

A Discrete Choice Experiment analysis to understand Treatment Preferences of Patients with Relapsed or Refractory Multiple Myeloma (RRMM) in the United States

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The treatment landscape for patients with relapsed refractory multiple myeloma (RRMM) has witnessed remarkable advancements with the introduction of novel therapies as later line options in recent years.

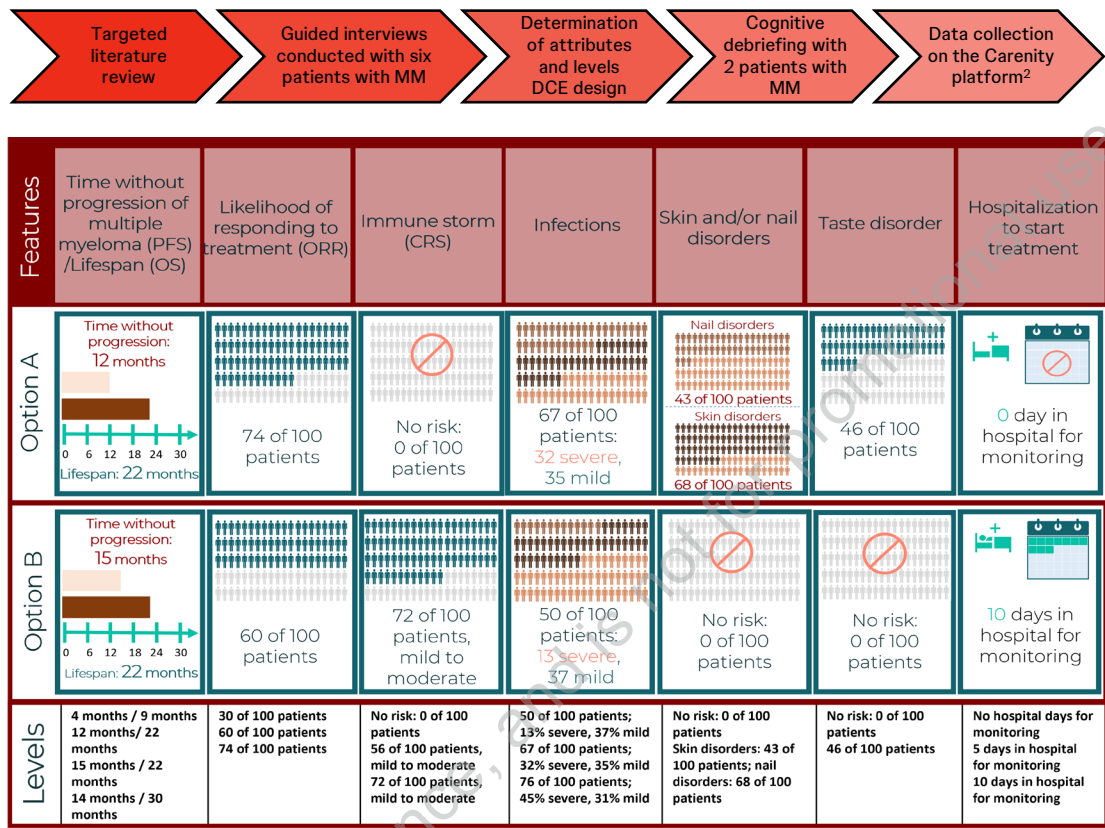
Gaining a deeper understanding of how various factors influence patients' treatment preferences is crucial.

This study is designed to assess patient preferences between treatment characteristics that are consistent with the therapeutic options available to these patients.

Adult patients living in the USA who have received at least one prior line of treatment for MM completed an online discrete choice experiment (DCE) survey¹ (Figure 1). The study was conducted on the Carenity platform² between November 2023 and March 2024.

Statistical analysis
 Preference data were analyzed using a conditional logistic (CL) regression model and relative attribute importance (RAI) scores were calculated. Patients' willingness to trade-off ORR was evaluated using the partworth utilities estimated from CL model.

