

Doctor-Patient Relationships and Patient Satisfaction in Multiple Myeloma: Implications of Shared Decision-Making and Racial Disparities

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INTRODUCTION

Multiple myeloma (MM) is a complex hematological malignancy, and treatment decisions at relapse or refraction play a critical role in patient outcomes. HealthTree Cure Hub is a patient-derived, patient-driven clinical cancer information platform that empowers patients to contribute to myeloma research (PMID: 35271305).¹

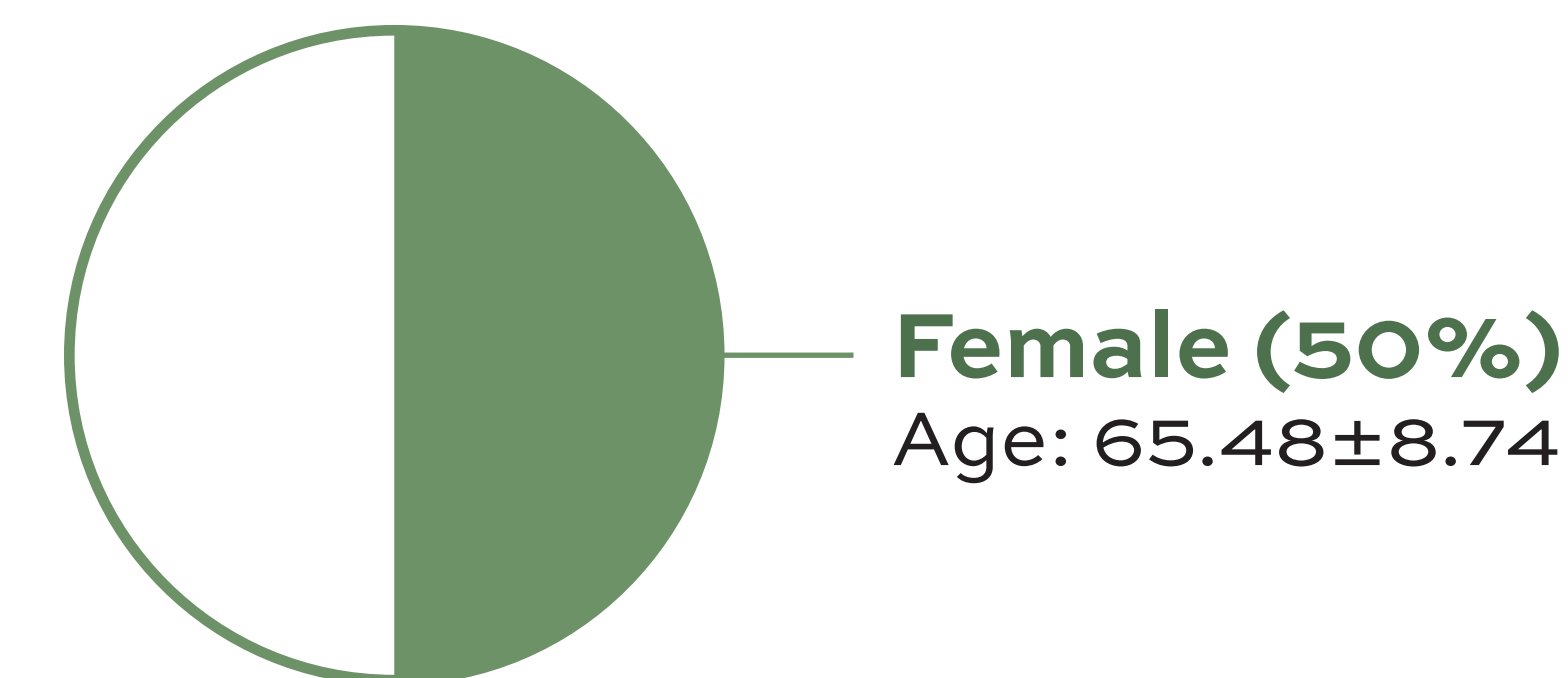
OBJECTIVE

In this study, we surveyed MM patients within the HealthTree Cure Hub platform to gain insights into their decision-making process and satisfaction with treatment decisions, which is crucial for improving care.

