Assessment of Real-World Treatment Patterns and Outcomes in Relapsed or Refractory Multiple Myeloma: Evidence From a Brief Multicountry Survey of European Physicians

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INTRODUCTION

• Despite treatment advancements leading to improved clinical responses and overall survival, nearly all patients with multiple myeloma (MM) eventually relapse and die from disease progression.1
• Few data describing treatment patterns and survival of patients with MM in the relapsed/refractory setting are available from real-world clinical settings in Europe; data on physicians’ perceptions of typical treatment patterns are also limited and may provide important insights into regional differences in routine practice.

METHODS

• A cross-sectional survey of 61 physicians treating relapsed/ refractory MM (RRMM) in France (n = 21), Germany (n = 20), and the United Kingdom (UK) (n = 20) was conducted in November 2014.
• The survey collected physicians’ opinions on typical treatment patterns and survival of patients with MM in the relapse/refractory setting (i.e., following disease progression during or after completion of first-line induction therapy).
• Analyses were descriptive and exploratory.

RESULTS

Physician Characteristics

• In France and the UK, the majority specialty was hematology (62% and 60% of physicians, respectively) (Table 1).
• In Germany, dual oncology/hematology (“intermediate-hematology”) was, by far, the most common specialty reported (80% of physicians).

Table 1. Physician Characteristics

<table>
<thead>
<tr>
<th>Country</th>
<th>France</th>
<th>Germany</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>All physicians</td>
<td>21</td>
<td>100.0</td>
<td>20</td>
</tr>
<tr>
<td>Speciality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematology</td>
<td>13</td>
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<td>12</td>
</tr>
<tr>
<td>Oncology</td>
<td>7</td>
<td>33.3</td>
<td>8</td>
</tr>
<tr>
<td>Medical oncology</td>
<td>1</td>
<td>4.8</td>
<td>2</td>
</tr>
</tbody>
</table>

Risk Classification of New MM Cases

• Physicians’ perceptions of the risk distribution of new MM cases was similar for each country, with high-risk patients believed to represent from 18% to 24% of new MM cases (Figure 1).

Figure 1. Physician Opinion on Risk Distribution of New MM Cases

LIMITATIONS

• This study was based on a small sample size, and therefore the surveyed physicians may not be representative of the general population of MM providers.
• The small sample size also prevented formal statistical testing of between-country differences in the survey results.
• Additional information (such as the reasons physicians believed certain regimens will be chosen over others) that may have provided additional context to the study findings could not be collected within the limited scope of the survey.

REFERENCES


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CONCLUSIONS

• In the combined physician sample surveyed, an average of 21% of new patients with MM were believed to be high risk (with little variation by country), which aligns with previous literature (e.g., Kumar et al.1)
• RD or various Velcade-based regimens were the predominant choice physicians expected for second-/later-line treatment, but specific regimen compositions expected by the physicians varied substantially across countries.
• Survival prospects for patients with RRMM remain limited, particularly for high-risk patients, and second-line therapy is typically of short duration (6 months), based on the opinions of the physicians surveyed.