

Summary of Abstract #2631 Presented at ASH 2025

Factors Influencing Patient Treatment Selection Among Bispecific Antibodies for Relapsed/Refractory Multiple Myeloma (RRMM): A Mixed Methods Study

Thomas W LeBlanc,¹ Rakesh Popat,² C Todd Kennedy,³ Josh Coulter,⁴ Lewis Koppenhafer,⁵ William You,⁵ Kathleen Beusterien,⁵ David Hughes,⁶ Guido Nador,⁷ Joseph C Cappelleri,⁸ Marco DiBonaventura,⁴ Mohsena Sumaya,⁴ Patrick Hlavacek⁴

¹Division of Hematologic Malignancies and Cellular Therapy, Department of Medicine, Duke University School of Medicine, Durham, NC; ²Hematology, University College London Hospitals NHS Foundation Trust, London, UK; ³Independent patient and research advocate, Coto de Caza, CA; ⁴Pfizer Inc, New York, NY; ⁵Oracle Life Sciences, Austin, TX; ⁶Pfizer Inc, Cambridge, MA; ⁷Pfizer Ltd, Surrey UK; ⁸Pfizer Inc, Groton, CT



Background

- Novel immunotherapies such as BsAbs are rapidly changing the treatment landscape for RRMM, with improved outcomes for patients
- As these treatments vary in efficacy, toxicity, dosing, and mode of administration, it is important to better understand how patients view such differences, and which factors they prioritize when selecting treatment

Objectives

- This study aimed to identify factors that influence treatment decisions among patients with RRMM in the US and 5 European countries and how they prioritize attributes or outcomes associated with BsAbs

Methods

- From January to May 2025, one-on-one virtual interviews were conducted with patients who self-reported a diagnosis of MM and completed ≥ 1 LOTs in the US, UK, France, Germany, Italy, and Spain
- Open-ended questions were asked about factors that influence treatment decisions
- Patients were then asked to rate the meaningfulness of differences between the highest and lowest level of each attribute related to administration, efficacy, and adverse events on a scale of 1 to 7 (1=least meaningful, 7=most meaningful)
- The attributes and levels were informed by clinical data available for elranatamab, linvoseltamab, talquetamab, and teclistamab
- Finally, patients were asked to select the most and least meaningful attribute per category (administration, efficacy, and adverse events)
- Attribute wording was revised throughout the interview process in response to feedback

Patient characteristics

- Thirty patients (5 per country) with a mean age of 56 years (range: 29-77) participated
 - 57% had ≥ 3 LOTs

Characteristic	N=30
Sex, n (%)	
Female	17 (56.7)
Male	13 (43.3)
Age group, n (%)	
25-34 years	1 (3.3)
35-44 years	5 (16.7)
45-54 years	7 (23.3)
55-64 years	8 (26.7)
65+ years	9 (30.0)
Lines of MM therapy completed, n (%)	
1	1 (3.3)
2	12 (40.0)
3	7 (23.3)
4 or more	10 (33.3)
RRMM (self-reported)	
Relapsed MM	26 (86.7)
Refractory MM	20 (66.7)
Respondents per country (US, UK, France, Germany, Italy, Spain)	5

Treatment decision-making factors

- When asked open-ended questions about factors influencing treatment decision-making, most patients provided, spontaneous responses that mentioned efficacy in some form
- Efficacy was described as achieving a “response” and “remission,” “that it works,” “good response,” keeping the “disease under control,” “stop relapses,” and a “long treatment-free interval”
- Patients generally prioritized efficacy over toxicity risk:
 - *“There are necessarily trade-offs, and these are the adverse events. We accept it.” (FR03)*
 - *“I’m much more interested in the results than the side effects.” (US05)*
 - *“There is a risk with strong medication, and you just need to weigh up the benefit.” (DE02)*

Factors Influencing Treatment Decision-Making	N=30
Efficacy, n (%)	27 (90.0)
Treatment response	13 (43.3)
Remission/cured	8 (26.7)
Stop progression/stop relapses/keep disease under control	7 (23.3)
Become treatment free	6 (20.0)
Survival	4 (13.3)
Chance of success based on trial data	3 (10.0)
Quality of Life, n (%)	12 (40.0)
Active life/independence	6 (20.0)
Pain-free/not suffer	4 (13.3)
Not be in the hospital	3 (10.0)
Able to do activities with family and friends	2 (6.7)
Doctor recommendation/trust in doctor, n (%)	8 (26.7)
Side effects, n (%)	4 (13.3)
Patient research / Patient testimony, n (%)	3 (10.0)
Keeping options available for further treatment lines, n (%)	2 (6.7)

Coded open-ended responses to the questions, “What is important when making treatment decisions?” and “What are treatment goals?” Mentions made by ≥1 respondent are shown in table. Respondents may have mentioned ≥1 factor.

