Summary of Abstract #2813 Presented at ASH 2025

Impact of Race and Socioeconomics on Access to T-Cell Engaging Therapy in US Patients With Relapsed/Refractory Multiple Myeloma

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Background

- Socioeconomic and racial disparities impact health equity among patients with RRMM[1,2]
  - Financial, geographic, and systemic barriers disproportionately affect POC and patients from socioeconomically disadvantaged backgrounds
  - This often limits their awareness of and access to treatments such as BsAb and CAR-T therapies
- Identifying and addressing these disparities may promote equitable care for all patients with RRMM

Objective

- To better understand how race and socioeconomic factors affect awareness of and access to BsAb and CAR-T therapies among patients with RRMM in the US

1. Holstein SA, et al. J Clin Oncol 2023;41:4416-4429. **2.** Banerjee R. et al. Blood Cancer J 2024;14:149.
BsAb=bispecific antibody; CAR-T=chimeric antigen receptor T cell; POC=people of color; RRMM=relapsed or refractory multiple myeloma

Methods

- A 30-minute, web-based quantitative survey was conducted across 7 countries (US, UK, France, Germany, Italy, Spain, and Japan)
  - Data from the US are presented here
- Patients were ≥18 years of age, diagnosed with MM, and experienced disease progression or ≥1 relapse
- HCPs were specialists in medical oncology, hematology/oncology, transplant surgery, or internal medicine with a subspeciality identified as medical oncology or hematology; practicing full time; and managing ≥3 patients with MM receiving 2L or later treatment in the past 12 months
- Data collection occurred between March and June 2024
- Some survey questions were curated to be comparable across both patient and HCP surveys. Other questions were tailored specifically to the unique viewpoints of each participant group
- Questions were presented in a range of formats, including multiple choice (single or multiple selection) and prioritization (ranking and rating). All questions in the survey were close-ended questions
- Data were analyzed using descriptive statistics and χ^2 tests

2L=second line; HCP=healthcare provider; MM=multiple myeloma

Patients

- The 305 US patients identified as White (n=227) or POC (n=78), which included Black/African American (n=42); Hispanic/Latino (n=24); and Asian, Pacific Islander, or Arab (n=12)
- Patients self-reported as having easy/very easy (n=92), neutral (n=117), or difficult/very difficult (n=96) financial burden; being employed (n=142) or not employed (n=163); and having ≤secondary (n=72) or >secondary (n=232) education
- More POC reported difficult/very difficult circumstances than White patients (47% vs 26%; *P*<.01)

Patient demographics	
Patients	**N=305**
Race, n (%)	
White	227 (74)
People of color	78 (26)
Black/African American	42 (14)
Hispanic/Latino	24 (8)
Asian, Pacific Islander, or Arab	12 (4)
Current line of treatment, n (%)	
2L	136 (45)
3L	106 (35)
≥4L	63 (21)
Currently in remission, n (%)[a]	133 (44)
Treated by a specialist, n (%)	167 (55)
Age <65 years, n (%)	122 (40)
Male, n (%)	204 (67)
Employed, n (%)	142 (47)
Education >secondary, n (%)	232 (76)
Has dependents, n (%)	156 (51)
Financial situation, n (%)[b]	
Easy/very easy	92 (30)
Neutral	117 (38)
Difficult/very difficult	96 (31)

