Post-inflation monitoring costs by site of care among patients with relapsed or refractory large B-cell lymphoma who received second-line treatment with lisoctagene maraleucel (liso-cel) in the TRANSFORM subgroup analysis

November McGarvey, 1 Neil Vaidya, 1 Matthew Gitlin, 1 Abraham Lee, 1 Brian Ung, 2 Thomas Carattini, 2 Scott J. Keating 2

BluePath Solutions, Los Angeles, CA, USA; Bristol Myers Squibb, Princeton, NJ, USA

*Affiliations at the time this research was conducted

Methods

Study design and methods

This study was a retrospective analysis of 11 technical patient-level case report forms of adult patients who were treated in the TRANSFORM study. Intermediary analysis of site-specific care-related costs and associated costs was conducted. 

Study population

The TRANSFORM study included patients with relapsed or refractory large B-cell lymphoma who were treated with YESCARTA (lisocabtagene maraleucel). The primary endpoint of the study was estimated mean cost by site of care during the first 12 months of treatment. 

Exclusion criteria

Patients who were not hospitalized during the study period were excluded from the analysis. 

Results

- Among the 11 cases included, 6 cases were treated with YESCARTA in the inpatient setting, and 5 cases were treated in the outpatient setting. 
- The primary cost driver for inpatient monitoring was lower facility costs, with similar drug costs between the two settings. 
- Outpatient monitoring costs were lower than inpatient monitoring costs due to lower facility costs. 

Conclusion

- Outpatient post-inflation monitoring resulted in a mean cost savings of $1350 compared to inpatient monitoring, largely due to lower facility costs. 

References


Acknowledgments

The authors acknowledge the contributions of co-authors in the development of this study and manuscript. The authors would like to thank the participants and their healthcare providers for their participation in the TRANSFORM trial.