

Diffuse Large B-Cell Lymphoma in Italy: Treatment Patterns, Survival Outcomes and Direct Healthcare Costs through Administrative Healthcare Data

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BACKGROUND
AND AIMS

Diffuse Large B-Cell Lymphoma (DLBCL) is the most common aggressive non-Hodgkin lymphoma and at highest incidence among the elderly. Despite the improved outcomes of patients treated with the first-line (1L) standard of care until the end of 2022 (i.e., rituximab and polychemotherapy: R-CHOP), the rate of relapsed and refractory DLBCL (rrDLBCL) is still elevated and research remains challenging.

→ **AIMS:** To identify patients with a new in-hospital diagnosis of DLBCL and treated with 1L, and to describe their overall survival, sequence of therapies and direct healthcare costs charged to the Italian Health Service (Servizio Sanitario Nazionale - SSN), with a particular reference to rrDLBCL (i.e., from 2nd line onward).

METHODS

Retrospective observational and longitudinal cohort study through the **administrative healthcare database** of Fondazione Ricerca e Salute (ReS)

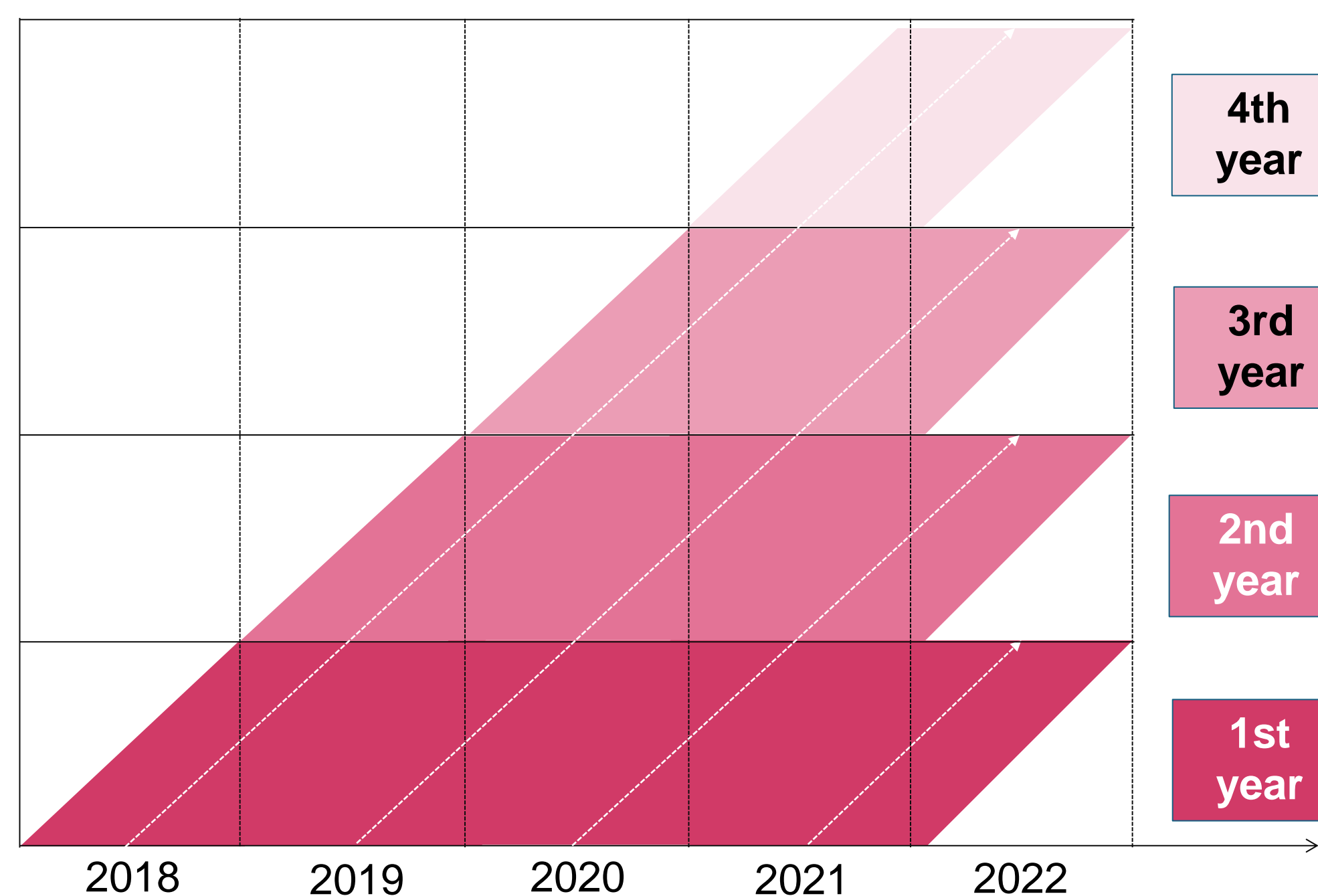
Accrual period: 01/01/2018 – 31/12/2021

IDENTIFICATION CRITERIA

Adults with **in-hospital diagnosis** of DLBCL (**index date**)
AND

treated with 1L chemotherapy within 6 months

Excluded patients with the same identification criteria in the previous period (min. 4 years – max. 8 years before the index date), to identify incident patients



Follow-up period: min. 1 year – max 4 years

- Overall survival
- Sequence of therapy lines:
 - chemoimmunotherapy (CHT)
 - hemopoietic stem cell transplantation (HSCT)
 - therapy switches
- Per capita mean annual direct healthcare costs charged to the SSN

