

Exploring gender-based decision-making differences among patients with relapsed/refractory multiple myeloma

BACKGROUND

This study aimed to evaluate gender-based preferences in treatment decision-making among patients with relapsed/refractory multiple myeloma (RRMM), an area that has been understudied despite the expanding therapeutic options available for this condition.

METHODOLOGY

HealthTree Cure Hub(PMID: 35271305) was used to administer a 30-question survey that covered 11 domains influencing decisions at the moment of treatment change.

This analysis specifically examines gender differences across 3 domains:



Treatment-Related Factors



Patient-Related Factors



MM Educational Resources

RESULTS

Total Participants: 289 Patients

Age: 66 years (SD \pm 9)

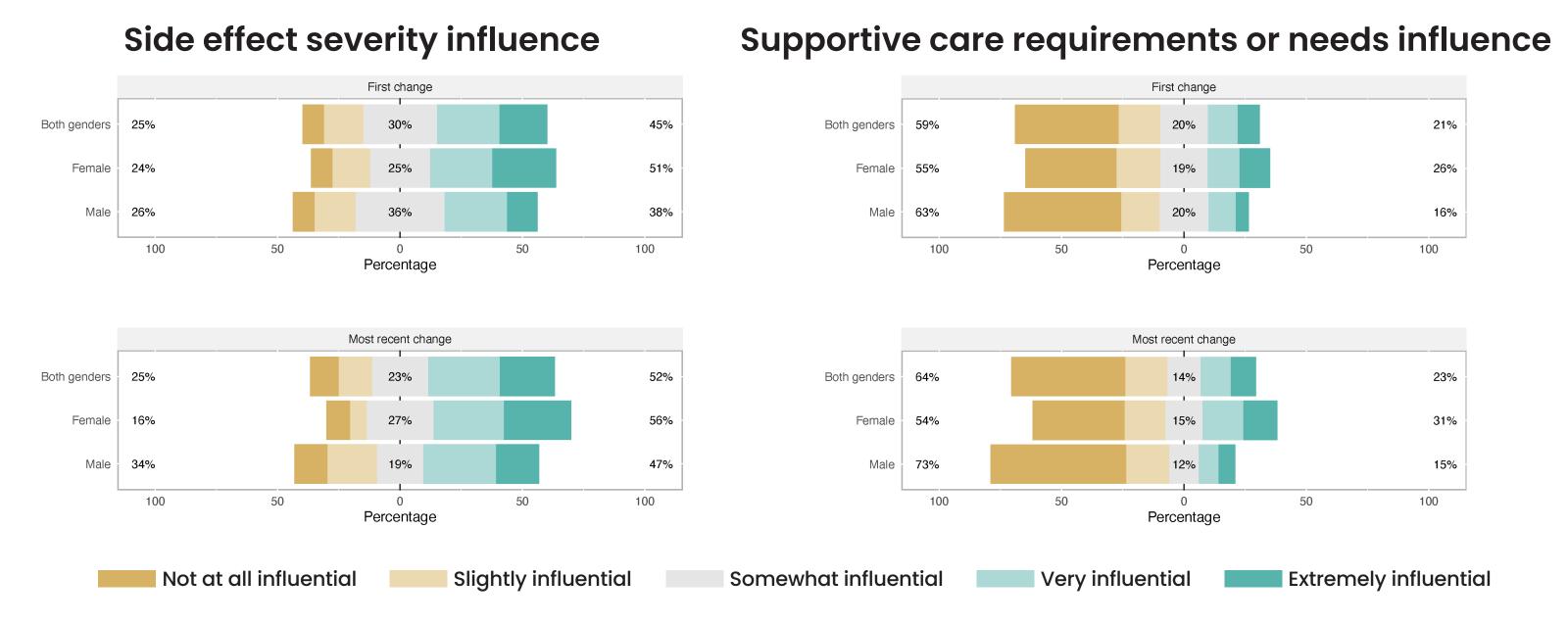
Gender Distribution: 53% were Female

Ethnicity Distribution: Of 244 respondents, 91% were white Education level: 48% had professional School education



