

# PA-476. What Matters to Patients on Bispecific Antibodies for Relapsed/Refractory Myeloma: Priorities, Symptom Burden, and Delivery Preferences

**Authors:** Jay Hydren, PhD<sup>1</sup>, Mason S. Barnes, B.S.<sup>1</sup>, Jorge Arturo Hurtado Martinez, MD, MHSc<sup>1</sup>, Felipe Flores Quiroz, MD<sup>1</sup>, Jael Liñan, MD<sup>1</sup>, Patricia Alejandra Flores Pérez, MD<sup>1</sup>, Cynthia Chmielewski<sup>1</sup>, Rachel M. Jensen, BS<sup>1\*</sup>, Virgine Delwart<sup>2</sup>, Jennifer M. Ahlstrom, BS<sup>1</sup>.

**Organizations:** <sup>1</sup>HealthTree Foundation, Lehi, UT; <sup>2</sup>GlaxoSmithKline plc, Durham, NC.

## BACKGROUND

Despite expanding therapeutic options for relapsed/refractory multiple myeloma (RRMM), **limited data exist on patient experiences and quality-of-life (QoL) in those starting treated with bispecific antibodies (bsAbs)**. These agents offer off-the-shelf, T-cell-redirecting alternatives to CAR T-cell therapy, yet their sustained impact from the patient perspective, including treatment burden, side effect tolerability, and care preferences, remains under-characterized. Understanding these factors is critical as bsAbs move earlier in treatment algorithms and transition to community-based delivery.

## METHODOLOGY

This retrospective observational study analyzed **patient-reported outcomes collected through HealthTree between June 2024 and May 2025**.

- 88 RRMM patients who had received bsAbs were surveyed, with subsets (n=49) completing additional follow-up surveys ≥4 months after treatment initiation.
- Surveys captured treatment decision drivers, adverse events, QoL (pre/post initiation), and care delivery logistics.
- Paired t-tests & descriptive statistics were used to analyze changes in patient-reported outcomes. All data collection followed IRB-exempt protocols with informed consent.

## CONCLUSION

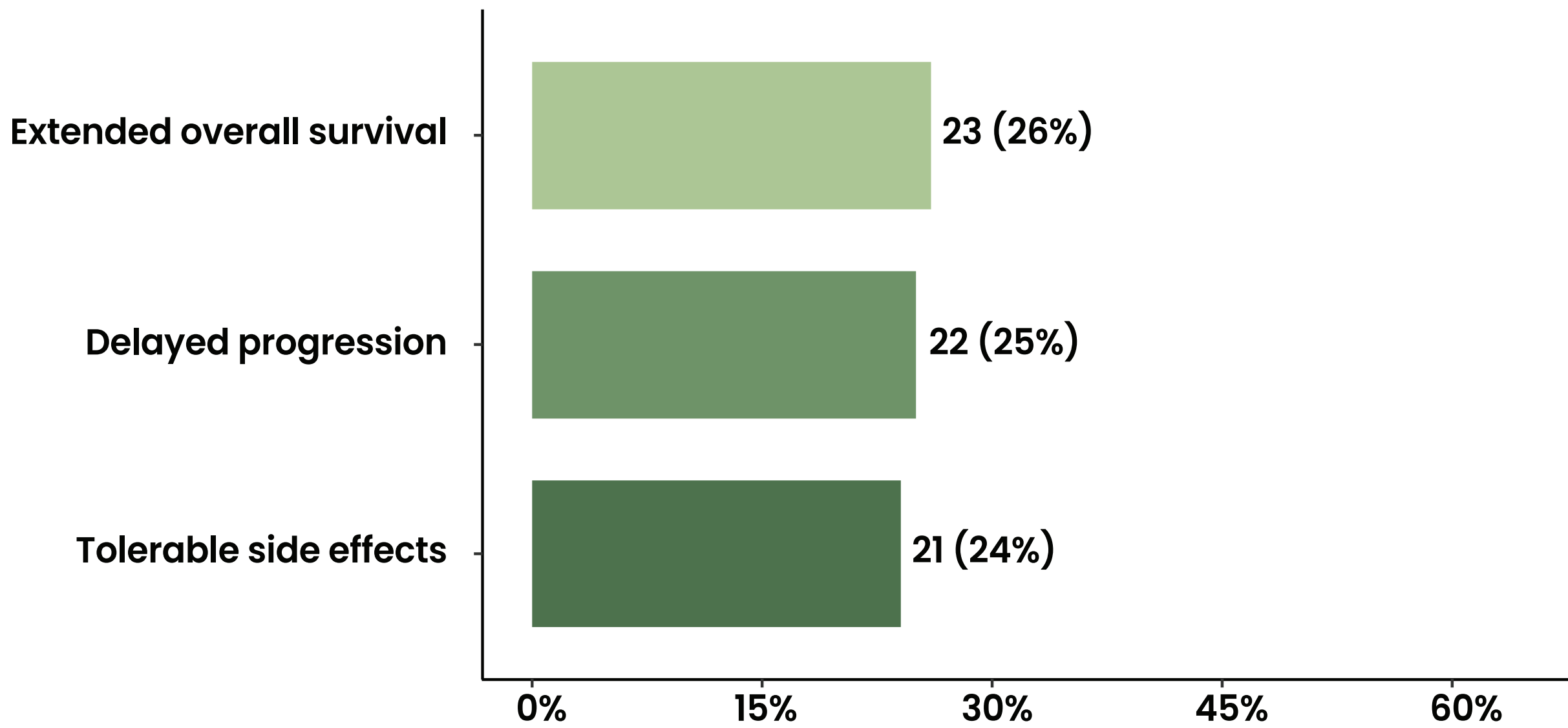
According to our study patients treated with bsAbs for RRMM often began treatment with significant fatigue, emotional strain, and limited functional well-being. Their choices were driven less by convenience or novelty and more by the belief that these therapies could extend survival and delay further progression, decisions shaped largely by input from their physicians. These patients weigh the practical and physical demands of ongoing care, with a high preference for subcutaneous delivery and less frequent dosing suggests that. As bsAbs move into broader clinical use, clinical trials that integrate efficacy with delivery adaptability and patient-defined acceptability may enhance therapy adoption in the real-world setting.

