What factors influence bispecific antibody treatment decisions among people with relapsed or refractory multiple myeloma in the US and European countries?

The full title of this abstract is: Factors Influencing Patient Treatment Selection Among Bispecific Antibodies for Relapsed/Refractory Multiple Myeloma (RRMM): A Mixed Methods Study

VIEW ABSTRACT

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📅 **Date of summary: November 2025**

Please note this summary only contains information from the scientific abstract. See a summary of the final poster presentation **here**.

KEY TAKEAWAY

What are the key takeaways from this study?

- Factors that influenced bispecific antibody treatment decisions in people with **multiple myeloma** included overall survival, disease control and remission, symptom relief, ability to perform daily activities, and becoming treatment-free for as long as possible
- People with **multiple myeloma** prioritized treatment effectiveness over the risk of toxic side effects

INTRODUCTION
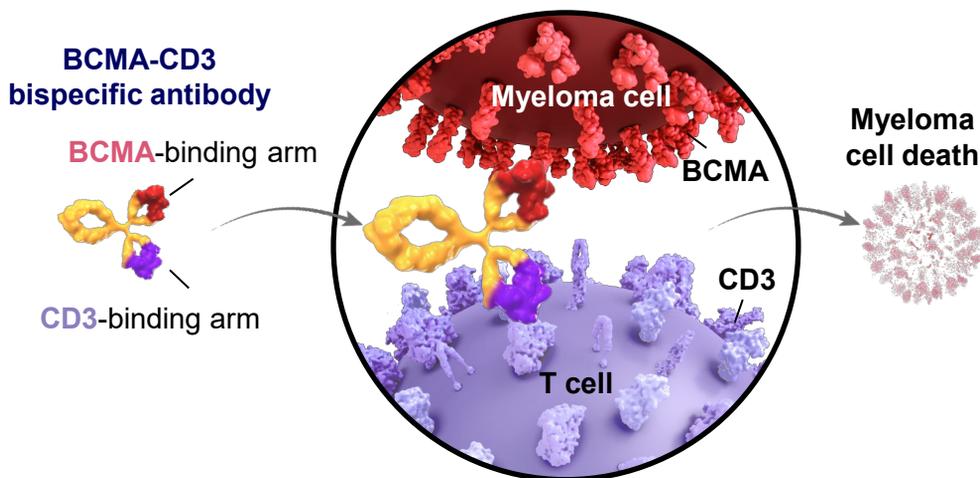
What is multiple myeloma?

- 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 a buildup of abnormal plasma cells in the bone marrow, which:
  - Stop the body from making normal numbers of healthy blood cells, which often causes anemia (low red blood cells)
  - Make abnormal antibodies (also called **M proteins**)
  - Interfere with normal kidney function and affect bone health

Healthy plasma cells → Abnormal plasma cells
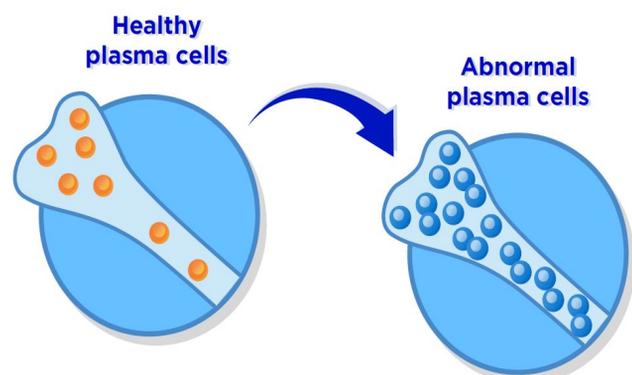
- At this time, there is no cure for multiple myeloma, but current treatments can help people live with the disease
- For some people, a treatment can stop myeloma growth for a while, but eventually it will start to grow again. When this happens, we say the disease has **relapsed** after treatment
- In some people with multiple myeloma, the cancer does not respond to treatment at all
  - This is known as **refractory** multiple myeloma

What are bispecific antibodies?

- **Bispecific antibodies** are made in a laboratory and are being studied as a treatment for cancer. They are a type of antibody that binds to 2 different target proteins
- Regulatory agencies in the US and Europe have approved the use of several bispecific antibodies to treat myeloma in adult patients if they meet certain criteria
  - Some examples include **elranatamab**, **linvoseltamab**, and **teclistamab**, all of which target **BCMA** and **CD3**
    - BCMA is found on plasma cells, including myeloma cells
    - CD3 is found on white blood cells called **T cells**

The binding of the bispecific antibody to BCMA on myeloma cells and CD3 on T cells helps activate T cells to kill myeloma cells

What does this summary describe?