Efficacy attributes

- Among 5 efficacy attributes reviewed, “people live for ___” had the highest mean meaningfulness rating of 6.6 out of 7
- When asked to identify the most meaningful efficacy attribute among the 5 options, the 3 efficacy attributes most often identified were related to response (n=24): duration of response, chance of complete response, or chance of any type of response

Efficacy Attributes Reviewed			Efficacy Attributes Ratings			
Attribute wording	Lowest level	Highest level	% Least meaningful	% Most meaningful		Mean Rating
Cancer does not get worse for _____	11 months	2 years and 3 months	12%	44%		6
People live for _____	1 year and 10 months	3 years	15%	30%		6.5
For _____ people, cancer responds to treatment (any type of response, such as partial or complete response)	61 out of 100	74 out of 100	19%	15%		5.6
For those who respond to treatment, response lasts for _____	1 year and 8 months	3 years and 7 months	19%	7%		6.6
For _____ people, there is no evidence of cancer while the treatment is ongoing (complete response)	33 out of 100	50 out of 100	35%	4%		6.5

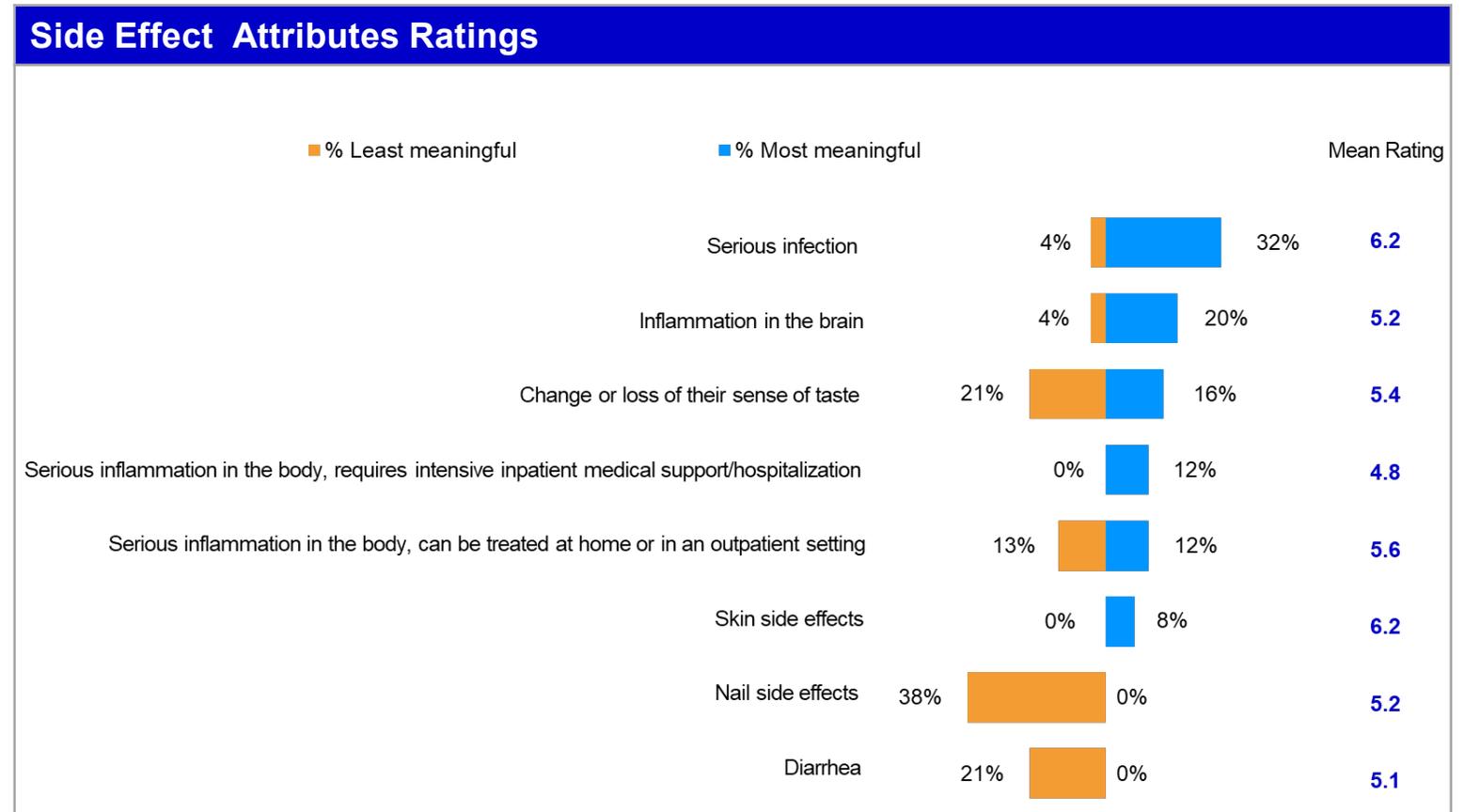
Rating scale: 1=least meaningful, 7=most meaningful. Mean rating: n=30. Most meaningful: n=27. Least meaningful: n=26.

