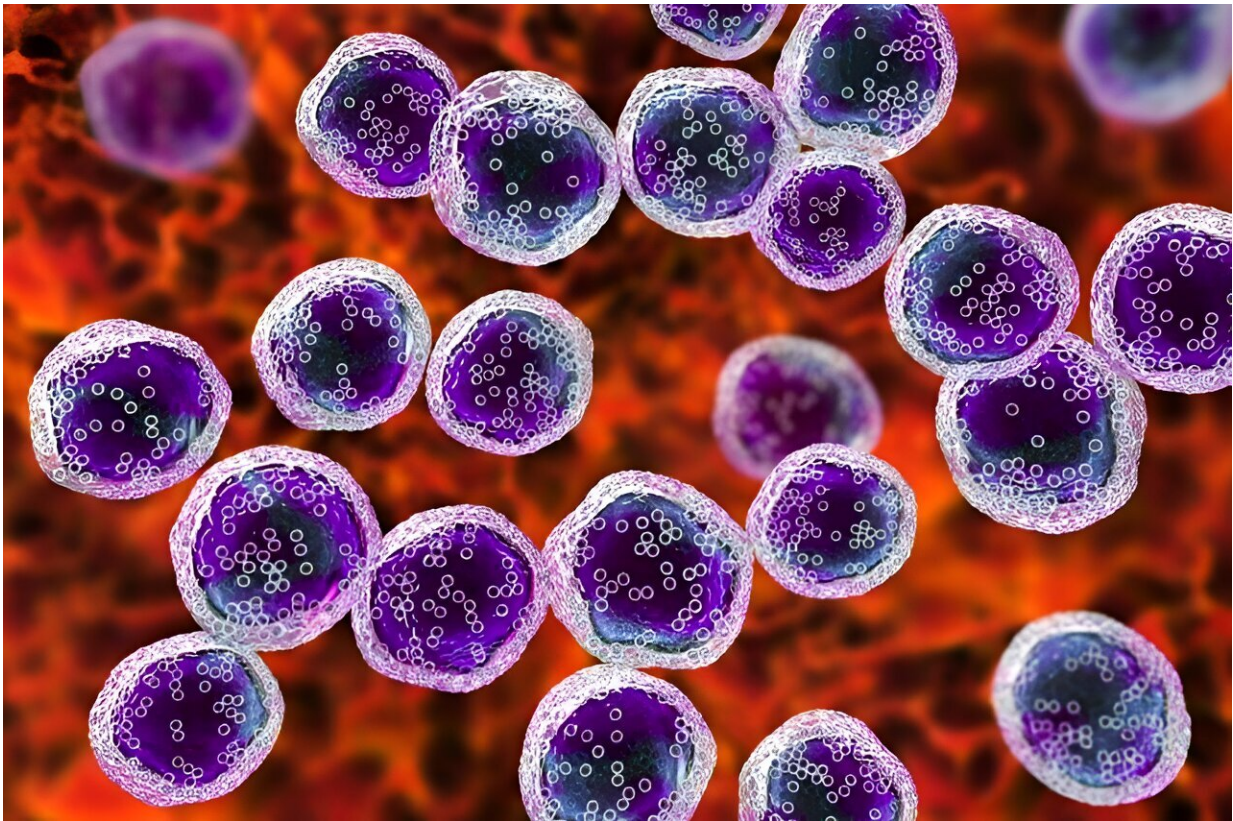


CAR-T therapies not cost-effective for diffuse large B-cell lymphoma

December 5 2023, by Elana Gotkine



For patients with diffuse large B-cell lymphoma (DLBCL), the chimeric antigen receptor T-cell therapies (CAR-T) axicabtagene ciloleucel (axi-cel) and lisocabtagene maraleucel (liso-cel) are not cost-effective,

according to a study published online Dec. 5 in the *Annals of Internal Medicine*.

Amar H. Kelkar, M.D., M.P.H., from the Dana-Farber Cancer Institute in Boston, and colleagues examined the cost-effectiveness of second-line CAR-T versus salvage chemoimmunotherapy and consolidative autologous stem cell transplantation (ASCT) for treatment of DLBCL in a state transition microsimulation model. The target population was "high-risk" [patients](#) with DLBCL.

The researchers found that in the base-case analysis, the increase in [median overall survival](#) was four and one months for axi-cel and liso-cel, respectively. The incremental cost-effectiveness ratio was \$684,225 and \$1,171,909, respectively, per quality-adjusted life year (QALY) for axi-cel and liso-cel; the corresponding incremental net monetary benefit was -\$107,642 and -\$102,477.

In sensitivity analysis, to be cost-effective with a willingness-to-pay threshold of \$200,000 per QALY, the cost of CAR-T would need to be reduced to \$321,123 and \$313,730 for axi-cel and liso-cel, respectively. During a five-year period, implementation in [high-risk patients](#) would increase U.S. health care spending by about \$6.8 billion.

"Moving CAR-T to the second line would have massive cost implications, but our results demonstrate that substantial price reduction could result in a cost-effective therapy," the authors write.

More information: Amar H. Kelkar et al, Second-Line Chimeric Antigen Receptor T-Cell Therapy in Diffuse Large B-Cell Lymphoma, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M22-2276](https://doi.org/10.7326/M22-2276)

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