

## Journal of Health Economics and Outcomes Research

## Online Supplementary Material

Treatment Patterns, Clinical Events, and Costs of Care for Patients with Triple-Negative Metastatic Breast Cancer: A Retrospective US Claims Database Study. *JHEOR*. 2025;12(2):183-192. doi:10.36469/jheor.2025.144499

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Table S4. All-Cause Costs PPPM in the mTNBC Cohort by LOT and Evidence of CEIs Within 12 Months of LOT Initiation

This supplementary material has been provided by the authors to give readers additional information about their work.



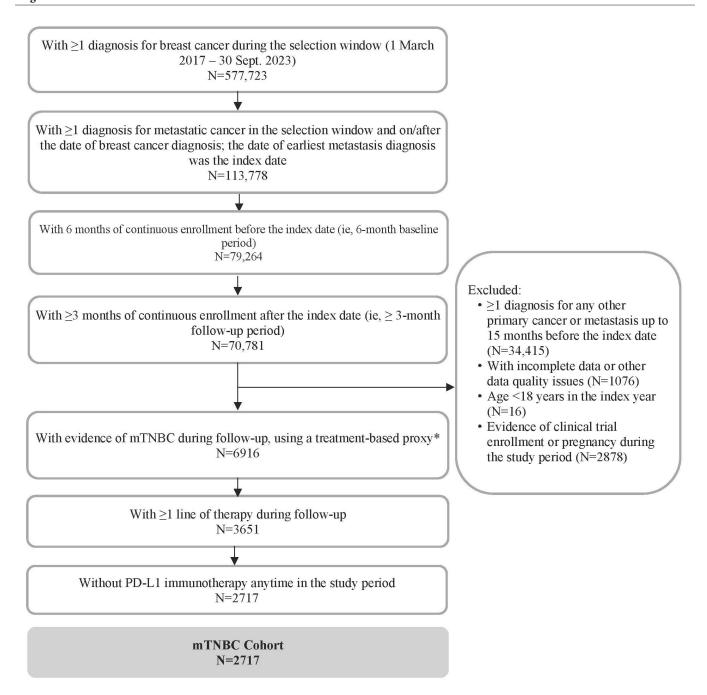
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<b>Table S1.</b> Line of Therapy D	efinitions			
LOT	Rule			
Initiation of LOT	First occurrence of any anticancer drug(s) on or after index date (earliest evidence of mBC based on diagnosis codes)  If 1 administration occurred and then no additional administration occurred within 60 days of the same LOT, the drug was ignored from the LOT.			
≥LOT 1	<ol> <li>A universal LOT regimen was made up of the first identified drug, and all other drugs received within the following 28 days. Therefore, there was a 29-day window for identifying whether the LOT is a monotherapy or combination therapy.</li> <li>Any mBC treatment of interest occurring between LOT 1 initiation date and 28 days from LOT initiation date is considered part of a combination therapy.</li> </ol>			
LOT Advance	<ol> <li>LOT advanced when a new drug was given that was not part of the current 29-day LOT regimen</li> <li>LOT advanced when there was a treatment gap of &gt;360 days for the same drug if the regimen contains an oral drug (ie, allow for drug holiday of up to 360 days)</li> <li>LOT advanced when there was a treatment gap of &gt;180 days for the same drug if the regimen contains a parenteral (non-oral) drug (ie, allow for a drug holiday of up to 180 days). Parenteral drugs are usually given by injection or infusion.</li> </ol>			
Does not advance the LOT	<ol> <li>Drug drops from within a regimen did not advance the LOT.</li> <li>Drugs added within 28 days of the LOT start date did not advance the LOT.</li> <li>Drug dosing changes did not advance the LOT. This study did not evaluate drug dosing.</li> <li>The start of paclitaxel, docetaxel, or nab-paclitaxel 100 days after a regimen that contains cyclophosphamide + doxorubicin starts did not advance the LOT.</li> <li>Switches between paclitaxel, docetaxel, and nab-paclitaxel that occurred within 30 days of the start of whichever came first. Therefore, if a switch occurred among these drugs while the other drugs in the regimen continue then it did not advance the LOT.</li> <li>Trastuzumab biosimilars could be used interchangeably with trastuzumab and did not advance the LOT.</li> <li>Change from cisplatin to carboplatin did not advance the LOT.</li> </ol>			
Others	<ol> <li>If a regimen started on or after metastatic date (index date), then regimen was a metastatic LOT.</li> <li>Tamoxifen and toremifene drugs could be used interchangeably and did not advance the LOT when they were substituted with one another.</li> <li>Letrozole, anastrozole, and exemestane drugs could be used interchangeably and did not advance the LOT when they were substituted with one another.</li> <li>Leuprolide, megestrol, and goserelin were treated as supportive agents and did not advance the LOT when added.</li> <li>Doxorubicin liposomal could be used interchangeably with doxorubicin and was treated the same as doxorubicin.</li> <li>The 360-day gap for oral drugs and 180-day gap for non-oral drugs overrides the gap rule for tamoxifen, toremifene, letrozole, anastrozole, estradiol and exemestane, such that the regimen end date and the start of a non-tamoxifen, toremifene, letrozole, anastrozole, exemestane drug (ignoring the supportive agents megestrol, goserelin, leuprolide) advanced the LOT so long as it was after the 180-day gap for non-oral drugs or 360-day gap for oral drugs for the same drug.</li> </ol>			