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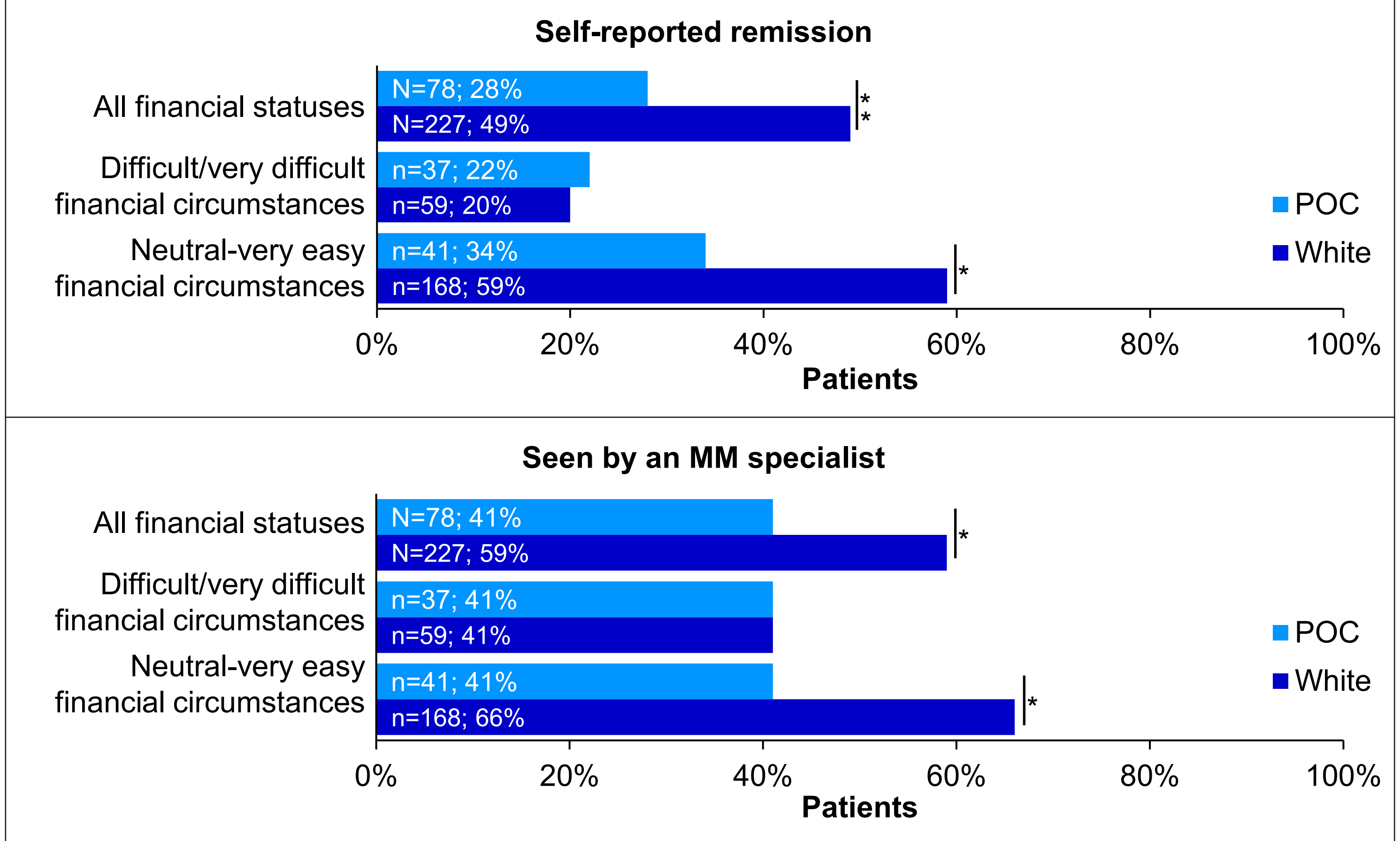
[a] Self-reported; [b] Ability to afford necessities

2L=second line; 3L=third line, ≥4L=fourth line or later; POC=people of color

Remission rates and MM specialist visits

- Fewer POC than White patients were in self-reported remission or had seen an MM specialist, even when adjusted for self-reported good financial circumstances

Remission rates[a] and MM specialist visits stratified by patients' financial circumstances[a] and race

