



MULTIPLE MYELOMA
Research Foundation



Health Equity

December 20, 2023

Tech Support

1-719-234-7952



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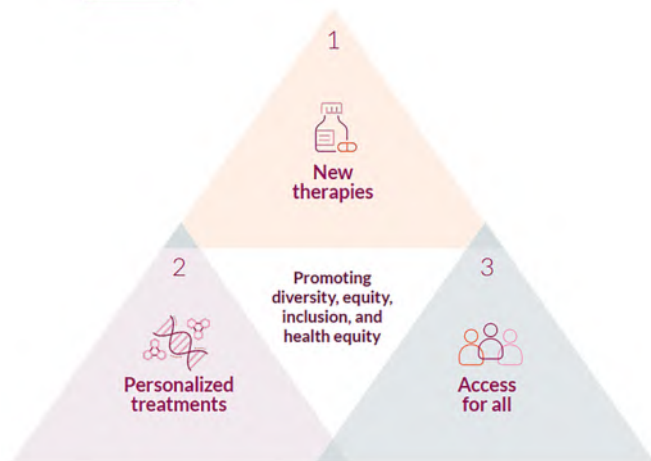
Resources

- Resource tab includes
 - Speaker bios
 - Copy of the slide presentation
 - Exhibit Hall

**Submit your questions
throughout the program!**

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MMRF's Commitment To Diversity, Equity, and Inclusion



Our Diversity, Equity, and Inclusion Goals:

1. Driving proportional patient representation in research and clinical studies
2. Ending disparities affecting patient outcomes and access to standards of care
3. Building a diverse team and partner network reflective of the patient population we serve

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Speakers

Sikander Ailawadhi, MD
Mayo Clinic Florida
Jacksonville, Florida

Surbhi Sidana, MD
Stanford University
Stanford, California

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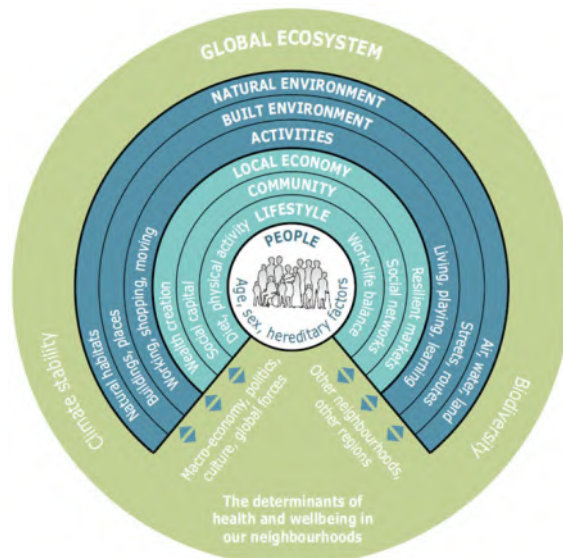
Current Barriers to Health Equity

Surbhi Sidana, MD
Stanford University
Stanford, California

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Racial Disparities: Health Care Access and Delivery

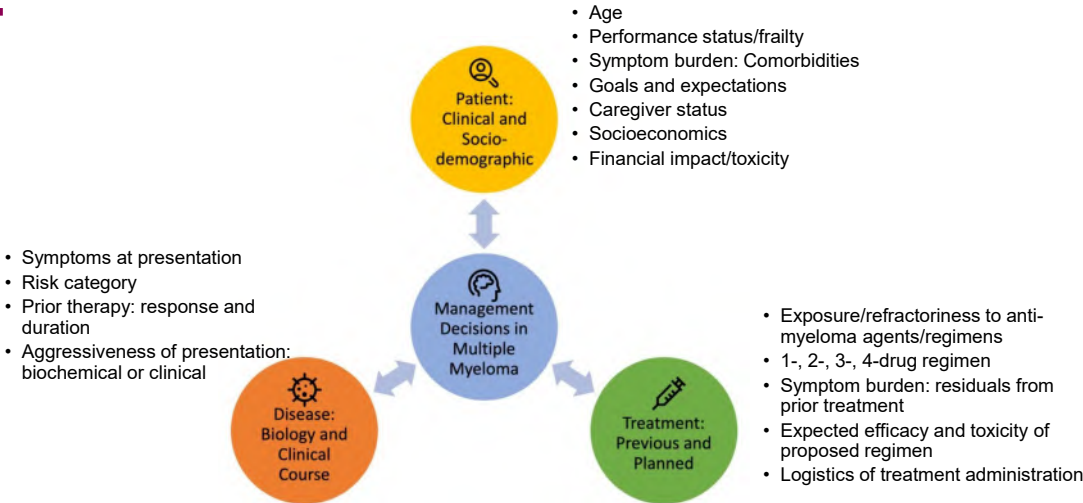
Factors affecting health care access and disease outcomes: **complex and interrelated**



Slide courtesy of Sikander Ailawadhi, MD.

