

Background

Availability of novel agents for treating MM has transformed management strategies, particularly for relapsed/refractory (R/R) disease. Since 2013, experienced MM physicians from leading academic institutions and cancer centers (experts) have annually updated an online tool designed to provide HCPs with treatment recommendations for specific patient cases. Previous reports from our tool analyses have shown yearly changes in treatment patterns among experts but a multiyear delay among HCPs in the adoption of many expert-recommended treatment strategies into their practice.

Methods

- For 2015, expert recommendations compiled in March 2015
- For 2016, expert recommendations compiled in June 2016
- For 2017, expert recommendations compiled in March 2017
- Tool scenarios based on variables including: eligibility for ASCT, ECOG PS, cytogenetic risk, presence of renal insufficiency, peripheral neuropathy, or cardiopulmonary dysfunction, as well as responsiveness to previous treatment for those with R/R MM
- Tool online at clinicaloptions.com/MyelomaTool

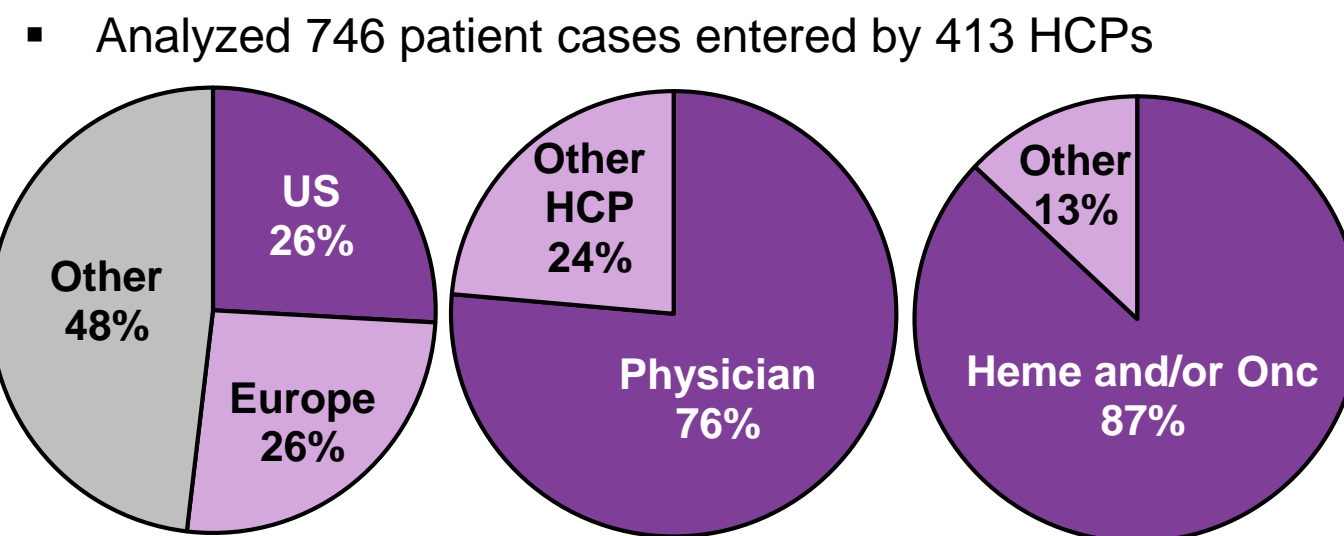
MM Tool Screenshots (Examples)

- Clinician enters patient and disease characteristics using drop-down menus
- Clinician indicates their intended treatment approach
- Clinician receives expert treatment recommendations for their patient
- Clinician can compare their intended treatment with expert recommendations

