



Impact of Insurance Differences in Outcomes in Colombian Patients with Chronic Myeloid Leukemia



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Introduction

Multiple studies have shown that adherence to treatment is a key factor in achieving the best outcomes in terms of response depth and survival free of accelerated phase and blast crisis progression in patients with Chronic Myeloid Leukemia (CML). Health care in Colombia is provided by two types different type of insurance: the Contributory (CS) and the Subsidized systems (SS), which provide highly unequal levels of access to Tirosin-Kinase Inhibitors (TKI) for CML patients. The Colombian Association of Hematology and Oncology (ACHO), has been developing a registry of hematological diseases (RENEHOC), which, among other things, will allow us to make visible the access problems that affect patients in our country.

Methods

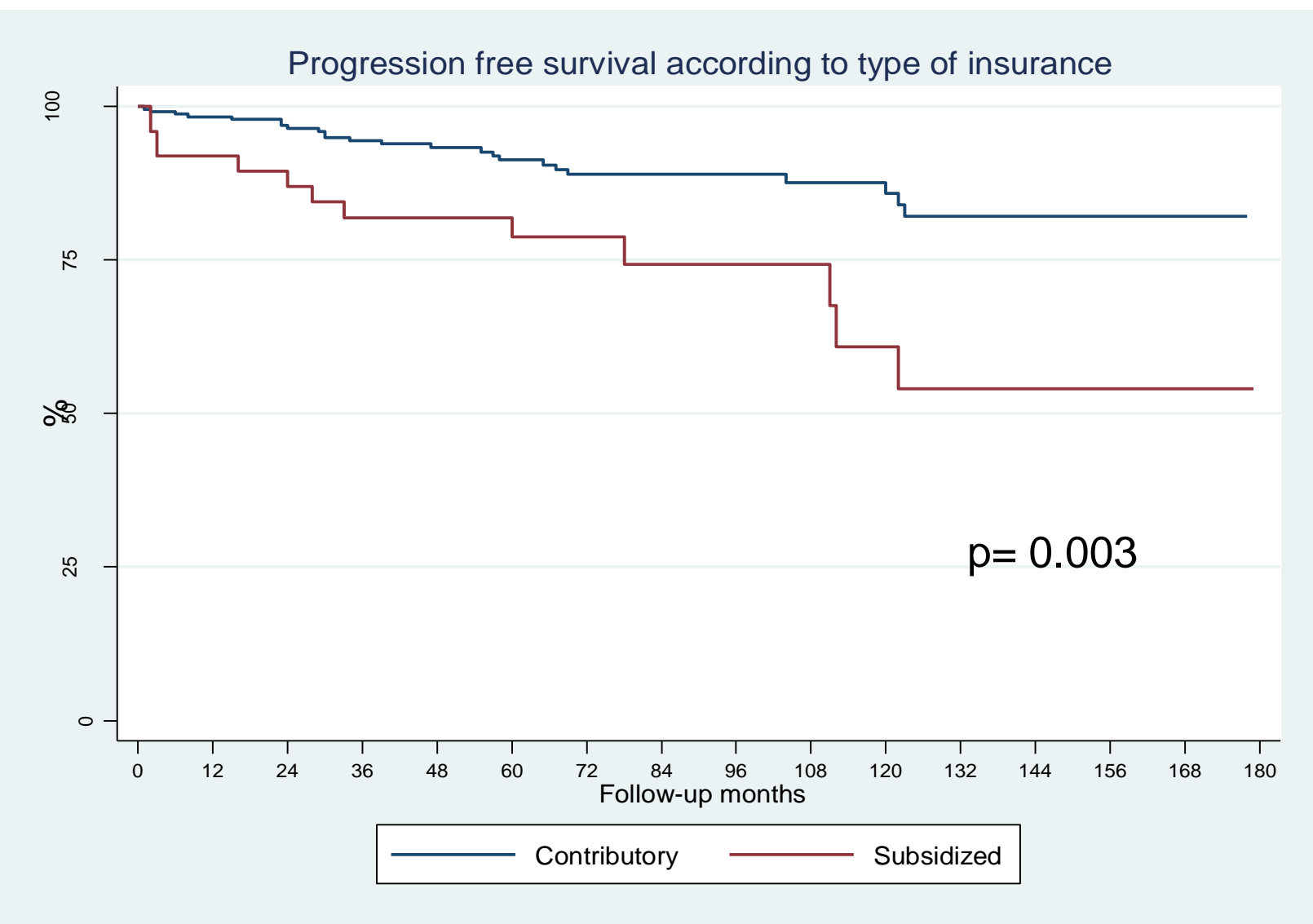
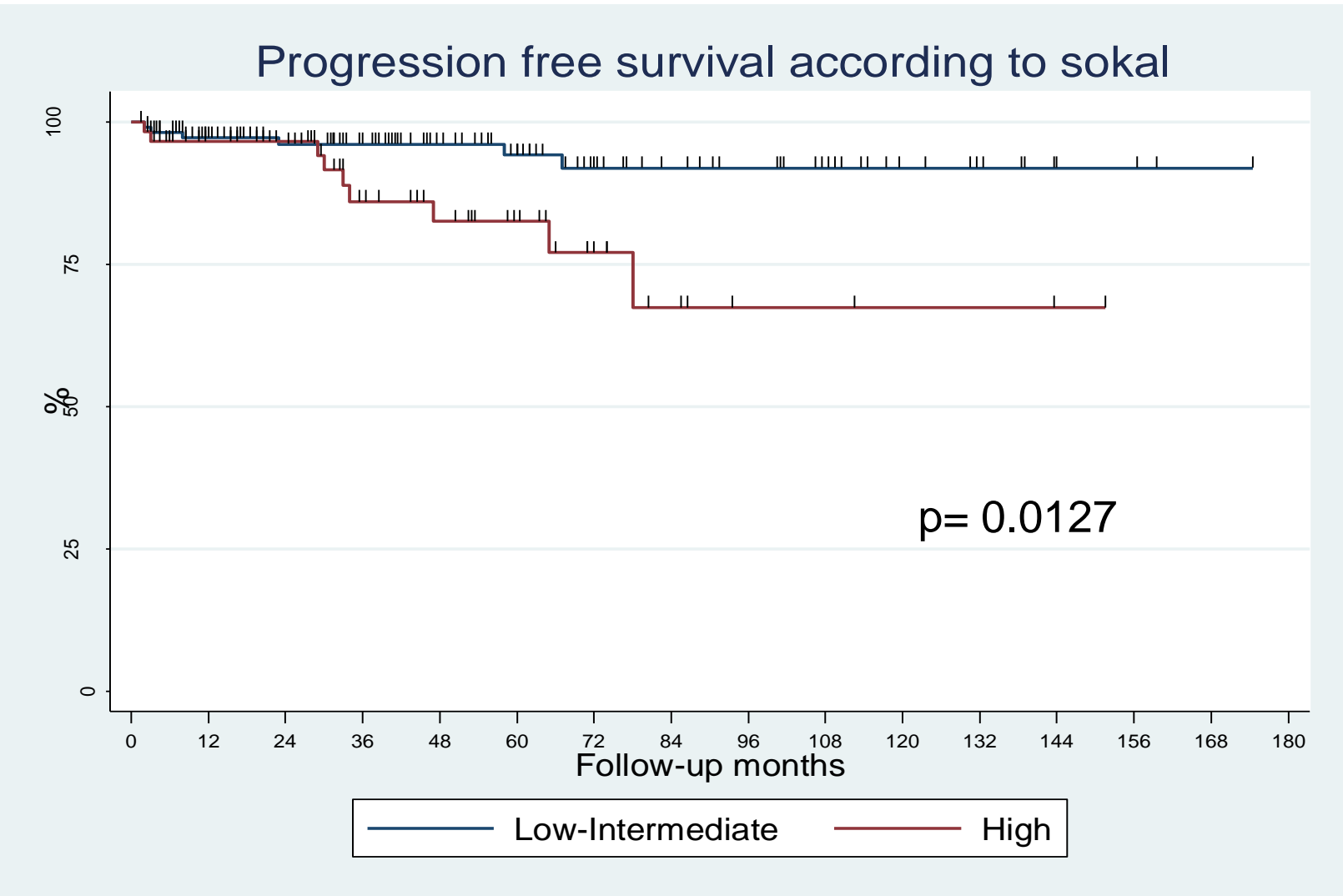
PATIENTS OR OTHER PARTICIPANTS: 357 CML adult patients treated in the last 20 years in 5 cities in Colombia, registered in RENEHOC from December 2019 to June 2020.