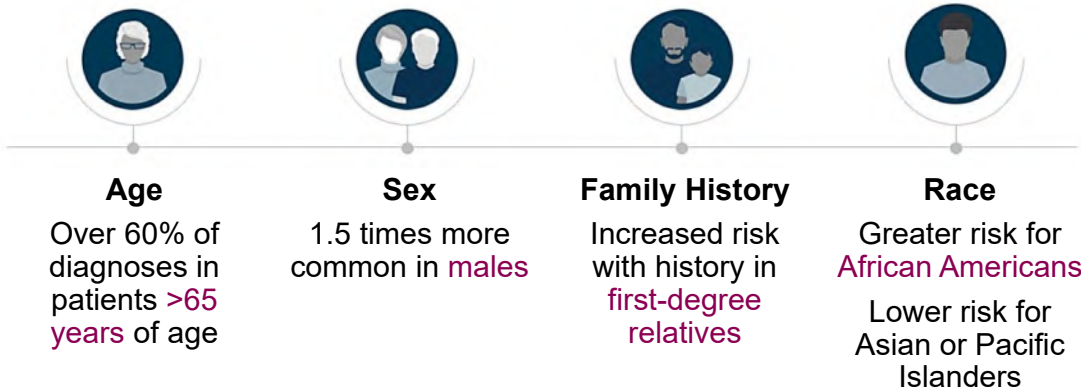
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Factors to Consider



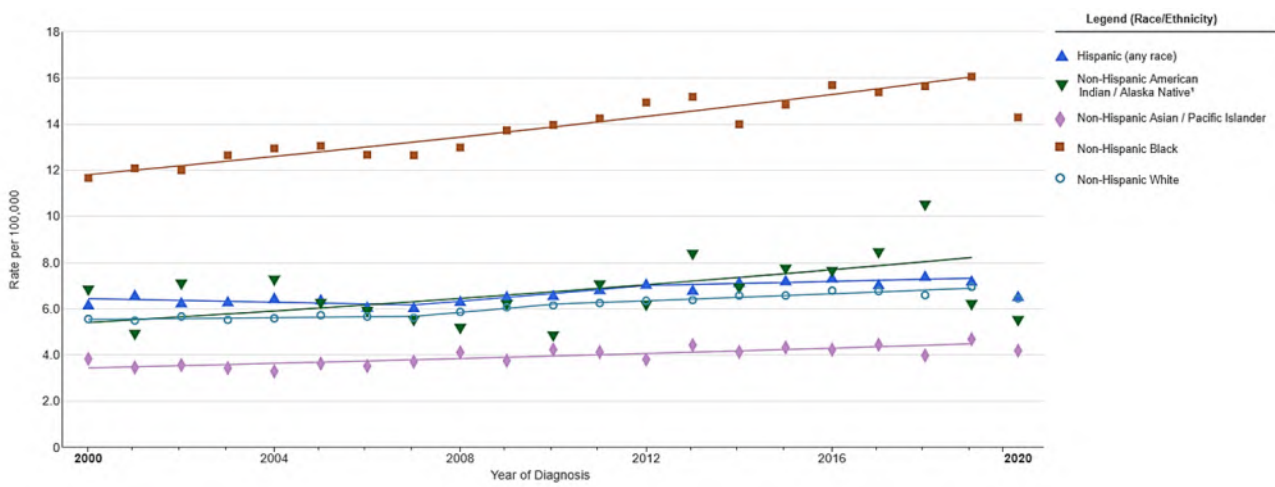
Cerchione C et al. ASCO Ed Book. 2023;43.

Multiple Myeloma Risk Factors



Padala SA et al. Med Sci (Basel). 2021;9:3.

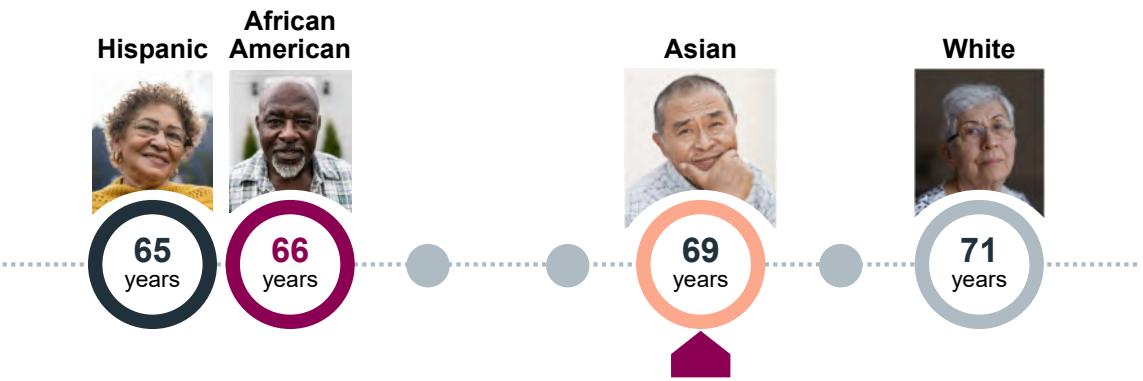
Multiple Myeloma Incidence by Race/Ethnicity



SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute; Updated November 16 2023. <https://seer.cancer.gov/statistics-network/explorer/>. Data source(s): SEER Incidence Data, November 2022 Submission (1975-2020), SEER 22 registries.

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Race and Age at Diagnosis



The median age at diagnosis for all patients is 69 years

Ailawadhi S et al. *Br J Haematol*. 2012;158:91.

