

Exploring Patient Decision-Making and Satisfaction in Relapsed/Refractory Multiple Myeloma: The Role of Education and Time Allocation

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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

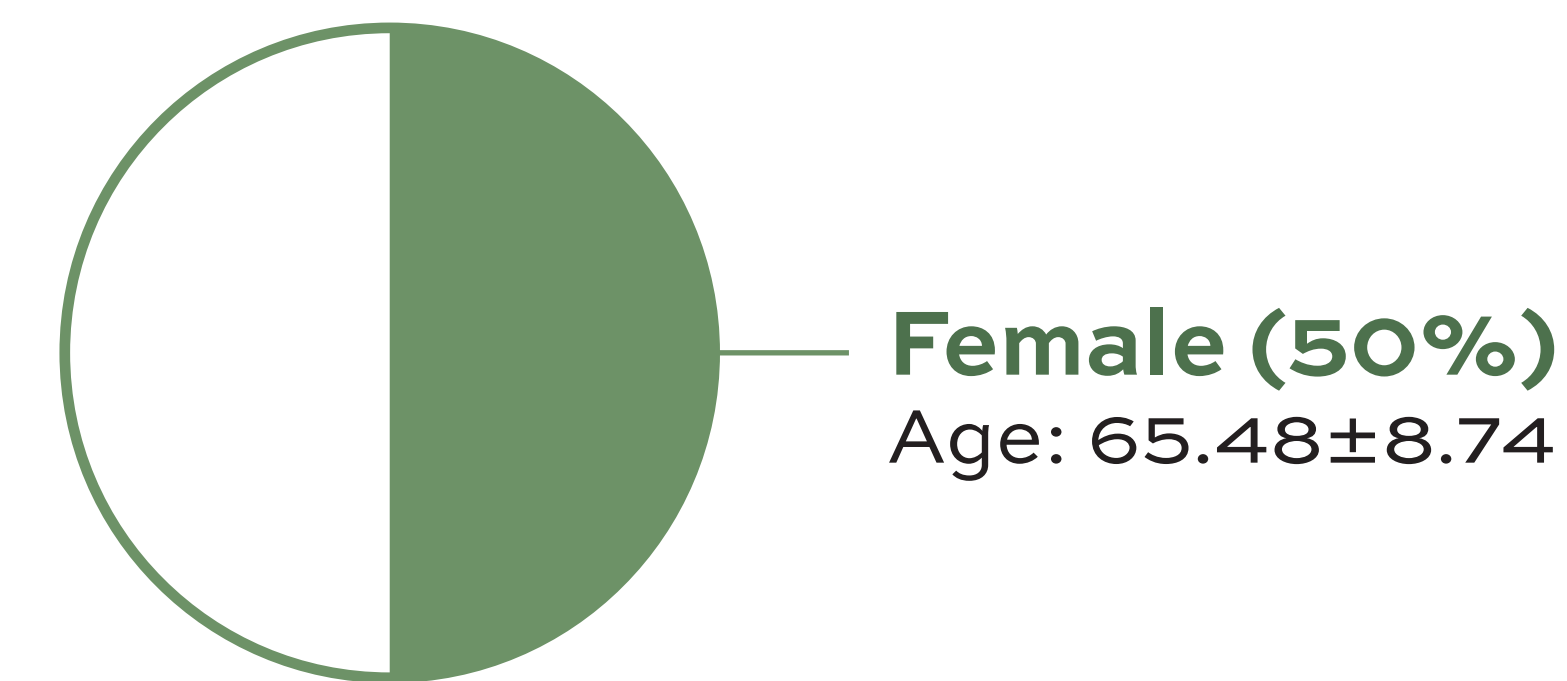
OBJECTIVE

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

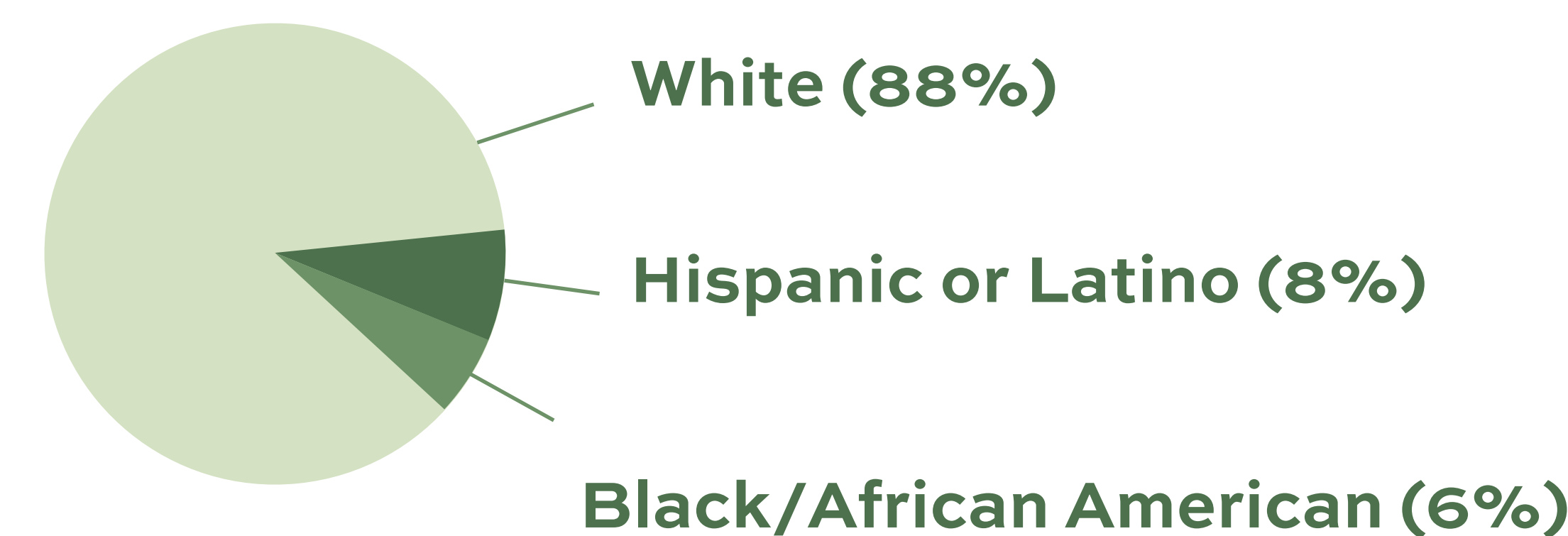
Total Participants: **565 MM patients**

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



191 participants

Had their demographics available and their responses were analyzed.



253 participants

Answered 4 key questions analyzed using linear regression and correlation analysis to explore:



