

A novel view on the treatment costs of relapsed or refractory diffuse large B-cell lymphoma from the Brazilian private healthcare system perspective: A first- to third-line analysis



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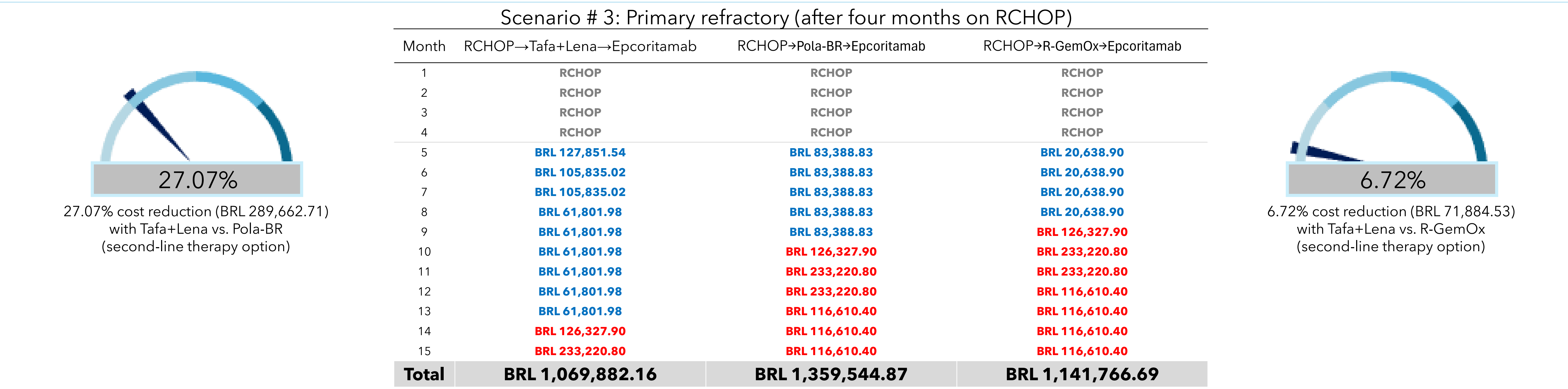
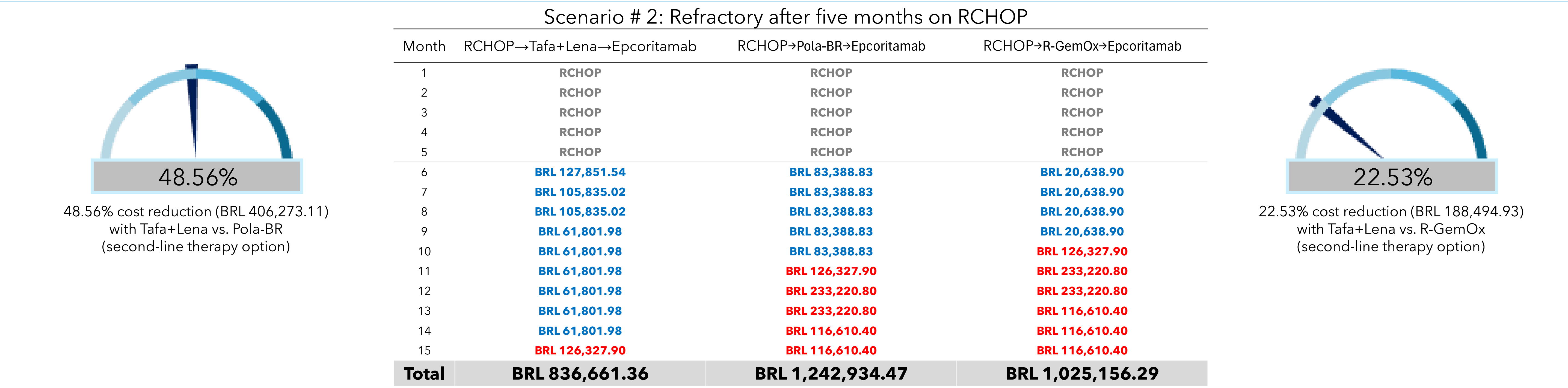
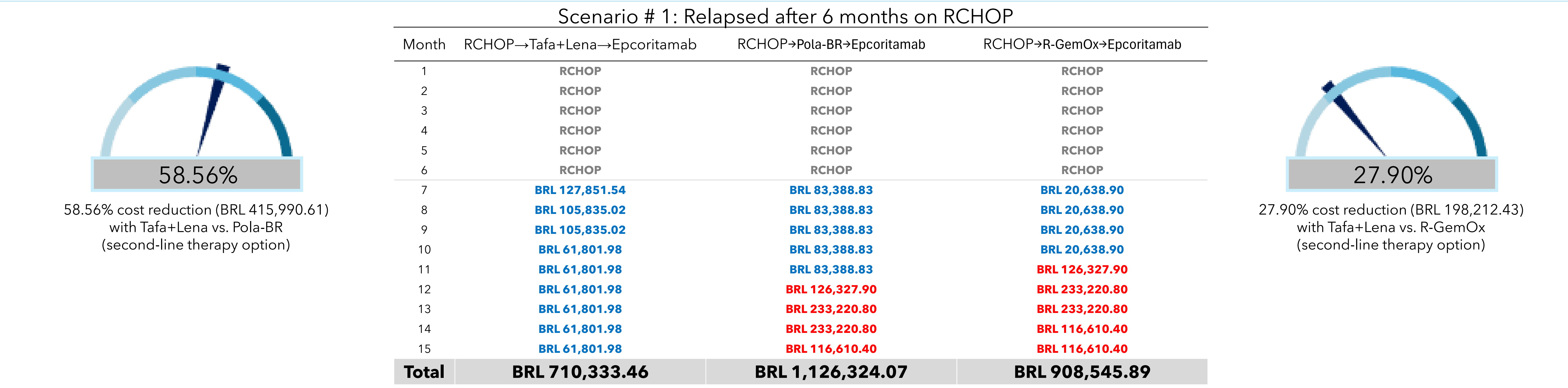
Objective

To analyze the treatment cost of relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) in transplant-ineligible patients within Brazilian private healthcare system from the second-line treatment to the third at a time horizon of 15 months considering the first-line therapy duration.

Methods

RCHOP was considered the first-line standard. For second-line options, three regimens were included: R-GemOx; Pola-BR; tafasitamab plus lenalidomide. Epcoritamab was included as the third-line treatment. Three treatment sequences were analyzed: 1) RCHOP, tafasitamab plus lenalidomide, epcoritamab; 2) RCHOP, Pola-BR, epcoritamab; 3) RCHOP, R-GemOx, epcoritamab. Three clinical scenarios were defined based on time in RCHOP per NCCN guidelines. (1) Median treatment durations guided the time in second-line therapy, and the remaining months completed the 15-month horizon in the third line. (2-4) Treatment costs were calculated from the CMED drug price list assuming a patient weight of 73.5 kilograms.

Results



Conclusion

The use of tafasitamab plus lenalidomide as second-line therapy led to cost reductions of 58.6%, 48.6%, and 27.1% relative to Pola-BR, and 27.9%, 22.5%, and 6.7% relative to R-GemOx, for relapsed, refractory, and primary refractory patients, respectively. This study underscores the importance of evaluating treatment costs across first to third lines of therapy in the R/R DLBCL treatment.

References

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