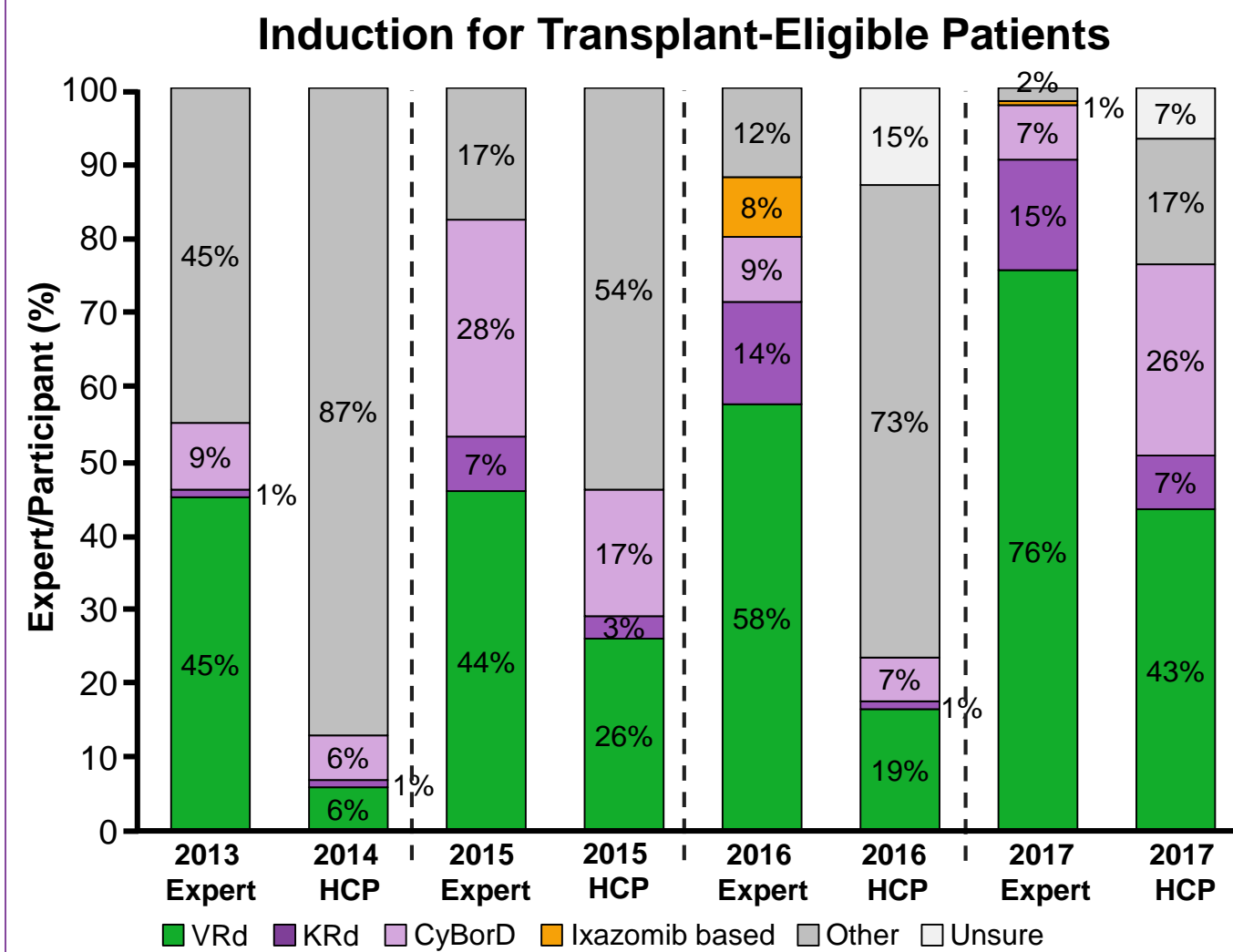
Acknowledgments and Disclosures

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