

# How race, finances, education, and employment affect access to treatment for people in the United States with multiple myeloma

The full title of this abstract is: Impact of Race and Socioeconomics on Access to T-Cell Engaging Therapy in US Patients With Relapsed/Refractory Multiple Myeloma (RRMM)

## VIEW ABSTRACT

View Scientific Abstract



Date of summary:  
December 2025

Please note this summary only contains information from the scientific abstract

## KEY TAKEAWAY

### What are the key takeaways from this study?

- Black, Hispanic, Asian, and Arab people and people in poorer socioeconomic circumstances (meaning they had less money and resources) knew less about different treatments for multiple myeloma and had less chance of being offered treatments called bispecific antibodies and CAR T-cell therapy
- Education and support from trusted patient groups supporting Black, Hispanic, Asian, and Arab people and people with socioeconomic hardships can increase access to these treatments

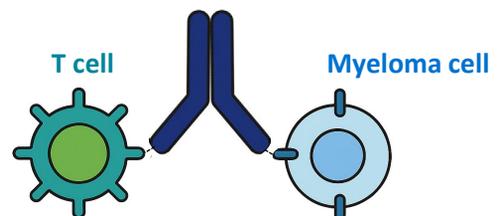
## INTRODUCTION

### What is multiple myeloma?

- The [appendix](#) provides more information about multiple myeloma

### What are bispecific antibodies?

- **Bispecific antibodies** are a new type of medicine approved for treating people with relapsed or refractory multiple myeloma
- These **bispecific antibodies** work by attaching to 2 proteins, one on **myeloma cells** and the other on white blood cells called **T cells** (which are part of the immune system)
- **Bispecific antibodies** bring T cells and myeloma cells close together and help the T cells kill the myeloma cells



## What Is CAR T-cell therapy?

- **CAR T-cell therapy** is a new treatment in which a person's **T cells** are genetically changed in the laboratory to attack cancer cells
- **T cells** are taken from a person's blood, and the gene for a protein (called **CAR**) that binds to cancer cells is added to the T cells in the laboratory. The **CAR T cells** are then allowed to grow and put back in the person's blood

## What is socioeconomic status?

- **Socioeconomic status** means how much money a person or their family has, what kind of job they do, and how much education they've had. It helps describe how someone lives and what resources they might have, like good food, safe housing, healthcare, and school supplies

## What does this summary describe?

- This summary describes the results of part of a global survey. It explains how race and socioeconomic status of people with multiple myeloma in the US can affect whether they know about specialized treatments for multiple myeloma and whether they are offered these treatments

### Researchers wanted to find out...

- What socioeconomic factors affect a person's access to treatment for multiple myeloma?
- What difficulties do socioeconomic factors place on people with multiple myeloma?
- Does the socioeconomic status and race of a person affect whether they:
  - Know about CAR T/bispecific antibody treatments for multiple myeloma?
  - Are offered CAR T/bispecific antibody treatments for multiple myeloma?



## STUDY DETAILS

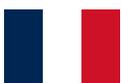
### Who took part in this study?



**30-minute**

Online surveys were given to participants in 7 countries between March and June 2024

France



Germany



Italy



Japan



Spain



United Kingdom



United States



**1301 people with relapsed, refractory multiple myeloma**

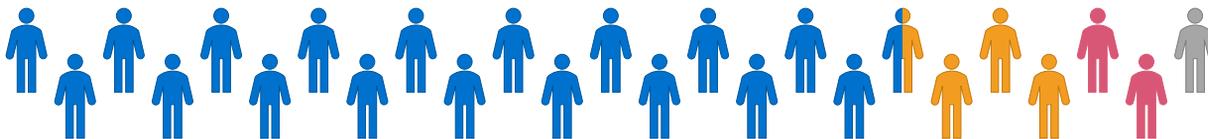


**983 doctors who treat people with multiple myeloma**

# Who were the people from the US who took part in the study?



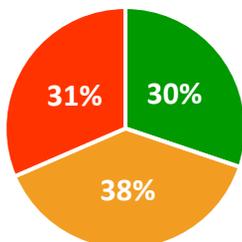
**305 people with relapsed, refractory multiple myeloma**



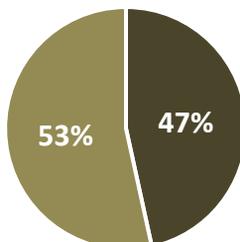
- In the US, there were **227 White**, **42 Black or African American**, **24 Hispanic or Latino**, and **12 Asian, Pacific Islander, or Arab** people with multiple myeloma in the study

