



What do these results mean for individuals with MIBC?

- Patients with muscle-invasive bladder cancer (MIBC) incur significant healthcare costs, especially those who underwent bladder-removal surgery (cystectomy) or received radiotherapy + chemotherapy after tumor resection (trimodal therapy)
- Higher costs after MIBC treatment initiation were mostly driven by hospitalization costs among patients who underwent surgery and outpatient costs among patients who received radiotherapy + chemotherapy after tumor resection



What was the purpose of this study?

- To analyze the healthcare costs of patients with MIBC, particularly those treated with surgery only or radiotherapy + chemotherapy after tumor resection in the United States (US)



How was the study carried out?

- The study used data from US insurance databases to look at the healthcare costs of patients with MIBC
- Researchers used medical billing information to identify adult patients with MIBC (based on the presence of cystectomy, radiotherapy, or systemic antineoplastic therapy). Among these patients, they identified those who were treated either with surgery only or radiotherapy + chemotherapy after tumor resection
- The healthcare costs before treatment (baseline period of ≥12 months) and after treatment (follow-up period) were described to see how much was spent on patient care
- The median follow-up period was 13.2 months in the overall MIBC patient population, 17.1 months in patients treated with surgery, and 13.4 months in patients treated with radiotherapy + chemotherapy after tumor resection



- Commercial and Medicare Supplemental Databases (2010–2021)
- Multi-State Medicaid Database (2010–2019)



- Adult patients with MIBC treated with either surgery only or radiotherapy + chemotherapy after tumor resection



- Description of total healthcare costs (payer and patient out-of-pocket) before and after treatment initiation

Healthcare burden associated with cystectomy and trimodal therapy among patients with muscle invasive bladder cancer in the United States

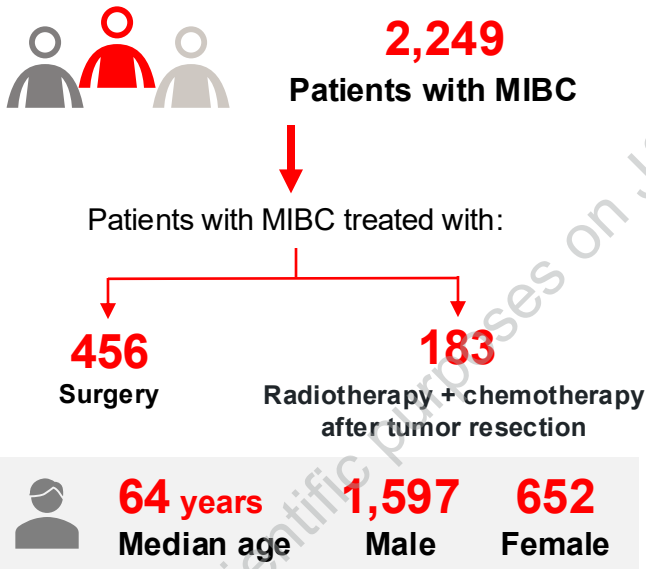
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What were the results?

- Patients with MIBC had higher total average healthcare costs after treatment initiation (\$7,358 per person per month [PPPM]) than before treatment (\$1,540)
- Costs were even greater after treatment initiation in patients treated with surgery (\$11,342 PPPM) or radiotherapy + chemotherapy after tumor resection (\$11,579)

Who was in the study?

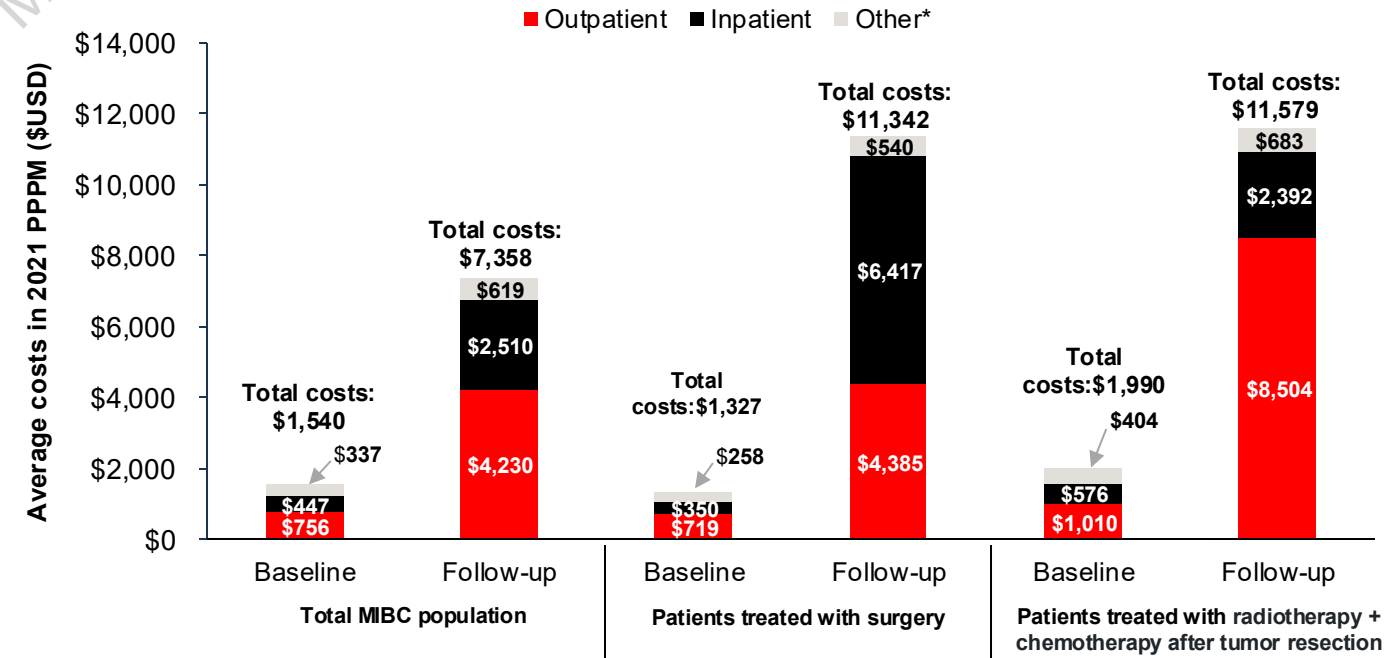


What were the study limitations?

- Errors in the insurance claims data may have led to the misclassification of patients with MIBC
- Patients without health insurance were not included

What were the healthcare costs before and after treatment initiation?

The baseline period is defined as the time before treatment initiation and the follow-up period is defined as the time after treatment initiation



*Other healthcare costs include pharmacy, emergency room, durable medical equipment, dental care, and vision care costs. PPPM, per patient per month; USD, United States dollars

Glossary of Terms

Baseline period	The period before treatment begins, which serves as a reference point to look for changes after treatment	Patient out-of-pocket costs	The portion of medical expenses that a patient is responsible for paying themselves, which includes costs like deductibles, copayments, and coinsurance not covered by their health insurance plan	Payer costs	An entity that pays for the care services administered by a healthcare provider, such as a commercial health insurance company, Medicare, or Medicaid
Muscle-invasive bladder cancer (MIBC)	A type of bladder cancer where the cancer cells have grown into the muscles of the bladder wall	Inpatient	A patient who receives medical care while staying in hospital	Outpatient	A patient who attends hospital for treatment without staying there overnight or in an emergency room



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