Medical Costs Associated With Relapse Among Patients With Follicular Lymphoma

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METHODS

Study Design and Data Source

• Retrospective cohort analysis of 2007–2014 Surveillance, Epidemiology, and End Results (SEER)-Medicare data
  - The SEER registry collects clinical, demographic, and cause of death information for persons with cancer residing in SEER regions; cancer diagnoses are confirmed through pathology reports and medical records
  - Medicare claims cover healthcare services received by beneficiaries in the US from the time of Medicare eligibility until death

Patient Population and Time Frame

• Patients with FL identified on the basis of International Classification of Diseases for Oncology, third edition codes 9690–9691, 9695, and 9698, and initiating a first-line (1L) FL treatment during the identification period January 1, 2008–December 31, 2012
  - Date of diagnosis occurred on or before the first claim date for 1L treatment (index date)
  - Patients using any FL drug treatment before the index date were excluded
  - Patients were followed for ≥ 1 year until death, disenrollment (from Medicare fee-for-service Part A/B or Part D), or study end

TARGET 1L treatments identified by presence of ≥ 1 claim for all agents except prednisone:
  - Rituximab monotherapy (R-mono)
  - Bendamustine and rituximab (BR)
  - Rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone (R-CVP)
  - Rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone (R-CHOP)

4,112 patients enrolled in fee-for-service Medicare Part A and Part B on the index date

RESULTS

Overall mean age (standard deviation) (SD) was 74.1 (8.2) years, 87.2% were white, and 53.8% were female (Table 1)

• Most patients had Ann Arbor stage III (28.4%) or IV (26.8%) FL, were ≥ 60 years, and ≥ 4 cycles of 1L therapy and remission of ≥ 90 days

12,705 patients newly diagnosed with FL between Jan 1, 2007, and Dec 31, 2012

• 2,615 patients were identified who initiated 1L therapy for FL and met all selection criteria (Figure 1)

RESULTS (cont.)

• Outpatient (non-treatment)

Measures

• Outcomes included:
  - 1L-treatment patterns: regimen count and first relapse
  - Patients initiating second-line (2L) therapy after ≥ 4 cycles of 1L therapy and remission of ≥ 90 days (≥ 180 days for R-CHOP) were considered to have relapsed FL
  - Non-treatment before completing all cycles and achieving full remission was considered part of the periods of treatment
  - Annualized medical Part A/B costs (2014 USD) measured both during the 1L treatment and remission period, and during the first relapse period, starting from 30 days before the first relapse until a second relapse or end of follow-up, whichever occurred first

Statistical Analysis

• Descriptive analyses are presented for the cohort overall and stratified by treatment regimen

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