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Racial Disparity in Access to Care: Stem Cell Transplant (SCT)

- Age-adjusted odds of receiving SCT for myeloma significantly higher for Caucasians as compared to African Americans¹
- African Americans less likely to receive SCT than Caucasians, even after controlling for age, sex, socioeconomic status, insurance provider, and comorbidity score²
- SCT utilization rate (2008–2013) was lowest and had smallest increase over time for Hispanics³
- African Americans are referred for a SCT significantly later in their disease course than Caucasians⁴
- Overall SCT utilization (2007–2009) was lowest for Hispanics⁵

1. Joshua TV et al. *Cancer*. 2010;116:3469. 2. Fiala MA et al. *Biol Blood Marrow Transplant*. 2015;21:1153. 3. Schriber JR et al. *Cancer*. 2017;123:3141. 4. Bhatnagar V et al. *Cancer*. 2015;121:1064. 5. Ailawadhi S et al. *Cancer Med*. 2017;6:2876.

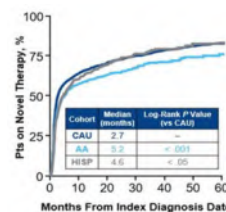
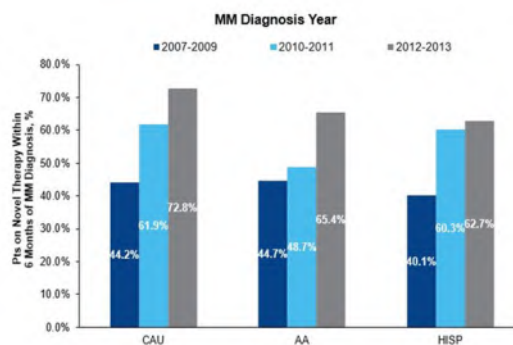
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Racial Disparity in Access to Care: Novel Agents

Utilization over time: (2007–2013)

	Caucasian patients (N=526)	African American patients (N=113)
Treatment with triplet	73%	55%
PI + IMiD-based triplet	46%	35%
Alkylator-based triplet	27%	20%
First-line ASCT	49%	39%

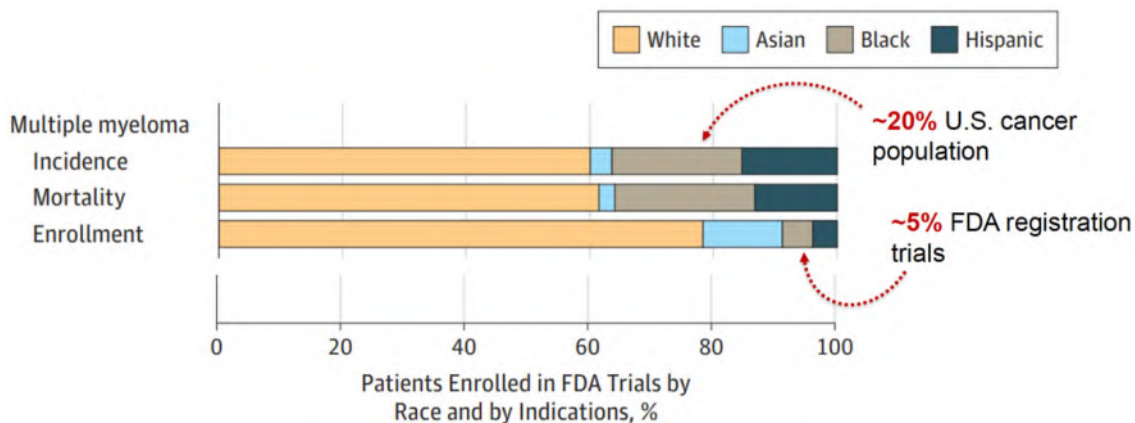
PI, protease inhibitor; IMiD, immunomodulatory drug; ASCT, autologous stem cell transplant.



Ailawadhi S et al. *Blood Adv*. 2019;3(20):2986.

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Racial Disparity in Access to Care: Clinical Trials

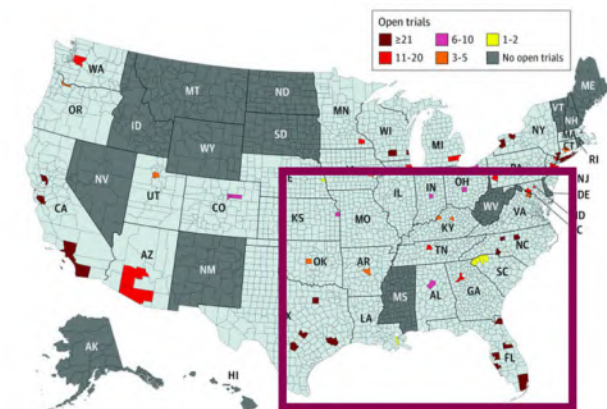


Loree JM et al. *JAMA Oncol.* 2019;5:e191870.

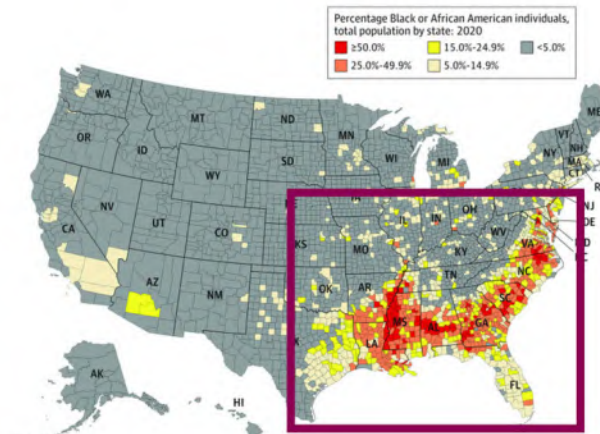
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Geographic and Racial Disparities in Access to Care: Chimeric Antigen Receptor–T Cells and Bispecific Antibodies Trials

Distribution of trials across different states



African American population by state



Alqazaqi R et al. *JAMA Netw Open.* 2022;5:e2228877.