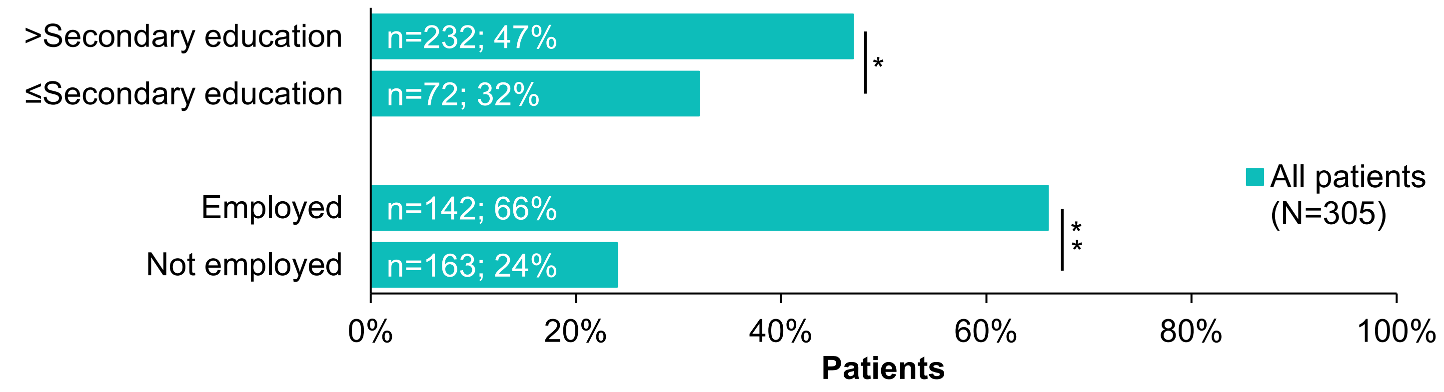


[a] Self-reported; *P<.05; ** P<.01
MM=multiple myeloma; POC=people of color

Remission and MM specialist visits

- Patients with >secondary education and those who were employed had higher stated remission rates than those with ≤secondary education and those who were not employed

Remission rates[a] stratified by education level and employment



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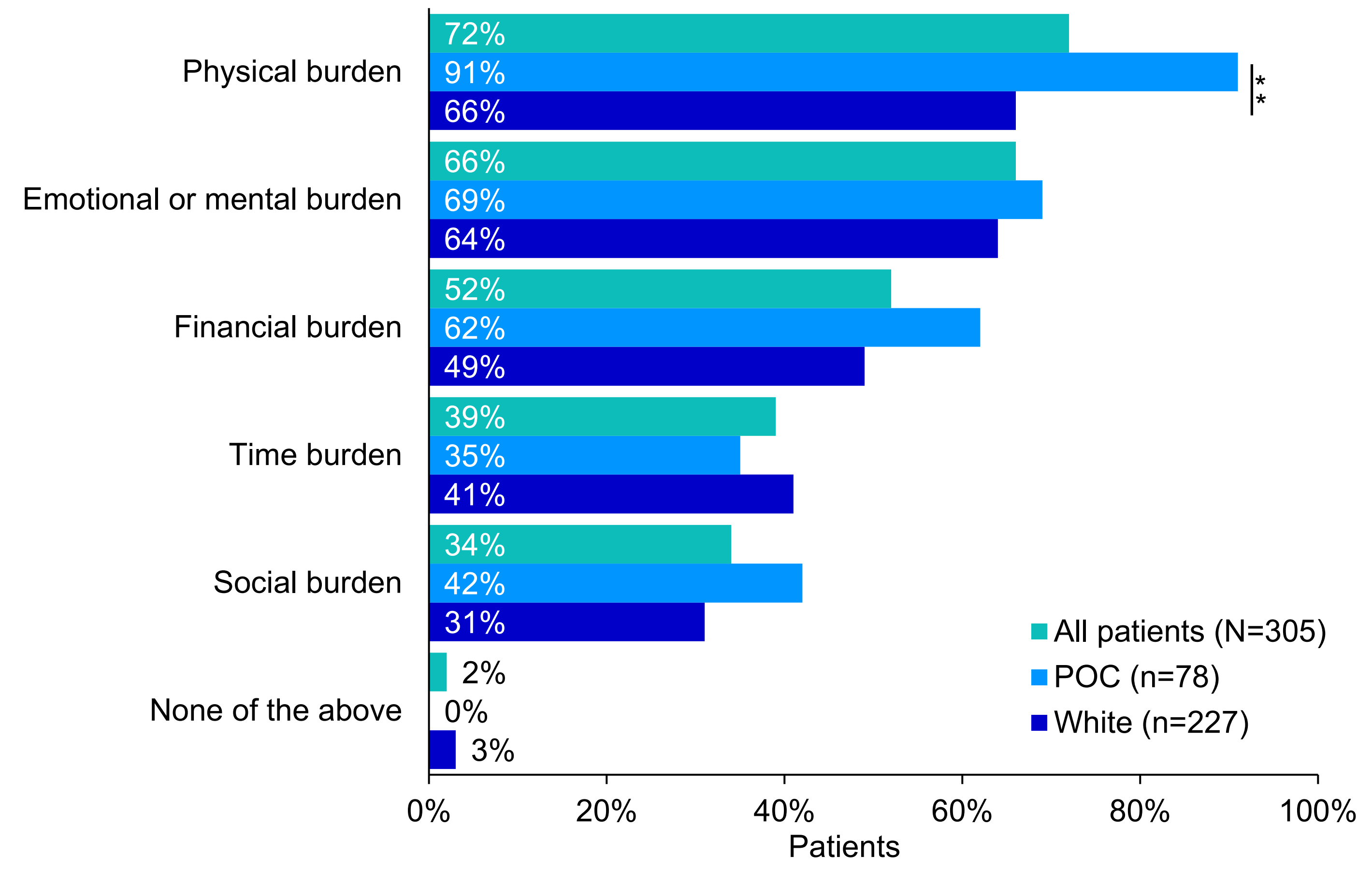
[a] Self-reported; *P<.05; ** P<.01
MM=multiple myeloma