METHODS

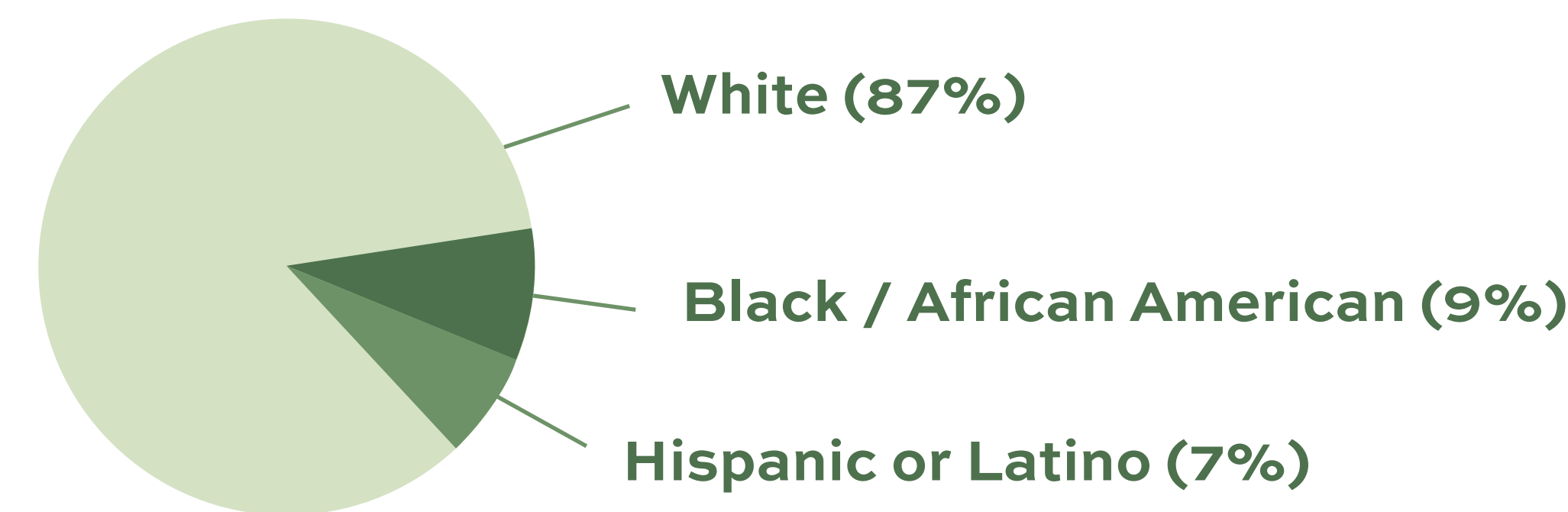
Total Participants: **562 MM patients**

*Including patients with history of relapsed/refractory (RR) disease



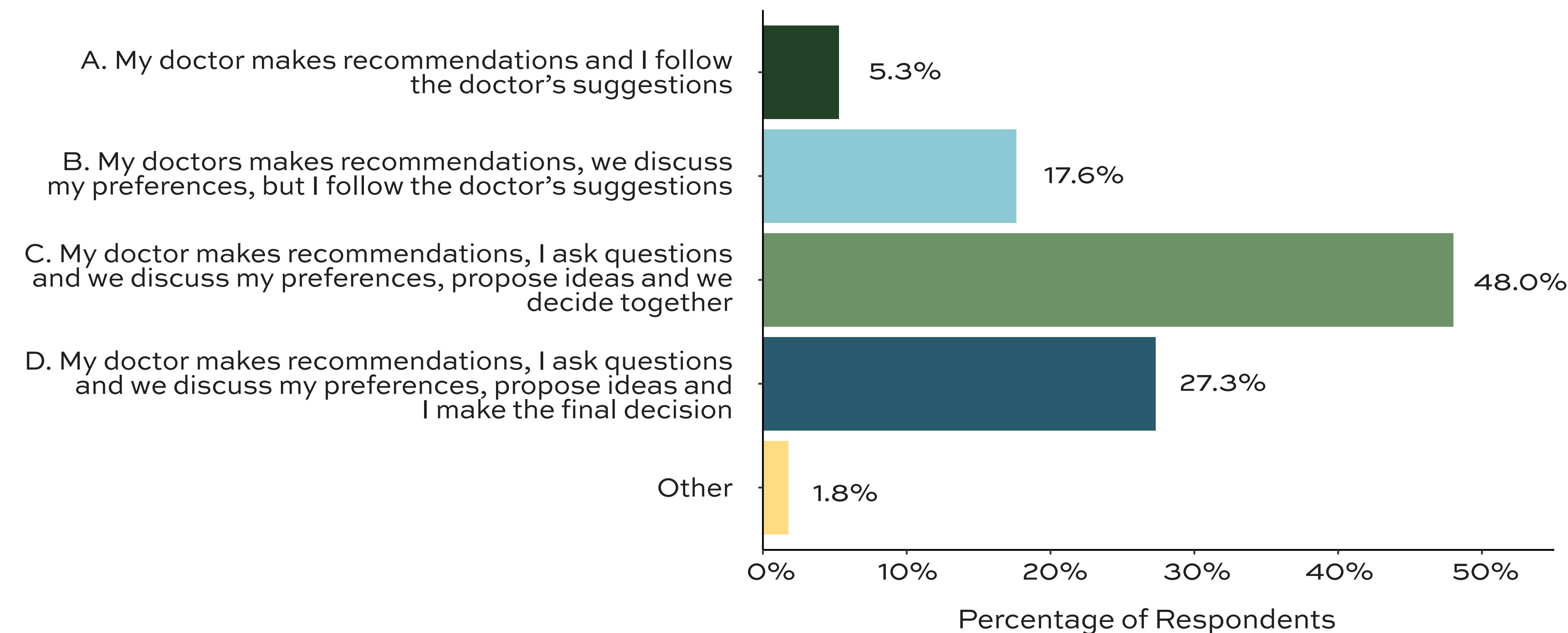
300 participants

Had their demographics available and their responses were analyzed.



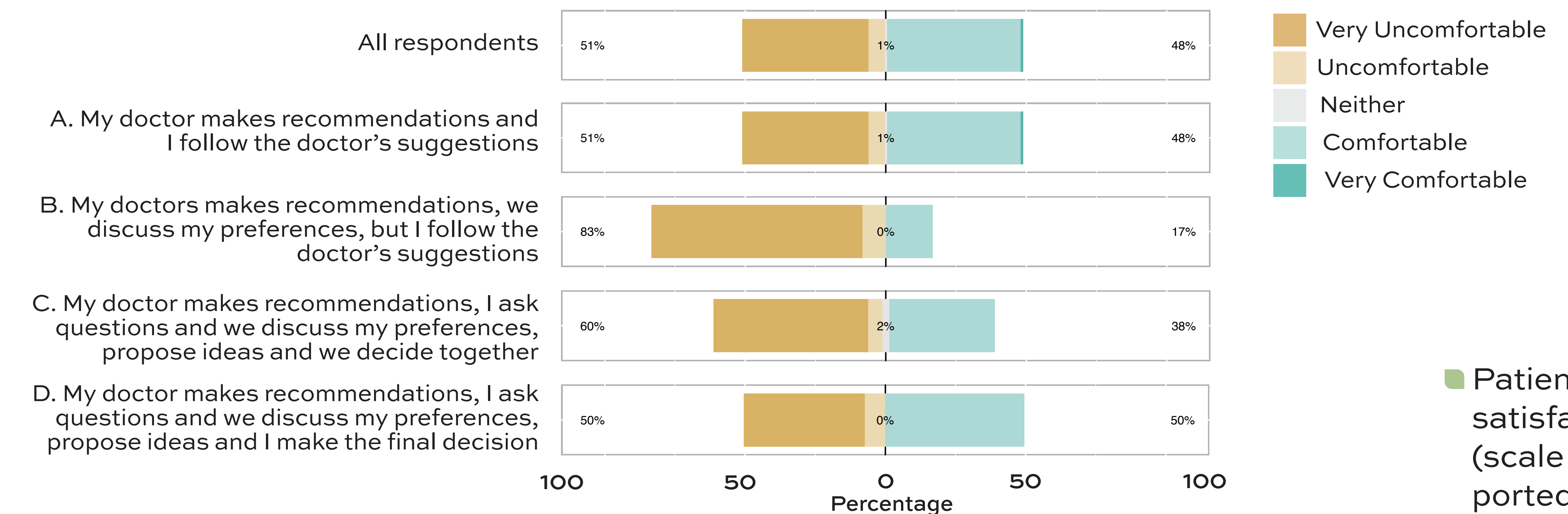
405 participants

Answered how they would describe their relationship with their doctor. A descriptive analysis was employed to explore the different types of Doctor-Patient relationships and their association with patient satisfaction and comfort regarding treatment decisions. Different relationship types were defined as follows:



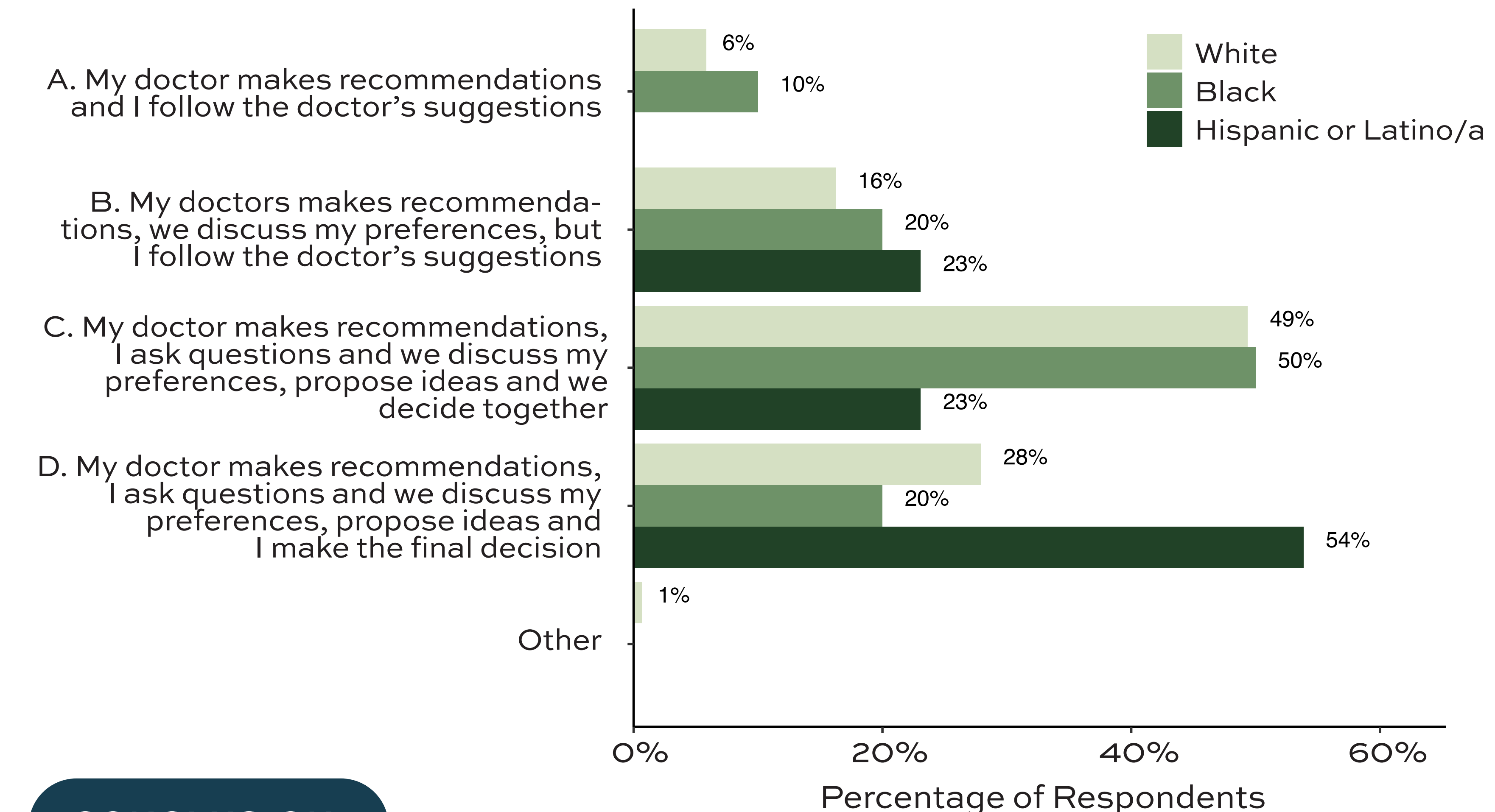
RESULTS

Comfortability with Change in Treatment Decision For Each Patient/Doctor Relationship Type



Patients reported education satisfaction of 3.96 ± 0.83 (scale 1-5). AA patients reported a lower score (3.5 ± 0.53) compared to HL (4.15 ± 0.8) and whites (4.05 ± 0.9).

Relationship Type in Different Demographics



When assessing the score across different relationship types, the scores were: A (3.75 ± 0.4), B (3.85 ± 0.28), C (3.88 ± 0.15), and D (4.26 ± 0.2).

CONCLUSION

The analysis of education satisfaction and comfortability with the decision for different relationship types showed that higher satisfaction and comfortability scores were associated with relationship types where patients asked questions, proposed ideas, and decided together with their doctor. Comparatively, AAs showed a lower education level satisfaction score, which can be attributed to their noticeable disparity in the level of engagement in patient decision-making within their doctor-patient relationships when compared to their HL and white counterparts. The results emphasize the importance of effective doctor-patient communication and shared decision-making in enhancing MM patient satisfaction with treatment decisions.