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Barriers Associated With Clinical Trial Participation



Practical issues

- Time commitment
- Transportation
- Extra studies, labs, biopsies, etc



Socioeconomic and demographic issues

- Financial burden
- Health literacy limitations
- Insurance coverage
- Age/frailty



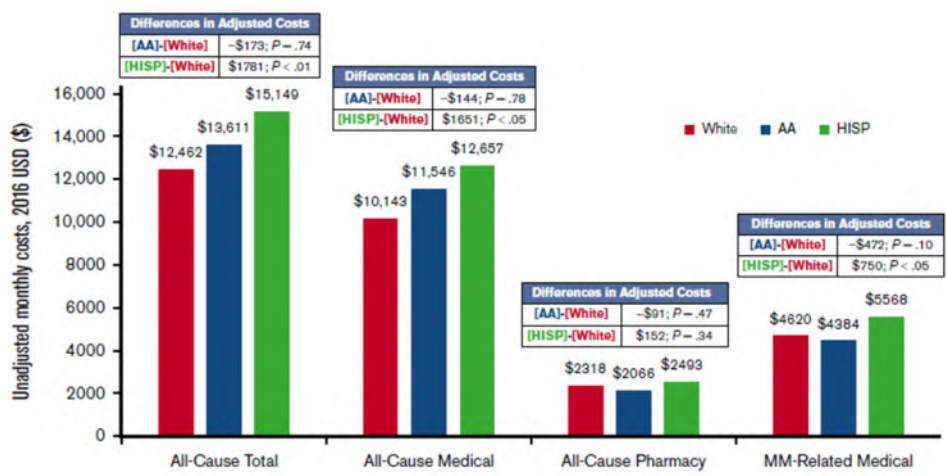
Cultural issues

- Clinician/patient discordance
- Guinea pig phenomenon
- Fear of placebo
- Lack of knowledge about trial process

Stein JN et al. JCO Oncol Pract. 2021;17:273.

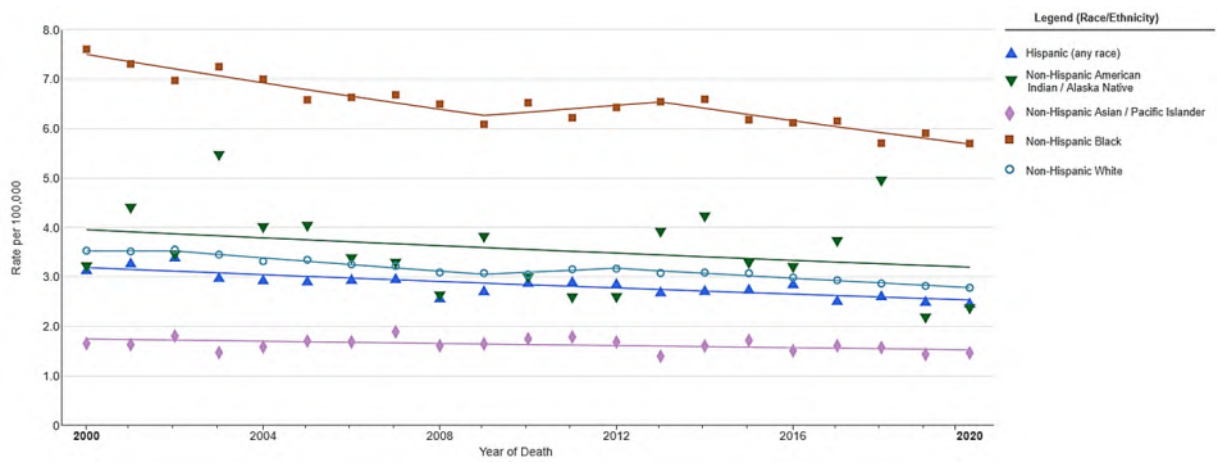
Racial Disparity in Cost of Care: Financial Toxicity

Health care cost over time by patient race-ethnicity:



Ailawadhi S et al. Blood Adv. 2019;3:2986.

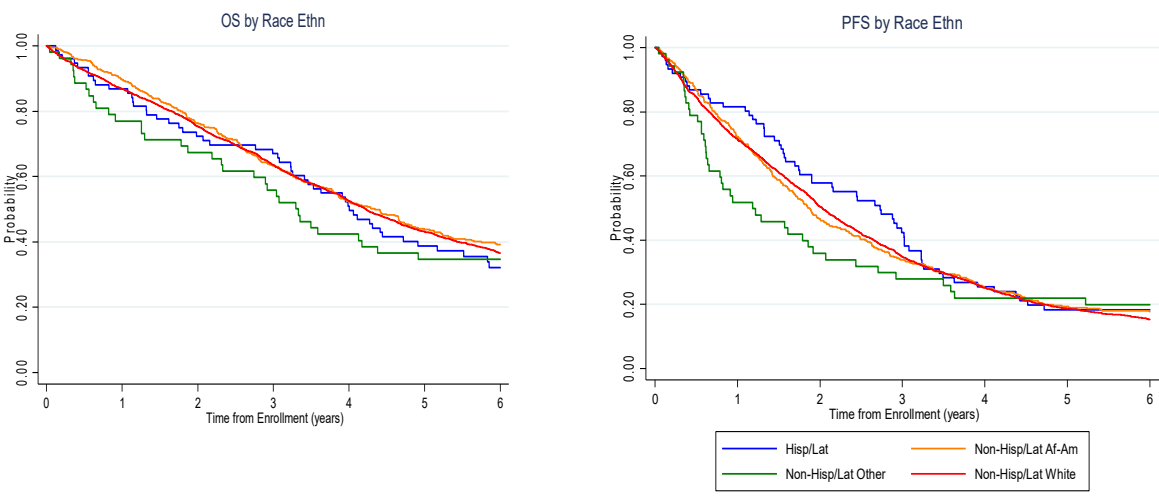
Racial Disparities in Myeloma-Related Mortality Persist



SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute; Updated November 16 2023. <https://seer.cancer.gov/statistics-network/explorer/>. Data source(s): SEER Incidence Data, November 2022 Submission (1975-2020), SEER 22 registries.

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Cooperative Group Trials: No Effect of Race/Ethnicity on OS or PFS

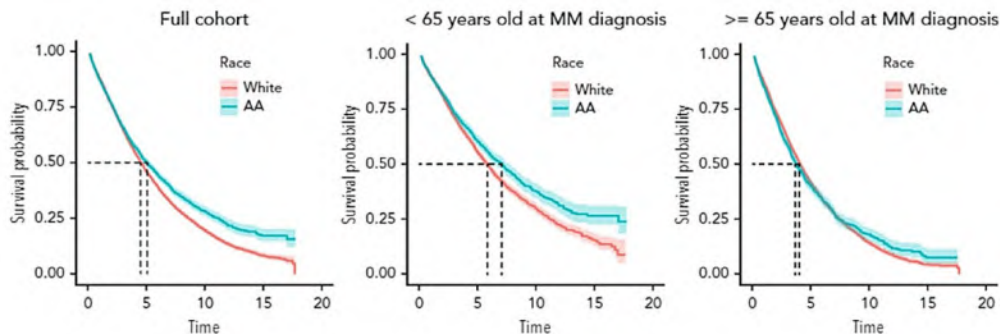


OS, overall survival; PFS, progression-free survival. Ailawadhi S et al. *Blood Cancer J.* 2018;8(7):67.

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African American Patients Should Have Equal Survival Outcomes

Despite differences in baseline characteristics, African American myeloma patients have **equal or better outcomes** than Caucasian patients **with equal access to modern therapies**



AA, African American.
Fillmore NR et al. *Blood*. 2019;133:2615.

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Key Points

- Outcomes among myeloma patients of different racial and ethnic groups are different
 - Multiple myeloma is twice as common in African American than in Caucasian patients
- Disparities affecting myeloma patients different racial and ethnic groups include
 - Delayed diagnosis
 - Lower access to ASCT, novel agents, and clinical trials
- Data shows that with equal access to care, African American patients have equal or better survival outcomes than Caucasian patients

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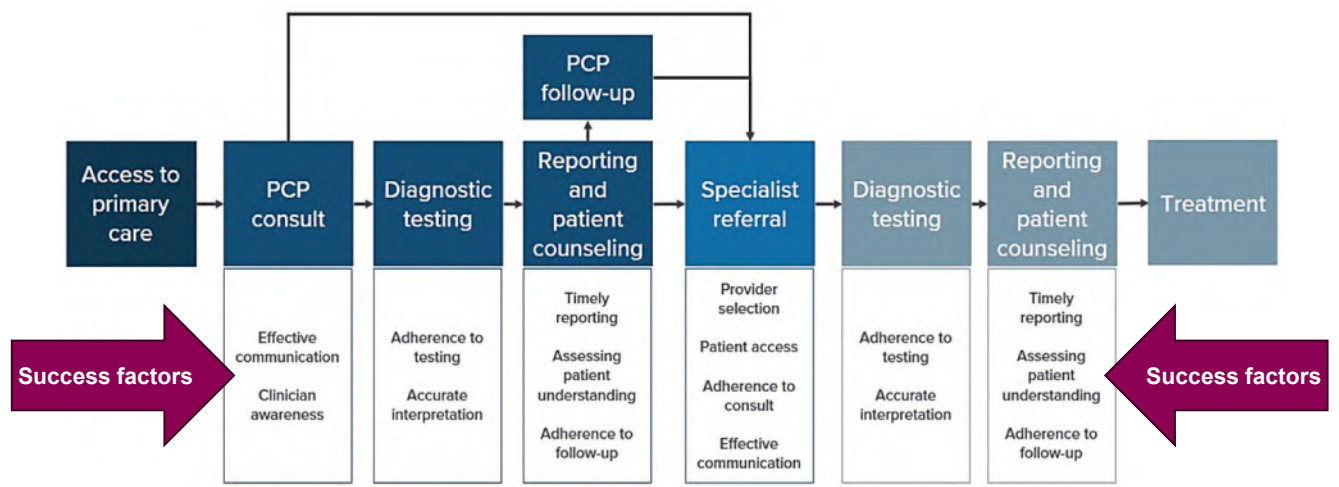
Overcoming Barriers to Health Equity

Sikander Ailawadhi, MD

Mayo Clinic Florida
Jacksonville, Florida

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Success Factors to Navigate a Complex Pathway to Care



Nekhlyudov L et al. *J Natl Inst Monogr.* 2010;2010:11.

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Social Determinants of Health



Meghan S. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. 2017.

