

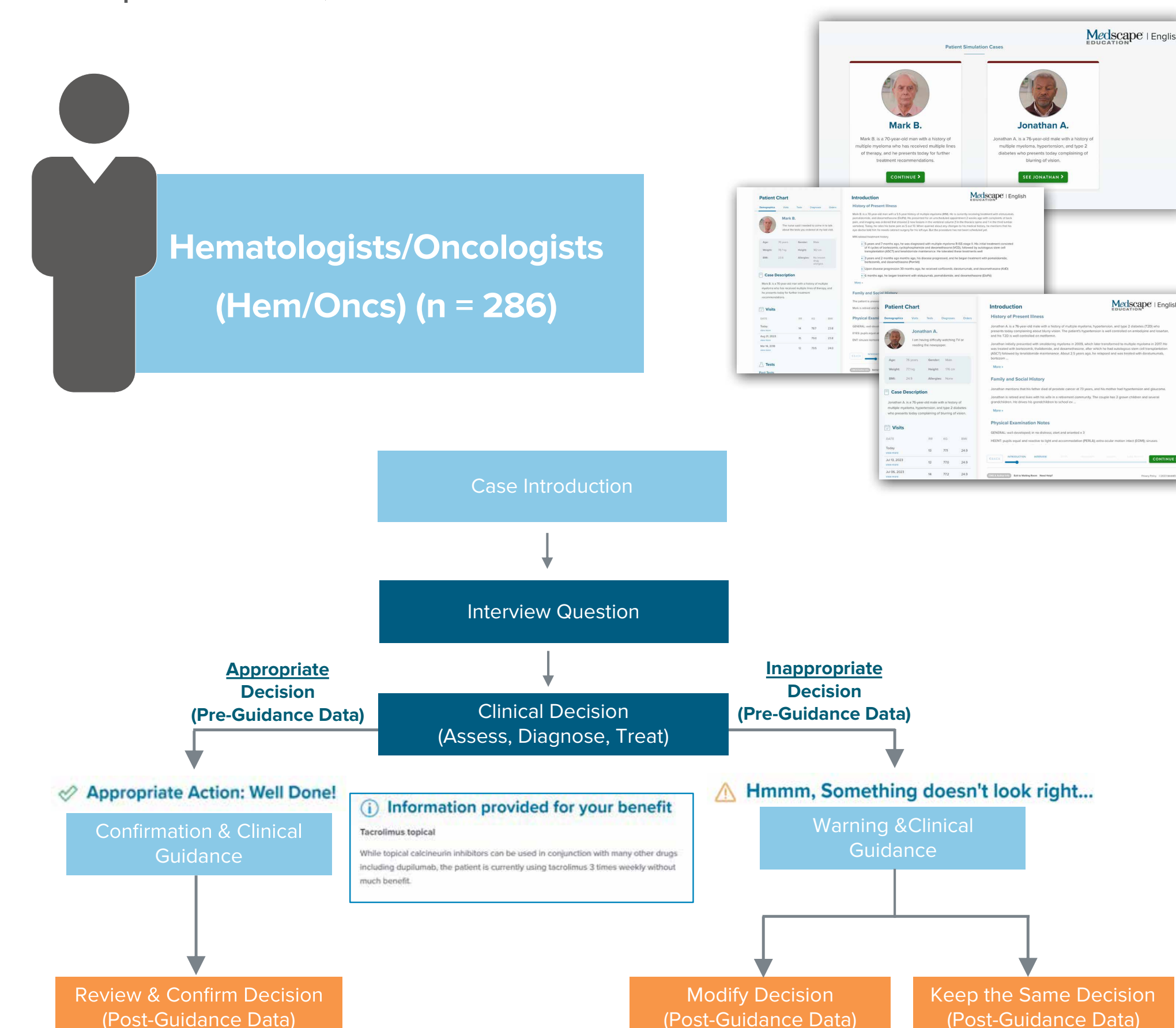
BACKGROUND

Managing relapsed/refractory multiple myeloma (R/R MM) is complex for hematologists/oncologists (hem/oncs), with many treatment options available with varying adverse event profiles. We assessed whether an online, virtual patient simulation (VPS) activity could improve the performance of hem/oncs in ordering appropriate tests, treating R/R MM with available therapies, and managing ocular toxicity associated with a MM treatment.



