**BACKGROUND:**
 Included patients treated after the introduction of plerixafor. 

The records were divided into two groups: Group 1 included patients treated before the introduction of plerixafor, and Group 2 included patients treated after the introduction of plerixafor.

**OUTCOME MEASURES:**
Study outcome measures included the following:
- The overall percentage of patients who experienced adverse events.
- The time required to achieve a certain CD34+ cell count.
- The number of apheresis sessions required to achieve a certain CD34+ cell count.
- The cost of apheresis sessions.

**RESULTS:**
Patients were analyzed in an anonymized fashion and no informed consent was required for this study.

**STATISTICAL ANALYSIS:**
Statistical analysis was performed using the Wilcoxon Rank Sum test for equality of medians.

**DISCUSSION:**
This data from the retrospective health resource costs and cost analyses conducted in 9 centers across Germany, France, and Italy demonstrates the positive impact of plerixafor on clinical outcomes, which results in both operational efficiencies and cost savings to the hospital for patients undergoing ASCT who are at risk of mobilization failure. While plerixafor was added to the regimen, there were highly statistically significant reductions in all parameters across all subgroups of NHL.

**CONCLUSION:**
Autologous stem cell transplantation (ASCT) in conjunction with high-dose chemotherapy is the standard treatment approach for the management of patients with non-Hodgkin’s lymphoma (NHL). Autologous stem cell transplantation requires a multiple intervention approach involving mobilization, stem cell collection (apheresis), cell processing and cryopreservation, and conditioning chemotherapy and reinfusion. ASCT success has been advanced by the introduction of plerixafor, which is indicated in combination with G-CSF to enable mobilization of hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in those whose cells mobilize poorly. This study demonstrates that use of plerixafor is associated with statistically significant reductions in resource utilization, including number of apheresis sessions. These reductions allow for improved hospital efficiency and cost savings for patients with NHL undergoing autologous PBC mobilization vs patients in the pre-P era. Further research demonstrating application of these resource utilization efficiencies and positive cost savings as well as improved access for ASCT in routine clinical care is warranted to optimize treatment for NHL patients.