Important to Monitor Social Determinants of Health Throughout Patient Journey



Screening Tools for Assessing Social Determinants of Health

Health-Related Social Needs (HRSN)^[a]

Used to determine impact of systematically screening for health-related social needs on healthcare costs and health outcomes

PRAPARE^[b]

Resources and guidance for implementation of an SDH data collection initiative

HealthBegins^[c]

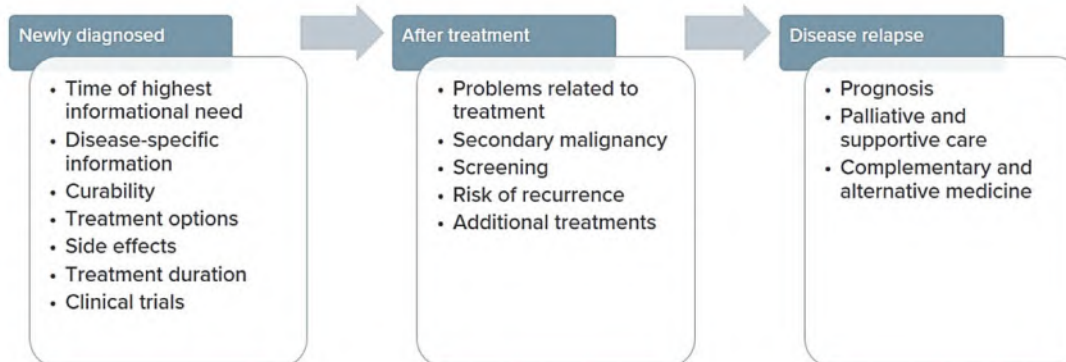
A tool to foster discussions among HCPs about how to use SDH data to inform patient care

HCP, healthcare professional.

a. CMS. The Accountable Health Communities Health-Related Social Needs Screening Tool. Accessed December 9, 2023. <https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>. b. NACHC. PRAPARE. Accessed December 9, 2023. <https://prepare.org/wp-content/uploads/2021/10/PRAPARE-English.pdf>. c. HealthBegins. Upstream Risks Screening Tool & Guide. Accessed December 9, 2023. <https://www.aamc.org/system/files/c/2/442878-chahandout1.pdf>.

Importance of Patient Education

Education reduces the risk of complications and improves compliance



Rood JA et al. *J Clin Nurs*. 2015;24:353.

Patient-Centered Approach

95% of patients want to participate in their treatment decisions^[a]

Factors Improved by Patient-Centered Communication^[b]

Patient confidence and satisfaction

Trust in healthcare team

Adherence to therapy

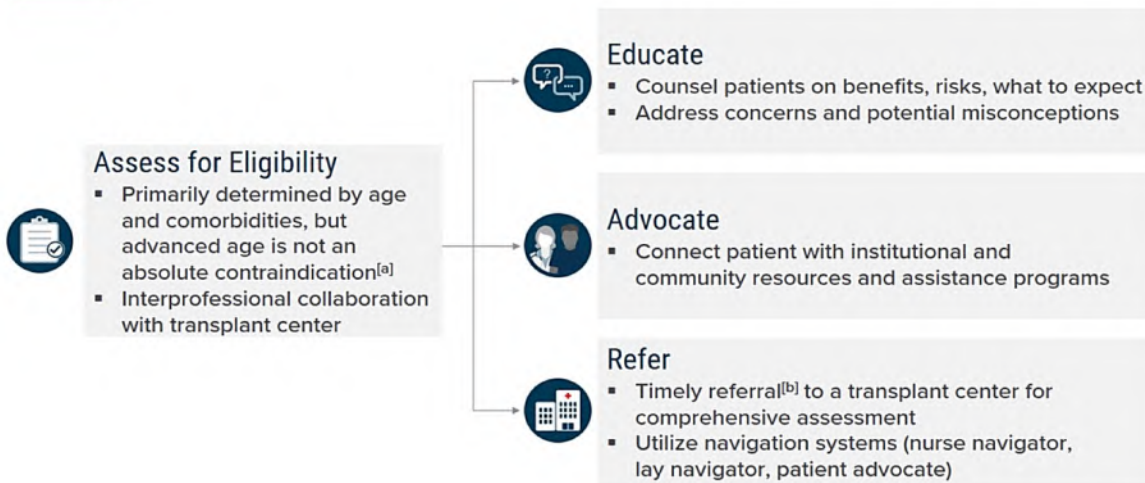
Health-related QoL

Physical health

QoL, quality of life.

a. Rood JA et al. *J Clin Nurs*. 2015;24:353. b. LeBlanc TW et al. *Patient Ed Couns*. 2019;102:1602.

Facilitating Access to Transplant



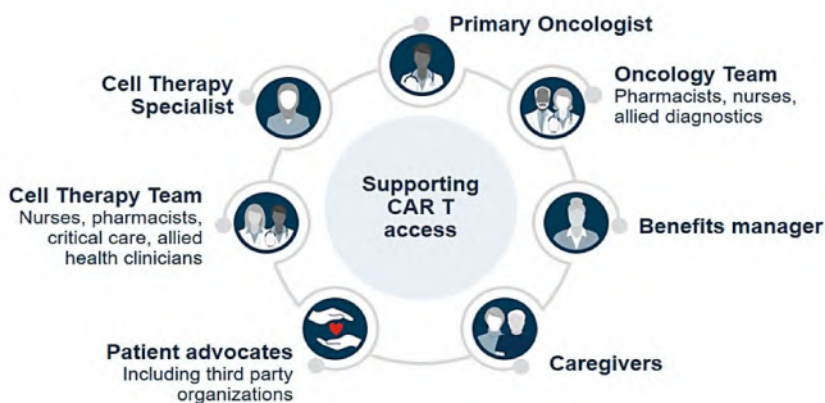
a. NCCN. Multiple Myeloma v4. 2022. Accessed December 6, 2023. <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1445>; b. Ghalehsari N et al. *J Fam Med*. 2020;7:1230.

