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## The economic benefit for patients and caregivers of expanding CAR-T centres in Spain

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### BACKGROUND

- CAR-T cell therapies are advanced treatments that require qualified hospitals with the appropriate infrastructure and specialized professionals. Therefore, patients are sometimes referred to hospitals in other cities for treatment.
- Travel to these hospitals to receive advanced therapies represents a significant financial burden for patients diagnosed with hematological cancer and their caregivers.

### OBJECTIVE

This study aims to quantify the direct non-healthcare cost savings experienced by patients and their caregivers as a result of enhanced geographical accessibility to CAR-T cell therapies.

### METHODS

- The analysis estimated and compared the travel costs in two scenarios:
  - CAR-T management and administration in 29 hospitals (current situation)
  - Hypothetical expansion of CAR-T access to all 65 hospitals that currently perform autologous stem cell transplants in Spain.
- A geoeconomic model was developed to simulate the territorial distribution of hospitals and patients' home location and caregivers (Figure 1).
- Distribution was carried out based on the nearest available treatment centre within each region, where possible.
- A cohort of 3,094 patients with potential indication for CAR-T-cell therapy was constructed based on clinical and epidemiological data [1-18]. For the patient estimate, those who arrived at the hospital by ambulance were excluded (5%, assumed).
- Geographic data (latitude and longitude) were used to measure the distance between the patient's home and the hospital location, assuming the patients to be treated are distributed according to the Spanish official geo-demographic data [19].



Figure 1. Example simulation diagram of the territorial distribution of hospitals and the location of the homes of patients and caregivers

### METHODS (continuation)

- The costs included public and private transportation, accommodation and meals, all derived from public rates (Table 1) [23-27].
- The results were obtained by comparing the distances from the patients' home location to the nearest hospital in each of the scenarios and applying the costs associated with traveling.

Parameter	Cost
Private vehicle per km	€ 0.36
Coach per km	€ 0.38
Guerrero/consular rail ticket	€ 1.51
Regional train per km	€ 0.11
High-speed train per km	€ 0.13
Taxi per km	€ 2.29
Walking per km	€ 0.03
Meals	€ 26.07

### RESULTS

- The hypothetical expansion of CAR-T access from 29 to 65 hospitals was associated with a 76% reduction in the total cost for the entire cohort of patients and caregivers (from €2,218,460 to €536,283) (Figure 2).
- The average cost per patient in the 29-hospital scenario was €717 compared to €173 in 65-hospital scenario, generating a potential saving of €544 per patient.
- The difference between the 29 and 65 hospitals scenarios in the cost of accommodation was -€1,305,083, followed by the cost of meals (-€300,207) and transportation (-€77,907).
- The hypothetical expansion of centres reduced the percentage of patients and caregivers requiring accommodation by 14% (18% vs 4%).



Figure 2. Transportation, accommodation and meals costs for the 29 and 65 hospitals

### CONCLUSIONS

Hypothetical expansion of authorized CAR-T centres in Spain reduced the financial burden on patients and caregivers. These potential savings could improve equity of access and represent an opportunity to optimise the efficiency of the healthcare system in the implementation of advanced therapies.

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