Minimal Residual Disease Perception and Utilization in Real-World Multiple Myeloma Treatment

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Background

- Minimal residual disease (MRD) platforms carry prognostic and predictive value in hematologic malignancies. Yet, their role and adoption in the real-world remains limited.
- Current NCCN Guidelines and the International Myeloma Working Group guidelines provide guidance on the role of MRD during response assessment and surveillance periods.

Objective

- Evaluate trends in self-reported perceptions and utilization of MRD in routine clinical care of patients with multiple myeloma.

Materials & Methods

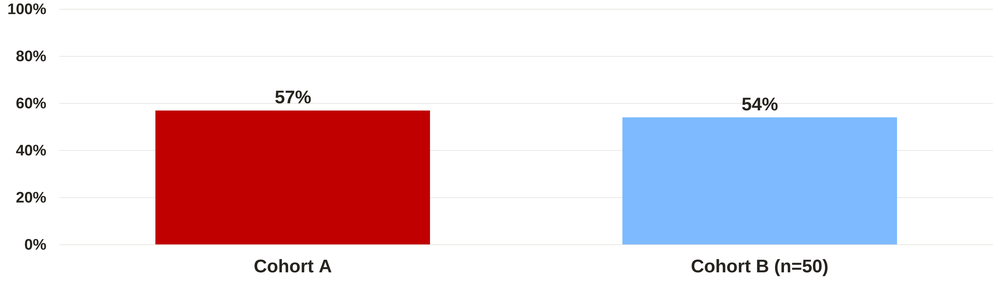
- U.S.-licensed oncologists and hematologists convened at a live meeting in January 2020 (cohort A) and April 2022 (cohort B) to review clinical updates presented at the 2019 and 2022 ASH annual meetings, respectively.
- Participant characteristics and demographics were collected via an online survey ahead of the meeting. During the meeting, participants responded to queries about their perceptions and use of MRD assessment in multiple myeloma.
- Both cohorts A and B were shown updated data on the role of MRD in routine multiple myeloma care and were polled about MRD afterwards.
- Data were summarized using descriptive statistics.

Results

Table 1: Cohort Demographics

Physician Demographics	Cohort A (N=51)	Cohort B (N=52)
Practice Setting		
Community	76%	87%
Academic	24%	13%
Medical Specialty		
Hematology Oncology	67%	65%
Medical Oncology	31%	35%
Other	2%	0%
Top 3 Hematology Malignancies Managed		
Active Multiple Myeloma	80%	77%
Chronic Lymphocytic Leukemia (CLL)	69%	65%
Diffuse Large B-cell Lymphoma (DLBCL)	57%	48%

Figure 1: Proportion of respondents not utilizing MRD in multiple myeloma.



- Across both cohorts, most providers practice in a community-based setting and two-thirds selected hematology oncology as their primary medical specialty, **Table 1**.
- Approximately half of respondents in each cohort were not assessing MRD in patients with multiple myeloma, **Figure 1**.
- Cohorts A and B both referenced a lack of clinical guidance or evidence as a top reason for not assessing MRD status, **Figure 2**.
- The likelihood of providers incorporating MRD assessment into clinical practice (if guidelines are available) has increased, **Figure 3**.

Figure 2: Proportion of respondents citing lack of guidance and/or evidence as a deterrent to MRD use.

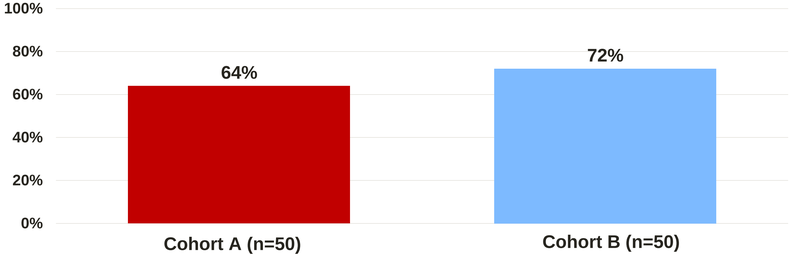
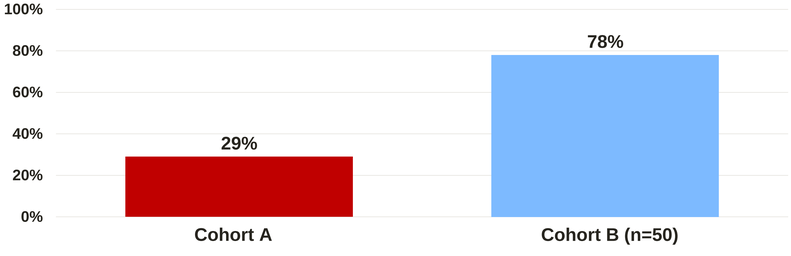


Figure 3: After reviewing new clinical data, proportion of respondents likely to utilize MRD if guidelines are available.



Conclusion

- Community provider perception and utilization of MRD has not changed significantly, although providers demonstrated receptiveness to utilizing MRD if provided with adequate guidelines.
- As we await the time when MRD assessments guide therapeutic decisions, these findings suggest that further education on the evolving role of MRD in routine multiple myeloma care is needed.