Facilitating Access to CAR T-Cell Therapy

Among 81 patients at 2 US academic centers from March 2021 to March 2022^[a]:

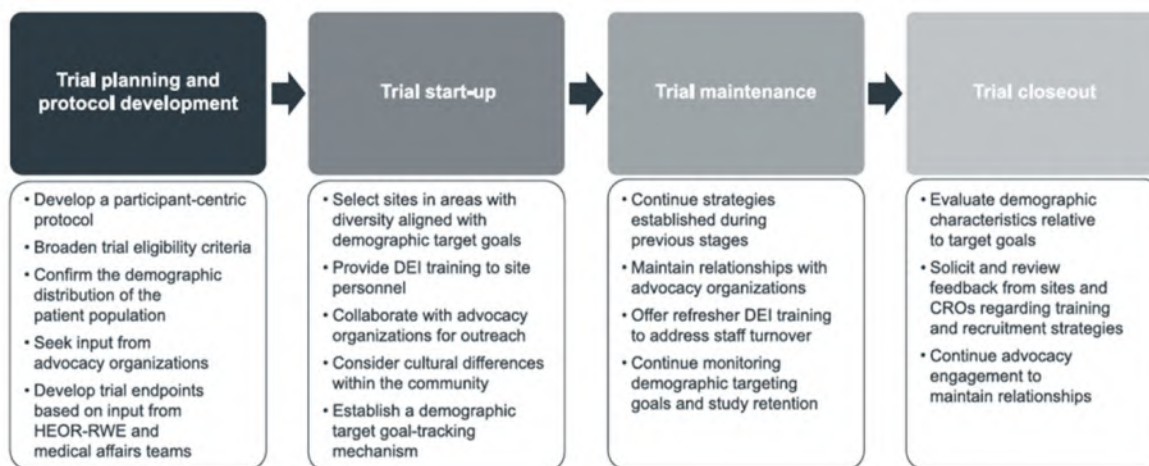
- 32% died on waitlist
- 27% still waitlisted at 12 months
- 12% removed from waitlist
- 29% received infusion

Access to CAR T Requires Team-Based Effort^[b]



a. Al Hadidi S et al. *Blood*. 2022;140:8038. b. Beaupierre A et al. *Clin J Oncol Nurs*. 2019;23:27.

Facilitating Access to Clinical Trials



CRO, contract research organization; DEI, diversity, equity, and inclusion; HEOR-RWE, health economics outcomes research and real-world evidence. Versavel S et al. *Contemp Clin Trials*. 2023;126:107092.

Overcoming Treatment Fatigue



Treatment fatigue

- The struggle in maintaining adherence and persistence over an extended period of time despite an awareness of the benefits



Persistence

- The number of days or duration of time that a patient can maintain adherence to the treatment plan



Resilience

- The ability to manage stress
- Coping in a healthy way
- Returning to your own "normal"
- Building personal strength out of negative events
- Resilience does not mean you do not get sad, hurt, or stressed

Kurtin S et al. *J Adv Pract Oncol.* 2016;7:71.

Supporting Underserved Patients Through Patient Resources

EXPECT GUIDANCE.

MMRF Patient Navigation Center

- Information & Resources
- Expert Advice
- Support

MMRF MULTIPLE MYELOMA Research Foundation

MMRF Patient Navigation Center

You and your care team will have many decisions to make along your treatment journey. The Patient Navigation Center is a space for multiple myeloma patients and their caregivers to connect with patient navigators – who are professionals specializing in oncology – for guidance, information, and support. You can connect with a patient navigator via phone, or email. Whatever questions you may have, our patient navigators are here to help.

MMRF Patient Navigators include:

- Grace Allison, RN, BSN, OCN, RN-BC
- Brittany Hartmann, RN-BSN
- Erin Mersching, RN-BSN, OCN

THE RIGHT TRACK

Get on the right track for you

The MMRF's Right Track program puts you on the path to the best results for you.

<p>Right Team</p> <p>Access experts and centers that have extensive experience treating multiple myeloma.</p>	<p>Right Tests</p> <p>Get the information, tests, and precise diagnoses to make the right treatment decisions.</p>	<p>Right Treatment</p> <p>Work with your team to consider the best treatment plan and identify clinical trials that are right for you.</p>
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Contact the Patient Navigation Center Today

Looking for guidance? We're here to help.

