Multiple myeloma is a hematologic malignancy characterized by clonal proliferation of plasma cells. The disease has a high prevalence and is associated with significant morbidity and mortality. To better understand the healthcare costs associated with this disease, a retrospective chart review study was conducted in Italy. The study aimed to evaluate healthcare resource utilization and costs in patients with symptomatic multiple myeloma, focusing on the costs of treatment during active treatment and costs excluding treatment costs during active treatment + TFI.

**METHODS**

The study included patients with symptomatic multiple myeloma who were treated with first-line lenalidomide, bortezomib, or bendamustine, all of which are approved for the treatment of symptomatic multiple myeloma. The study also included patients who progressed after the last line of treatment and were treated with subsequent lines of therapy. The costs of treatment during active treatment and costs excluding treatment costs during active treatment + TFI were estimated. The study also aimed to capture the proportion of patients requiring at least one hospitalization and the proportion of patients requiring at least one outpatient consultation.

**RESULTS**

- **Patient Characteristics**: The study included 393 patients, with a mean age of 65 years. The proportion of patients receiving second-line therapy was 23% vs 57–59% of patients receiving second or third treatment lines. The proportion of patients with normal renal status decreased with increasing line of treatment (57–59% of patients receiving second-line therapy vs 23% of patients receiving fifth or later lines).
- **Healthcare Resource Utilization and Costs**: During post-progression period, BSC was associated with the highest mean costs (Figure 3). Total Costs by Level of Response showed that patients achieving VGPR+ had significantly lower costs than those receiving best supportive care (BSC) and those receiving lenalidomide-based regimens (Figure 3). The proportion of patients requiring at least one hospitalization was greater in patients who achieved a response of VGPR+ than in the overall patient population.

**LIMITATIONS**

- The study was a real-world study; therefore, there may have been differences in the way that different physicians and patient groups reported AEbs.
- There was potential for bias in the capturing of AEs because physicians may have been aware of other prionary care options.

**CONFLICTS OF INTEREST**

- K Yong has received honoraria from Amgen, Janssen-Cilag, Novartis, Celgene and MorphoSys. F Mennini is an employee of Amgen. C Gazzola received stock. A Flinois, C Gazzola and L Fink work for Kantar Health, the company contracted to conduct this study.

**REFERENCES**


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