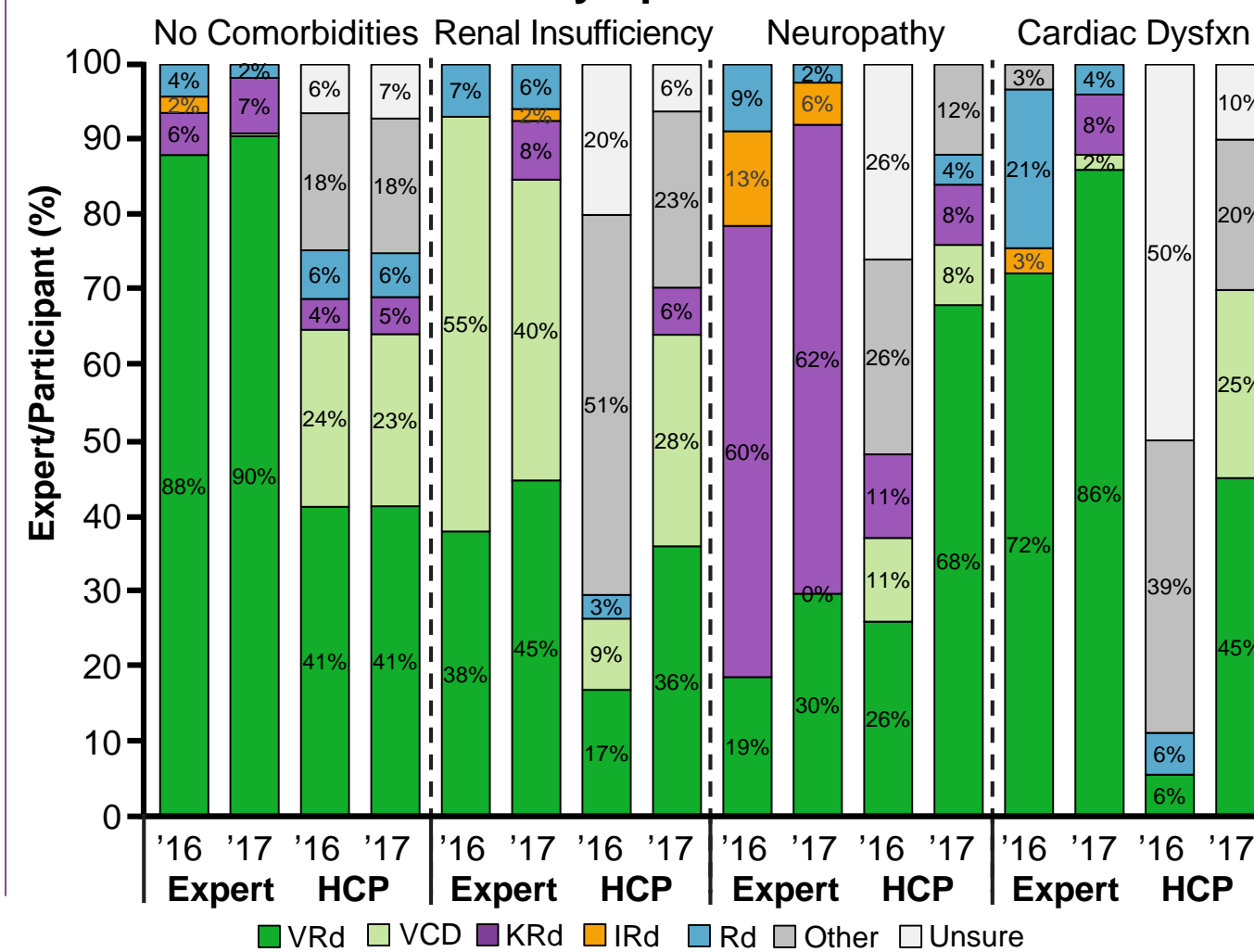
2017 Tool Participant Demographics



Induction Therapy (N = 401)