Figure 1. Attribute development and DCE sample choice task



Patients showed a clear preference for attributes related to treatment efficacy, with PFS/OS and higher treatment response considered most important.



The therapeutic preferences of patients with relapsed myeloma favored optimization of efficacy, representing 60% of the total RAI.



Patients would rather avoid adverse events, namely CRS, but this is less important than maximizing their chances of living longer and healthier.



Taste, nail and skin disorders are less important but may not be a familiar treatment consideration for many of the study respondents.

Initial hospitalization is also considered less important by patients.

Table 1: Socio-demographic and clinical characteristics of patients

Variable	Overall population n(%)
Patient age, years	n=149
Mean (SD)	62.5 (9.2)
Patient gender	n=149
Female	76 (51.0%)
Patient races, ethnicities, or origins	n=149
Hispanic and/or of Latin origin	12 (8.1%)
Black and/or of African origin	30 (20.1%)
White/Caucasian/ European origin	103 (69.1%)
Highest educational	n=149
Bachelor's degree and above	101 (67.8%)
Current MM treatment status	n=149
Currently receiving treatment for MM	139 (93.3%)
Number of prior lines of treatment	n=149
1 prior line of treatment	58 (38.9%)
2 prior lines of treatment	40 (26.8%)
3 prior lines of treatment	23 (15.4%)
4 prior lines of treatment	16 (10.7%)
5 or more prior lines of treatment	12 (8.1%)
Disease duration, years	n=143
Median (IQR)	5.0 (3.0-7.5)
Treatments currently received for MM	n=139
Selinexor	19 (13.7%)
Proteasome inhibitors	33 (23.7%)
Immunomodulatory drug	59 (42.4%)
Monoclonal antibody anti-CD38	64 (46.0%)
BCMA/CD3 Bispecific Ab	18 (12.9%)
GPRC5D/CD3 Bispecific Ab	5 (3.6%)
CAR-T cells	18 (12.9%)
Stem cell transplant	7 (5.0%)
Triple-class therapy exposure	n=149
Yes	87 (58.4%)
Exposure to BCMA or CAR-T cells therapies	n=149
Yes	45 (30.2%)

