

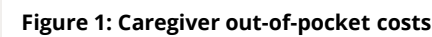
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- **Provides** quantifiable data for including caregiver burden in economic models and health technology assessments (HTA)
- **Highlights** the invisible cost and personal toll borne by informal caregivers
- **Supports** the argument for more comprehensive support and potential compensation or policy attention for caregivers in MM and similar chronic conditions across treatment lines.

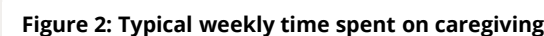
Link to digital poster

JA, AK and SAV are/were employed by Vitaccess, which received funding from Johnson & Johnson Innovative Medicine for running this study. RT, ALL and D are employed by Johnson & Johnson Innovative Medicine, which funded this study.

- The survey was completed by 120 caregivers; 76.7% were female (n=92), with a mean (SD) age of 59.8 (12.2) years.
- 56.7% of participants reported work-life impacts, including reduced job performance (42.6%), frequent time off (33.8%), and reduced work opportunities (30.9%).
- Out-of-pocket costs for caregivers included payments for travel to medical appointments (88.3%), mobility aids (30.0%), and non-prescription drugs (20.8%) (**Figure 1**).



- Participants reported spending 15-49 hours (36.7%) or 50 or more (23.3%) per week on caregiving activities, and 42.5% supported personal care and feeding (**Figure 2**).



- Further items associated with high time burden included social and emotional support (95.8%), attending appointments (91.7%), MM-related transport (80.8%), and organising care (76.7%) (**Figure 3**).

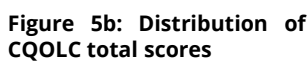
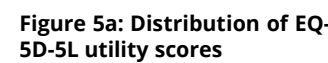
- This was a non-interventional, cross-sectional observational study, involving both qualitative and quantitative phases.
- Findings from the qualitative phase informed a subsequent quantitative stage, in which caregivers of MM patients were invited to complete an online survey.
- The online survey included questions on the practical, financial, and time-related aspects of caregiving; the EQ-5D-5L; and the Caregiver Quality of Life – Cancer (CQOLC).
- The EQ-5D-5L was mapped to the EQ-5D-3L value set using the three-level crosswalk value set for scoring health state utilities.



- Several respondents reported severely impaired mobility, self-care, and usual activities, and levels of anxiety and/or depression were heterogenous (**Figure 4**).



- The EQ-5D-5L revealed variability in caregivers' self-perceptions of their health state: while the mean utility value was 0.75, the range was broad (0.19-0.99) (**Figure 5a**).
- The CQOLC moderate total score of 70.7 reflected a detriment to caregivers' health-related quality of life (HRQoL) (**Figure 5b**).



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