Relationships between level of education for treatment decisions



Time given between treatments



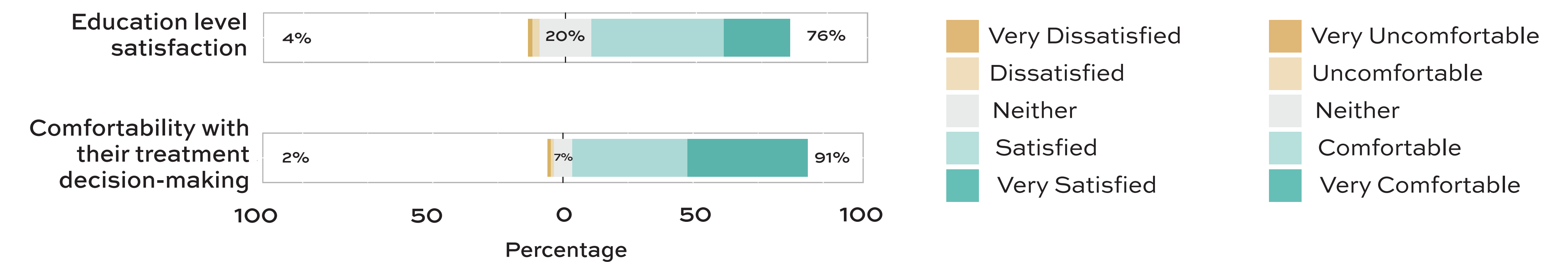
Time used for decision-making



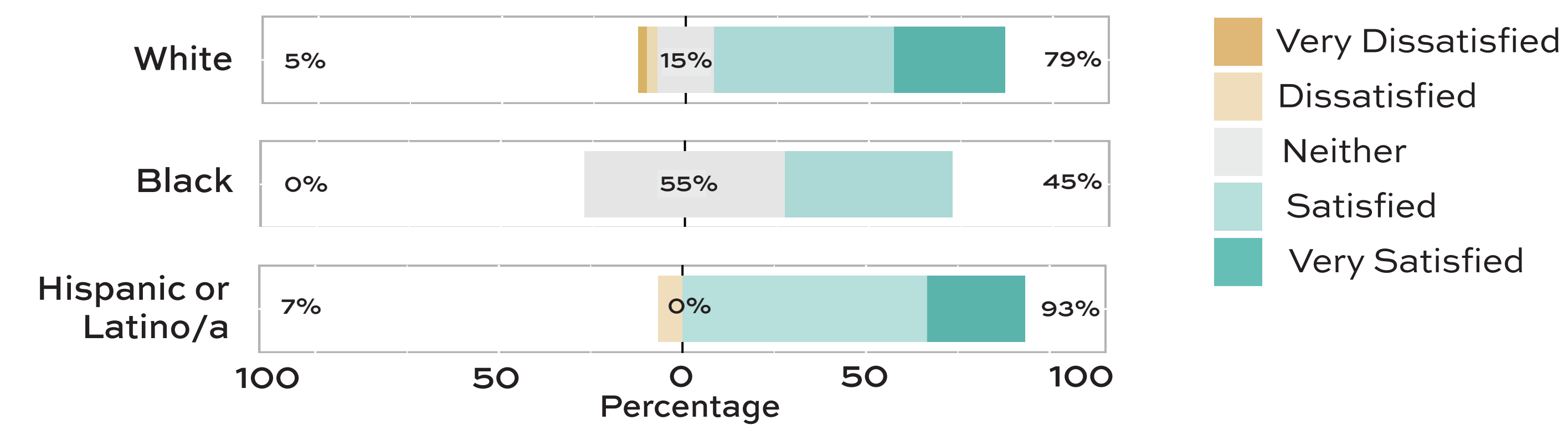
Comfort with the final treatment decision