Patient burdens

- More than half of the patients experienced physical, emotional, and financial burdens

Burdens related to MM



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Patient burdens

- Physical burden was experienced by more POC than White patients, even after adjusting for financial circumstances (90% vs 65%, *P*=.011 for POC vs White patients in neutral-very easy financial circumstances

Percentage of patients who were experiencing the following burdens related to managing their MM

		Race		Employment		Education		Financial burden			US race and financial burden			
	US	White	POC	Employed	Not employed	≤Secondary	>Secondary	Easy/very easy	Neutral	Difficult/very difficult	White patients with neutral-very easy financial burden	White patients with difficult/very difficult financial burden	POC with neutral-very easy financial burden	POC with difficult/very difficult financial burden
	N=305	**n=227**	**n=78**	**n=142**	**n=163**	**n=72**	**n=232**	**n=92**	**n=117**	**n=96**	**n=168**	**n=59**	**n=41**	**n=37**
Physical burden (such as pain, fatigue, discomfort, mobility, poor sleep, etc)	72%	66%	91%[a]	70%	74%	74%	72%	62%	77%	76%	65%	66%	90%[b,c]	92%[d,e]
Emotional or mental burden (such as anxiety, loss of appetite, depression, hopelessness, decreased self-esteem, hair loss)	66%	64%	69%	70%	61%	64%	66%	67%	66%	64%	65%	61%	71%	68%
Financial burden (such as payment for treatment or other care, loss of income)	52%	49%	62%	45%	59%[f]	60%	50%	38%	47%	73%[g,h]	43%	66%[i]	41%	84%[d,j]
Time burden (such as time commitment for treatments, travel to appointments, or other time spent receiving care)	39%	41%	35%	44%	34%	39%	39%	40%	34%	44%	39%	46%	29%	41%
Social burden (such as strain on relationships, isolation, loss of sexual drive or libido)	34%	31%	42%	38%	30%	36%	33%	37%	35%	29%	34%	22%	44%	41%
None of the above	2%	3%	0%	1%	4%	4%	2%	5%	2%	0%	4%	0%	0%	0%

[a] *P*<.01 compared with White patients; [b] *P*=.011 compared with White patients with neutral-very easy financial burden; [c] *P*=.033 compared with White patients with difficult/very difficult financial burden; [d] *P*<.01 compared with White patients with neutral-very easy financial burden; [e] *P*=.024 compared with White patients with difficult/very difficult financial burden; [f] *P*=0.048 compared with employed patients; [g] *P*<.01 compared with easy/very easy; [h] *P*<.01 compared with neutral; [i] *P*=.017 compared with White patients with neutral-very easy financial burden; [j] *P*<.01 compared with POC with neutral-very easy financial burden

MM=multiple myeloma; POC=people of color

Treatment expectations

- POC and patients with difficult financial circumstances perceived their treatment as less effective than expected across a range of measures, notably the impact on emotional and mental health, quality of life, side effects, impact of treatment schedule on everyday life, and cost of treatment

Percentage of patients who reported that the reality of their most recent/ongoing MM treatment did not meet their expectations