Abbreviations: LOT, line of therapy; mBC, metastatic breast cancer.

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Figure S1. Patient Selection Criteria and Attrition



Abbreviations: mTNBC, metastatic triple negative breast cancer; PD-L1, programmed death-ligand 1.

<sup>\*</sup>A treatment-based proxy was used to establish TNBC status, whereby patients with claims for treatments indicated for HR+/HER2- breast cancer (CDK4/6 inhibitor, mTOR inhibitor, PIK3CA inhibitor, AKT inhibitor), HR+ breast cancer (endocrine therapy) or HER2+ breast cancer (trastuzumab, pertuzumab, margetuximab, ado-trastuzumab emtansine, lapatinib, neratinib, tucatinib) during the study period were excluded.

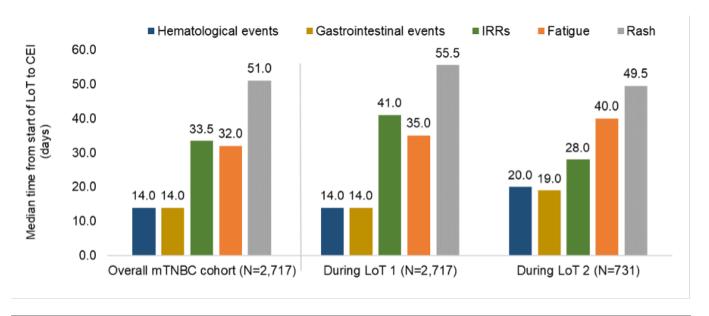
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Table S2. Time (Days) From Start of Any LOT to the First Evidence of CEI During Treated Follow-up and by LOT				
Time (Days) from Start of LOT to CEI, Among Patients With ≥1 Event	Overall mTNBC Cohort (N = 2717)	During LOT 1 (N = 2717)	<b>During LOT 2 (N = 731)</b>	
Alopecia <sup>a</sup>				
No. with ≥1 event	68	57	7	
Mean (SD)	39.9 (40.3)	36.8 (35)	38.7 (49.3)	
Median (Q1, Q3)	26.5 (14, 52.5)	24 (14, 50)	36 (5, 42)	
Fatigue				
No. with ≥1 event	732	579	169	
Mean (SD)	52.2 (91.1)	52.7 (96)	57 (60.6)	
Median (Q1, Q3)	32 (14, 64.5)	35 (14, 63)	40 (13, 83)	
Gastrointestinal events				
No. with ≥1 event	1,158	1,018	191	
Mean (SD)	31.7 (75.8)	30.7 (71.4)	41.9 (59.9)	
Median (Q1, Q3)	14 (0, 41)	14 (0, 41)	19 (5, 51)	
Stomatitis/mucositis				
No. with ≥1 event	158	136	20	
Mean (SD)	42 (45.9)	39.5 (40.9)	33.5 (29.8)	
Median (Q1, Q3)	28 (14, 54)	28 (14, 51)	21 (13.5, 48)	
Hematological events				
No. with ≥1 event	1260	1097	227	
Mean (SD)	33.7 (70.1)	33.9 (72.1)	37.5 (51.4)	
Median (Q1, Q3)	14 (1, 45.5)	14 (1, 47)	20 (7, 48)	
Hepatic events				
No. with ≥1 event	59	42	11	
Mean (SD)	79.2 (173.8)	90.9 (199.5)	43.3 (55.3)	
Median (Q1, Q3)	43 (10, 84)	53.5 (21, 84)	30 (0, 49)	
Hyperglycemia				
No. with ≥1 event	109	82	26	
Mean (SD)	88.1 (163.6)	80.1 (149.9)	85 (86.6)	
Median (Q1, Q3)	56 (19, 92)	53 (24, 84)	67 (7, 140)	
ILD				
No. with ≥1 event	11	7	2	
Mean (SD)	85.1 (61.1)	79 (41.7)	35 (24.0)	
Median (Q1, Q3)	83 (27, 123)	85 (27, 123)	35 (18, 52)	
IRRs				
No. with ≥1 event	806	632	181	
Mean (SD)	56.2 (85.8)	58.3 (86.8)	52.3 (63.1)	
Median (Q1, Q3)	33.5 (13, 72)	41 (15, 74)	28 (10, 78)	
Ocular events				
No. with ≥1 event	170	127	32	
Mean (SD)	97.4 (150.9)	92.3 (141.7)	73.8 (97.5)	
Median (Q1, Q3)	61 (25, 105)	63 (30, 105)	36.5 (10, 90)	
Rash				
No. with ≥1 event	233	174	62	
Mean (SD)	69.2 (100.4)	74 (112.1)	62.9 (53.3)	
Median (Q1, Q3)	51 (21, 98)	55.5 (26, 104)	49.5 (18, 99)	

