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Abstract (600 word limits)

A systematic literature review (SLR) was conducted to understand the disease burden in relapsed/refractory classical Hodgkin lymphoma (R/R cHL). Methods: Embase®, PubMed®, and the Cochrane library were searched for R/R cHL records from 2001–2020 in accordance with PRISMA guidelines. Findings: 13,257 abstracts and 1731 papers were screened, and 144 relevant studies were identified. cHL represented 0.5% of all cancers, with 12.5–66.7% of these cases progressing to R/R disease (studies with >1500 patients); this range varied across countries. Health-related quality of life (QoL) was assessed via EORTC-QLQ-C30 (n=7 studies), EQ-5D (n=5), SF-36 (n=3), FACIT-F (n=1), and MFI (n=1), with a focus on treatment impact. In general, pembrolizumab and other PD-1 inhibitors resulted in improved QoL scores, brentuximab vedotin showed mixed outcomes; high-dose therapy and autologous stem-cell rescue (HDT/ASCR) resulted in worsened functionality and symptoms. Economic burden studies (n=21) reported increased healthcare costs post- vs pre-R/R cHL diagnosis. Frontline treatment failure costs were projected to be at least US\$535,846 (€454,557) per patient over 5 years. Monthly treatment costs ranged from US\$11,918–38,918 (€10,110–33,021) per patient, reflecting differences in design, severity, and comorbidities. Therapy costs increased 7–8-fold after allogeneic or autologous transplantation. There was limited evidence (n=2 studies) on the impact of R/R cHL on indirect costs. Eleven cost-effectiveness studies were identified showing pembrolizumab as a cost-effective alternative to brentuximab vedotin. Across clinical guidelines (n=13) and real-world treatment pattern studies (n=46) identified, HDT/ASCR was generally recommended as initial treatment of choice in R/R cHL. Pembrolizumab and nivolumab were frequently recommended as subsequent therapy options for cHL patients who relapsed following HDT/ASCR, with or without post-transplant brentuximab vedotin. Conclusion & Significance: This SLR provides an extensive overview of the most current landscape, including epidemiology, QoL, and economic burden, for patients with R/R cHL. It highlights areas where further studies and improvements are warranted.

Biography (200 word limit)

Monika Raut is a Director at the Center for Observational and Real World Evidence (CORE) at Merck & Co., Inc. She is the value assessment strategy lead for Hematology, responsible for generating scientifically rigorous evidence to address costs, outcomes, value, innovation, and access. She is also the global HTA strategy lead for various leukemias and lymphomas. Monika gained her PhD from the University of Maryland, Baltimore, USA, in Pharmaceutical Health Sciences.

References (With Hyperlink)

A Systematic Literature Review of the [Epidemiology](#)

[Health-Related Quality of Life](#), and Economic Burden

Including [Disease Pathways and Treatment Patterns of Relapsed](#)

Refractory Classical [Hodgkin Lymphoma](#)

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