## ACKNOWLEDGEMENT

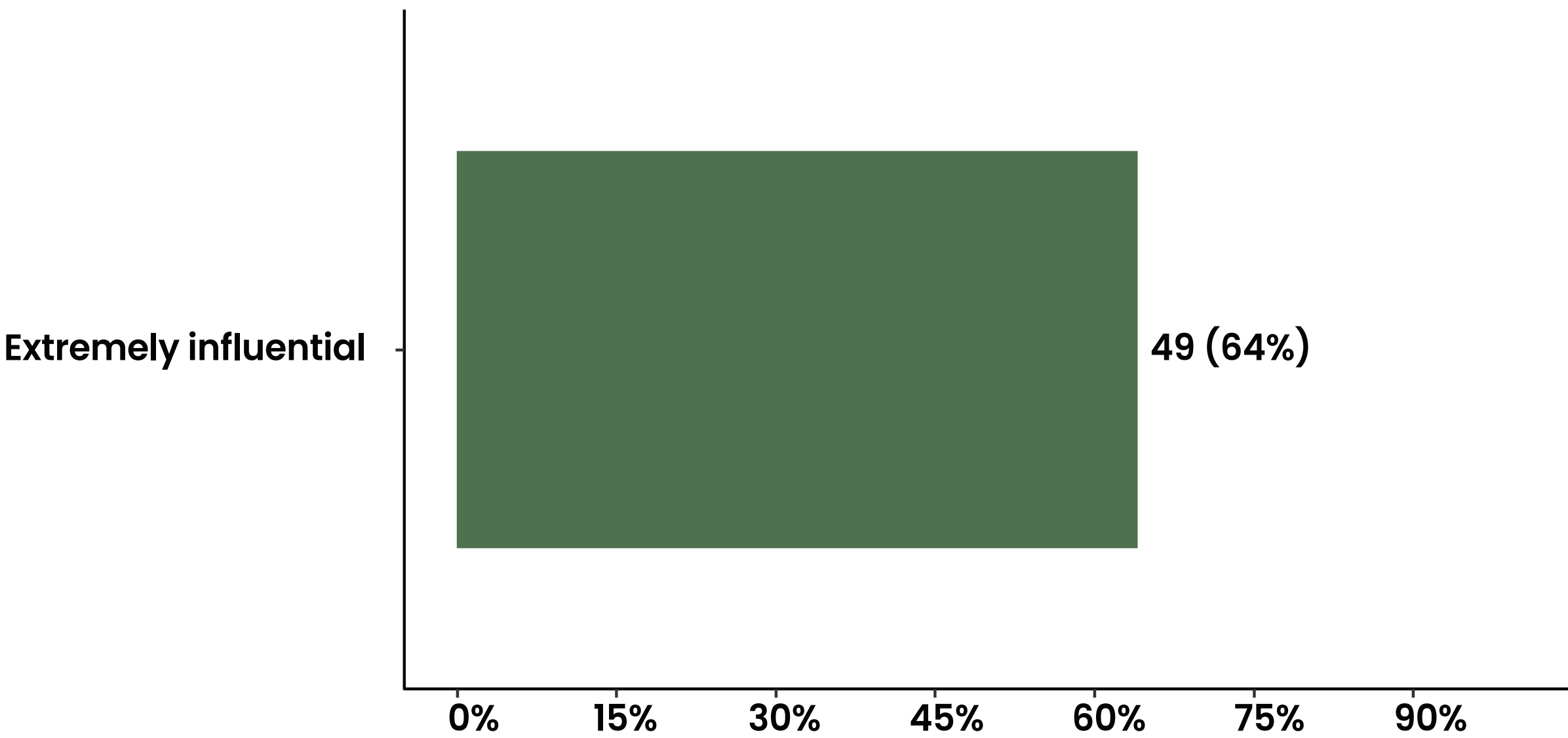
Our deepest gratitude to the patients and caregivers who share their data and experiences through HealthTree. Your contributions make this research possible.

