

Multiple myeloma caregiver costs and disabilities data for economic modelling and HTA submissions

Malak Alsawady¹, Renelle Tarnowska², Amber Kudlac^{1*}, Sally-Anne Vincent¹, Dominic Melrose², Annie Lied-Lied²

¹Vitaccess, London, UK

²Johnson and Johnson Innovative Medicine, High Wycombe, UK

*Presenting author

Key Takeaway



The burden of caregiving for individuals with multiple myeloma (MM) is substantial, both in terms of time and personal cost, and has a significant negative impact on caregivers' health-related quality of life (HRQoL). This study:

- 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.

Conclusions



The humanistic and economic burden on caregivers of individuals with MM is significant, affecting HRQoL, time commitment, and out-of-pocket costs.



This data can be utilised to enhance cost-effectiveness assessments of new MM treatments.



Link to digital poster

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Disclosures

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Objectives

- While the relationship between patient health, their caregivers, and caregiver burden is well-recognised, such "spillover effects" are seldom included in economic evaluations.
- This study aimed to highlight the hidden costs and time burdens experienced by informal caregivers of patients with multiple myeloma (MM).

Results

- 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).

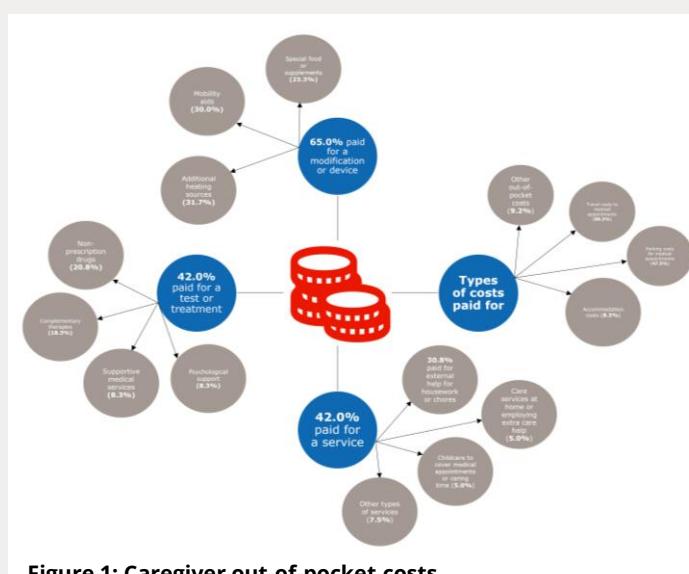


Figure 1: Caregiver out-of-pocket costs

- 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).

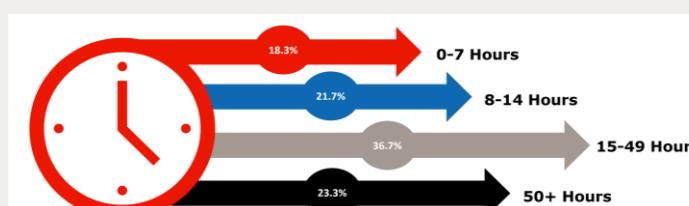


Figure 2: Typical weekly time spent on caregiving

- 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).

Methods

- 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.

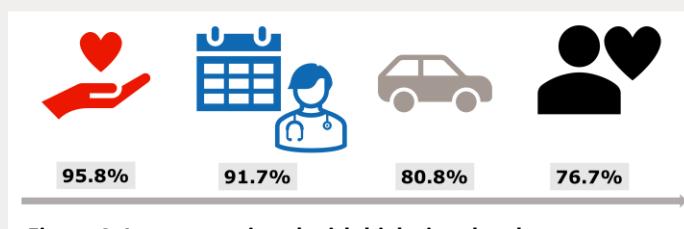


Figure 3: Items associated with high time burden

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

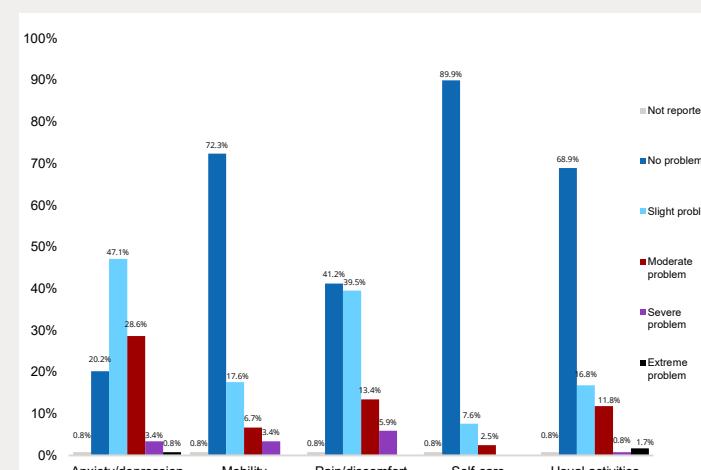


Figure 4: EQ-5D-5L domain score categorical summary

- 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).



Figure 5a: Distribution of EQ-5D-5L utility scores

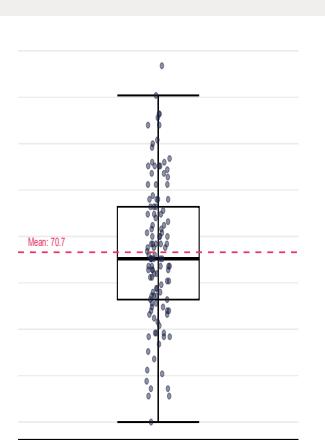


Figure 5b: Distribution of CQOLC total scores

Contact

Presenting author, Amber Kudlac: amber.kudlac@vitaccess.com

Multiple Myeloma