## In the US, people reported

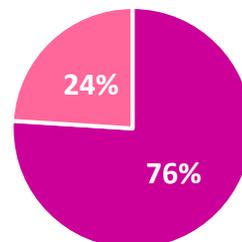
Their financial circumstances were **easy or very easy (30%)**, **neutral (38%)**, or **difficult or very difficult (31%)**



They were **employed (47%)** or **not employed (53%)**



They had **more than high (secondary) school education (76%)** or **high school education or lower (24%)**



## RESULTS

# What were the results of this study?

**Effect of race on financial burden (how hard it is for people to afford things)**

- More **Black, Hispanic, Asian, and Arab** people than **White people** said that they had difficult or very difficult financial circumstances



### Effect of race and financial burden on remission (decrease or disappearance of signs and symptoms of cancer)

- Fewer **Black, Hispanic, Asian, and Arab** people than **White** people said that they were in remission

49% of **White** people said that they were in remission



28% of **Black, Hispanic, Asian, and Arab** people said that they were in remission



- This was true even for people in good financial situations

59% of **White** people in **good financial situations** said that they were in remission



34% of **Black, Hispanic, Asian, and Arab** people in **good financial situations** said that they were in remission



### Effect of race and financial burden on visits to doctors who specialize in multiple myeloma

- Fewer **Black, Hispanic, Asian, and Arab** people than **White** people said that they had visited a specialist multiple myeloma doctor

59% of **White** people said that they had visited a specialist doctor



41% of **Black, Hispanic, Asian, and Arab** people said that they had visited a specialist doctor



- This was true even for people in good financial situations

66% of **White** people in **good financial situations** said that they had visited a specialist doctor



41% of **Black, Hispanic, Asian, and Arab** people in **good financial situations** said that they had visited a specialist doctor



### Effect of education on remission

- Fewer people with **high school education or lower** said that they were in remission than people with **more than high school education**

47% of people with **more than high school education** said that they were in remission



32% of people with **high school education or lower** said that they were in remission



Effect of employment on remission

- Fewer people who were **not employed** said that they were in remission than people who were **employed**

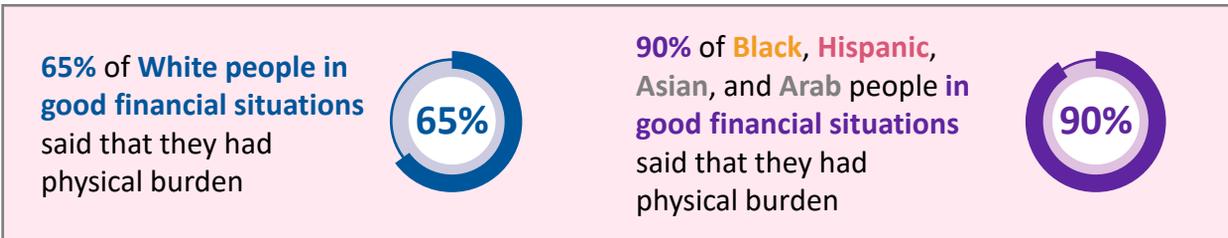


Effect of race and financial burden on physical burden (such as pain, tiredness, discomfort, decreased mobility, or poor sleep)

- More **Black, Hispanic, Asian, and Arab** people than **White people** said that they had physical burden



- This was true even for people in good financial situations



Effect of race and financial burden on treatment meeting expectations

- More **Black, Hispanic, Asian, and Arab** people and **people with financial burden** said that they felt their treatment didn't work as well as expected in many ways



Effect on mental health was worse than expected



Effect on quality of life was worse than expected



Effect of treatment schedule on everyday life was worse than expected



Treatment-related side effects were worse than expected



Treatment-related costs were worse than expected

## Awareness of bispecific antibodies and CAR T-cell therapy

More **White** people, people who were **employed**, people with **more education**, and people with **more money** knew more about **bispecific antibodies** and **CAR T-cell therapy**



People who knew about bispecific antibodies



People who knew about CAR T-cell therapy



White



Black, Hispanic, Asian, and Arab people

Race



White



Black, Hispanic, Asian, and Arab people



Employed



Not employed

Employment



Employed



Not employed



More than high school education



High school education or lower

Education



More than high school education



High school education or lower



Financially stable



With financial problems

Financial situation



Financially stable



With financial problems

Among people who knew about **bispecific antibodies**, **18%** said that they were offered the treatment by their doctors



