PA-484

Differences in Treatment Goals and Expectations Among Patients With Relapsed/Refractory Multiple Myeloma Treated in Academic vs Community Settings

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Objectives

To investigate differences in treatment goals, expectations, and experiences among patients treated in academic vs community settings

Conclusions

- These findings highlight the need for targeted patient-centered strategies to address distinct patient goals, expectations, and priorities in different settings
  - Patients in both settings had similar top treatment goals, but there were differences in priorities for other goals
- With patients in community settings wanting to avoid switching care teams while maintaining their ability to perform daily activities and limiting treatment costs, it is important for HCPs to consider treatments that enable their continuity of care in the community setting
- Discussions between patients and HCPs should be encouraged to set realistic expectations and to nurture shared decision-making
- Addressing these gaps could optimize goal alignment between HCPs and patients and further enhance treatment satisfaction in the setting where patients opt to receive care

Electronic Poster and Supplementary Materials
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Background

- The multiple myeloma (MM) treatment landscape is evolving and becoming more complex to navigate, which leads to challenging treatment decisions for healthcare providers (HCPs) and their patients[1-3]
- Understanding a patient's goals and how well a treatment aligns with their expectations has thus become integral to care[3-5]
- Since clinical resources and experience may vary, patients treated in academic vs community settings may have different treatment goals and expectations

Methods

- The study used a 30-minute, web-based quantitative survey sent between March and June 2024 to 1301 patients with relapsed or refractory MM (RRMM) across 7 countries (US, UK, France, Germany, Italy, Spain, and Japan)
  - Inclusion criteria: ≥18 years of age; diagnosed with MM, with disease progression or ≥1 relapse
- Academic settings were defined as hospitals associated with a university and stand-alone cancer centers
  - All others were categorized as part of the community setting
- 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 closed-ended questions
- Data were analyzed using descriptive statistics and χ^2 tests

Results

PATIENTS

- Of the 1301 patients surveyed, 1181 were able to be classified by treatment setting; patient demographics were similar between the groups (**Table 1**)

Table 1. Patient demographics

		Total N=1181	Academic n=776	Community n=405
Country, n (%)	US	280 (24)	187 (24)	93 (23)
	Japan	116 (10)	76 (10)	40 (10)
	France	234 (20)	154 (20)	80 20)
	Germany	193 (16)	115 (15)	78 (19)
	Italy	147 (12)	102 (13)	45 (11)
	Spain	95 (8)	64 (8)	31 (8)
	United Kingdom	116 (10)	78 (10)	38 (9)
Line of treatment, n (%)	2L	501 (42)	334 (43)	167 (41)
	3L	431 (36)	280 (36)	151 (37)
	≥4L	249 (21)	162 (21)	87 (21)
Age, n (%)	<65 years	404 (34)	276 (36)	128 (32)
	≥65 years	777 (66)	500 (64)	277 (68)
Sex, n (%)	Male	747 (63)	512 (66)[a]	235 (58)
	Female	433 (37)	263 (34)	170 (42)[b]
	Other	1 (<1)	1 (<1)	0
Employment status, n (%)	Employed	460 (39)	309 (40)	151 (37)
Financial situation, n (%)	Easy/very easy	291 (25)	195 (25)	96 (24)
	Neutral	496 (42)	349 (45)[c]	147 (36)
	Difficult/very difficult	394 (33)	232 (30)	162 (40)[d]
Received CAR-T or BsAb, n/N (%)[e]		100/1065 (9)	70/698 (10)	30/367 (7)

[a]P=.021 compared with community; [b]P=.019 compared with academic; [c]P=.012 compared with community; [d]P<.01 compared with academic; [e]not asked in United Kingdom
2L=second line; 3L=third line; ≥4L=fourth line and later; BsAb=bispecific antibody; CAR-T=chimeric antigen T cell receptor

TREATMENT GOALS

- Limiting disease progression and treatment-related side effects were most important in both patient cohorts (**Figure 1**)
  - Patients in academic settings placed a higher importance on living longer to reach milestones than patients in community settings (41% vs 34%, P=.03)
  - For patients in community settings, the ability to carry out everyday activities comfortably (40% vs 31%, P<.01) and limiting costs (36% vs 29%, P=.028) were more important than for patients in academic settings