## RESULTS

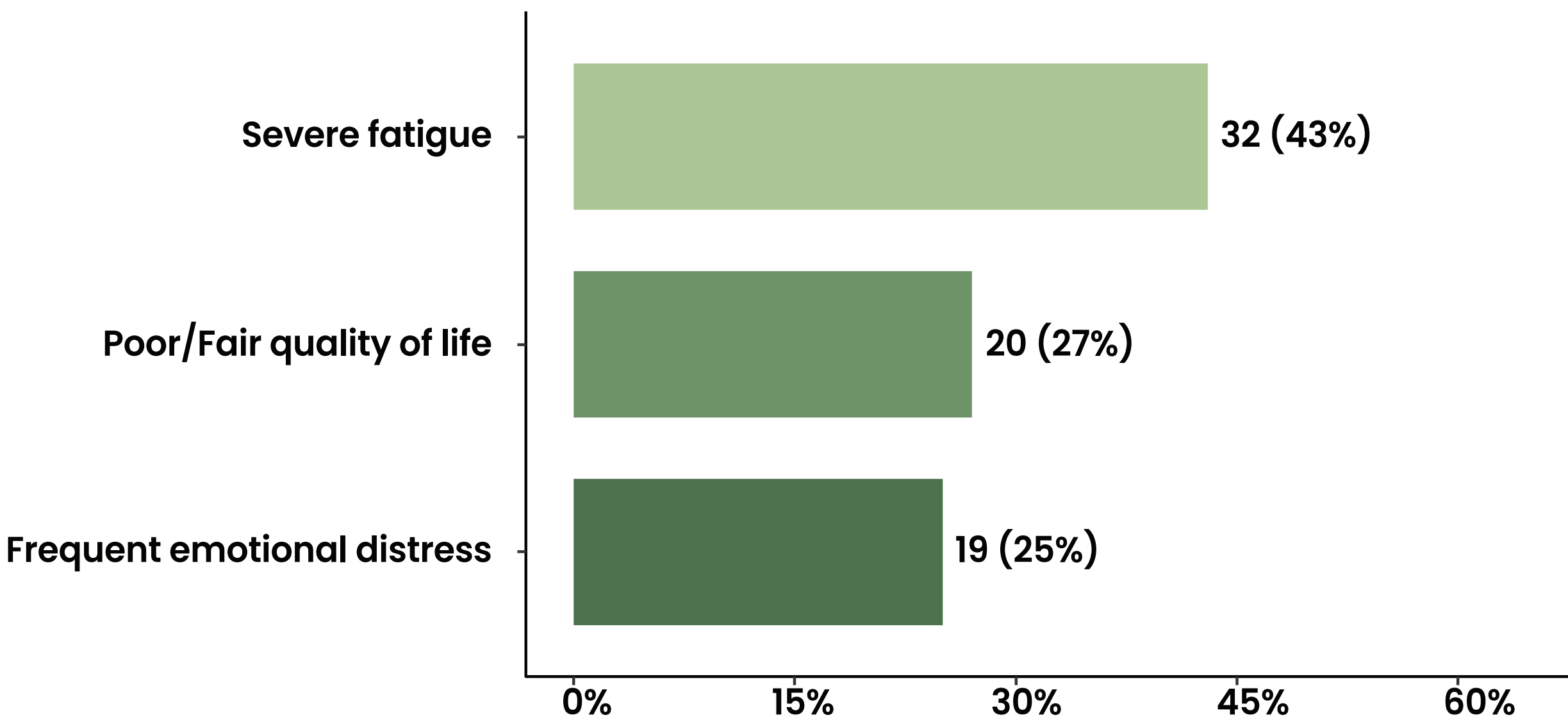
### REASONS FOR SELECTING BSABS (N=88)