RESULTS

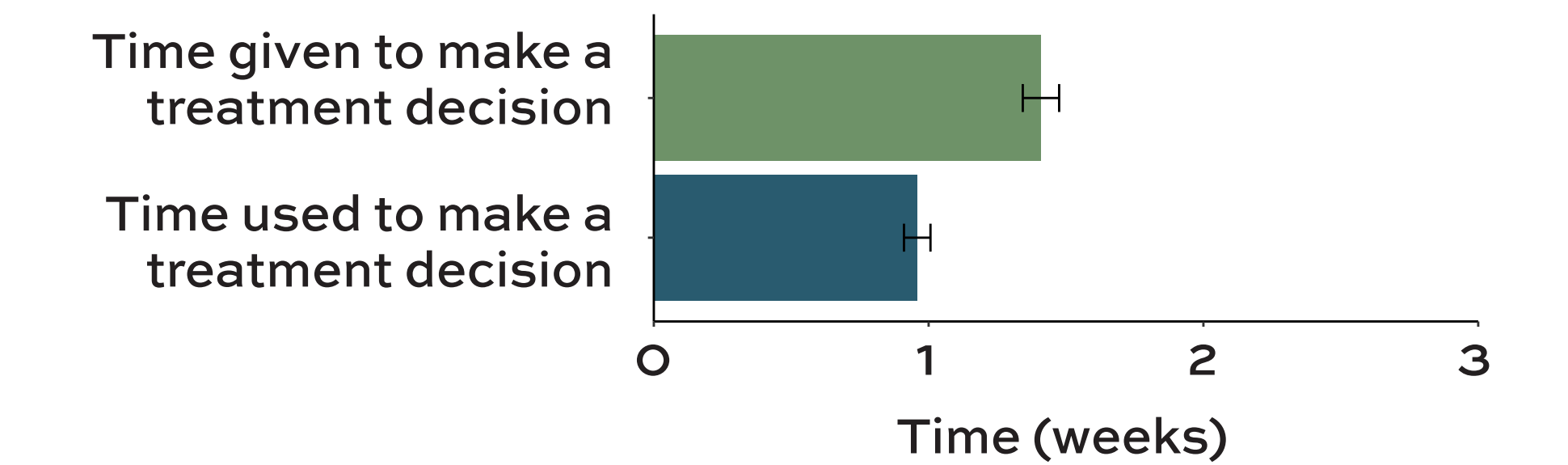
Relapsed/Refractory Patients Results



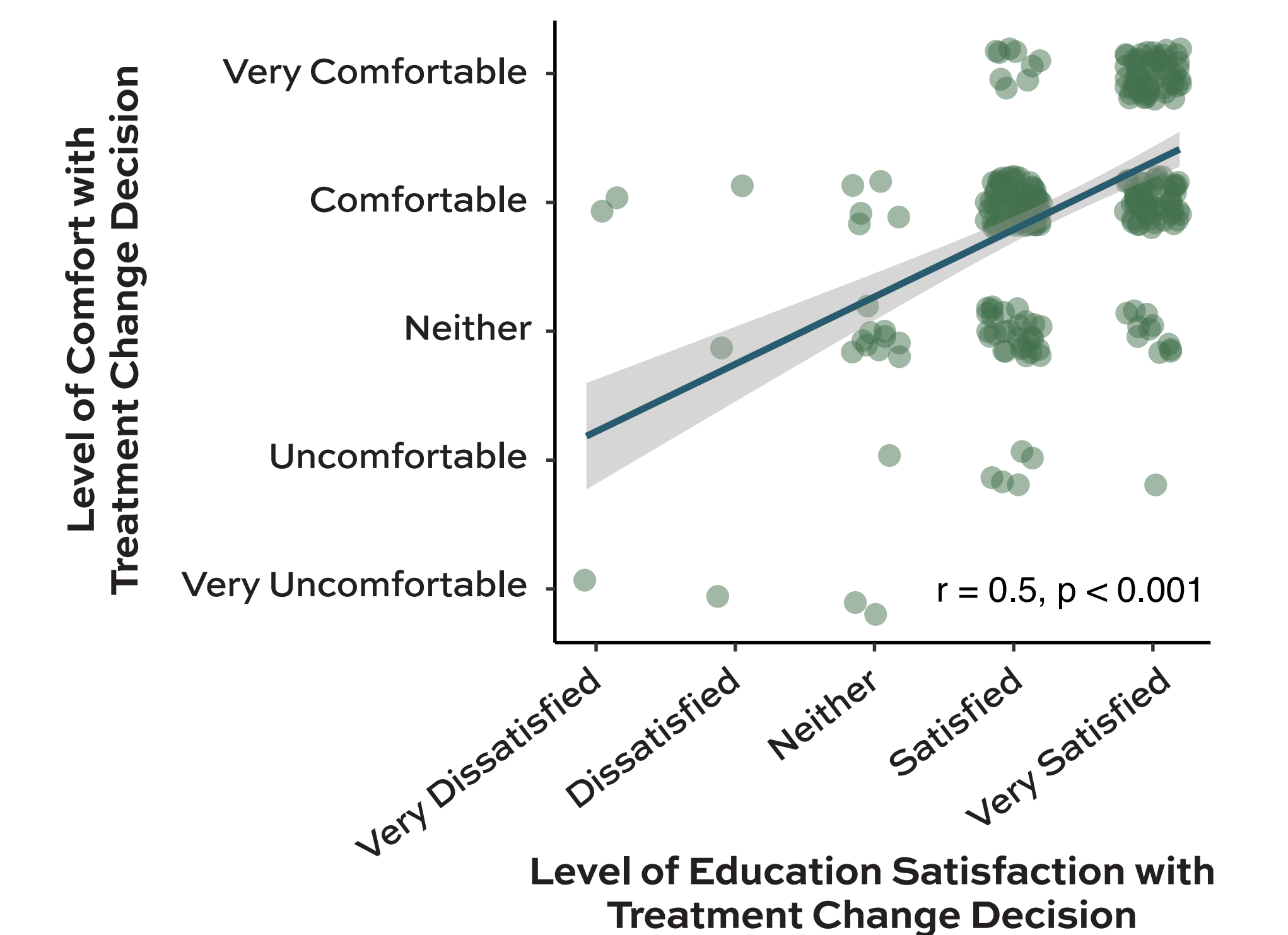
Education Satisfaction Level for Change in Treatment Decision by Demographics



Time Given and Used for Change in Treatment Decision



- Regression analysis indicated that the level of education satisfaction has a positive impact on predicting comfortability with the final treatment decision (ce 0.46, p = <0.001); correlation analysis (r = 0.5).
- There was a weak positive association between comfort with treatment decision and the time allowed for decision-making (ce 0.11, p = 0.002).
- Additionally, there was a weak negative association between the time taken for changing therapy and the comfort with the final treatment decision (ce -0.093, p = 0.04).



CONCLUSION

This study provides valuable insights into the decision-making process of MM patients at the time of RR. The results highlight the importance of patient education, with higher levels of education positively influencing comfort with treatment decisions. Remarkably, AA patients reported a lower education level satisfaction score compared to their HL and White counterparts. Additionally, the findings emphasize the significance of sufficient time allocation for decision-making, as longer intervals are associated with increased comfort. Healthcare providers should focus on patient education and ensure adequate time for informed decision-making to enhance patient satisfaction with treatment outcomes in MM at relapse.