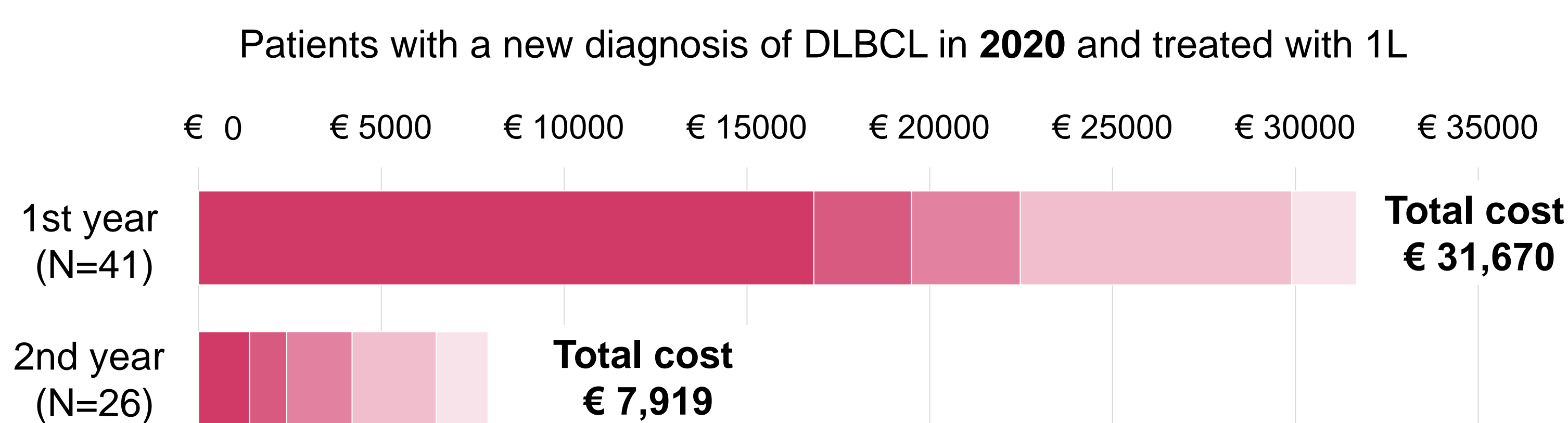
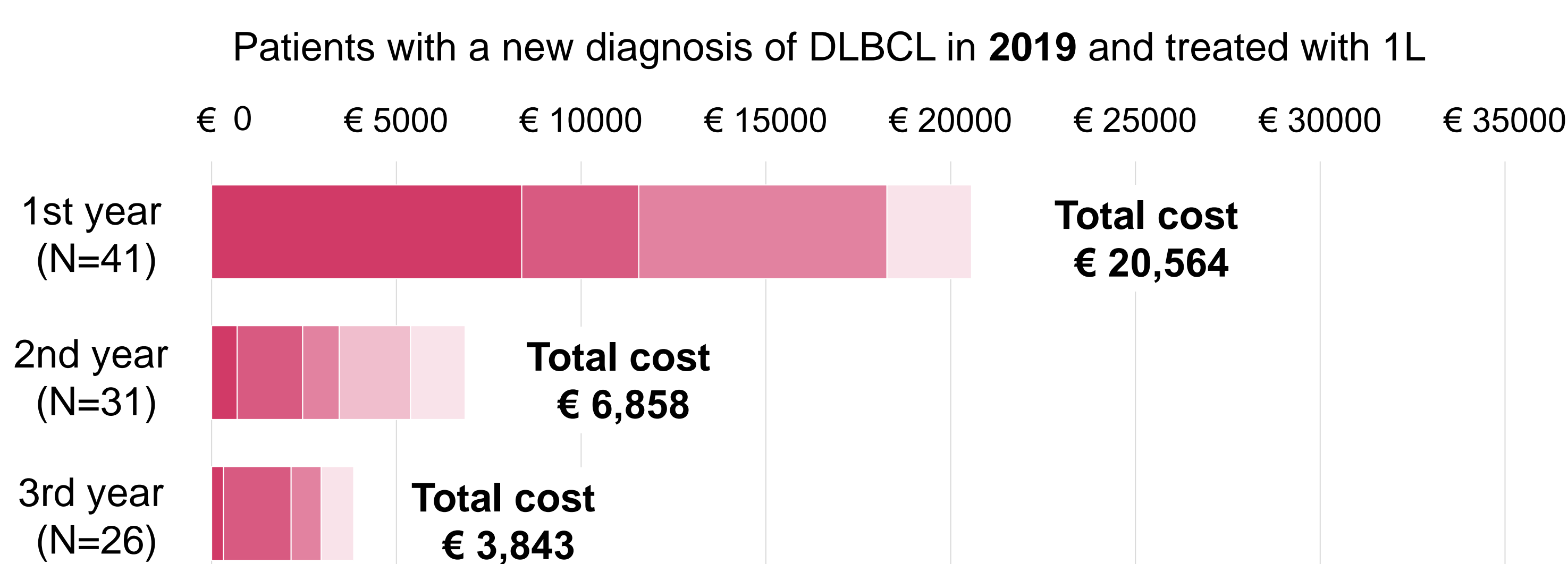
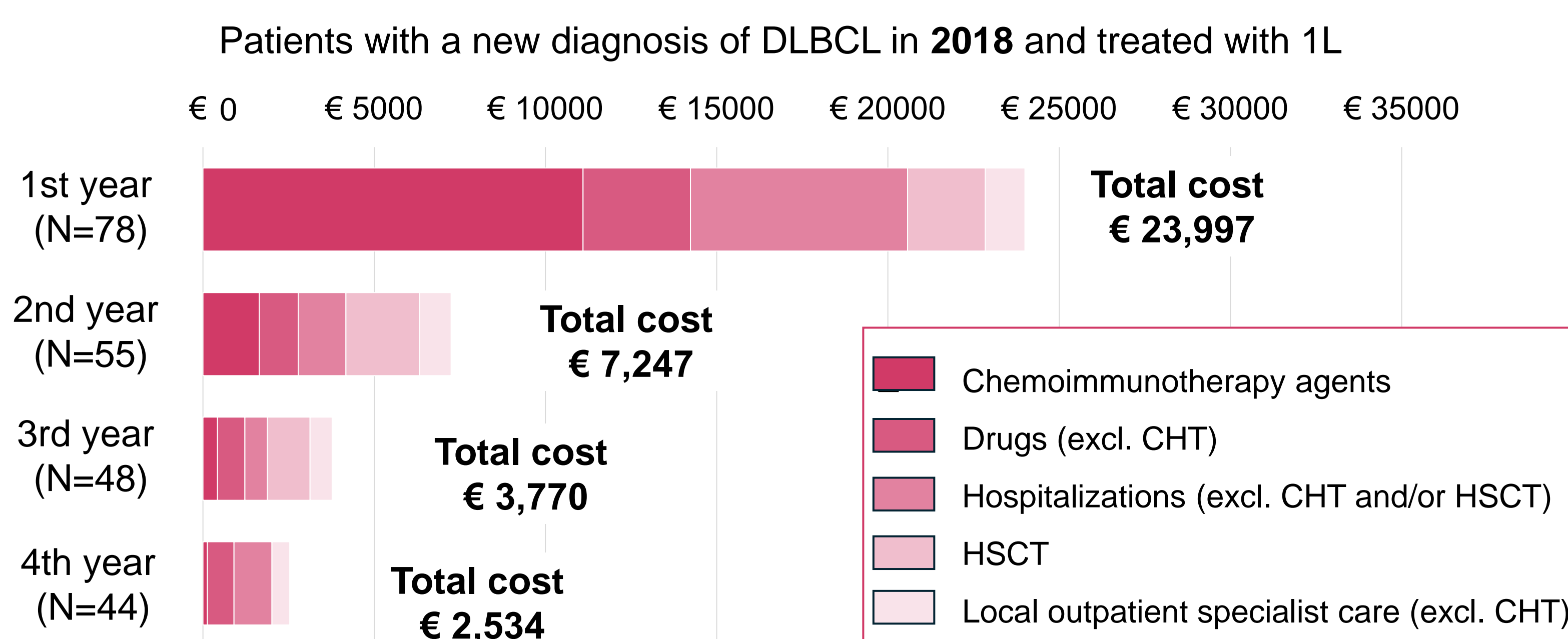
From **~5.5 millions/year** inhabitants in the ReS database in 2018-2021, **206** patients were

