The 11th World Congress on CONTROVERSIES IN MULTIPLE MYELOMA

EUROPEAN CLINICAL VIEWS ON THE CHALLENGES OF TREATING PATIENTS WITH BISPECIFIC ANTIBODIES IN MULTIPLE MYELOMA

Tim d'Estrube,[1] Shantanu Ganguly,[2] Alicia O'Neill,[3] Sandhya Sapra,[3] Jorge Mouro,[4] Daniel Bretton,[5] Martin Parkinson,[5] Aleksandra Zapala Szufel,[5] Molly Purser[3]

[1]GSK, London, UK; [2]GSK, Bangalore, India; [3]GSK, Collegeville, Pennsylvania, USA; [4]GSK, Baar, Switzerland; [5]Evidera, London, UK

INTRODUCTION

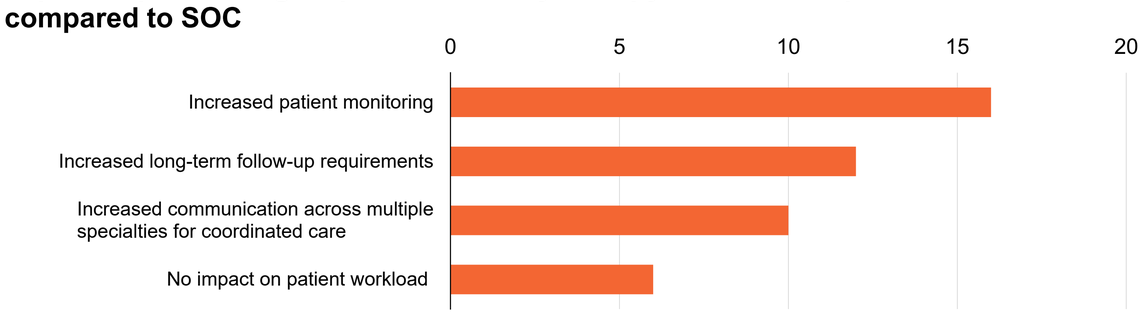
- Bispecific antibody therapies have improved multiple myeloma (MM) outcomes; however, frequent hospital administrations (weekly or biweekly) challenge clinicians and clinic resources[1]
- Limited information exists on how these and other challenges affect the treatment decisions of clinicians in Europe prescribing and administering bispecific antibody therapy to patients with MM
- This study aimed to explore clinicians' experience and perception of the use of bispecific antibody therapy for the treatment of MM in Europe
- We conducted a targeted review of recent literature, collected internal teams' insights, and developed a survey to explore the qualitative and semi-quantitative attributes of clinicians prescribing bispecific antibody therapy and related management practices
- Survey questions were developed to prevent bias, and responses were structured to provide a comprehensive understanding of current practices and perceptions

RESULTS

- In the 12 months before the survey, 21 respondents across eight European countries prescribed bispecific antibody therapies to 373 patients, out of which 327 patients (88%) received the first dose
- Overall, clinicians viewed bispecific antibody treatment as an effective MM therapy and were confident in identifying eligible patients
- Although clinicians reported that patients prescribed therapy with bispecific antibodies increased workload (**Figure 1**), taking up an average of 26% of their maximum caseload capacity, this did not appear to impact their future prescribing behaviour
- Reported hospitalisation time associated with bispecific antibody treatment averaged 4 days (range: 0–14) prior to the first dose and 8 days (range 3–28 days) after treatment initiation

Figure 1

Impact of prescribing bispecific antibody therapy on workload prior to 1st dose compared to SOC

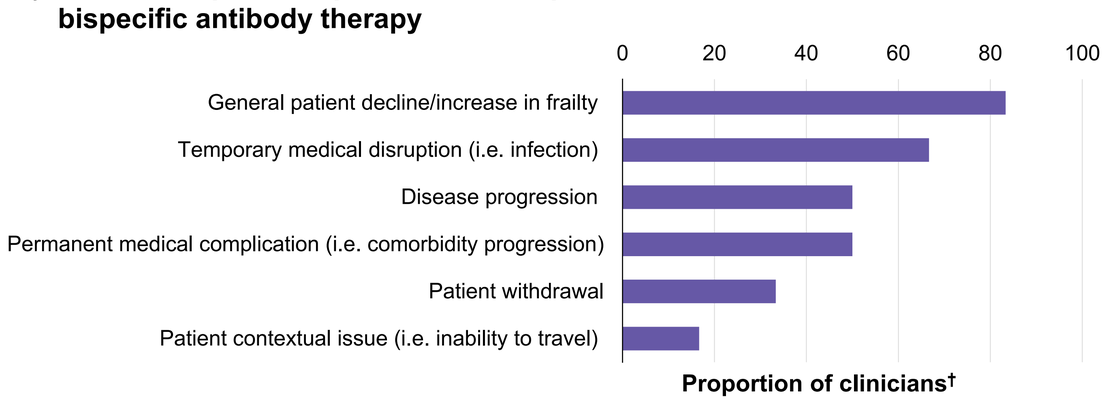


SOC, standard of care
†Total responses (n=44) among 21 clinicians.