- This summary explains how people with multiple myeloma prioritize attributes or outcomes associated with bispecific antibody treatment and what factors influence their treatment decisions

Researchers wanted to find out…
- **What factors influence treatment decisions about bispecific antibodies for people with multiple myeloma?**
- **What attributes or outcomes of bispecific antibody treatment do people with multiple myeloma prioritize?**

Who took part in this study?

35 people with multiple myeloma from the US, UK, France, Germany, Italy, and Spain (5 people from each country) who had completed 1 or more prior lines of treatment

One-on-one virtual interviews were conducted from January 2025 to May 2025. Participants were asked open-ended questions about the factors that influenced treatment decisions

How were treatment factors and priorities measured?

Treatment administration

Treatment effectiveness

Treatment side effects

- Participants were asked to rate the meaningfulness of factors related to treatment **administration**, **effectiveness**, and **side effects**

- Participants were asked to select the **most meaningful** and the **least meaningful** attribute in these categories, reflecting their priority

1 2 3 4 5 6 7

Least meaningful

Most meaningful

- Meaningfulness was based on a scale from 1 (least meaningful) to 7 (most meaningful)

What were the results of this study?

The **average age** of people who participated in the study was **56 years**; the age range was 29 to 77 years

57%

of the participants were **female**

57%

of the participants received **3 or more** lines of therapy

Treatment administration

- The 3 attributes of treatment administration that were **most often identified as the single most meaningful** were:

  – **Dosing schedule**

  – **Mode of administration (or how the treatment is given)**

  – **Hospital stay at the beginning of treatment**

Treatment effectiveness

- **Overall survival** had the **highest** average meaningfulness rating of **6.6**

3 4 5

2 6

1 7

Least meaningful

Most meaningful

- The 3 attributes of treatment effectiveness that were **most often identified as the single most meaningful** were:

  – **Chance of complete response** (multiple myeloma is not detected in blood or urine after treatment)

  – **Duration of response**

  – **Chance of any type of response** (less multiple myeloma is detected in blood or urine after treatment)

What were the results of this study?

Treatment side effects

- **Risk of skin-related side effects** and **increased risk of severe infections (grade 3 or 4)** both had the **highest** average meaningfulness rating of **6.2**

- The 3 attributes of treatment side effects **most often identified as the single most meaningful** were:

  – **Increased risk of severe infections (grade 3 or 4)**

  – **Increased risk of immune effector cell-associated neurotoxicity syndrome (ICANS)**

  – **Increased risk of dysgeusia (or a bad taste in the mouth)**

What were the main conclusions of this study?

- One-on-one virtual interviews with people with multiple myeloma about the **administration**, **effectiveness**, and **side effects** of bispecific antibody therapy showed that the following were the most meaningful attributes that influenced their treatment decisions:
  – Dosing schedule, mode of administration, and hospital stay at the beginning of treatment
  – Overall survival, duration of response, and chance of complete or any response
  – Risks of infections, ICANS, and quality of life-related side effects, such as loss of taste and skin-related side effects

Who sponsored the study?

This study was sponsored by Pfizer Inc.

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The sponsor thanks everyone who took part in this study.

- 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 on the results of a single study

Where can I find more information?

For more information on this study, please visit:

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Find out how to say medical terms used in this summary

Antibody
<AN-tee-BAH-dee>

Refractory
<reh-FRAK-tor-ee>

Dysgeusia
<dis-GOO-zee-uh>

Relapsed
<REE-lapst>

Myeloma
<MY-eh-LOH-muh>

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

BCMA: B-cell maturation antigen. A protein found on the surface of myeloma cells

bispecific antibody: an antibody created in a laboratory and being studied as a treatment of cancer; they binds to 2 different target proteins

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

CD3: a protein on the surface of bone marrow and blood cells that plays a key role in the immune system's response

dysgeusia: a bad taste in the mouth

immune effector cell-associated neurotoxicity syndrome: damage to the nervous system related to bispecific antibody therapies, which can lead to mild or life-threatening symptoms

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

line of therapy: the order in which different therapies are given to people as their cancer gets worse. First-line therapy is the first cancer treatment a person receives. A person with 4 prior lines of therapy has received more treatments than a person with 2 prior lines of therapy

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

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

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 reappear after a period of responding to therapy

T cell: a type of immune cell. T cells are part of the immune system and develop from stem cells in the bone marrow. They help protect the body from infection and may help fight cancer