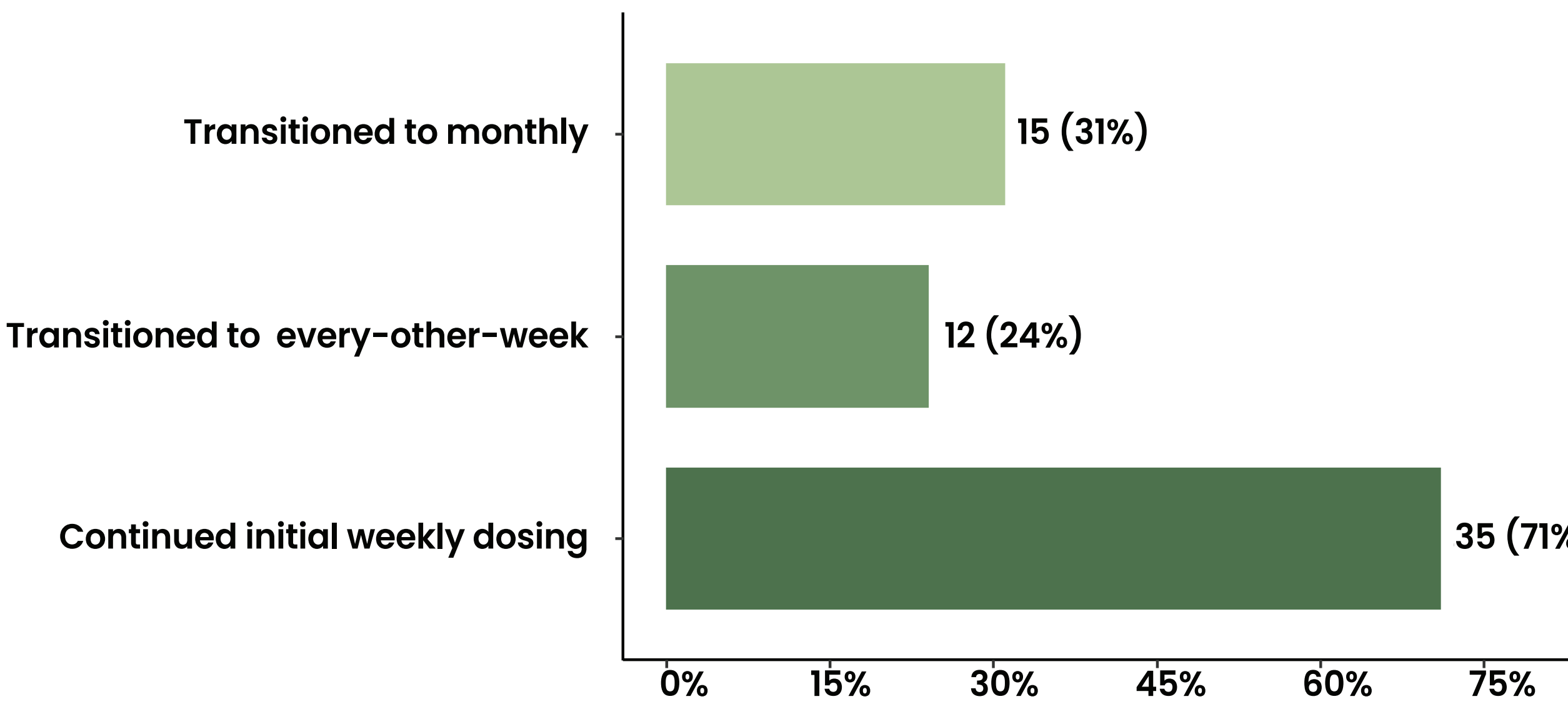
### RATING PHYSICIANS INFLUENCE (N=77)



