Kidney Transplant Reallocation: Quantifying Cost Savings and QALY Gains from Disease-Modifying Treatments for the UK NHS

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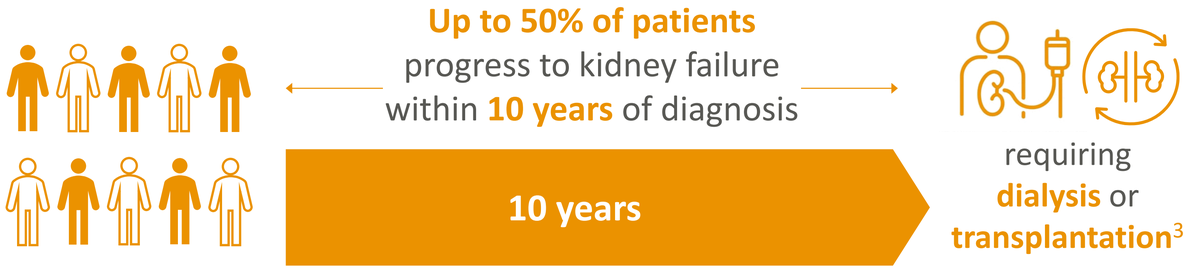
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CONCLUSIONS

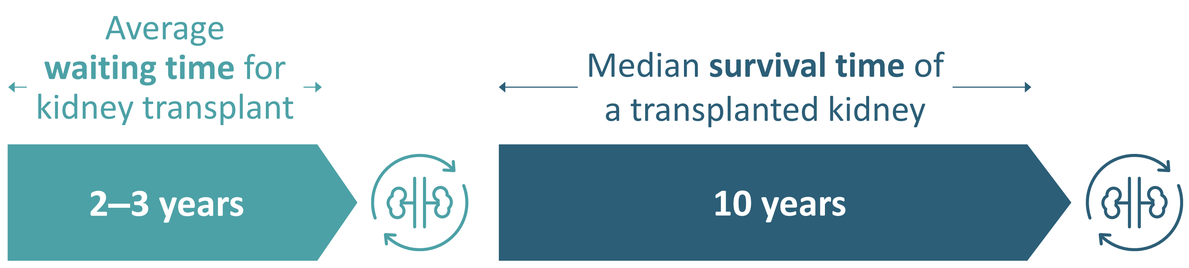
- To our knowledge, this is the first analysis to quantify both **NHS cost savings and QALY gains** associated with kidney transplant reallocation (reduced transplant demand) in the context of DMTs for C3G and primary IC-MPGN
- These findings highlight the **broader system-level benefits** of treatments that preserve kidney function – value **extending beyond the treated patient** to family members, NHS resources and other patients awaiting transplantation
- HTA bodies, payers and clinicians should consider these reallocation benefits when evaluating the **overall value of emerging therapies** for rare kidney disease

INTRODUCTION

- **C3G** and **primary IC-MPGN** are **rare**, **complement-mediated kidney diseases** with an estimated **incidence** of **0.4 to 0.5 cases per million** person-years and an estimated **prevalence** of **17.6 to 17.8 per million population**[1]
- **Supportive therapies** for C3G and primary IC-MPGN do not address the underlying cause of disease or consistently slow disease progression,[2] and up to **50%** of patients progress to kidney failure within **10 years** of diagnosis, requiring **dialysis** or **transplantation**[3]



- Deceased-donor kidneys are a **scarce**, fixed resource, with **demand consistently exceeding supply**[4]



- A DMT – **pegcetacoplan** – is now available to treat C3G and primary IC-MPGN, and can **slow disease progression** and **stabilise kidney function**;[7] slowing disease progression may **reduce the need for kidney replacement therapy**
  - Given the scarcity of donor kidneys, **transplants spared** through DMT use could potentially be **reallocated to other patients with CKD**

OBJECTIVE

- To quantify the potential costs and health benefits associated with reallocation of kidneys spared by avoiding transplantation (i.e. reducing transplant demand) through use of DMTs such as pegcetacoplan in patients with C3G or primary IC-MPGN

