**BACKGROUND & OBJECTIVES**

- Light-chain (AL) amyloidosis is a rare, fatal disease due to the extracellular deposition of misfolded, insoluble immunoglobulin light chains
-Clinical experience suggests some patients are diagnosed with AL amyloidosis during an acute admission for organ dysfunction
- Delayed diagnosis is associated with early mortality due to disease progression and resulting organ dysfunction
- Study aim: Estimate the rate of diagnostic events among hospitalized patients and measure associated healthcare utilization and costs

**METHODS**

**Study Design and Data Source**

- Retrospective analysis using 2017-2020 data from the Premier® Healthcare Database

**RESULTS**

**Healthcare Utilization and Costs (Table 2, Figure 1)**

- Patients with a diagnostic hospitalization had more severe disease
- Compared to non-diagnostic AL amyloidosis hospitalizations, diagnostic hospitalizations were characterized by:
  - Higher proportion of in-hospital death
  - Longer LOS (mean: 14.5 vs. 8.4 days, \(P < 0.001\); median: 11.0 vs. 5.0)
  - Higher cost ($40,052 vs. $24,360, \(P < 0.001\) vs. $13,224)
  - Higher total charges ($169,849 vs. $96,844, \(P < 0.001\); $116,530 vs. $51,578)

**Diagnostic hospitalization costs and charges were about three times the costs and charges of the average US hospitalization in 2018.**

**Limitations**

- As diagnostic admissions were identified based on the presence of specific biopsies, patients diagnosed in the hospital based on other findings may have been excluded
- Differences in total and charges for diagnostic hospitalization and non-diagnostic hospitalization (P<0.05)
- Total costs and charges do not include professional fees for the services rendered in hospitals to physicians and other skilled health care professionals licensed for independent practice
- Database limitations include possible miscoding and lack of data from federally funded hospitals (e.g., Veteran Affairs)

**CONCLUSIONS**

- This study provides insight into AL amyloidosis hospitalizations:
  - Approximately 1 in 6 hospitalizations with AL amyloidosis are associated with the initial diagnosis
  - Of diagnostic admissions, 1 in 5 spent time in the ICU and 1 in 3 died before discharge
  - Healthcare utilization and costs are high among patients hospitalized with AL amyloidosis, and are particularly high for those who have not been diagnosed prior to being admitted for an acute event
  - Healthcare costs are about three times higher for diagnostic hospitalizations compared to the average US hospitalization

**REFERENCES**


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