

Are treatment goals and expectations different in people receiving care for their multiple myeloma in different settings?

The full title of this abstract is: Differences in Treatment Goals and Expectations Among Patients With Relapsed/Refractory Multiple Myeloma Treated in Academic vs Community Settings

[VIEW ABSTRACT](#)

View Scientific Abstract



Date of summary:
September 2025

Please note this summary only contains
information from the scientific abstract

KEY TAKEAWAY

What are the key takeaways from this study?

- People with multiple myeloma who received care in an academic or community setting picked different things that mattered most to them when choosing a treatment
- In both settings, the most common goals were keeping their multiple myeloma from getting worse and managing the side effects of treatment
 - People treated in academic settings placed more importance on living longer to reach important milestones than people in community settings
 - The ability to do everyday things comfortably and to limit costs were more important to people treated in community settings than to people in academic settings. People treated in community settings also did not want to switch where they were getting their care
- People should work with their doctors and feel free to talk about what they want when choosing a treatment as this can make them feel better about their care, regardless of where they are treated

INTRODUCTION

What is multiple myeloma?

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

Where can people be treated for multiple myeloma?

- In this study we looked at people who were treated for multiple myeloma in an academic or a community setting
 - We defined an academic setting as a hospital that is linked to a university or a stand-alone cancer center
 - We defined a community setting as anywhere else a person got treated (for example, a private practice cancer doctor)

What does this summary describe?

- This summary explains the results of a global survey on how what people want from their treatment may be different for people with multiple myeloma who are treated in different settings (academic or community)

Researchers wanted to find out...

- What is important to people with multiple myeloma when choosing a treatment?
- Is there a difference in the goals of people with multiple myeloma who are treated in different settings (academic or community)?



STUDY DETAILS

Who took part in this study?

**30-minute**

web-based surveys were given to participants in 7 countries

France



Germany



Italy



Japan



Spain



United Kingdom



United States



People with relapsed or refractory multiple myeloma (RRMM)

776 people were treated in academic settings

405 people were treated in community settings

What were the results of this study?

Top treatment goals of people with RRMM treated in an academic or community setting

Academic settings

Community settings

People in **both settings** felt that keeping their multiple myeloma from getting worse and limiting side effects were 2 of their most important treatment goals



Slowing or controlling their multiple myeloma



Managing treatment-related side effects



More people treated in **academic settings** said that living longer to reach milestones was a top treatment goal, while more people in **community settings** said that being able to perform everyday activities comfortably and limiting costs were top goals



Ability to live longer to reach milestones



Ability to perform everyday activities comfortably



Limiting treatment-related costs





Academic settings



Community settings

Convenience as a treatment priority

Convenience was a **top 3 goal** for some people in **both settings**.
Convenience is how treatment is administered as well as the time needed for travel, receiving treatment, and follow-up visits



Convenience



People treated in **community settings** rated the convenience of not having to switch healthcare teams as a higher priority than people in **academic settings**



Avoiding switching
healthcare teams



Discussions about new treatments

People in **both settings** had similar topics they would find most helpful to talk about with their doctors



Improving quality
of life



Relieving symptoms



Achieving remission

More people in **community settings** wanted to know the science behind how a treatment works than people in **academic settings**



Understanding the
science behind
how a treatment
works



CONCLUSIONS

What were the main conclusions of this study?

- People with multiple myeloma who were given care in an academic or community setting picked different things that mattered most to them when choosing a treatment
- People should have open discussions with their doctors about their treatment goals to make them feel better about their care, regardless of where they are treated

MORE INFORMATION

Who sponsored the study?

This study was sponsored by Pfizer Inc.

Pfizer Inc.

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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 >

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>

GLOSSARY

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

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 reappear after a period of responding to therapy

remission: a decrease in 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 cell count)
 - 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 patients. 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