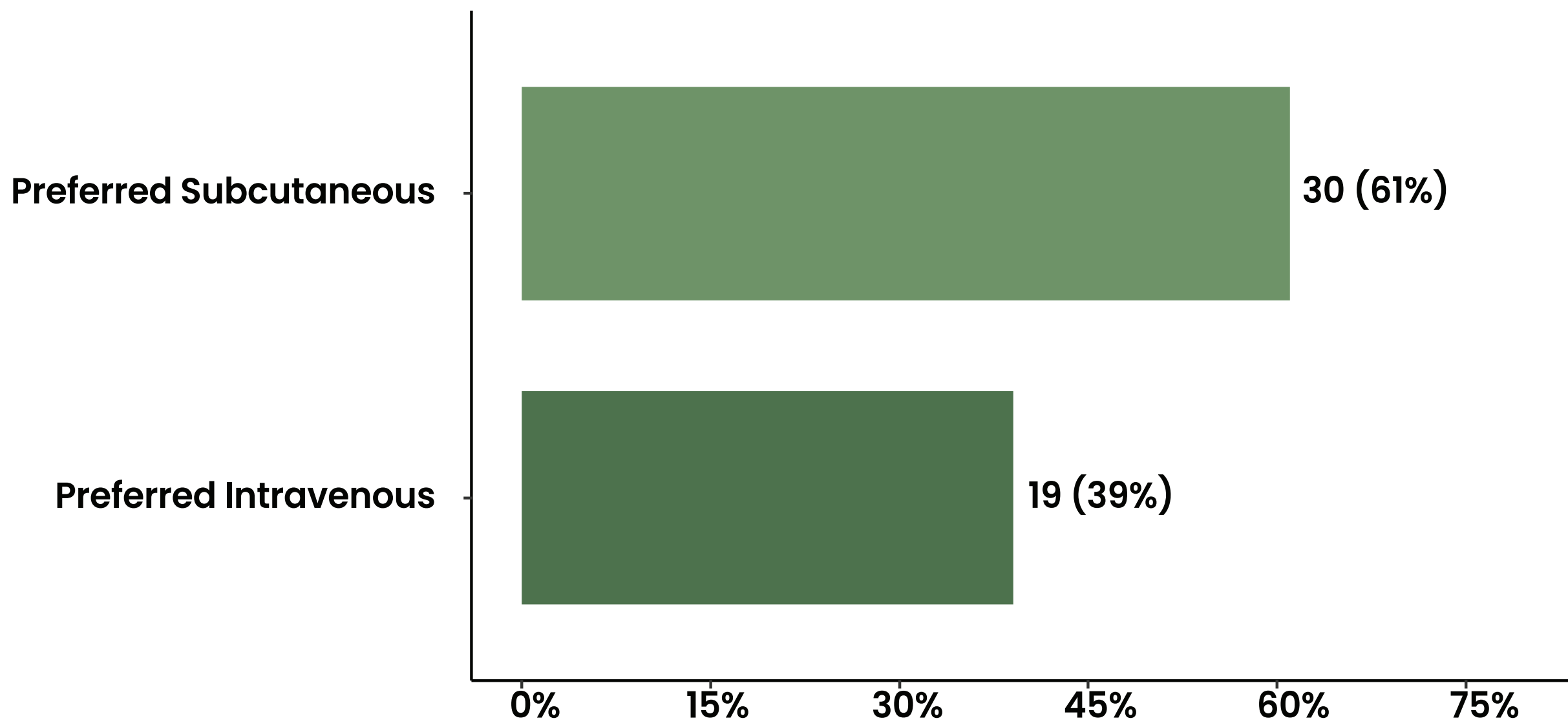
### RELAPSE EXPERIENCE & SYMPTOMS PRIOR TO BSABS (N=75)



### FINAL DOSING PATTERN (N=49)



### ROUTE PREFERENCE (N=49)



### ADVERSE EFFECTS (N=27)