CONVENIENCE FACTORS

- Convenience was considered a top 3 treatment goal by 31% of patients in academic settings and 26% of patients in community settings (**Figure 1**)
- All convenience factors were highly important, with the desire to avoid switching healthcare teams more important to those in community settings than in academic settings (81% vs 74%; P=.019; **Figure 2**)

HELPFUL TOPICS FOR DISCUSSION

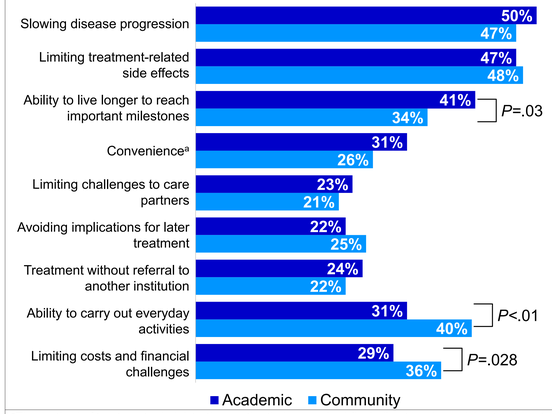
- Both groups ranked the chances of the treatment improving their ability to live their life normally as the most important topic for discussion with their HCPs (academic, 65%; community 60%), followed by the chances of the treatment helping to improve symptoms of MM (academic, 58%; community, 55%) (**Figure 3**)
- Patients in community settings were more interested than patients in academic settings in the science behind how the treatment will work (46% v 37%, P<.01)
- Patients in both settings wished their HCPs had spent more time discussing treatment-related risks (**Supplementary Figure 1**)

LIMITATIONS

- The survey questions were closed-ended
- The survey could not account for variability in sites and countries

Figure 1. Top 3 treatment goals

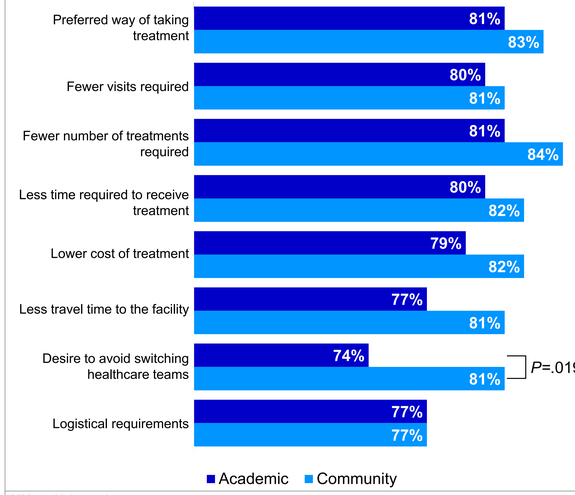
Patients were asked which of the given options were the top 5 most important to them when their most recent MM treatment was decided (top 3 reported)



[a]The method of treatment administration, or the timing required (including travel, receiving treatment and follow-up visits)
MM=multiple myeloma

Figure 2. Convenience factors

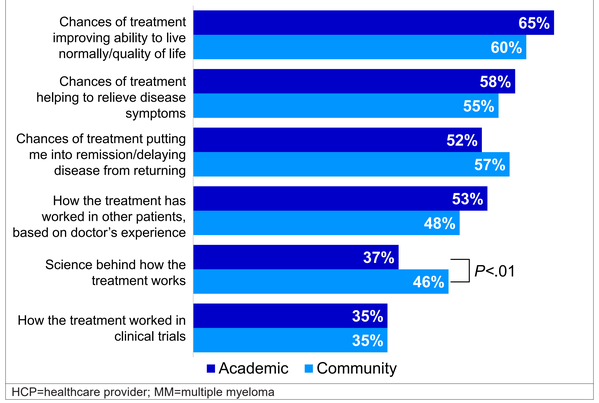
Patients were asked how important the given convenience factor options were in the selection of their most recent MM treatment (% stating the convenience factor is very/extremely important)



MM=multiple myeloma

Figure 3. Helpful topics for discussion

Patients were asked to rank the given topics from most to least helpful in a discussion with their HCP on the potential benefits of a treatment for MM (% ranking topic in top 3)



HCP=healthcare provider; MM=multiple myeloma

Supplementary Figure 1. Patients wanted more discussion on treatment-related risks