Health Equity
December 20, 2023

Tech Support
1-719-234-7952
Resources

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

Submit your questions throughout the program!
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

Speakers

Sikander Ailawadhi, MD
Mayo Clinic Florida
Jacksonville, Florida

Surbhi Sidana, MD
Stanford University
Stanford, California
Current Barriers to Health Equity

Surbhi Sidana, MD
Stanford University
Stanford, California

Racial Disparities: Health Care Access and Delivery

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

Slide courtesy of Sikander Ailawadi, MD.
Factors to Consider

- Symptoms at presentation
- Risk category
- Prior therapy: response and duration
- Aggressiveness of presentation: biochemical or clinical
- Age
- Performance status/frailty
- Symptom burden: Comorbidities
- Goals and expectations
- Caregiver status
- Socioeconomics
- Financial impact/toxicity
- Exposure/refractoriness to anti-myeloma agents/regimens
- 1-, 2-, 3-, 4-drug regimen
- Symptom burden: residuals from prior treatment
- Expected efficacy and toxicity of proposed regimen
- Logistics of treatment administration

Multiple Myeloma Risk Factors

- **Age**: Over 60% of diagnoses in patients >65 years of age
- **Sex**: 1.5 times more common in males
- **Family History**: Increased risk with history in first-degree relatives
- **Race**: Greater risk for African Americans, lower risk for Asian or Pacific Islanders
Multiple Myeloma Incidence by Race/Ethnicity

Race and Age at Diagnosis

The median age at diagnosis for all patients is 69 years

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 Americans\(^1\)
- African Americans less likely to receive SCT than Caucasians, even after controlling for age, sex, socioeconomic status, insurance provider, and comorbidity score\(^2\)
- SCT utilization rate (2008–2013) was lowest and had smallest increase over time for Hispanics\(^3\)
- African Americans are referred for a SCT significantly later in their disease course than Caucasians\(^4\)
- Overall SCT utilization (2007–2009) was lowest for Hispanics\(^5\)


Racial Disparity in Access to Care: Novel Agents

Utilization over time: (2007–2013)

<table>
<thead>
<tr>
<th></th>
<th>Caucasian patients (N=526)</th>
<th>African American patients (N=113)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment with triplet</td>
<td>73%</td>
<td>55%</td>
</tr>
<tr>
<td>PI + IMiD-based triplet</td>
<td>46%</td>
<td>35%</td>
</tr>
<tr>
<td>Alkylator-based triplet</td>
<td>27%</td>
<td>20%</td>
</tr>
<tr>
<td>First-line ASCT</td>
<td>49%</td>
<td>39%</td>
</tr>
</tbody>
</table>

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

Racial Disparity in Access to Care: Clinical Trials


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

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


Racial Disparity in Cost of Care: Financial Toxicity

Health care cost over time by patient race-ethnicity:

Racial Disparities in Myeloma-Related Mortality Persist

![Graph showing racial disparities in myeloma-related mortality](image)

**Legend (Race/Ethnicity):**
- Hispanic (any race)
- Non-Hispanic American Indian / Alaska Native
- Non-Hispanic Asian / Pacific Islander
- Non-Hispanic Black
- Non-Hispanic White


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

![Graph showing OS and PFS by race/ethnicity](image)

OS, overall survival; PFS, progression-free survival.

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.

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
Overcoming Barriers to Health Equity

Sikander Ailawadhi, MD
Mayo Clinic Florida
Jacksonville, Florida

Success Factors to Navigate a Complex Pathway to Care

Social Determinants of Health


Important to Monitor Social Determinants of Health Throughout Patient Journey
Screening Tools for Assessing Social Determinants of Health

**Health-Related Social Needs (HRSN)**
Used to determine impact of systematically screening for health-related social needs on healthcare costs and health outcomes

**PRAPARE**
Resources and guidance for implementation of an SDH data collection initiative

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

---

Importance of Patient Education

**Education reduces the risk of complications and improves compliance**

**Newly diagnosed**
- Time of highest informational need
- Disease-specific information
- Curability
- Treatment options
- Side effects
- Treatment duration
- Clinical trials

**After treatment**
- Problems related to treatment
- Secondary malignancy
- Screening
- Risk of recurrence
- Additional treatments

**Disease relapse**
- Prognosis
- Palliative and supportive care
- Complementary and alternative medicine

---

HCP, healthcare professional.


Patient-Centered Approach

95% of patients want to participate in their treatment decisions

Factors Improved by Patient-Centered Communication
- Patient confidence and satisfaction
- Trust in healthcare team
- Adherence to therapy
- Health-related QoL
- Physical health

QoL, quality of life.


Facilitating Access to Transplant

Educate
- Counsel patients on benefits, risks, what to expect
- Address concerns and potential misconceptions

Advocate
- Connect patient with institutional and community resources and assistance programs

Refer
- Timely referral to a transplant center for comprehensive assessment
- Utilize navigation systems (nurse navigator, lay navigator, patient advocate)

Assess for Eligibility
- Primarily determined by age and comorbidities, but advanced age is not an absolute contraindication
- Interprofessional collaboration with transplant center

Facilitating Access to CAR T-Cell Therapy

Among 81 patients at 2 US academic centers from March 2021 to March 2022:
- 32% died on waitlist
- 27% still waitlisted at 12 months
- 12% removed from waitlist
- 29% received infusion

Facilitating Access to Clinical Trials

CRO, contract research organization; DEI, diversity, equity, and inclusion; HEOR-RWE, health economics outcomes research and real-world evidence.
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


Supporting Underserved Patients Through Patient Resources

MＭＲＦ Patient Navigation Center

Expect guidance.

**THE RIGHT TRACK**

Get on the right track for you

right Team

right Tests

right Treatment

Contact the Patient Navigation Center Today

561-569-6600

Email: patientsupport@mmrf.org

Supported by

MMRF

© 2023 MMRF. All Rights Reserved.
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

Whether you need financial aid related to your medication, transportation to treatment, or help understanding your insurance, the lists below offer a range of resources to help.

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

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”

Overcoming Disparities: Difficult But Not Impossible!

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

SDOH, social determinants of health.

Questions & Answers
Health Equities in Multiple Myeloma Webinar
December 20, 2023

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

Check out our High-Impact Topic videos

To Learn More & Find Your Event today!
https://themmrf.org/get-involved/mmrf-events
# Upcoming Patient Education Events

**Save the Date**

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

For more information or to register, visit [https://themmrf.org/educational-resources](https://themmrf.org/educational-resources)
Resources

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

Thank you!