PHYSICIANS ARE MORE LIKELY TO INITIATE ACTIVE TREATMENT FOR THEIR PATIENTS WITH HIGH-RISK SMOLDERING MYELOMA AFTER REVIEWING DATA FROM THE ASCENT TRIAL

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BACKGROUND

- Smoldering multiple myeloma (MM) is an intermediate disease state between monoclonal gammopathy of undetermined significance and MM, with high-risk patients having a higher probability of progression to active MM.
- Optimal treatment strategies for high-risk smoldering MM remain limited; the current landscape includes observation, clinical trials, and lenalidomide for select patients.
  - Lenalidomide, an immunomodulatory drug, with or without dexamethasone has demonstrated a decreased risk of progression in phase III trials for patients with high-risk disease.
  - However, it is unknown whether single-agent or other more involved multi-agent therapies are more optimal.
- The phase II ASCENT trial (NCT03289299) aimed to evaluate if an intense, fixed-duration, multi-agent regimen can elicit a long-term response in patients with high-risk smoldering MM.
  - The ASCENT regimen was a 2-year fixed duration that included 6-month induction and consolidation therapies with carfilzomib, lenalidomide, daratumumab, and dexamethasone, and was followed by 12-month maintenance with daratumumab plus lenalidomide.

OBJECTIVE

- Evaluate trends in self-reported perceptions and treatment patterns surrounding clinical care of patients with high-risk smoldering MM.

METHODS

- US-licensed oncologists/hematologists convened at one of three live meetings in February, March, or April 2023 to review clinical updates presented at the 2022 American Society of Hematology (ASH) Annual Meeting.
- Respondent characteristics and demographics were collected via an online survey ahead of the meeting.
- During the live meetings, participants responded to queries about their treatment patterns in high-risk smoldering MM before and after reviewing safety and efficacy data from the ASCENT trial that was presented at the 2022 ASH Annual Meeting.
- Responses were captured via audience response system (ARS) technology during the live meetings; not all participants answered every question.
- Responses were aggregated and analyzed using descriptive statistics.

RESULTS

Participant Demographics

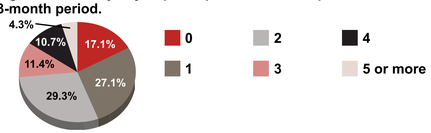
- A total of 167 unique participants attended the live meetings, of which 151 treat patients with smoldering MM.
- Of the 151 smoldering MM-treating respondents, 129 (85.4%) identified as community-based physicians. These respondents average 16.9 years of clinical experience, spend approximately 86% of their working time in direct patient care and see approximately 20 patients/day (**Table 1**).

RESULTS

Table 1: Physician Demographics.

	N=151
US region of practice[a], n (%)	
Midwest	29 (19.2)
Northeast	32 (21.2)
South	41 (27.2)
West	49 (32.5)
Practice setting, n (%)	
Academic	22 (14.6)
Community	129 (85.4)
Years in practice	
Average (min-max)	16.9 (1-49)
Patients seen per clinic day	
Average (min-max)	19.9 (3-75)
Allocation of time, %	
Direct patient care	86.5
Teaching	3.6
Research	5.7
Administration	3.8
Other	0.4

Figure 1: The majority of participants saw 1 or 2 patients with smoldering MM in the preceding 3-month period.



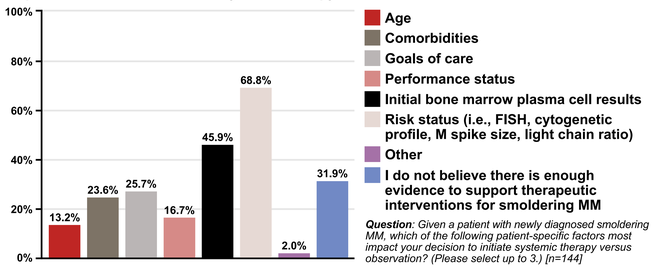
***Question**: In the past 3 months, how many unique patients with smoldering MM have been referred to you? (n=140)*

Figure 2: Participants are more likely to utilize a watch-and-wait management strategy than active treatment or referral to a clinical trial.



