

Clinical and financial burden of mental health (MH) conditions in patients (pts) with low-grade non-Hodgkin lymphoma (LG-NHL)

Authors: Keri Yang, Kaitlyn Esselman, Po-Ya Chuang, Wesley Furnback, Asher Chanan-Khan

Background: LG-NHL is mostly incurable, imposing a prolong impact of cancer care burden for pts. This study aimed to quantify the burden of MH conditions in pts with newly diagnosed chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), follicular lymphoma (FL), mantle cell lymphoma (MCL), Waldenström macroglobulinemia (WM), or marginal cell lymphoma (MZL).

Methods: A retrospective study was conducted using Optum® Clinformatics® Data Mart to identify pts ≥18 years with ≥1 new diagnosis for CLL, FL, MCL, WM, or MZL from 6/2016-6/2022 (index period). Pts were required to be continuously enrolled for 60 days pre- and 365 days post-index date, defined as the date of first cancer diagnosis. Incidence and prevalence of MH conditions of interest (anxiety, depression, stress reaction/adjustment disorder, insomnia, and post-traumatic stress disorder [PTSD]) were categorized based on if diagnoses were post- or pre-index date. All-cause healthcare resource utilization (HCRU) and costs were measured during the 1-yr follow-up period.

Results: Approximately half of newly diagnosed 36,054 LG-NHL pts (CLL/SLL=48.0%; FL=52.7%; MCL=57.2%; WM=50.5%; MZL=52.5%) had either an incident (19.4-25.7%) or prevalent (28.6-32.1%) MH condition diagnosis following their cancer diagnosis (Table). There were no significant demographic differences in pts with and without MH conditions. LG-NHL pts suffered most from anxiety (30.9-38.2%) and depression (27.5-31.9%), followed by insomnia (16-23.1%), stress (10.3-13.5%), and PTSD (1.4-1.9%). Median time from cancer diagnosis to onset of a MH condition was 334 days for CLL/SLL, 301 for FL, 248 for MCL, 351 for WM, and 328 for MZL. LG-NHL pts with an identifiable MH diagnosis had significantly higher costs and HCRU compared to those without; for example, in CLL/SLL pts with a MH diagnosis, outpatient visits were 1.4 times higher, inpatient admissions 3.0 times higher, and costs 2.1 times higher than those without (all P=0.0001). HCRU and cost increases were also observed in MCL, FL, WM, and MZL pts with MH diagnosis.

Conclusions: This real-world study uncovered a high proportion of LG-NHL patients suffer from MH conditions, incurring higher financial burden than those without. With advancements in new treatments, there remains unmet need of MH burden in these pts.

Table. Rates of MH conditions by cancer type (any, prevalence, incidence), %

%	CLL/SLL (n=19,891)	FL (n=9,715)	MCL (n=1,728)	WM (n=1,738)	MZL (n=2,982)
Anxiety	30.9 (16.9, 13.9)	35.3 (19.0, 16.3)	38.2 (18.1, 20.1)	32.3 (18.0, 14.4)	35.3 (19.7, 15.6)
Depression	27.5 (15.5, 12.0)	30.8 (16.7, 14.1)	31.9 (15.7, 16.2)	29.2 (16.6, 12.5)	29.6 (16.3, 13.3)
Stress	10.3 (4.5, 5.8)	11.9 (4.8, 7.1)	13.5 (4.6, 8.9)	12.4 (5.6, 6.9)	12.8 (5.5, 7.3)
Insomnia	16.0 (7.6, 8.4)	18.2 (7.7, 10.5)	23.1 (9.1, 14.0)	19.8 (10.0, 9.8)	17.2 (8.5, 8.7)
PTSD	1.4 (0.8, 0.7)	1.9 (0.8, 1.1)	1.8 (0.9, 0.9)	1.6 (1.0, 0.6)	1.7 (0.8, 0.9)