Monday – Friday | 9:00am – 7:00pm ET

Phone: 1-888-841-MMBF (6673) | Online: [TheMMRF.org/PatientNavigationCenter](https://www.themmr.org/PatientNavigationCenter)

Email: patientnavigator@themmr.org

Supported By

Adaptive AMGEN Bristol Myers Squibb cure
Genentech janssen sanofi Takeda ONCOLOGY

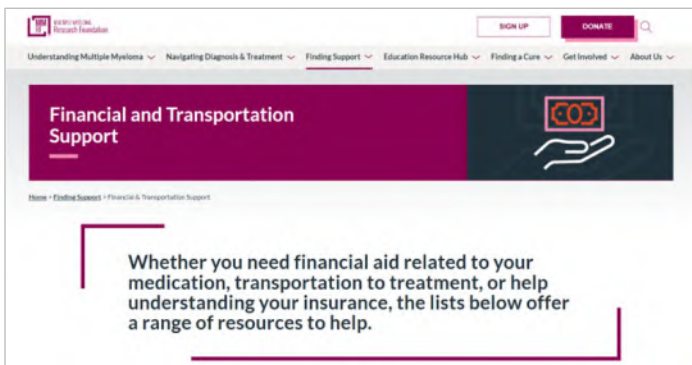


Myeloma Mentors® allows patients and caregivers the opportunity to connect with trained mentors. This is a phone-based program offering an opportunity for a patient and/or caregiver to connect one-on-one with a trained patient and/or caregiver mentor to share his or her patient journeys and experiences.

No matter what your disease state—smoldering, newly diagnosed, or relapsed/refractory—our mentors have insights and information that can be beneficial to both patients and their caregivers.

Contact the Patient Navigation Center at 888-841-6673 to be connected to a Myeloma Mentor or to learn more.

Financial and Transportation Support



Transportation to Treatment
Talk to your cancer center or social worker about hospital-run or local programs that may offer rides or gas cards to your cancer center.

Need help with travel to a clinical study?

- The MMRF has partnered with the Lazarex Cancer Foundation to help provide more equitable access to clinical studies for multiple myeloma patients
- This partnership is one facet of the MMRF's commitment to improve diversity and representation in myeloma clinical studies
- MMRF has provided \$100,000 over 2 years to Lazarex to fund travel, lodging, and food for patients (and a travel companion) so that they can participate in clinical studies that are appropriate for them
- Patients are funded according to income guidelines and will be reimbursed for allowed expenses
- For more information on this program and to be connected with Lazarex, call our Patient Navigation Center at 1-888-841-6673



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Making Clinical Trials “Real-World”

Case in point: S2209 Clinical Trial

- For frail/older patients (traditionally underrepresented)
- Modified inclusion criteria
- Allowing transfusion and growth factor support

“Patient-centric trials” NOT “Drug-centric trials”

PANEL

Protocol-specific modifications to improve clinical trial inclusion in the SWOG S2209 trial

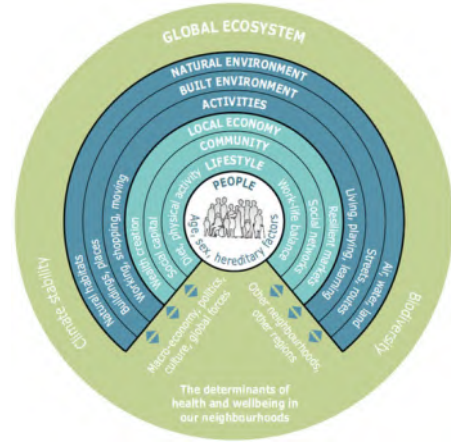
- Allowing patients with Eastern Cooperative Oncology Group (ECOG) performance status of 0–2, but also including patients with ECOG performance status 3, if the score deterioration is due to disease burden rather than inherent to the patient's comorbidities.
- Frail and intermediate-fit patients with multiple myeloma (see the frailty calculator at <http://www.myelomafrailtyscorecalculator.net/>), a group traditionally underrepresented in multiple myeloma clinical trials, will be the target population
- Allowing patients with any degree of renal dysfunction, short of requiring haemodialysis
- Allowing patients with more than usual cytopenias, with a threshold for haemoglobin of 7 g/dL, platelet count of 50 000 cells per L, and absolute neutrophil count of 750 cells per L
- Blood product transfusion and growth factor support to be allowed before study inclusion if the cytopenias are felt to be due to bone marrow involvement by multiple myeloma
- Allowing for neutropenia seen in Black patients due to Duffy antigen null status

Espinoza-Gutierrez M et al. *Lancet Haematology*. 2023;10:e953.

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Overcoming Disparities: Difficult But Not Impossible!

- Research into biological differences
- Clinical trial access/strategies
- Implicit/explicit bias
- Educational gaps
- Resource availability
- Addressing SDOH
- Referral facilitation
- Trust; culturally sensitive resources
- Traditionally underrepresented populations/institutions
- Advocacy
- Commitment



SDOH, social determinants of health.



Questions & Answers

GENETICS
Risk of Progression

GENOMICS

Multiple Myeloma High-Impact Topic
MINIMAL RESIDUAL DISEASE

Multiple Myeloma High-Impact Topic
IMMUNOTHERAPY

Multiple Myeloma High-Impact Topic
LEARN YOUR LABS

For more information, please visit <https://themmrf.org/educational-resources>

Check out our High-Impact Topic videos

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To Learn More & Find Your Event today!
<https://themmrf.org/get-involved/mmr-events>

MMRF

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Upcoming Patient Education Events

Save the Date

Program	Date and Time	Speakers
Patient Summit <i>Virtual</i>	Saturday, January 13, 2024 12:00 PM – 5:15 PM (ET) 9:00 AM – 2:15 PM (PT)	Ajai Chari, MD Tom Martin, MD Sagar Lonial, MD Nancy Wong, RN, MSN-FNP

For more information or to register,
visit <https://themmrf.org/educational-resources>



Resources

- Resource tab includes
 - Exhibit Hall
 - Speaker bios
 - Copy of the slide presentation

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Thank you!

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