		Race		Employment		Education		Financial burden			US race and financial burden			
	US	White	POC	Employed	Not employed	≤Secondary	>Secondary	Easy/very Easy	Neutral	Difficult/very difficult	White patients with neutral-very easy financial burden	White patients with difficult/very difficult financial burden	POC with neutral-very easy financial burden	POC with difficult/very difficult financial burden
	N=305	**n=227**	**n=78**	**n=142**	**n=163**	**n=72**	**n=232**	**n=92**	**n=117**	**n=96**	**n=168**	**n=59**	**n=41**	**n=37**
How difficult or manageable side effects were	47%	41%	64%[a]	32%	59%[b]	58%[c]	43%	24%	41%[d]	75%[e,f]	30%	69%[g]	46%	84%[g,h]
Impact on my emotional or mental health	46%	39%	65%[a]	31%	59%[b]	61%[i]	42%	20%	42%[e]	76%[e,f]	27%	73%[g]	51%[j]	81%[g,k]
Overall impact on my everyday life	39%	31%	62%[a]	24%	52%[b]	52%[i]	35%	12%	41%[e]	61%[e,f]	22%	56%[g]	54%[g]	70%[g]
Impact of treatment schedule on my day-to-day life	38%	30%	62%[a]	22%	53%[b]	56%	33%	13%	36%[e]	66%[e,f]	19%	63%[g]	54%[g]	70%[g]
Costs related to the treatment (including indirect costs such as missed work)	37%	31%	55%[a]	27%	47%[b]	61%[i]	30%	8%	33%[e]	71%[e,f]	20%	64%[g,h]	32%	81%[g,h]
How well the treatment worked	36%	28%	56%[a]	21%	48%[b]	49%[i]	32%	11%	38%[e]	56%[e,f]	20%	51%[g]	49%[g]	65%[g]
Impact on my care partner/carer and/or loved ones	34%	27%	53%[a]	21%	44%[b]	51%[i]	28%	13%	31%[l]	55%[e,f]	20%	46%[g]	37%	70%[g,h]
Amount of time spent in a hospital or treatment center	34%	30%	47%[m]	23%	44%[b]	43%	31%	10%	39%[e]	51%[e]	21%	53%[g]	46%[n]	49%[g]
Travel time and schedule required of the treatment	33%	27%	51%[a]	21%	44%[b]	42%	31%	10%	34%[e]	55%[e,f]	17%	56%[g]	49%[g]	54%[g]
Communication with health care providers like doctors and nurses	16%	12%	27%[o]	11%	20%	21%	14%	1%	21%[e]	24%[e]	8%	24%[g]	29%[g]	24%