METHODS

This CME-certified VPS consisted of 2 patient cases presented in a platform that allowed physicians to assess the patients and complete open-field entries, choosing from an extensive database of diagnostic and treatment options reflecting the scope and depth of actual practice. After each decision, learners received clinical guidance (CG) based on current evidence and faculty recommendations. Clinical decisions were compared pre- and post-CG using a 2-tailed paired t-test to determine P values ($P < .05$ is significant). Rationales for clinical decisions were collected in real time. Data were collected between June 2022 and March 2023 and reported here as % relative improvement, P value.



RESULTS

PATIENT CASE 1: A 70-YEAR-OLD MAN WITH A HISTORY OF MM WHO HAS RECEIVED MULTIPLE LINES OF THERAPY AND REQUIRES FURTHER TREATMENT

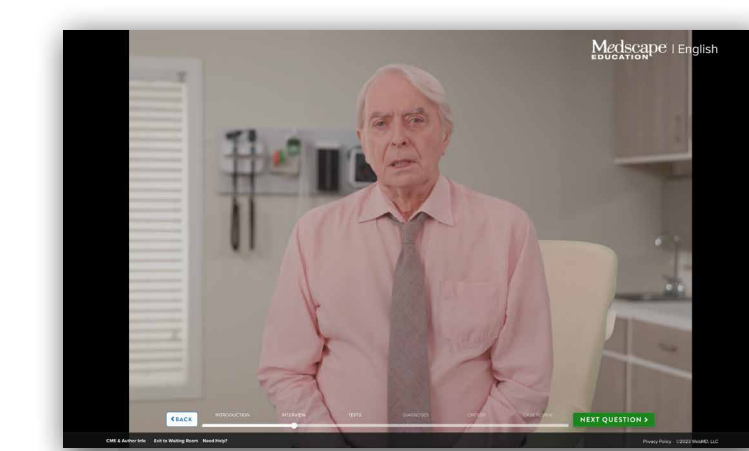


MARK B.
CASE SUMMARY

"The nurse said I needed to come in to talk about the tests you ordered at my last visit."

Mark is a 70-year-old man with a 5.5-year history of MM. He is currently receiving treatment with elotuzumab, pomalidomide, and dexamethasone (EloPd). He presented for an unscheduled appointment 2 weeks ago with complaints of back pain, and imaging was ordered that showed 2 new lesions in the vertebral column (1 in the thoracic spine and 1 in the third lumbar vertebra). Today, he rates his bone pain as 5 out of 10. When queried about any changes to his medical history, he mentions that his eye doctor told him he needs cataract surgery for his left eye. But the procedure has not been scheduled yet.

Age: 70 years Gender: Male
Weight: 78.7 kg Height: 182.0 cm
BMI: 23.8 Allergies: None



HEM/ONCS SIGNIFICANTLY IMPROVED THEIR PERFORMANCE IN SELECTING APPROPRIATE TESTS TO EVALUATE THE PATIENT

| PRE | POST | % CORRECT | % POINT CHANGE | P VALUE |
|--|------|-----------|----------------|-----------|
| Choices Made in Selecting Laboratory Test Evaluations | | | | |
| Order: Urine Immunofixation electrophoresis (UIFE) | 50% | 62% | ↑12% | $P < .01$ |
| Order: Serum Lactate Dehydrogenase (LDH) Test | 62% | 72% | ↑10% | $P < .01$ |
| Order: Serum Lactate Dehydrogenase (LDH) Test | 52% | 68% | ↑16% | $P < .01$ |
| Order: Serum Immunofixation Electrophoresis | 55% | 65% | ↑10% | $P < .01$ |
| Order: Serum free light chain assay | 60% | 73% | ↑13% | $P < .01$ |
| Order: Renal Function Test | 65% | 78% | ↑13% | $P < .01$ |
| Order: Peripheral Blood Smear | 43% | 58% | ↑15% | $P < .01$ |
| Order: Liver Function Tests (LFTs) | 73% | 83% | ↑10% | $P < .01$ |
| Order: Full Blood Count (FBC) | 80% | 88% | ↑8% | $P < .05$ |
| Order: Bone marrow cytogenetics | 67% | 75% | ↑8% | $P < .05$ |
| Order: 24-hour Urine Protein | 78% | 88% | ↑10% | $P < .01$ |

