

PB2154 THE IMPACT OF DISEASE SEVERITY ON THE CLINICAL AND ECONOMIC BURDEN OF AL AMYLOIDOSIS

Topic: 14. Myeloma and other monoclonal gammopathies - Clinical

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Background:

Patients with systemic light chain (AL) amyloidosis often face diagnostic delay, negatively affecting prognosis. Real-world estimates of healthcare resource utilization (HCRU) and costs among patients with AL amyloidosis are limited.

Aims:

To examine the impact of severity on HCRU and costs in patients with AL amyloidosis.

Methods:

This retrospective analysis used data from the Merative[®] MarketScan[®] Commercial and Medicare Supplemental and the IQVIA Pharmedics Plus[®] databases to identify adult patients (existing or newly diagnosed) with ≥ 1 inpatient or ≥ 2 outpatient claims for AL amyloidosis (ICD-10-CM code E85.81) in any diagnosis field during 1/1/2019-12/31/2019. Continuous enrollment in a health plan was required. Study outcomes were stratified by severity of AL amyloidosis (defined as the presence of specific cardiac or renal conditions [heart failure, myocardial infarction, chronic kidney disease - stages 4 & 5, pulmonary hypertension, sudden cardiac death/cardiac arrest], or use of cardiac stent or dialysis) and included demographic and clinical characteristics, and HCRU and costs (adjusted to 2020 dollars) during 2019.

Results:

We identified 343 patients with severe and 248 patients with non-severe AL amyloidosis. Patients with severe AL amyloidosis had more frequent all-cause hospitalizations and emergency department visits than non-severe patients ($p < 0.001$ for both): 51.9% vs. 21.8% and 43.7% vs. 27.0%, respectively. Mean annual number of non-ED outpatient visits (60.6 vs. 33.4), and physician office visits (23.3 vs. 17.4) were higher in patients with severe AL amyloidosis (all $p < 0.001$). Mean (standard deviation) all-cause and AL-specific healthcare costs were significantly greater ($p < 0.001$) among patients with severe AL amyloidosis than in non-severe patients (\$192,881 [200,713.3] vs. \$91,171 [121,679.2]; \$92,771 [136,368.5] vs. \$49,829 [89,492.6]).

Summary/Conclusion: Patients with severe AL amyloidosis had greater HCRU and cost burden than patients with non-severe AL amyloidosis. Effective disease management and additional treatment options are necessary to reduce disease progression and subsequent higher HCRU and costs.

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Abstract Book Citations: Authors, Title, HemaSphere, 2023;7(S3):pages. The individual abstract DOIs can be found at <https://journals.lww.com/hemasphere/pages/default.aspx>.

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