Supplemental Table 2. Fiscal burden per prevalent[1] MM patient

Year	Total burden (€M)	Prevalent patients	Burden per prevalent patient
2009	€9.37M	1,280	€7,319
2010	€10.30M	1,337	€7,700
2011	€10.84M	1,344	€8,068
2012	€10.49M	1,384	€7,578
2013	€10.11M	1,500	€6,740
2014	€11.37M	1,509	€7,537
2015	€14.37M	1,583	€9,075
2016	€12.03M	1,573	€7,648
2017	€13.80M	1,685	€8,187
2018	€16.95M	1,741	€9,733
2019	€26.39M	1,842	€14,325
2020	€32.34M	1,835	€17,622
2021	€33.99M	1,911	€17,788
2022	€35.78M	2,000	€17,889
2023	€39.60M	2,138	€18,522
2024	€44.99M	2,285	€19,689

Source: Fiscal model (burden), as reported in national report (11); HZZO (prevalent patients).

Healthcare investment analysis

What-if scenarios: Cumulative fiscal impact 2024–2030

For the period 2024–2030, the baseline cumulative fiscal burden of multiple myeloma in Croatia is estimated at approximately €377 million, including €327 million in healthcare costs and €50 million in indirect costs. Scenario analysis shows that the largest fiscal savings would come from interventions to improve productivity and reduce caregiver burden, although each simulated saving is below 1% of the cumulative burden and the costs of achieving these improvements were not modelled.

[1] The fiscal burden was expressed both per incident case and per prevalent patient because these measures capture different aspects of disease burden. Estimates per incident case relate the total annual fiscal burden, which arises from all patients living with MM (including previously diagnosed and relapsed or refractory patients), to the number of newly diagnosed cases in the same year; they do not represent the first-year or lifetime cost of a newly diagnosed patient. Estimates per prevalent patient relate annual fiscal costs to all individuals living with MM and therefore better reflect the average annual burden of MM as a chronic condition in the population.