Understanding how socioeconomic differences affect the burdens, goals, and access to treatment for people with multiple myeloma

The full title of this abstract is: Socioeconomic factors affecting health equity in patients with relapsed or refractory multiple myeloma (RRMM)

VIEW ABSTRACT

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Date of summary:
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Please note this summary only contains information from the scientific abstract

KEY TAKEAWAY

What are the key takeaways from this study?

- For people with multiple myeloma, their socioeconomic status (like how easily they can afford things, if they are employed, and their level of education) was linked to their awareness of different treatments for multiple myeloma and their access to care
- Their socioeconomic status also impacted the chances of being offered specialized treatments called bispecific antibodies and CAR T-cell therapy
- Providing education and support for people who need it can make access to these treatments more fair

INTRODUCTION

What is multiple myeloma?

- The appendix provides more information about multiple myeloma

What are bispecific antibodies?

- **Bispecific antibodies** are a new type of medicine approved for treating people with relapsed or refractory multiple myeloma
- These **bispecific antibodies** work by attaching to 2 proteins, one found on **myeloma cells** and the other on white blood cells called **T cells** (a type of immune system cell)
- **Bispecific antibodies** bring T cells close to myeloma cells so they can kill them

INTRODUCTION

What Is CAR T-cell therapy?

- A new type of treatment in which a person's **T cells** are changed in the laboratory so they will attack cancer cells
- T cells are taken from a person's blood and the gene for a protein (called **CAR**) that binds to the cancer cells is added to the T cells in the laboratory. The **CAR T cells** are then put back in the person's blood

What is socioeconomic status?

- **Socioeconomic status** means how much money a person or family has, what kind of job they do, and how much education they've had. It helps describe how someone lives and what resources they might have, like good food, safe housing, healthcare, and school supplies

What does this summary describe?

- This summary explains the results of a global survey on how socioeconomic status can affect whether people know about specialized treatments for multiple myeloma and whether they are offered these treatments

Researchers wanted to find out…

- What socioeconomic factors affect a person's access to treatment for multiple myeloma?
- What difficulties do these factors place on people with multiple myeloma?
- Does the socioeconomic status of a person affect whether they know about specialized treatments for multiple myeloma?
- Does the socioeconomic status of a person affect whether they are offered these specialized treatments for multiple myeloma?

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 

1301 people with relapsed or refractory multiple myeloma (RRMM)

983 doctors who treat people with RRMM

What were the results of this study?

The effects of financial burden (how hard it is for people to afford things)

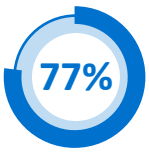
Financial burden affected **52%** of people with multiple myeloma

For people who had a **high (secondary) school education or lower**, **62%** had financial burden

People with financial difficulties

People with better finances

People with **financial difficulties** (having less money to spend) had worse physical difficulties and had different treatment goals compared to those with **better finances**



Physical difficulties

Limiting treatment-related costs

Convenience

Limiting challenges for care givers

- Quality of life, side effects, and mental health were worse than expected, especially for people with **financial difficulties**

Awareness of bispecific antibodies and CAR T-cell therapy

There was a greater awareness of **bispecific antibodies** and **CAR T-cell therapy** among employed people, those with a higher level of education, and people in a better financial situation

People aware of Bispecific antibodies

People aware of CAR T-cell therapy

Employed

Not employed

Employment

Employed

Not employed

More than high school education

High school education or less

Education

More than high school education

High school education or less

Financially stable

With financial difficulties

Financial situation

Financially stable

With financial difficulties

Bispecific antibodies and CAR-T offered as treatment

People were more likely to be offered **bispecific antibodies** and **CAR T-cell therapy** if they were employed, in a better financial situation, treated by a multiple myeloma specialist, male, or younger than 65 years old

People offered bispecific antibodies as treatment			People offered CAR T-cell therapy as treatment	
18% Employed	9% Not employed	**Employment**	24% Employed	12% Not employed
18% Financially stable	8% With financial difficulties	**Financial situation**	25% Financially stable	5% With financial difficulties
15% Yes	8% No	**Treated by a multiple myeloma specialist**	21% Yes	10% No
14% Male	9% Female	**Gender**	19% Male	12% Female
20% Younger than 65 years	8% 65 years or older	**Age**	28% Younger than 65 years	9% 65 years or older

People accepting bispecific antibodies and CAR T-cell therapy when offered

Employed people and younger people were more likely to accept **bispecific antibodies** when offered. There were no significant differences in those accepting **CAR T-cell therapy**

Employment

Employed

Not employed

Age

Younger than 65 years

65 years or older

People learning from their doctors

People who said they learned **more** from their doctors

- ✓ **People 65 years or older** versus people younger than 65 years
- ✓ **Females** versus males
- ✓ **People with no dependents** versus people with dependents
- ✓ **People not employed** versus employed people
- ✓ **People with high school education or less** versus people with more than high school education
- ✓ **People not treated by a multiple myeloma specialist** versus people treated by a specialist
- ✓ **People with financial difficulties** versus financially stable people

Subjects these people said they learned about

Side effects and safety risks

How well a treatment works

If they can be included in any clinical trial

If choosing a treatment now will affect their choices for a later treatment

CONCLUSIONS

What were the main conclusions of this study?

- People's socioeconomic situation was linked to whether they knew about specialized treatments like bispecific antibodies and CAR T-cell therapy
- Their circumstances, age, and gender were also linked to whether they were offered these therapies by their doctors
- People with difficult socioeconomic situations relied more heavily on their doctors for learning about a range of topics

MORE INFORMATION

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.

Where can I find more information?

For more information on this study, please visit:

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Medical writing support for this summary was provided by Robyn Roth, PhD, of Nucleus Global, and was funded by Pfizer.

PHONETICS

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>

Socioeconomic status
<SOH-see-oh-EH-kuh-NAH-mik STA-tus>

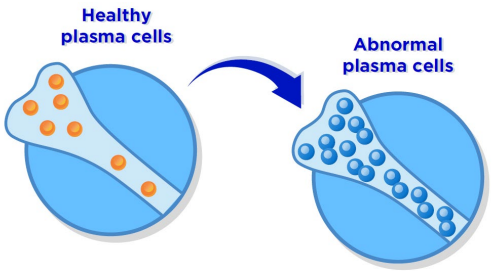
GLOSSARY

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 grown 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