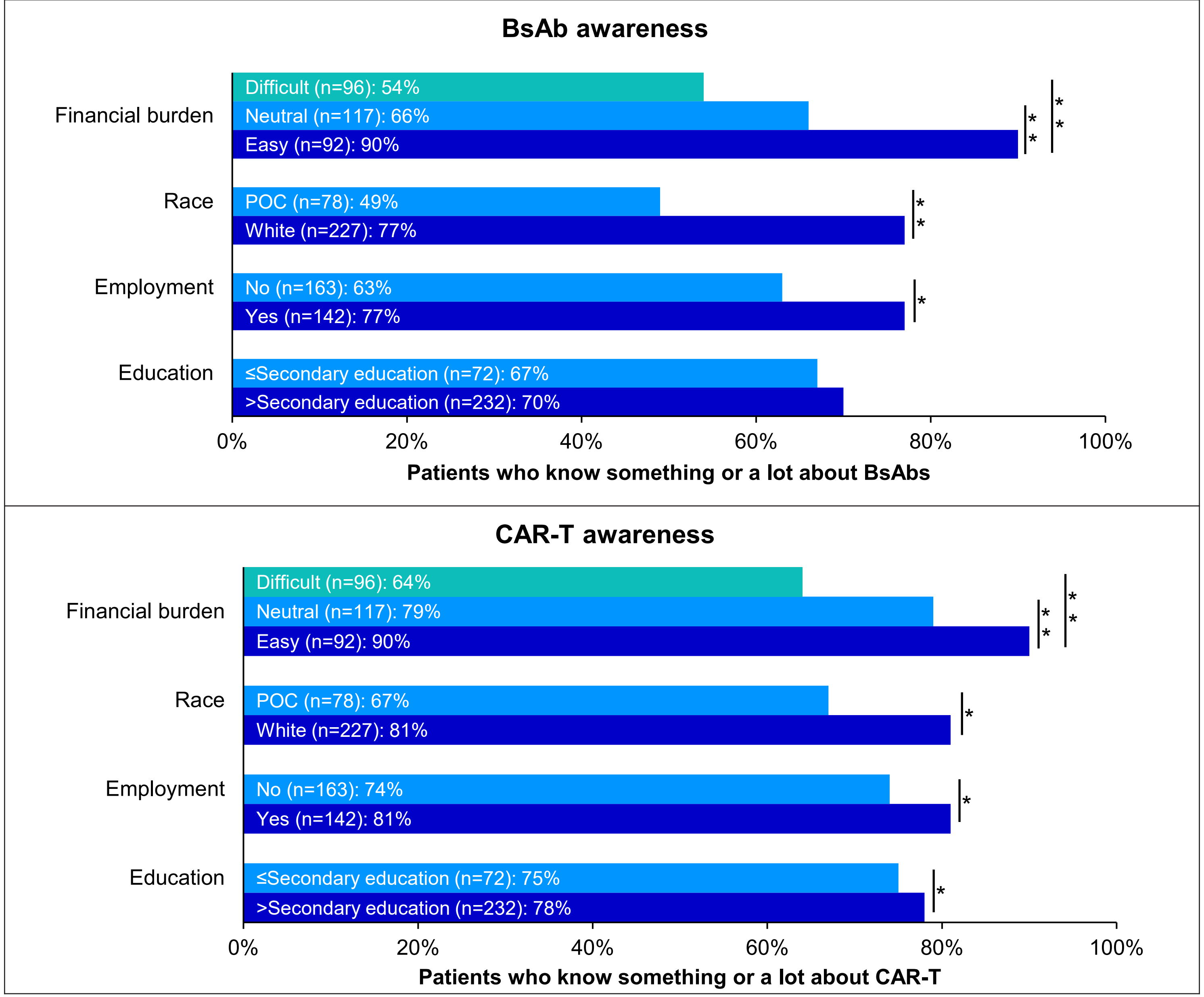
[a] *P*<.01 compared with White patients; [b] *P*<.01 compared with employed patients; [c] *P*=.24 compared with >secondary education; [d] *P*=.023 compared with easy/very easy; [e] *P*<.01 compared with easy/very easy; [f] *P*<.01 compared with neutral; [g] *P*<.01 compared with White patients with neutral-very easy financial burden; [h] *P*<.01 compared with POC with neutral-very easy financial burden; [i] *P*<.01 compared with >secondary education; [j] *P*=.014 compared with White patients with neutral-very easy financial burden; [k] *P*=.022 compared with POC with neutral-very easy financial burden; [l] *P*=.015 compared with easy/very easy; [m] *P*=.023 compared with White patients; [n] *P*=.011 compared with White patients with neutral-very easy financial burden; [o] *P*=.011 compared with White patients

MM=multiple myeloma; POC=people of color

Awareness of BsAb and CAR-T therapies

- Awareness of BsAb and CAR-T therapies was lower among patients in difficult financial circumstances vs easy financial circumstances, in POC vs White patients, not employed vs employed patients, and those with ≤secondary education vs >secondary education