INTERVENTIONS: Treatment was according to investigators' preferences. Imatinib was first-line treatment for 223 patients (62.4%), dasatinib for 69 (19.4%) and nilotinib 53 (14.8%); 47.9% required a second line of treatment.

MAIN OUTCOMES MEASURES: Primary end points were Optimal Response (OR) according to LeukemiaNet 2020 definition and progression-free survival (PFS) rates. The Kaplan-Meier method was used to assess PFS, and hazard ratios (HR) using Cox proportional regression modeling were estimated.

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PATIENT CHARACTERISTICS	N= 357
Age at diagnosis yrs. (mean, range)	54 (19-92)
Gender (M/F)	214/143
Insurance type (Contributory/subsidized/no data)	290/63/4
Phase at diagnosis (%) (Chronic, Accelerated, Blastic, no data)	87%/5%/2%/6%
Sokal risk (%) (Low/intermediate/high)	28%/36%/36%
First line treatment (N, %)	
- Imatinib	223 (62%)
- Dasatinib	69 (19.3%)
- Nilotinib	53 (14.7%)
- Other	12 (4%)



Results

Mean age was 54 years (19–92), 60.1% were males, most patient were diagnosed in chronic phase (92%) and 36% were high Sokal. At a median follow for the entire cohort of 69 months (1–228), 60% of patients were in Optimal Response (OR), including 11 patients in treatment-free remission (TFR). There were no significant differences between contributory and subsidized cohorts in terms of patient or disease characteristics. At last visit 76% of patients were in OR in the CS in comparison to 48% for the SS cohort. Ten patients died, all CML-related. The only significant prognosis factors associated with PFS were Sokal score (mean PFS: 57 months low/int vs 39 high; p=0.012) and type of insurance (mean PFS 70 months for CS vs 57.7 for SS; p=0003).

Conclusions

RENEHOC, is an ACHO project that aims to collect real-world data from hematologic neoplasia patients treated in Colombia. We hope that this information will serve to improve the treatment outcomes of these patients in the country as more information is gathered and we can show government decision-makers what it needs to be improved in patient care.

At this timepoint data from RENEHOC is still limited, however, the potential of this growing registry is evident, since information from Colombia regarding CML treatment is limited. This report suggests that differences in access to TKI in CML according to insurance regimes results in significantly different PFS. This is the first time in the country that the impact of these attention inequalities in CML patient care have been demonstrated.

Reference

1. David Marin, Alexandra Bazeos, Francois-Xavier Mahon, etc. Adherence Is the Critical Factor for Achieving Molecular Responses in Patients With Chronic Myeloid Leukemia Who Achieve Complete Cytogenetic Responses on Imatinib. J Clin Oncol 28:2381-2388