newly diagnosed with DLBCL and **treated with 1L**

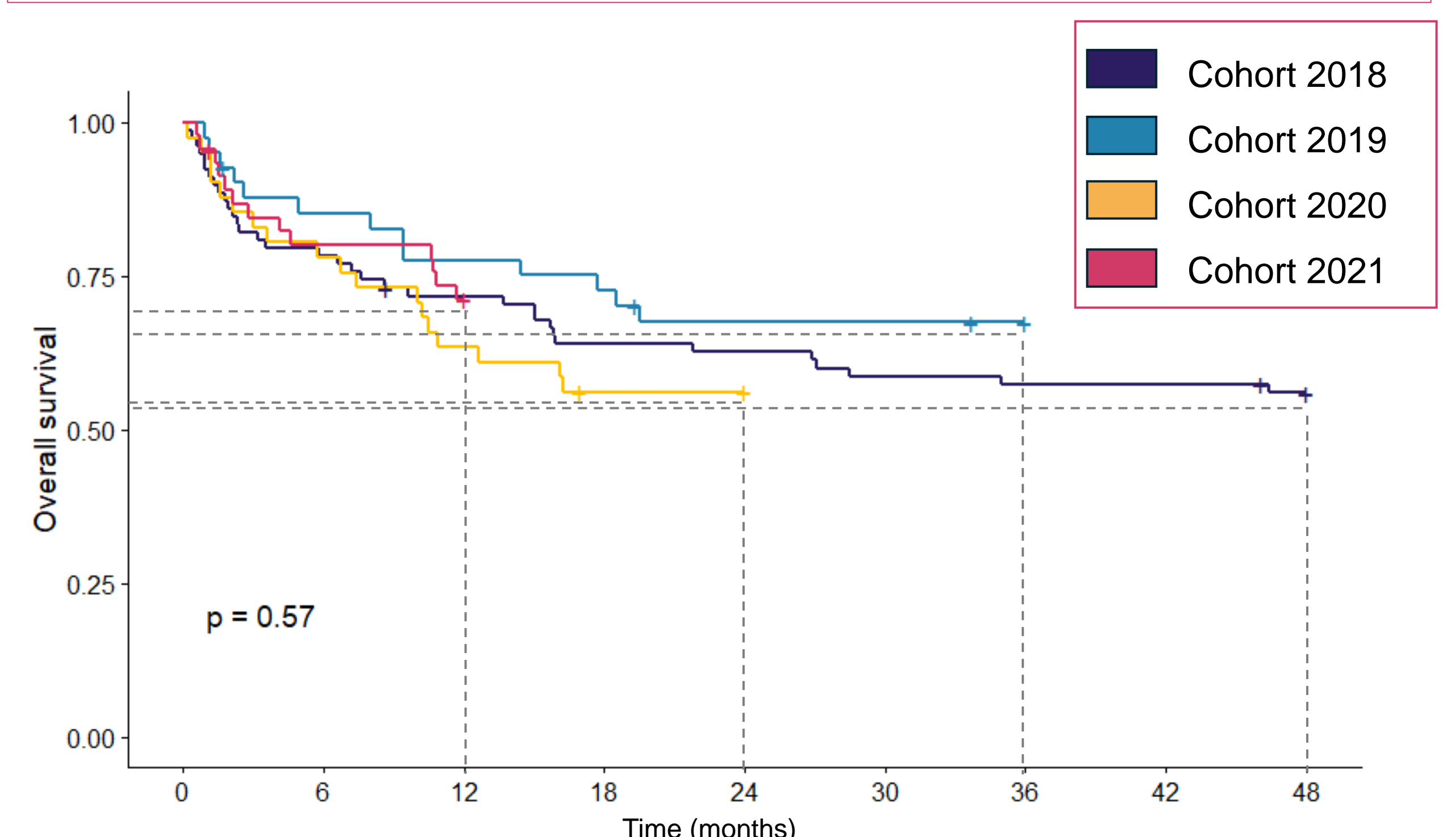
(**incidence:** from **0.9** to **1.7 x 100,000 adults**)

Mean age ± SD : 64 ± 15 years; 56% males; 52% with ≥ 2 comorbidities

Per capita mean annual direct healthcare costs by follow-up year, per cohort



Overall survival, per cohort



4-year sequence of therapy lines for the 2018 cohort

Patients newly diagnosed with **DLBCL in 2018 treated with 1L:**
78 (incidence: 1.7 x 100,000 adults)

2nd line 30 patients (38.5% of patients treated with 1L)
HSCT: 2 patients

3rd line 12 patients (15.4% of patients treated with 1L)
HSCT: 2 patients

4th line 4 patients (5.1% of patients treated with 1L)
HSCT: 2 patients

5th line 3 patients (3.8% of patients treated with 1L)
HSCT: 0 patients

CONCLUSIONS

This study has provided a **real-world** picture of patients newly diagnosed with DLBCL and treated with 1L, a subgroup of patients with DLBCL, in Italy from 2018 through 2021.

This analysis has shown a **high rate of rrDLBCL** (38.5%), as well as a **high economic impact** charged to the SSN necessary to fund first the **chemoimmunotherapy**, then the **long-term healthcare** and the **lack of standardized further lines of therapy** for patients with rrDLBCL.



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