HEM/ONCS SIGNIFICANTLY IMPROVED THEIR PERFORMANCE IN SELECTING AN APPROPRIATE TREATMENT STRATEGY FOR NEWLY DIAGNOSED MM

| PRE | POST | % CORRECT | % POINT CHANGE | P VALUE |
|---|------|-----------|----------------|------------|
| Choices Made in Selecting Treatments | | | | |
| Selinexor + dexamethasone | 7% | 30% | ↑23% | $P < .001$ |
| Idecabtagene vicleuceel | 3% | 18% | ↑15% | $P < .01$ |
| Zoledronic acid | 5% | 50% | ↑45% | $P < .001$ |
| Order: Follow-up Visits | 42% | 55% | ↑13% | $P < .01$ |

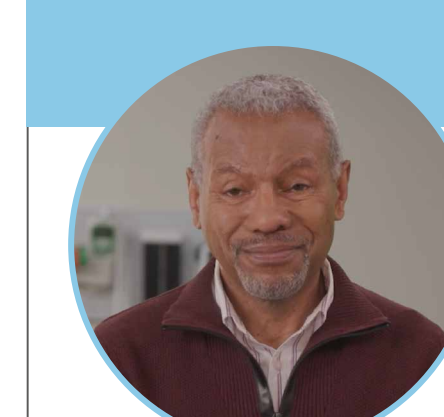
WHY DID HEM/ONCS MAKE SPECIFIC TREATMENT CHOICES?

| | | |
|---|--|---|
| 30% chose selinexor + dexamethasone. Why? | 18% chose iclecabtagene vicleuceel. Why? | 12% chose belantamab mafodotin. Why? |
| Clinical trial efficacy data: 61% | Guideline recommended: 69% | Guideline recommended: 57% |
| Guideline recommended: 44% | Clinical trial efficacy data: 62% | Approved: 57% |
| Approved: 33% | Approved: 38% | Clinical trial efficacy data: 43% |
| Side-effect profile is predictable: 11% | Familiarity using this therapy: 8% | Side-effect profile is predictable: 14% |

WHY DID HEM/ONCS NOT MAKE SPECIFIC TREATMENT CHOICES?

| | |
|--|--|
| 70% did not choose selinexor + dexamethasone. Why? | 82% did not choose iclecabtagene vicleuceel. Why? |
| Unfamiliar with this therapy: 43% | Unavailable to patients in my country due to financial considerations: 52% |
| Unavailable to patients in my country due to financial considerations: 40% | Idecabtagene vicleuceel: 42% |
| Unfavorable side-effect profile: 20% | zoledronic acid: 19% |
| Not guideline recommended: 18% | Order: Follow-up Visits: 10% |

PATIENT CASE 2: A 76-YEAR-OLD MAN WITH A HISTORY OF MM, HYPERTENSION, AND TYPE 2 DIABETES WHO HAS COMPLETED 3 CYCLES OF BELANTAMAB MAFODOTIN AND COMPLAINED OF BLURRED VISION