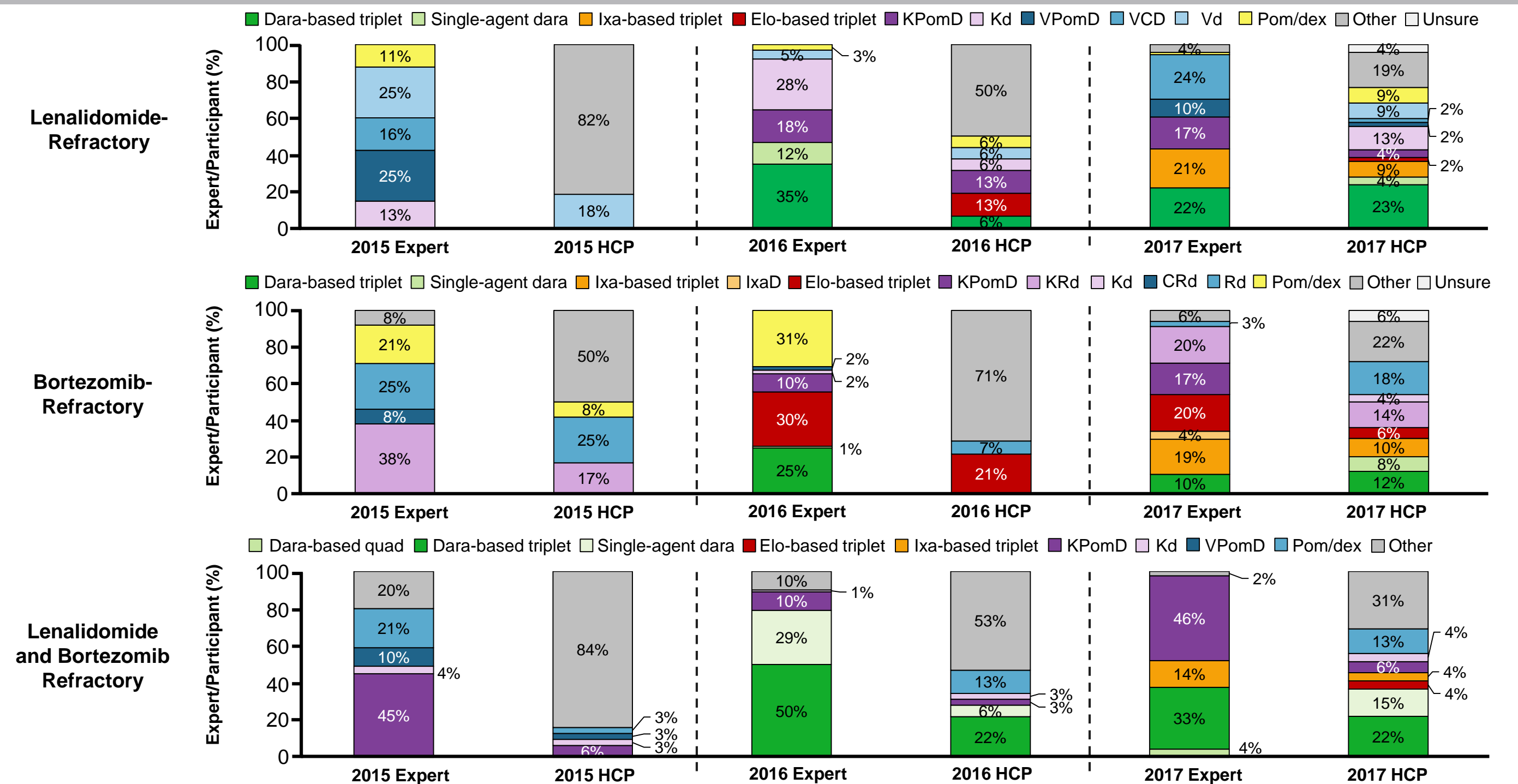


Induction by Specific Comorbidities



Results

Treatment Options for Relapsed/Refractory Disease (N = 280)



- Optional survey on intended use and tool impact shown after experts' recommendations answered for 186 of 746 cases (25%)

Intended Use of Tool (n = 186)	Cases, %
Hypothetical patient case (educational resource)	47
Actual patient case (virtual consultation)	53
Self-Identified Clinical Impact Among Those Differing From Expert Consensus (n = 100)	Cases, %
Changed treatment plan to match experts	38
Confirmed treatment plan	17
There are barriers for implementing expert recommendations	37

Conclusions

- The majority of HCPs using this tool indicated that the expert recommendations confirmed or changed their treatment choice in the absence of barriers (eg, access to new therapies)
- For induction treatment, overall intended treatment choice of online HCPs differed from experts for the majority of entered cases although the use of VRd is increasing for both experts and HCP
 - Consensus among experts has increased incrementally from 2013 to 2017, with triplet VRd being recommended for 76% of cases overall in 2017 vs 45% in 2013; however, varying comorbidities altered expert recommendation
 - By comparison, HCPs intended to use VRd for 43% of ASCT-eligible patient cases overall in 2017 vs 6% in 2013 but did not select expert recommended treatment for the majority of patient cases with comorbidities
- For R/R MM, use of recently approved therapies dramatically changed treatment recommendations of the experts in 2016/2017 but the broad range of available regimens are reflected in lack of a consensus in treatment choice by both experts and HCPs
 - Use of novel triplet therapy including either carfilzomib, ixazomib, daratumumab, or elotuzumab increased from 2015 to 2017, with experts recommending triplet therapy for > 90% of cases in 2017 vs ~40% in 2015, while HCPs selected triplet therapy in ~40% of cases in 2017 vs ~10% in 2015