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Time (Days) from Start of LOT to CEI, Among Patients With ≥1 Event	Overall mTNBC Cohort (N = 2717)	During LOT 1 (N = 2717)	<b>During LOT 2 (N = 731)</b>	
Sinus bradycardia				
No. with ≥1 event	18	13	4	
Mean (SD)	69.6 (104.9)	39.5 (71.1)	96.5 (103.6)	
Median (Q1, Q3)	20 (8, 62)	14 (8, 35)	75 (15.5, 177.5)	

Figure S2. Median Time from Start of Any LOT to the First Evidence of CEI (Top 5) for mTNBC Cohort, by LOT



Abbreviations: CEI, clinical event of interest; IRR, infusion-related reaction LOT, line of therapy; mTNBC, metastatic triple-negative breast cancer.

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Healthcare Costs PPPM (2024 USD)	Related Costs PPPM in the mTNBC Cohort During the Minimum 3-Month Follow-up Perio mTNBC Cohort (N = 2717)			
11000100111111 (2021 002)	All-Cause	BC-Related	CEI-Related	
Total costs				
Mean (SD)	\$14245 (\$12776)	\$11 333 (\$11 267)	\$4949 (\$7748)	
Median (Q1, Q3)	\$11018 (\$5657, \$19088)	\$8513 (\$3710, \$15632)	\$507 (\$782, \$6388)	
Subgroups of total costs				
Inpatient				
Mean (SD)	\$2518 (\$6900)	\$2080 (\$6238)	\$1,806 (\$5916)	
Median (Q1, Q3)	\$0 (\$0, \$2360)	\$0 (\$0, \$497)	\$0 (\$0, \$931)	
Outpatient pharmacy				
Mean (SD)	\$1268 (\$3457)	\$489 (\$2131)	\$452 (\$1753)	
Median (Q1, Q3)	\$190 (\$33, \$887)	\$0 (\$0, \$153)	\$11 (\$3, \$76)	
Outpatient medical				
Mean (SD)	\$10459 (\$9406)	\$8764 (\$8833)	\$2691 (\$4475)	
Median (Q1, Q3)	\$8045 (\$3901, \$14100)	\$6433 (\$2707, \$12212)	\$1102 (\$288, \$3347)	
Subgroups of outpatient medical costs				
Physician office visits				
Mean (SD)	\$477 (\$477)	\$326 (\$294)	\$51 (\$98)	
Median (Q1, Q3)	\$369 (\$232, \$584)	\$253 (\$129, \$434)	\$14 (\$0, \$60)	
ED visits				
Mean (SD)	\$129 (\$348)	\$54 (\$234)	\$29 (\$159)	
Median (Q1, Q3)	\$0 (\$0, \$107)	\$0 (\$0, \$0)	\$0 (\$0, \$0)	
Laboratory and pathology services				
Mean (SD)	\$577 (\$668)	\$455 (\$597)	\$94 (\$201)	
Median (Q1, Q3)	\$344 (\$140, \$781)	\$228 (\$77, \$603)	\$26 (\$8, \$94)	
Radiology				
Mean (SD)	\$2068 (\$2869)	\$1704 (\$2477)	\$158 (\$566)	
Median (Q1, Q3)	\$1097 (\$445, \$2441)	\$871 (\$285, \$2017)	\$24 (\$0, \$116)	
Infused or injectable drugs				
Mean (SD)	\$3241 (\$5348)	\$2968 (\$5034)	\$2025 (\$3976)	
Median (Q1, Q3)	\$1382 (\$227, \$4150)	\$1185 (\$131, \$3773)	\$613 (\$5, \$2359)	
Outpatient surgical services				
Mean (SD)	\$1498 (\$2166)	\$1197 (\$1958)	\$53 (\$304)	
Median (Q1, Q3)	\$803 (\$2894, \$1848)	\$528 (\$130, \$1451)	\$0 (\$0, \$0)	
Ancillary/other outpatient services				
Mean (SD)	\$2469 (\$3536)	\$2060 (\$3389)	\$281 (\$734)	
Median (Q1, Q3)	\$1545 (\$747, \$3004)	\$1154 (\$465, \$2542)	\$19 (\$0, \$219)	
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Abbreviations: BC, breast cancer; CEI, clinical event of interest; ED, emergency department; mTNBC, metastatic triple-negative breast cancer; PPPM, per patient per month; Q1, first quartile; Q3, third quartile; USD, US dollars.

