

16. Clinical and Economic Burden of Mantle Cell Lymphoma in the Veteran Health Administration Population Bijal Shah; Keri Yang; Furaha Kariburyo; Rachel Delinger; Anna Ratiu; Onur Baser; Boxiong Tang

BACKGROUND: Mantle cell lymphoma (MCL) is an incurable B-cell non-Hodgkin lymphoma. There is limited data on MCL burden to US veterans.

OBJECTIVE: This retrospective cohort analysis aims to examine the clinical burden, costs and healthcare resource utilization of MCL to veterans.

METHODS: Adults who were newly diagnosed with MCL and initiated treatment were identified in the Veteran Health Administration (VHA) dataset (2014-2018). Treatment regimens are mutually exclusive and categorized as: bendamustine-based (alone or in combination); BTK-based (Bruton's tyrosine kinase inhibitors: ibrutinib or acalabrutinib, alone or in combination); RCHOP-based; rituximab-monotherapy; and other regimen. Treatment discontinuation is defined as no MCL treatment for 60 days from the last day of supply. Treatment regimens, costs and hospitalizations are examined by 1st, 2nd, and 3rd lines of therapy.

RESULTS: Prevalence and incidence of MCL among the VHA population ranged from 8-11 cases, and 0.6-2.6 cases per 100,000 persons, respectively. A total of 390 patients (mean age: 70 years, 85% white) received 1st line (mean duration: 243 days), 146 (37%) patients received 2nd line (mean duration: 259 days), and 47 (12%) received 3rd line (mean duration: 154 days) therapy. Bendamustine-based regimen was the most common 1st line MCL treatment (43%), with lower utilization later (2nd line: 18%; 3rd line: 2%). BTK-based regimen was the second most common 1st line MCL treatment (23%), and the most common MCL treatment in later settings (2nd line: 34%, 3rd line 28%). RCHOP-based regimens were seldomly used in any setting (<5%). The overall treatment discontinuation rate was 82%. Approximately 38% of MCL patients had a hospitalization, with mean length-of-stay (LOS) of 5.6 days. The hospitalization rate was

29% (mean LOS: 3.5), 36% (mean LOS: 4.4), and 26% (mean LOS: 3.1) during 1st, 2nd, and 3rd line, respectively. Per-patient-per-month costs were \$19,338 overall, and \$19,239, \$20,064, and \$27,663 respectively, during 1st, 2nd, and 3rd line of therapy.

CONCLUSION: This study showed that bendamustine-based and BTK-based regimens were the common frontline treatments among newly diagnosed MCL patients in the VHA population. Future studies are warranted to understand factors associated with treatment selection, discontinuation and clinical benefits among these MCL Veteran patients.