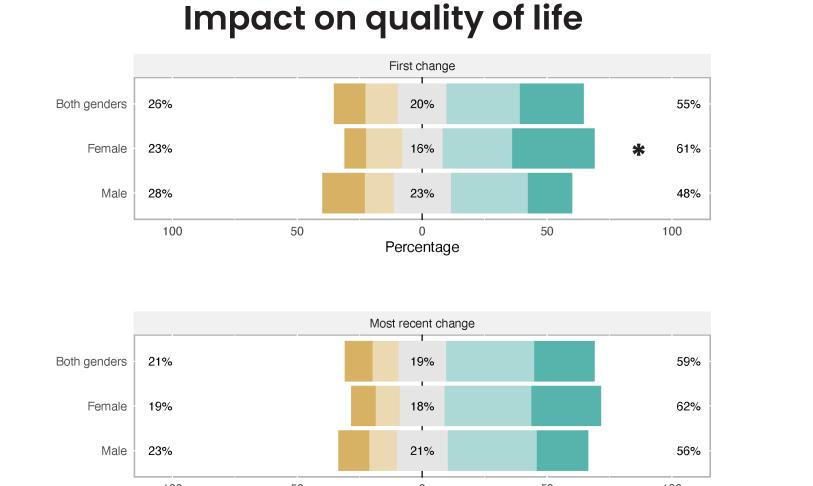
Treatment-Related Factors

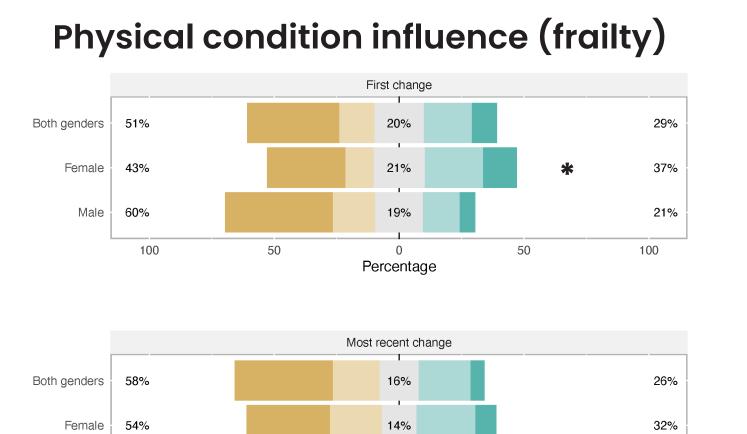
Patients rated each aspect on scales ranging from 1 (not at all influential) to 5 (extremely influential)