Side effect attributes

Side Effect Attributes Reviewed		
Attribute wording	Lowest level	Highest level
___ people experience inflammation in the body (similar to having the flu with symptoms like fever, chills, nausea, tiredness, shortness of breath, dizziness, etc.) that can be treated at home or in an outpatient setting and which lasts an average of 2 days	46 out of 100	75 out of 100
___ people experience serious inflammation in the body (similar to having the flu) that requires intensive inpatient medical support or hospitalization and lasts an average of 2 days	0 out of 100	2 out of 100
___ people experience inflammation in the brain that can cause headaches, mild confusion, difficulty writing, weakness, hallucinations, seizures, or drowsiness. This lasts an average of 2 days	3 out of 100	9 out of 100
___ people experience change or loss of their sense of taste. This lasts an average 43 days or longer.	0 out of 100	76 out of 100
_____ people experience skin side effects like rash, acne, scaly skin, red itchy bumps, swelling, or blisters	0 out of 100	73 out of 100
_____ people have nails that turn dark, become brittle, crack or pit, and/or fall off	0 out of 100	59 out of 100
_____ people experience serious infection (such as bacterial infection, respiratory tract infection, etc.), that requires medical intervention or hospitalization	17 out of 100	55 out of 100
_____ people experience diarrhea	23 out of 100	36 out of 100

Side effect attributes ratings

- Among the 8 side effects attributes reviewed, increased risk of grade serious infections was most often identified as most meaningful (n=8), followed by increased risk of inflammation in the brain (n=5) and of change or loss of sense of taste (n=4)
- Increased risk of skin-related side effects had the same mean meaningfulness rating as increased risk of serious infections (6.2 out of 7)



Administration attributes

- Among the 4 administration attributes reviewed, dosing schedule after initial starting doses (n=10), mode of administration (n=8), and hospital stay at the beginning of treatment (n=6) were most often ranked as the most meaningful

Administration Attributes Reviewed			Administration Attributes Ratings			
Attribute wording/topic	Lowest level	Highest level			Mean Rating	
To begin treatment, stay in the hospital for __	2 days within a 9-day period	9-12 days in a row	20%	40%	6.1	
Begin treatment with __ (initial dosing)	2 doses with 7 days between each dose	4 doses , with 2 days between each dose				
(Mode of administration)	Subcutaneous injection under your skin, usually in the stomach area (abdomen) or thigh, given by a healthcare provider	IV (intravenous) infusion in the arm which can take 30 minutes to 4 hours, given by a healthcare provider	24%	32%	5.9	
After initial starting doses, receive treatment __	once every week	once every 4 weeks	28%	24%	5.4	
			28%	4%	5.1	

Rating scale: 1=least meaningful, 7=most meaningful. Mean rating: n=30. Most meaningful: n=25. Least meaningful: n=25.

Conclusions

- This multi-country mixed methods study provides valuable information on what matters to patients when choosing BsAbs for RRMM. Recognizing these preferences allows clinicians to better align treatment plans with patient values and priorities, leading to improved patient outcomes
- The substantial variability of preferences highlights the need for a large-scale quantitative study to systematically quantify patients' preferences and the trade-offs they are willing to make among key attributes of BsAbs. Such a study should include attributes that balance key differences among the treatment set that are meaningful to patients
- Average meaningfulness ratings were similar across most attributes rated. However, the attribute with the highest average rating within a category often differed from the attribute most frequently rated as “most meaningful”; this was especially the case for side effects
- A patient preference study focusing on BsAbs for treatment of RRMM should include attributes related to mode of administration, dosing schedule, survival, response rate, serious side effects like inflammation in the brain and serious infections, and quality of life–related side effects such as loss of taste and skin-related side effects

Acknowledgments

- The study was sponsored by Pfizer. Editorial support was provided by Nucleus Global and was funded by Pfizer. TWL is a Scholar in Clinical Research of Blood Cancer United.



Abstract Plain Language Summary and Supplementary Materials

Please scan this quick response (QR) code with your smartphone app to view additional information for this poster. If you do not have a smartphone, you may access this material via the internet at <https://scientificpubs.congressposter.com/p/ry4ywlh974birxzf>. Due to ASH restrictions, an electronic version of this poster is not available via this QR code. To request an electronic version of this poster, please contact Pfizer Medical Information (<https://www.pfizermedicalinformation.com/>). To ask questions about this poster, please contact Thomas W Leblanc, Thomas.leblanc@duke.edu.