Among people who knew about **CAR T-cell therapy**, **24%** said that they were offered the treatment by their doctors



**Bispecific antibodies and CAR-T offered as treatment**

People were more likely to be offered **bispecific antibodies** and **CAR T-cell therapy** if they were **White**, **employed**, **had more money**, or had **more education**

People offered bispecific antibodies as treatment

People offered CAR T-cell therapy as treatment

**Race**



White people



Black, Hispanic, Asian, and Arab people



White people



Black, Hispanic, Asian, and Arab people

**Employment**



Employed



Not employed



Employed



Not employed

**Education**



More than high school education



High school education or lower



More than high school education



High school education or lower

**Financial situation**



Financially stable



With financial problems



Financially stable



With financial problems

- Overall, fewer **Black**, **Hispanic**, **Asian**, and **Arab** people (1%) received **CAR T-cell therapy** than **White** people (11%)
- **CAR T-cell therapy** was given more often to people who were **employed** (15%) than to people who were **not employed** (3%)
- **Bispecific antibodies** were also given more often to people who were **employed** (24%) than to people who were **not employed** (4%)

## CONCLUSIONS

### What were the main conclusions of this study?

- Black, Hispanic, Asian, and Arab people and people in poorer socioeconomic circumstances knew less about different treatments for multiple myeloma and had less chance of being offered bispecific antibodies and CAR T-cell therapy
- To make treatments available to everyone, groups supporting Black, Hispanic, Asian, and Arab people and people with socioeconomic burdens can develop educational materials and help people learn about their treatment options

## MORE INFORMATION

### Who sponsored the study?

**This study was sponsored by Pfizer Inc.**

Pfizer Inc.

66 Hudson Blvd E

New York, NY 10001

Phone (United States): +1 212-733-2323

**The sponsor thanks everyone who took part in this study.**

### Where can I find more information?

For more information on this study, please visit:

[View Scientific Abstract >](#)

This summary reports the results of a single study. The results of this study may differ from those of other studies. Health professionals should make treatment decisions based on all available evidence, not just on the results of a single study

Medical writing support for this summary was provided by Robyn Roth, PhD, of Nucleus Global, and was funded by Pfizer.

## Find out how to say medical terms used in this summary

### Antibody

<AN-tee-BAH-dee>

### Myeloma

<MY-eh-LOH-muh>

### Refractory

<reh-FRAK-tor-ee>

### Relapsed

<REE-lapst>

### Remission

<reh-MIH-shun>

### Socioeconomic status

<SOH-see-oh-EH-kuh-NAH-mik STA-tus>

## GLOSSARY

**antibody:** a protein the body's immune system makes to help fight infections

**bispecific antibody:** a type of antibody that can bind to 2 different proteins at the same time

**bone marrow:** the soft, spongy tissue that is in most bones. This is where blood cells develop before moving into the bloodstream

**immune system:** the body's defense system. It helps fight infections and cancer

**M protein:** also called monoclonal protein; an antibody found in unusually large amounts in the blood or urine of people with multiple myeloma and other types of plasma cell tumors

**multiple myeloma:** a type of blood cancer that begins in the plasma cells

**plasma cell:** a type of white blood cell that makes large amounts of antibodies

**refractory multiple myeloma:** the state in which multiple myeloma does not respond or stops responding to treatment

**relapsed multiple myeloma:** the state in which the signs and symptoms of multiple myeloma come back after a period of responding to therapy

**remission:** a decrease or disappearance of signs and symptoms of cancer

**white blood cell:** a type of blood cell that is made in the bone marrow and is part of the body's immune system

## APPENDIX

### What is multiple myeloma?

- Multiple myeloma is a blood cancer that affects a type of **white blood cell** known as a **plasma cell** in the **bone marrow**
  - Healthy plasma cells make proteins called **antibodies** that help fight infections
- Multiple myeloma leads to the buildup of abnormal plasma cells in the bone marrow, which:
  - Stop the body from making normal numbers of healthy blood cells, often causing anemia (low red blood cells)
  - Make abnormal antibodies (also called M proteins)
  - Interfere with the normal function of kidneys and affect bone health
- At this time, there is no cure for multiple myeloma, but current treatments can help people live with the disease
- Multiple myeloma treatments can significantly reduce the number of myeloma cells, but they will eventually start to grow again in most people with multiple myeloma. When this happens after treatment, we say the disease is **relapsed**
- In some people with multiple myeloma, the cancer does not respond to treatment at all
  - This is known as **refractory** multiple myeloma