BsAbs and CAR-T awareness among patients

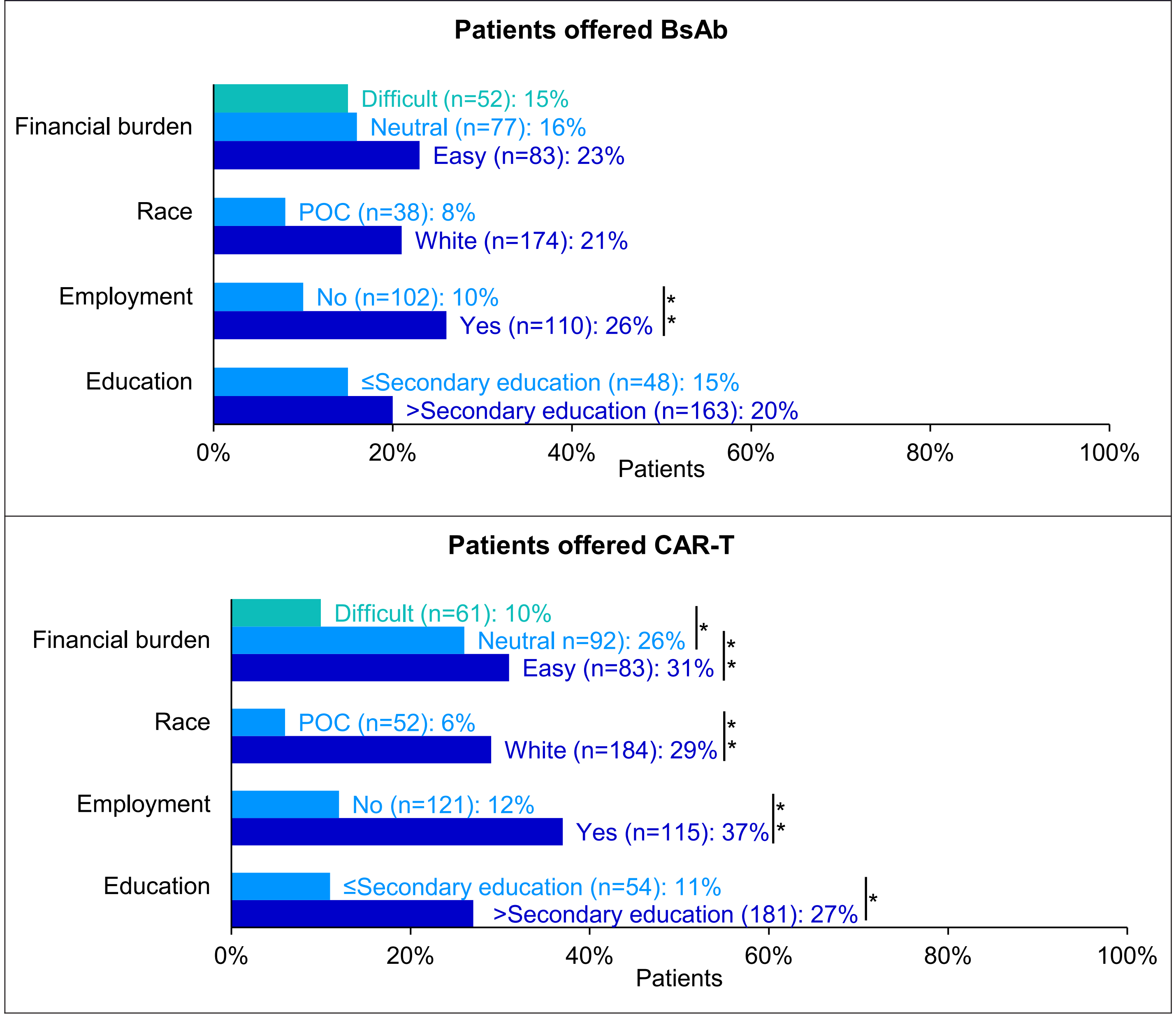


**P*<.05; ** *P*<.01
BsAb=bispecific antibody; CAR-T=chimeric antigen receptor T cell; POC=people of color

BsAb and CAR-T therapies offered to patients

- Among patients aware of BsAbs, 18% reported that the treatment was offered by their physician. More employed vs not employed patients were offered BsAbs. There were non-statistically significant differences in the other categories
- Among patients aware of CAR-T therapy, 24% reported that the treatment was offered by their physician. Fewer POC than White patients were offered CAR-T, even after adjusting for financial status (10% vs 32%, *P*=.04 for patients with good finances)
- Overall, fewer POC reported receiving CAR-T than White patients (1.3% vs 10.7%, *P*=.03). More employed patients than not employed patients received CAR-T (15.2% vs 2.5%, *P*<.01) and BsAb (23.5% vs 4.4%, *P*<.01)

BsAbs and CAR-T offered to patients who were aware of these therapies



P<.05; ** *P*<.01
BsAb=bispecific antibody; CAR-T=chimeric antigen receptor T cell;
POC=people of color

Conclusions

- POC and patients in poorer socioeconomic circumstances had less awareness of and access to BsAb and CAR-T therapies, consistent with existing health equity inequalities[1]
- To address these disparities, partnering with trusted messengers and patient advocacy groups supporting Black, Hispanic, and Asian patients and those with socioeconomic hardships can:
  - Enhance healthcare infrastructure
  - Support initiatives to help patients navigate advanced treatment options
  - Develop patient- and HCP-targeted education
- These strategies can help ensure that all patients with MM receive optimal care, regardless of race or socioeconomic status

1. Chen AM. Int J Equity Health 2025;24:39.
BsAb=bispecific antibody; CAR-T=chimeric antigen receptor T cell; HCP=healthcare provider; MM=multiple myeloma; POC=people of color

Acknowledgments

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