***Question**: Given a patient with high-risk smoldering MM, which of the following is your current management strategy? [n=140]*

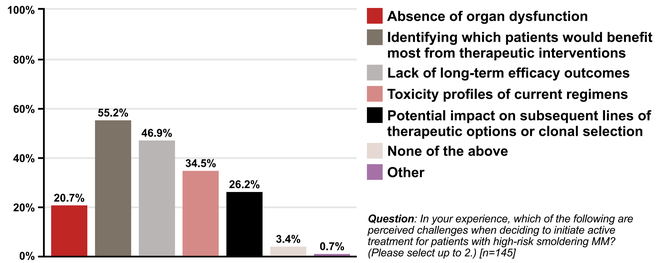
Figure 3: A patient's risk status and their initial bone marrow plasma cell results most impact respondents' decision to initiate systemic therapy.



***Question:** Given a patient with newly diagnosed smoldering MM, which of the following patient-specific factors most impact your decision to initiate systemic therapy versus observation? (Please select up to 3.) [n=144]*

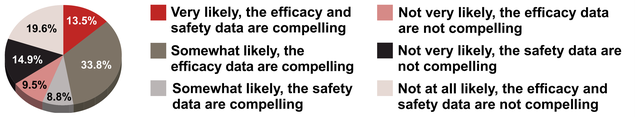
RESULTS

Figure 4: Identifying patients who would most benefit from therapeutic interventions is the most common perceived challenge when deciding to initiate active treatment for patients with high-risk smoldering MM.



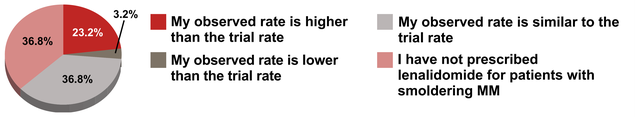
***Question**: In your experience, which of the following are perceived challenges when deciding to initiate active treatment for patients with high-risk smoldering MM? (Please select up to 2.) [n=145]*

Figure 5: The majority of respondents found the ASCENT trial data compelling and are likely to prescribe its regimen.



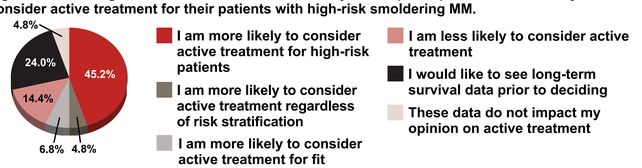
***Question**: After reviewing the ASCENT trial, how likely are you to consider combination therapy with daratumumab, carfilzomib, lenalidomide, and dexamethasone for patients with high-risk smoldering MM? [n=148]*

Figure 6: The reported dose reduction rate associated with lenalidomide use in the ASCENT trial is similar to the real-world observed rate for one-third of the participants.



***Question**: Based on the ASCENT trial data, how does the reported cumulative lenalidomide dose reduction rate (14%) compare with the rate that you have observed among your patients with smoldering MM treated with lenalidomide? [n=95; question asked to a subset of participants]*

Figure 7: Following review of the ASCENT data, nearly half of participants are more likely to consider active treatment for their patients with high-risk smoldering MM.



***Question**: How do the efficacy results of the ASCENT data impact your overall opinion of active treatment for patients with smoldering MM? [n=146]*

CONCLUSIONS

- **For patients with smoldering MM, a watch-and-wait management strategy is more likely to be used than active treatment or referral to a clinical trial.**
  - **Participants are influenced by a patient's risk status and their initial bone marrow plasma cell results when deciding to initiate treatment.**
- **Perceptions of the ASCENT trial were generally favorable even though at the time of the ASCENT trial's data cutoff, 55% of patients had completed the 2-year regimen and 14% of patients had discontinued prior to the 2-year mark.**
  - **Following review of the data, participants are likely to utilize the fixed-duration ASCENT trial regimen and are more likely to consider multi-agent treatment in high-risk patients.**
- **Our future research will aim to follow the rate of adoption of multi-agent treatments for patients with high-risk smoldering MM and if the fixed-duration combination of daratumumab, carfilzomib, lenalidomide, and dexamethasone is the intervention of choice in this patient population.**

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Abbreviations: **ARS**, audience response system; **ECOG**, Eastern Cooperative Oncology Group; **FISH**, fluorescence in situ hybridization; **MM**, multiple myeloma; **PS**, performance status.

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