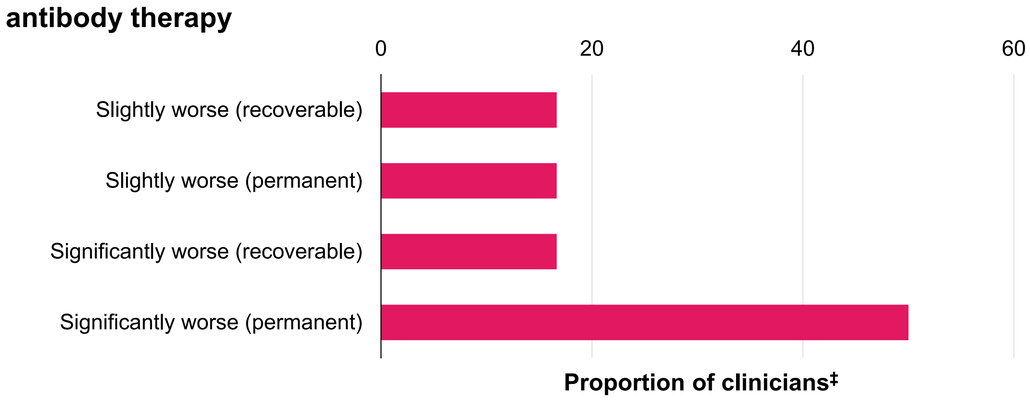
- On average clinicians reported that patient dropout occurred an average of 12 days (range: 1–28 days) after intention to treat with bispecific antibody therapy
- 12% of patients prescribed bispecific antibody therapy did not receive their first dose for varying reasons **(Figure 2A);** patients' disease state typically worsened after failing to receive their first dose (**Figure 2B**), with 9% (range: 0–20%) of patients dying prior to their first dose

Figure 2

A) Clinician-reported top three reasons patients failed to receive first dose of bispecific antibody therapy



B) Disease states of patients who did not receive the intended first dose of bispecific antibody therapy

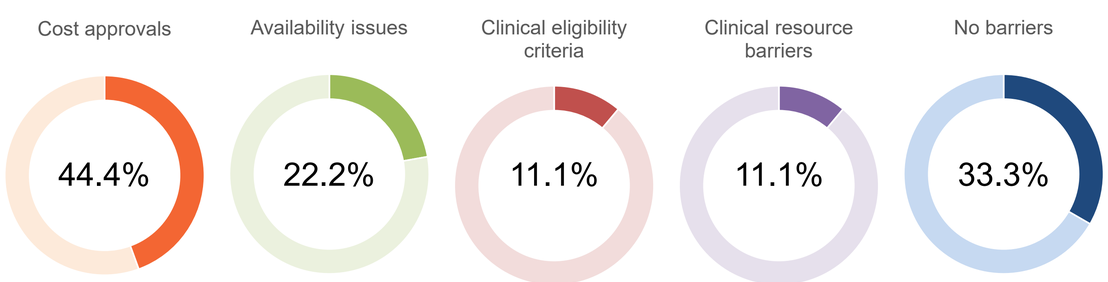


†Responses (n=18) among six clinicians reporting patient drop-outs. ‡Responses (n=6) among six clinicians reporting patient drop-outs

- Less than half (43%) of clinicians prescribed prophylactic intravenous immunoglobulin (IVIG), mostly to reduce the risk of serious infections; however, clinicians perceive several barriers to IVIG use (**Figure 3A; Figure 3B**)
- Other prescribed prophylactic treatments included corticosteroids (n=13), antibiotics (n=4), antivirals (n=3), and antihistamines (n=3), analgesics (n=3), anti-inflammatory agents (n=3), low-flow oxygen (n=2), histamine-2 blockers (n=2) and anti-infectives (n=1)

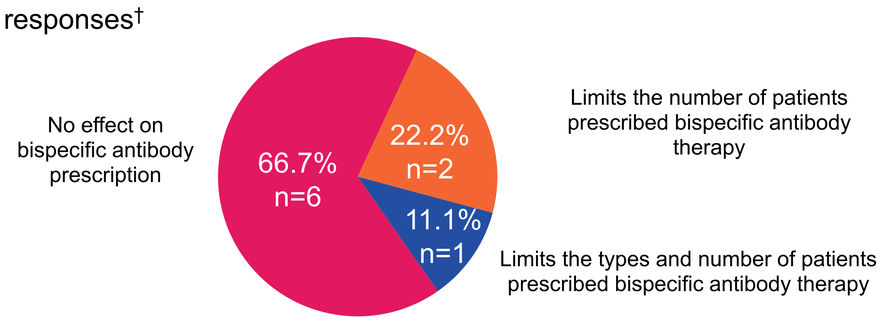
Figure 3

A) Perceived barriers to IVIG use†



B) Impact of IVIG prophylactic therapy availability on prescribing bispecific antibodies

Number of responses†



IVIG, intravenous immunoglobulin
†Among nine clinicians reporting IVIG use

CONCLUSION

- Clinicians in Europe view bispecific antibodies positively; nonetheless, the substantial workload and time commitment for coordination of care pose challenges
- The length of hospitalisation, as well as the cost and limited availability of prophylactic therapies with IVIG, are relevant considerations for disease management with bispecific antibodies
- Patient attrition between the intention to treat and the first dose of bispecific antibody therapy represents a critical health risk and opportunity cost for patients
- Although the clinician sample size was small, they had collectively treated over 300 patients with bispecific antibodies
- These findings highlight underrepresented challenges for clinicians coupled with the risk of disease progression or death for patients prescribed bispecific antibody therapy

REFERENCES

1. Strassl I, et al. *Cancers*. 2021;13:4701

CONTACT

Presenting author:
Jorge Mouro (Jorge.x.mouro@gsk.com)

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