DISPARITIES IN MULTIPLE MYELOMA SURVIVAL IN COLOMBIA: FINDINGS FROM A NATIONAL ADMINISTRATIVE REGISTRY

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INTRODUCTION

In 2022, 4,062 adults with MM were cared for in the Colombian health system (CHS). The crude prevalence rate was 11.05 cases per 100,000 adults, with 3,752 cases occurring in individuals aged 50 years or older.

AIM

To estimate the 5-year survival rates of patients with MM in Colombia who were treated within the Colombian health system.

METHODS

- We conducted a retrospective cohort study that included all adult patients newly diagnosed with MM reported to the National Cancer Information System (NCIS) from 2014 to 2022.
- Global survival rates were calculated using the time between diagnosis (histopathological diagnosis) and all-cause-death (as reported in national official sources).
- Any patients that exceeded the 5-year observation window were censored.

CONTACT INFORMATION

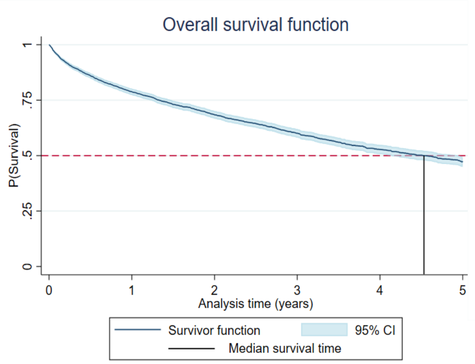
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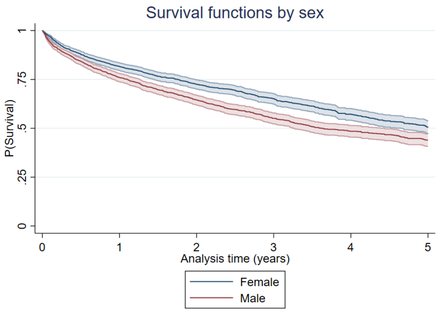
RESULTS

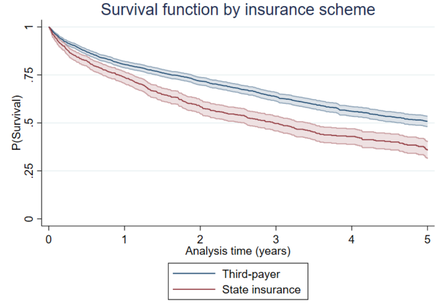
A total of 3291 patients were analyzed. The median age at diagnosis was 64 years, with 50.96% male. Among them, 70.34% were enrolled in third-party insurance, and 30.02% resided in the Central region.

The 5-year global survival rate was 46.75% (CI 95%: 44.46-49.01), and the median overall survival was 4.53 years. Females had higher rates (50.01%) than men (43.64%), those in the third-payer insurance had higher survival (50.45%) than those in the state insurance (35.38%) and those living in Bogotá (55.53%) had higher rates than those in the Amazonía-Orinoquía region (32.43%). These differences were statistically significant using a log-rank test.

The Cox regression showed that age at diagnosis, male gender, enrollment in the state insurance and living in the Caribe, Central or Pacífica region were independent risk factors for death in our cohort.







Variable	n (%)	5-year survival rate	Standard error	95% Confidence Intervals		Cox regression			
				Lower	Upper	Hazard ratio	p-value	95% CI	
								Lower	Upper
Overall	**3291 (100,00)**	**46.75%**	**0,0116**	**44,46%**	**49,01%**	----------	----------	----------	----------
Sex									
Female	1614 (49,04)	50,01%	0,0167	46,70%	53,22%	**Reference**	----------	----------	----------
Male	1677 (50,96)	46,64%	0,0161	40,47%	46,77%	1,28	<0,001	1,14	1,43
Insurance scheme									
Third-payer	2315 (70,34)	50,45%	0,0138	47,71%	53,13%	**Reference**	----------	----------	----------
State insurance	849 (25,80)	35,38%	0,0221	31,07%	39,70%	1,50	<0,001	1,32	1,71
Region									
Bogotá	928 (28,20)	55,53%	0,0206	51,41%	59,46%	**Reference**	----------	----------	----------
Caribe	421 (12,79)	43,48%	0,0326	37,01%	49,76%	1,24	0,034	1,02	1,52
Central	988 (30,02)	46,53%	0,0217	42,24%	50,71%	1,22	0,013	1,04	1,42
Oriental	363 (11,03)	44,87%	0,0365	37,62%	51,85%	1,05	0,600	0,86	1,30
Pacífica	564 (17,14)	36,15%	0,0278	30,73%	41,59%	1,37	<0,001	1,16	1,63
Amazonía-Orinoquía	24 (0,82)	32,43%	0,1319	10,16%	57,42%	1,23	0,466	0,70	2,17
Age at diagnosis (years)	----------	----------	----------	----------	----------	1,03	<0,001	1,03	1,04

CONCLUSIONS

The gaps between insurance schemes and geographical regions still contribute to the all-cause mortality of multiple myeloma. The results of this study provide a baseline of the current disease situation in the country and may guide future interventions, both in clinical practice and on a nationwide scale.