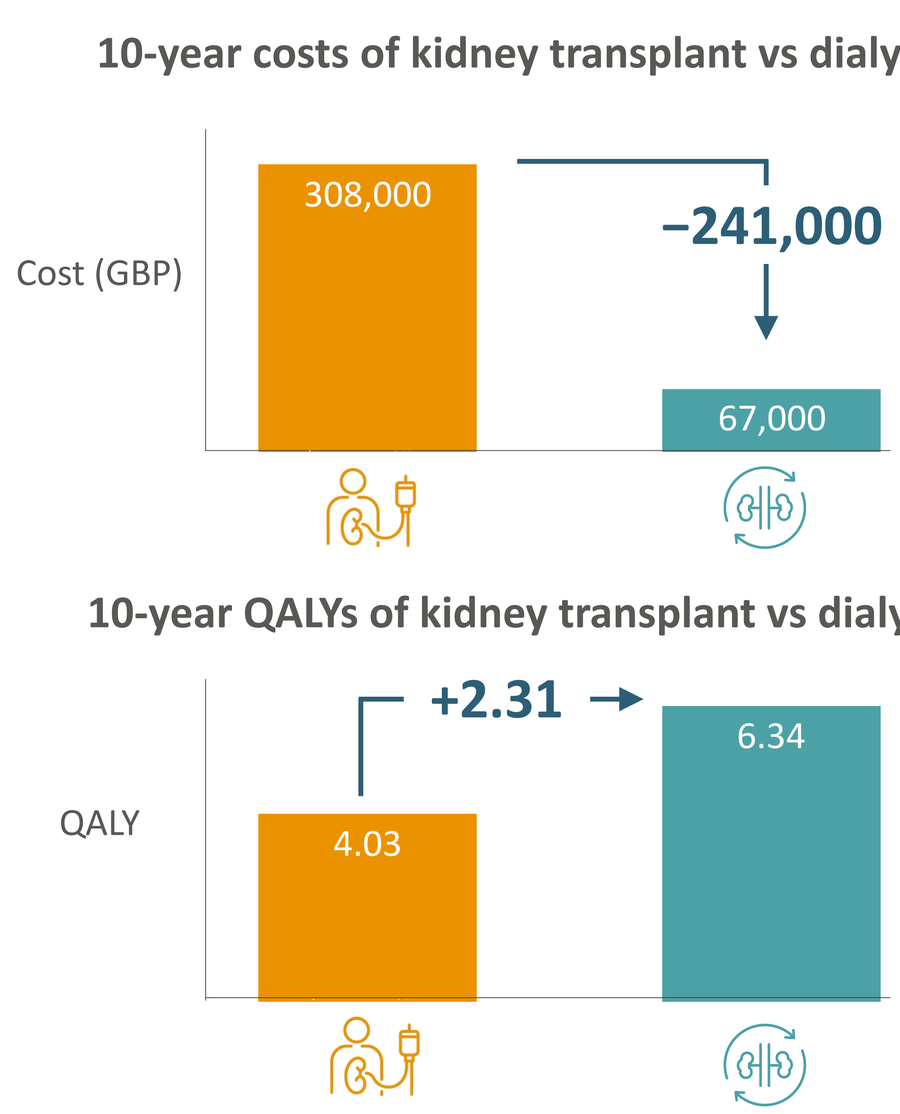
METHODS

- A targeted literature review was conducted to identify UK-specific estimates of costs, QALYs and waiting times associated with kidney transplantation in patients with CKD
- An analytical framework was developed from the UK NHS perspective to estimate the incremental costs and QALY benefits from reallocating each transplant potentially spared through DMT use compared with standard of care

RESULTS

- Over a **10-year period** (median survival time of a transplanted kidney), **each kidney reallocated** as a result of DMT use is associated with **cumulative savings** of **£241,000** and an additional **2.31 QALYs** (**Figure 1**)

Figure 1: Potential costs and health benefits associated with kidney reallocation as a result of DMT use



Abbreviations

C3G, C3 glomerulopathy; CKD, chronic kidney disease; DMT, disease-modifying therapy; HTA, Health Technology Assessment; IC-MPGN, immune complex membranoproliferative glomerulonephritis; NHS, National Health Service; QALY, quality-adjusted life year.

References

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Acknowledgements

The authors acknowledge Sophia Miliara from Sobi for publication coordination and Tyrone Daniel from Genesis Medical Writing Ltd (Manchester, UK) for medical writing. Sobi reviewed and provided feedback on the poster. The authors had full editorial control of the poster and provided their final approval of all content. This study and medical writing support were funded by Sobi.

Disclosures

Zalmai Hakimi, Carly Rich and Jameel Nazir: employees of Sobi and may hold stock or stock options. Michal Górecki and Michal Pochopień: employed by Clever Access, which received funding to conduct analyses for this study.

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