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Healthcare Costs PPPM (2024 USD)	Overall mTNBC Cohort (N = 2717)		During LOT 1 (N = 717)		During LOT 2 (N=731)	
	With CEIs (N = 2273)	Without CEIs (N = 444)	With CEIs (N = 2251)	Without CEIs (N = 466)	With CEIs (N = 599)	Without CEIs (N = 132)
Total costs						
Mean (SD)	17 944 (16 263)	16304 (16417)	18118 (19254)	16316 (16409)	20760 (26486)	15 427 (15 48
Median (Q1, Q3)	13740 (8476, 21796)	11 599 (6737, 20 794)	13516 (8289, 21796)	11 801 (6744, 20769)	12 899 (5610, 26 601)	11 123 (3463, 23 048
Subgroups of total costs						
Inpatient						
Mean (SD)	1604 (6385)	424 (2896)	1472 (6623)	566 (4046)	3162 (17 344)	709 (3927)
Median (Q1, Q3)	0 (0, 0)	0 (0, 0)	0 (0, 0)	0 (0, 0)	0 (0, 0)	0 (0, 0)
Outpatient pharmacy						
Mean (SD)	2075 (5244)	2329 (6401)	2086 (5923)	2313 (6549)	3032 (7409)	3467 (7041)
Median (Q1, Q3)	302 (31, 1748)	116 (14, 1586)	119 (22, 1336)	90 (14, 1537)	707 (89, 2514)	1013 (153, 3110)
Outpatient medical						
Mean (SD)	14 264 (14 484)	13551 (15813)	14560 (17780)	13 437 (15 556)	14566 (19843)	11 251 (14 57
Median (Q1, Q3)	10 806 (5796, 17 654)	9353 (3998, 17298)	10 911 (5720, 17 654)	9359 (4090, 16879)	7646 (2825, 18873)	5930 (1347, 15891
Subgroups of outpatient medic	cal costs					
Physician office visits						
Mean (SD)	585 (594)	485 (545)	590 (608)	485 (533)	628 (761)	403 (396)
Median (Q1, Q3)	457 (301, 692)	345 (218, 576)	458 (299, 704)	349 (222, 592)	448 (276, 748)	276 (153, 527
ED visits						
Mean (SD)	179 (631)	47 (266)	172 (642)	47 (263)	199 (667)	68 (307)
Median (Q1, Q3)	0 (0, 85)	0 (0, 0)	0 (0, 0)	0 (0, 0)	0 (0, 0)	0 (0, 0)
Laboratory and patholog	y services					
Mean (SD)	489 (718)	345 (606)	523 (956)	356 (618)	556 (1033)	373 (618)
Median (Q1, Q3)	232 (82, 605)	120 (51, 422)	226 (78, 636)	123 (53, 425)	179 (74, 573)	101 (37, 463)
Radiology						
Mean (SD)	1464 (5608)	1340 (8205)	1274 (5624)	1239 (7985)	2004 (5326)	1362 (3229)
Median (Q1, Q3)	191 (0, 964)	0 (0, 297)	102 (0, 684)	0 (0, 306)	362 (0, 1904)	53 (0, 1018)
Infused or injectable drug	gs					
Mean (SD)	8233 (11853)	8490 (12196)	8483 (14706)	8486 (12063)	8172 (17 365)	6251 (13229)
Median (Q1, Q3)	5051 (603, 10887)	4596 (41, 11629)	5034 (309, 11 069)	4702 (34, 11582)	267 (0, 10 480)	10 (0, 5633)
Outpatient surgical servi	ces					
Mean (SD)	451 (1163)	244 (847)	442 (1378)	236 (771)	607 (1687)	541 (1768)
Median (Q1, Q3)	21 (0, 362)	0 (0, 60)	0 (0, 257)	0 (0, 55)	17 (0, 446)	0 (0, 177)
Ancillary/other outpatien	t services					
Mean (SD)	2863 (2984)	2601 (3220)	3077 (3325)	2588 (3160)	2401 (3187)	2253 (3548)
Median (Q1, Q3)	2013 (1118, 3707)	1781 (917, 3145)	2142 (1199, 3976)	1776 (948, 3181)	1443 (480, 3174)	940 (108, 2989)

Abbreviations: BC, breast cancer; CEI, clinical event of interest; ED, emergency department; LOT, line of therapy; mTNBC, metastatic triple-negative breast cancer; PPPM, per patient per month; Q1, first quartile; Q3, third quartile; USD, US dollars.