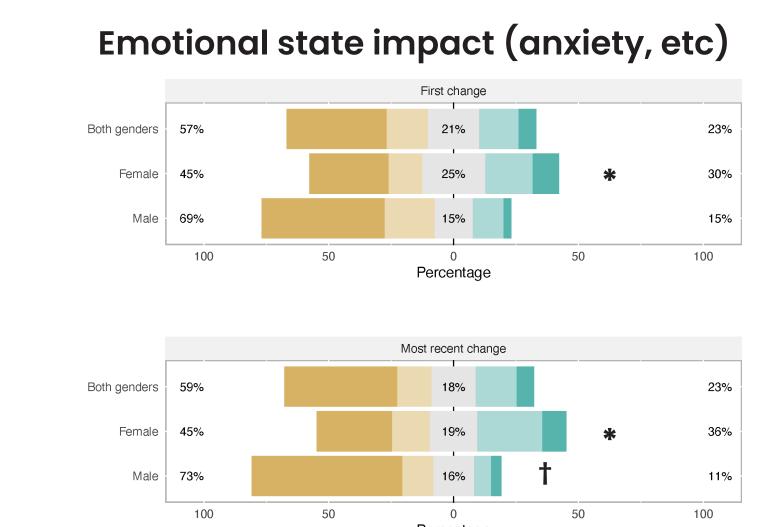


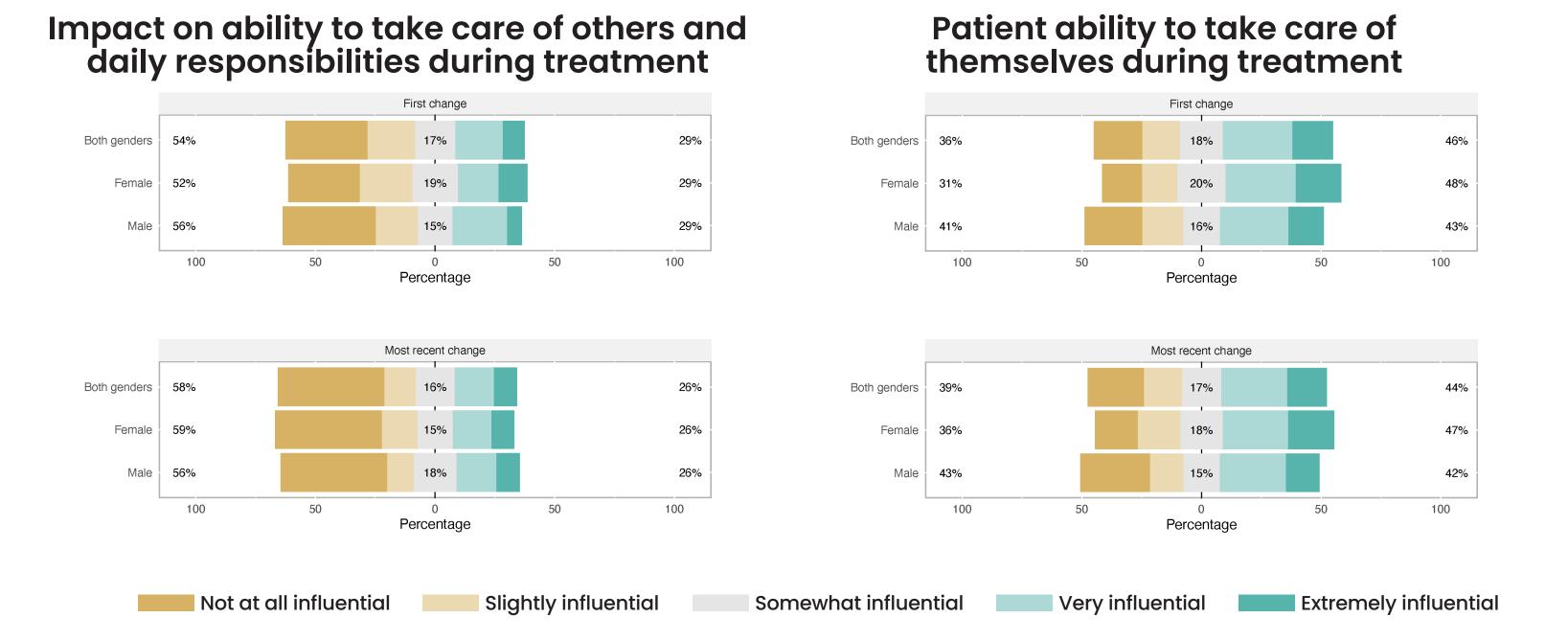
Authors: Mary Arnett, Karla Mariana Castro Bórquez, Jorge Arturo Hurtado Martínez, Andrea Isabel Robles Espinoza, Patricia Alejandra Flores Pérez, Andrea Jimena Cuevas Vicencio, Felipe Flores Quiroz, Rachel M. Jensen, Robert Z. Orlowski, Julie Strain, Laura L. ladeluca, Rachel Solomon, Virginie Delwart, Cynthia Chmielewski, Jennifer M. Ahlstrom, Jay R Hydren. Organizations: HealthTree Foundation, Lehi, UT; The University of Texas MD Anderson Cancer Center, Houston, TX; GlaxoSmithKline plc, Durham, NC; Sanofi, Washington, DC; Regeneron Pharmaceuticals, Tarrytown, NY.

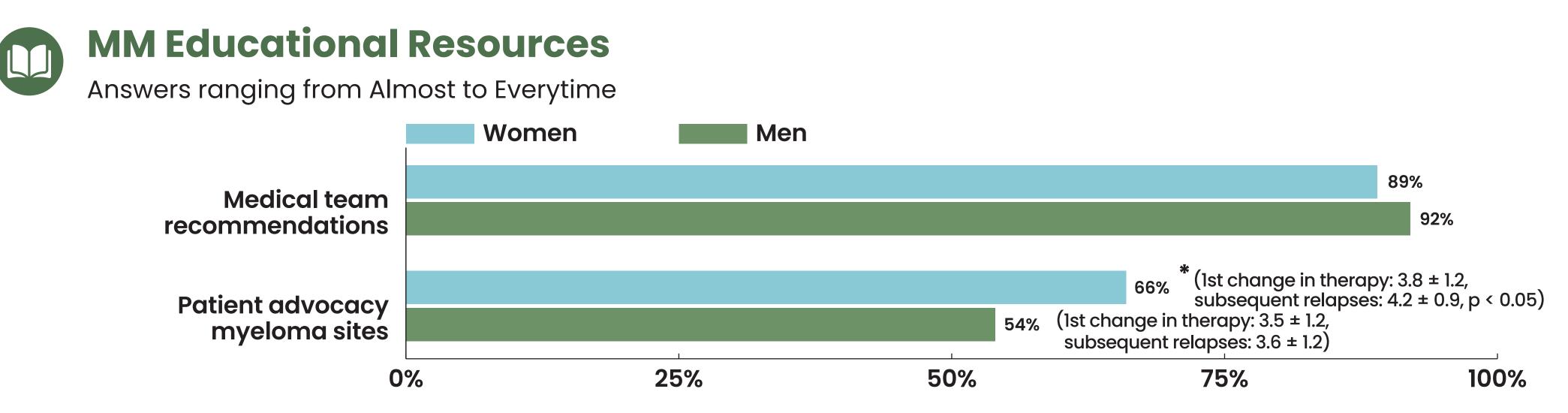
Patient-Related Factors Scales ranging from 1 to 5











* Indicates significant difference in gender within first and most recent change in therapy, p < 0.05.

† Indicates significant difference within gender from first change in therapy, p < 0.05.

CONCLUSION

Both genders highly value medical efficacy. However, secondarily, women prioritize emotional state (anxiety, etc.) and practical aspects impacting quality-of-life, while men generally rated these aspects less than women. The top educational resources for both genders were their medical care team followed by patient advocacy myeloma websites. This prompts the integration of decision-making factors to formulate care strategies attuned to the individual's unique journey.

