



Long-term Health Care Burden of Allogeneic Hematopoietic Stem Cell Transplantation: An Analysis of Different Graft Sources

Garcia Garcia Jesus¹, MD Holtan Shernan², MD Weisdorf Daniel²

1. University of Minnesota – Twin cities students (CBS) 2. Division of Hematology, Oncology and Transplantation



INTRODUCTION

The financial burden of cancer care is a major barrier to achieving the best long-term outcomes. Cost of therapy may lead to delay or inability to receive the best treatment for some patients. For many patients with hematologic malignancies, the only known cure is allogeneic hematopoietic cell transplantation (HCT), which is a difficult and expensive treatment, particularly for patients without a matched sibling donor.

PURPOSE

PAST STUDIES

- Recent evidence demonstrates that recipients of allogeneic HCT have high short-term health care burdens. The long-term health care burden of allogeneic HCT survivors is not well understood¹.

HYPOTHESIS

- We hypothesize that long-term survivors of allogeneic HCT after umbilical cord blood transplantation will have a similar burden as compared to those who receive grafts from matched siblings, while recipients of peripheral blood stem cell grafts from unrelated donors will have a higher long-term healthcare burden.

METHODS



Determining the healthcare burden of allogeneic HCT recipients over time.



- * Before 100 days post-HCT
- * Between 100 days and 2 years post-HCT
- * Beyond 2 years post-HCT



MAIN GOAL

- This study will determine which donor graft source yields best, most cost-effective treatment over time (up to 5 years) by reducing doctor visits and limiting post-HCT complications, including graft-versus-host disease and relapse.

FUTURE RESEARCH

- Future studies will be able to take the data analyzed (for coming) and incorporate the economic burden on patients as a parameter. Researchers can take a similar approach with a larger data bank that can further support this study.

1. Khera N, Zeliadt SB, Lee SJ. Economics of hematopoietic cell transplantation. Blood.2012;120(8):1545–1551.

TIMELINE