Figure 2: Relative attribute importance in %

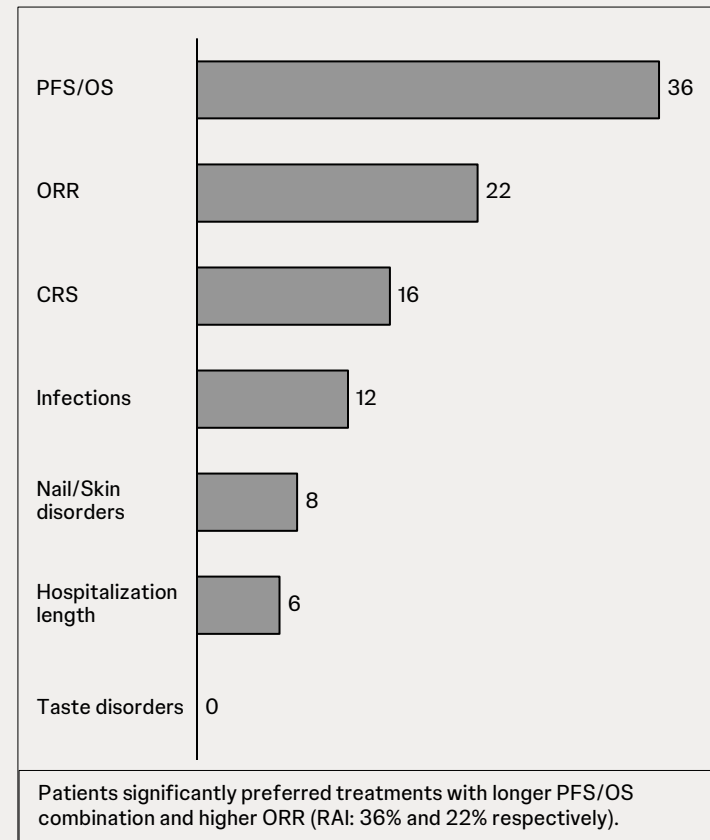


Figure 3: Patient preferences for treatment attribute levels in %

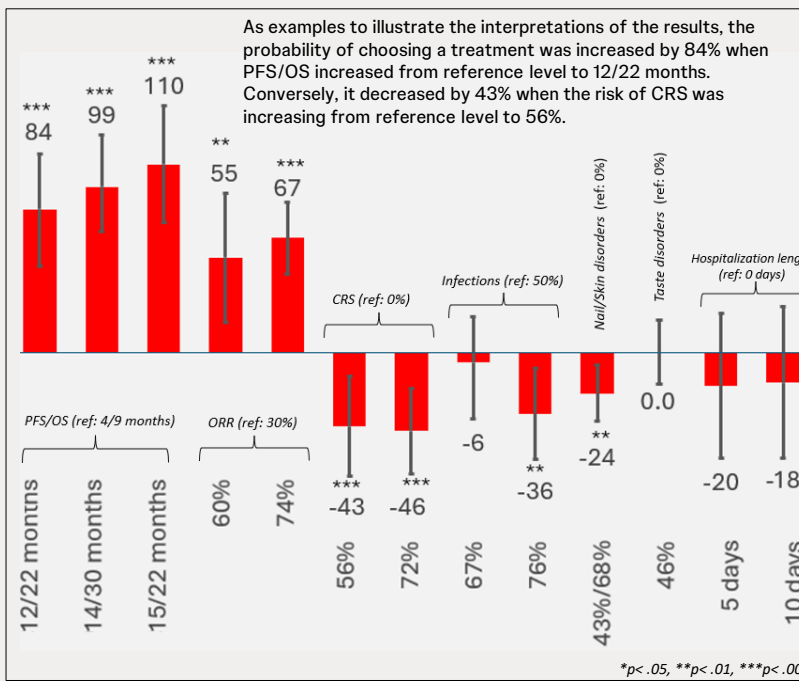
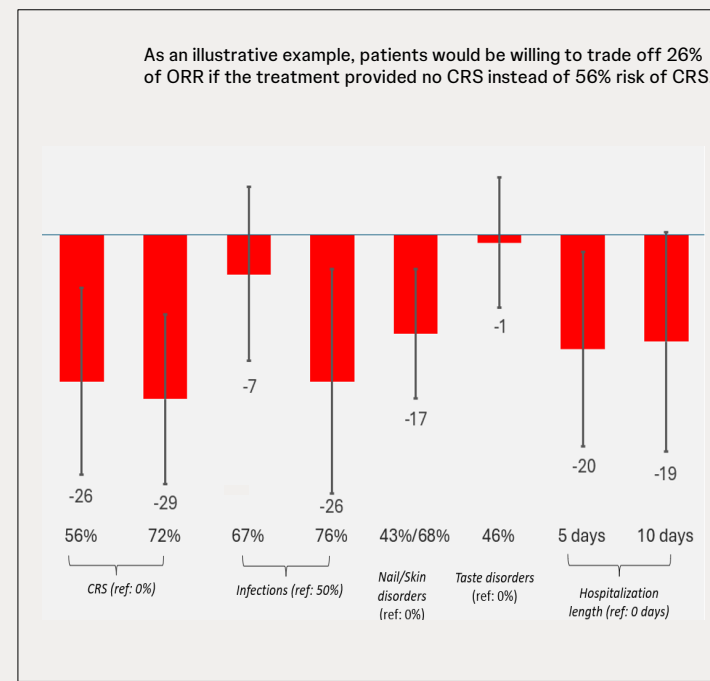


Figure 4: Patients' willingness to trade-off ORR in %



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Poster

<https://www.congresshub.com/Oncology/IMS2024/Talquetamab/Faiman>

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References

- de Bekker-Grob, E. W., Ryan, M., & Gerard, K. (2012). Discrete choice experiments in health economics: A review of the literature. *Health economics*, 21(2), 145-172.
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