that some specialists are far more likely to discuss alternative medication options with their patients than others. While 65% of epileptologists report they regularly talk about alternate treatments as part of routine care, only 44% of advanced practice physicians and 35% of neurologists do so. Interestingly, resistance levels do not appear to vary significantly by provider type: about 90% of epileptologists and advanced practice physicians say they encounter pushback when raising the idea of a switch, compared to 84% of neurologists.

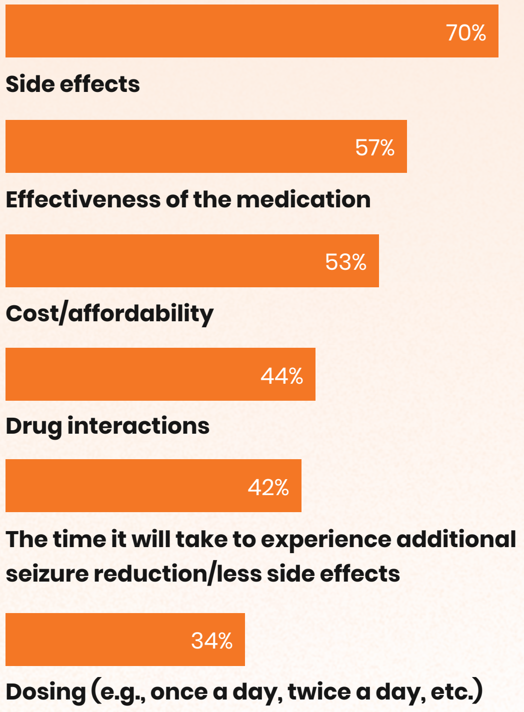
There are gender differences in willingness to try a new treatment, with 40% of females preferring to stay on their current medication even if it's not fully effective, compared to 29% of men.

Potential negative side effects drive patient hesitancy to try a new medication. While 55% of patients say they would try an alternative medication if their current one is not working despite potential risks, seven in 10 patients cite fear and concern over possible side effects as a main reason for their hesitation to do so; only 16% of HCPs believe that's the most common reason for patients' resistance to switching.

A more thorough understanding of different treatments could help increase patients' willingness to make a change. **Over half of patients surveyed (52%) believe having more information about alternatives could help them have better conversations with their doctors about changing or adding medications.**

> *"Many side effects are transient and subside over time. By educating patients and providers about this — and carefully adapting treatment plans with slow titration or active dose adjustments — we can ease fears and help patients feel more confident in trying new therapies."*
>
> **Dawn Eliashiv, MD**

As a patient, why are you afraid to change your medications?



Trust Doesn’t Equal Seizure Transparency

What prevents you from reporting all your seizures to your doctor?

Reporting all seizures experienced by patients to their physicians is essential for optimal epilepsy care. It informs the specific epilepsy diagnosis, needed medication adjustments and the management of potential risks. Even minor seizures can have clinical significance, so physicians should always be made aware of them. However, the survey finds that underreporting seizures is extremely common among patients and has little to do with the strength of the patient-physician relationship.

While patients overwhelmingly say their physician is whom they rely on most for advice about epilepsy and treatment decisions, for various reasons, patients are not always forthcoming about their condition, even to those they most trust.

Nearly three-quarters of patients (72%) don’t report all their seizures to their doctor. The most common reason is that reporting it could impact their ability to drive or limit their independence. Other factors include not feeling their seizures are significant enough to report, they don’t think it will change their treatment, or they have difficulty tracking and describing their seizures.

> *“Patients often hide seizures out of fear of losing independence, especially driving privileges. That’s why I stress teamwork with my patients — ‘help me help you’ — so they feel safe being open about every seizure.”*
>
> **Lucretia Long, DNP, CANP, F-AES**

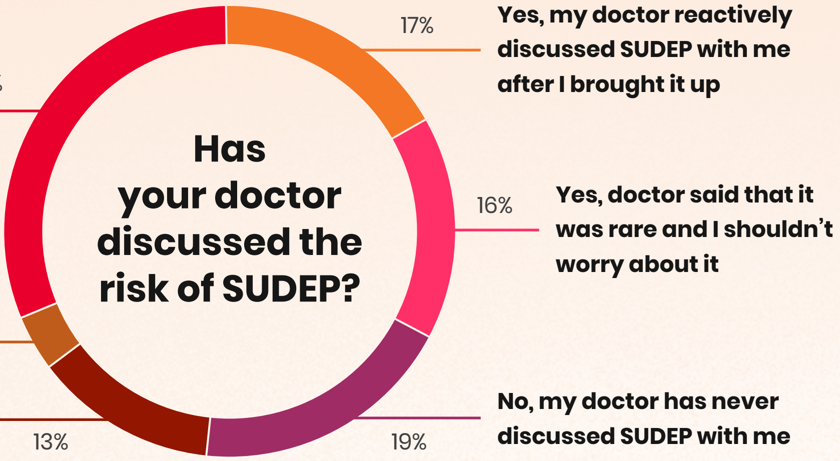
SUDEP Awareness Falls Short

Sudden Unexpected Death in Epilepsy (SUDEP) is the leading cause of death among people with epilepsy, with about 1 in 1,000 deaths from SUDEP each year and as many as 1 in 150 among those with poorly controlled epilepsy. Although the exact causes of SUDEP are not known, it is believed to involve heart rhythm problems during a seizure, long-lasting breathing interruptions that occur during or after seizures, and lying in a prone position post-seizure. Risk factors for SUDEP include:

- Frequent or uncontrolled seizures
- Irregular seizure medication use
- Grand mal (tonic-clonic) seizures
- Nighttime seizures

There are no preventive treatments for SUDEP, but physician-patient discussions are critical for understanding the risks and how to reduce them. Unfortunately, many patients say those conversations are not happening, or they may not be listening when they do.

While nearly nine in 10 (88%) physicians surveyed say they've discussed the risk of SUDEP with their patients, only 63% of patients recall having such a conversation. Most alarming is that **almost one-fifth of patients (18%) who experience one or more daily seizures have either not heard of SUDEP or not heard about it from their physician**. The same percentage of daily seizure patients report that a conversation about SUDEP only took place after they brought it up with their doctor.



Where a patient lives greatly impacts the likelihood that their physician will alert them to the risks of SUDEP. Although 15% of city dwellers say their doctor has never spoken to them about SUDEP, twice as many patients (30%) living in rural areas claim that's the case.

> *"Awareness of SUDEP is uneven, especially in rural areas where resources are stretched thin. Partnerships with advocacy groups and better systemic support can help ensure every patient, regardless of where they live, receives equitable awareness and care."*
>
> **Michael Johnson, MD, FAAN**