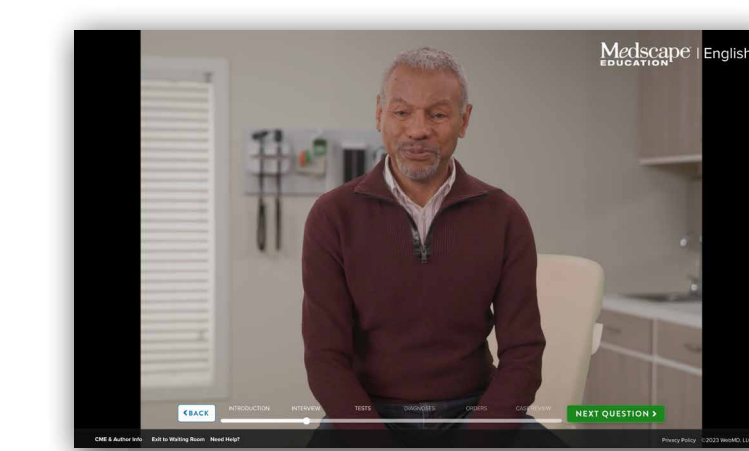


JONATHAN A.
CASE SUMMARY

"I am having difficulty watching TV or reading the newspaper."

Jonathan is a 76-year-old man with a history of multiple myeloma, hypertension, and type 2 diabetes. Belantamab mafodotin therapy was started 9 weeks ago, and he has been tolerating treatment very well. Prior to starting treatment, an ophthalmologic investigation revealed mild keratopathy. He complained about some mild back pain after starting treatment, but today he says it does not bother him anymore. He is also feeling more energetic, and he can carry on with his daily activities right now. He presents today complaining of blurring of vision.

Age: 76 years Gender: Male
Weight: 77.1 kg Height: 176.0 cm
BMI: 24.9 Allergies: None



HEM/ONCS SIGNIFICANTLY IMPROVED THEIR PERFORMANCE IN MANAGING OCULAR TOXICITY ASSOCIATED WITH THERAPY FOR R/R MM

| PRE | POST | % CORRECT | % POINT CHANGE | P VALUE |
|---|------|-----------|----------------|------------|
| Choices Made in Managing Ocular Toxicity | | | | |
| Start: Preservative-free eye drops | 5% | 52% | ↑47% | $P < .001$ |
| Order: Patient Follow-up | 43% | 64% | ↑21% | $P < .01$ |
| Order: Ophthalmology Consult | 43% | 71% | ↑28% | $P < .001$ |
| Order: Comprehensive Eye Exam | 81% | 90% | ↑9% | $P < .05$ |
| Order: Compliance with eye drop use | 43% | 69% | ↑26% | $P < .001$ |
| Order: Avoid contact lens use | 43% | 67% | ↑24% | $P < .001$ |
| Order: Avoid contact lens use | 43% | 71% | ↑28% | $P < .001$ |
| Discontinue: belantamab mafodotin | 26% | 57% | ↑31% | $P < .001$ |

WHY DID HEM/ONCS MAKE SPECIFIC TREATMENT CHOICES?

| | |
|--|---|
| 43% chose to continue belantamab mafodotin. Why? | 52% chose preservative-free eye drops. Why? |
| Not guideline recommended: 60% | Guideline recommended: 82% |
| Unfamiliar with managing ocular toxicities: 57% | Familiarity managing ocular toxicities: 41% |
| Not suitable for patient profile: 30% | |

WHY DID HEM/ONCS NOT MAKE SPECIFIC TREATMENT CHOICES?

| | |
|---|--|
| 57% did not continue belantamab mafodotin. Why? | 48% did not choose preservative-free eye drops. Why? |
| Guideline recommended: 68% | Unfamiliar with managing ocular toxicities: 82% |
| Side-effect profile is predictable: 64% | Not guideline recommended: 47% |
| Clinical trial safety data: 36% | Not suitable for patient profile: 6% |
| Familiarity using this therapy: 16% | |

CONCLUSIONS

These results demonstrate the success of immersive, online VPS education that engages physicians in a practical learning experience in improving their performance in choosing the optimal therapy for patients with R/R MM, as well as managing treatment-related adverse events.



REFERENCE

Einsele HC, Popat R. Virtual Case Challenges in Relapsed/Refractory Multiple Myeloma. Launched June 2022. Data as of March 2023. www.medscape.org/viewarticle/967998

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DISCLOSURES

Victoria Harvey-Jones, PhD, Sanneke Koekkoek, Yelena Parada have disclosed no relevant financial relationships.

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