The 11th World Congress on
CONTROVERSIES IN MULTIPLE MYELOMA (COMy)

Administration of injectable anticancer drugs in hospitalization at home (HAH): the prospective Carfil-HAD pilot study confirms the feasibility and economic interest of the home administration of short duration infusions of carfilzomib for the treatment of multiple myeloma.

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RATIONNAL

The sharp rise in cancer incidence has led to increasing hospital saturation, creating the need for alternatives such as hospitalization at home (HAH).

The Carfil-HAD pilot study (ClinicalTrials.gov: NCT05041933), aimed to assess the feasibility and safety of administering short-duration intravenous Carfilzomib infusions under a combined Outpatient Hospital (OH)/Hospitalization At Home (HAH) model for the treatment of multiple myeloma.

Deviations from standard operating procedures were monitored, quality of life and satisfaction were measured, and a cost-effectiveness analysis compared the mixed OH/HAH model to exclusive OH care.

METHODS

- Prospective clinical study:
  - 2 hospital departments (Limoges University Hospital, Brive Hospital).
  - 3 active HAHs.
- Limoges University Hospital was the promotor.
- Inclusions have started on December 2021 for 18 months.
- Primary objective: evaluating operating procedures deviations, classified as minor, major or serious.
- Secondary objectives:
  1) percentage and reasons for unscheduled re-hospitalization,
  2) quality of life assessment (QLQC30; EQ-5D-5L),
  3) satisfaction survey (French National Authority for Health - HAS; Hématolim network),
  4) medico-economic study (combined OH/HAH versus exclusive OH).

RESULTS

A total of 17 patients were included and 15 were treated under a combined OH/HAH scheme by carfilzomib-based treatment:
=> 15 evaluable patients received 128 carfilzomib infusions, including 42 in OH and 86 in HAH.

Feasibility was confirmed: 86 home-based infusions were performed at home without any severe incidents: 96% of deviations classified as minor.

Quality of life was not affected by the mixed care organization (OH/HAH).

Satisfaction was very high: all patients (100%) would recommend the model including HAH.

Medico-economic study: combining OH/HAH model, generated significant savings compared to the usual simple OH model.
- On average, the total cost for a mixed cycle per patient in OH/HAH was €1,107 (€610.6 less than the simulated cost in OH settings alone),
- This €610.6 savings was divided into €426 for OH stays and €184 for transportation,

This savings represents a total of 55.2% per mixed OH/HAH cycle compared to administration in OH settings alone.

CONCLUSION

- The administration of short-duration infusions of carfilzomib in HAH is feasible and safe.
- These results therefore suggest that the outsourcing of injectable chemotherapies to HAH is an economically relevant solution.
- This model of care could be extended to many other oncology treatments to relieve hospital congestion and improve access to care for more patients.

Reference: *Touati M. et al, Support Care Cancer. Supportive care in cancer, 2016-12, Vol.24 (12), p.5007-5014. Cost savings of home bortezomib injection in patients with multiple myeloma treated by a combination care in Outpatient Hospital and Hospital care at Home*

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