Survey of 50 General Medical Oncologists: New Advances in Multiple Myeloma

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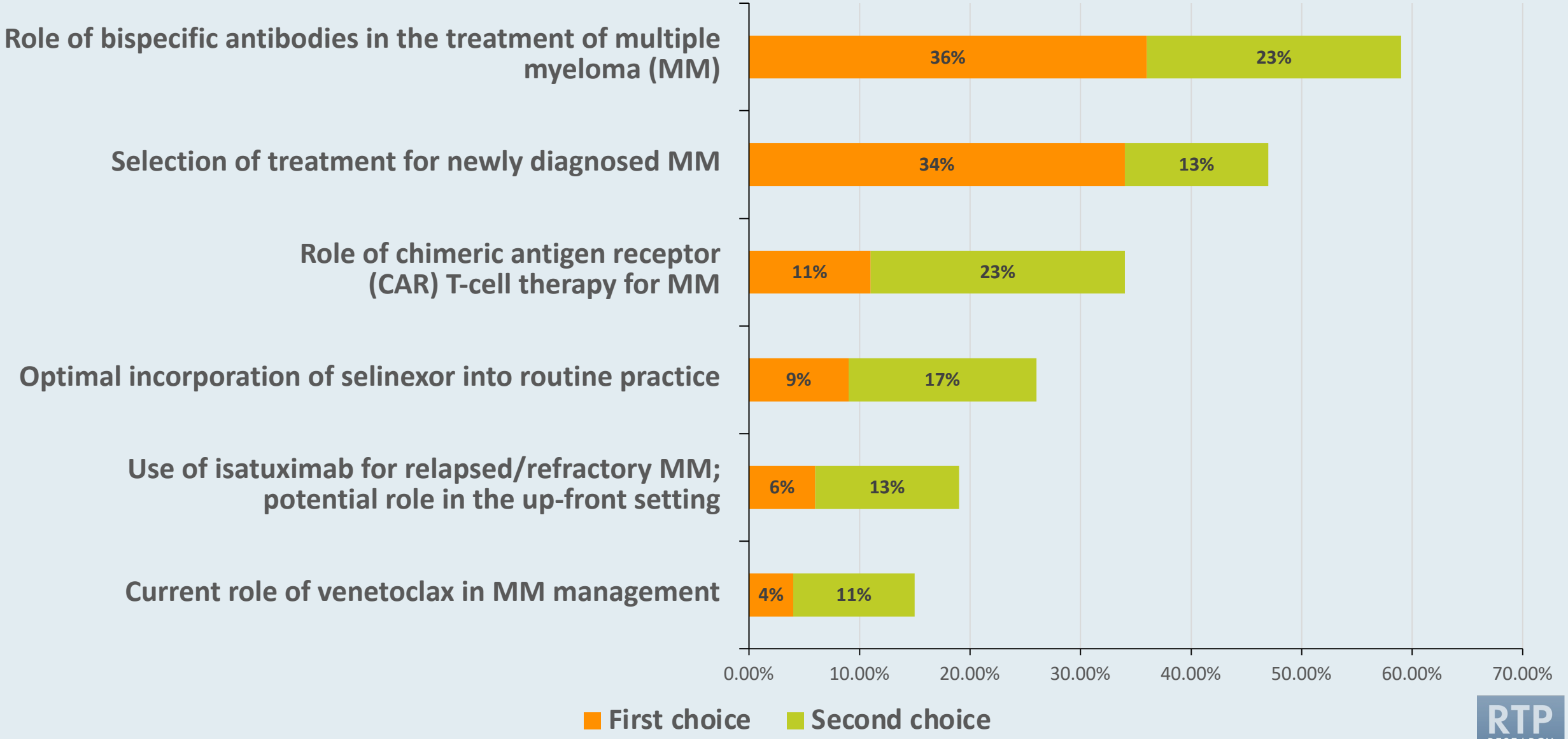
Topics of Interest for Future CME Programs



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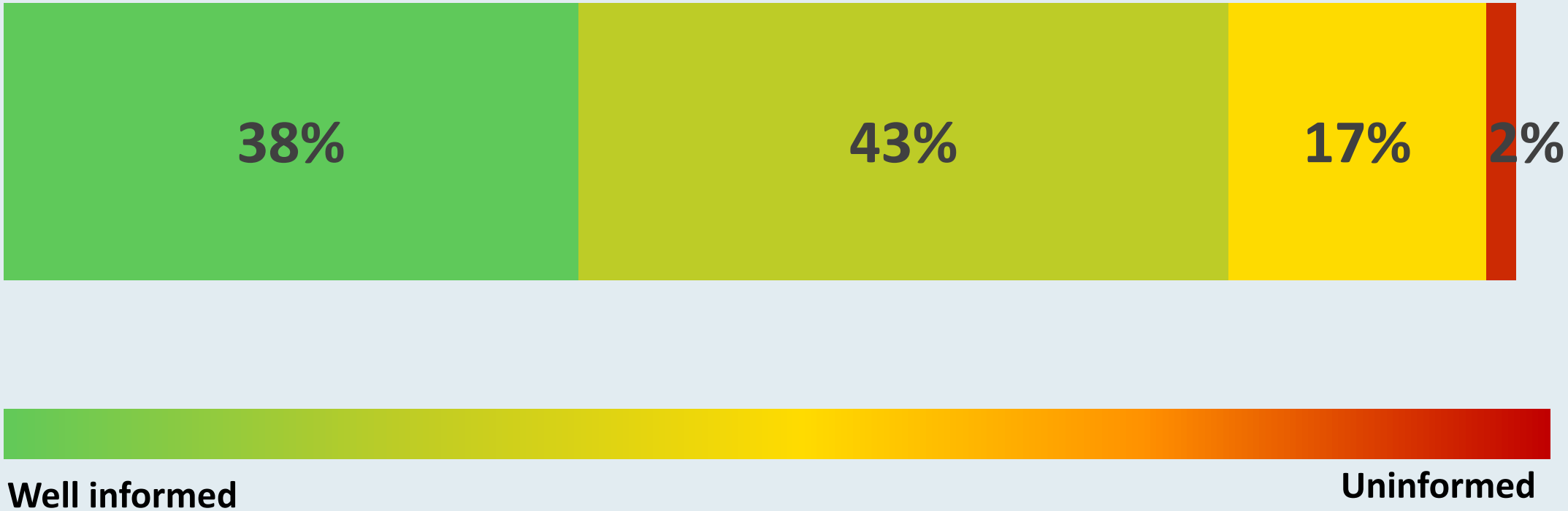
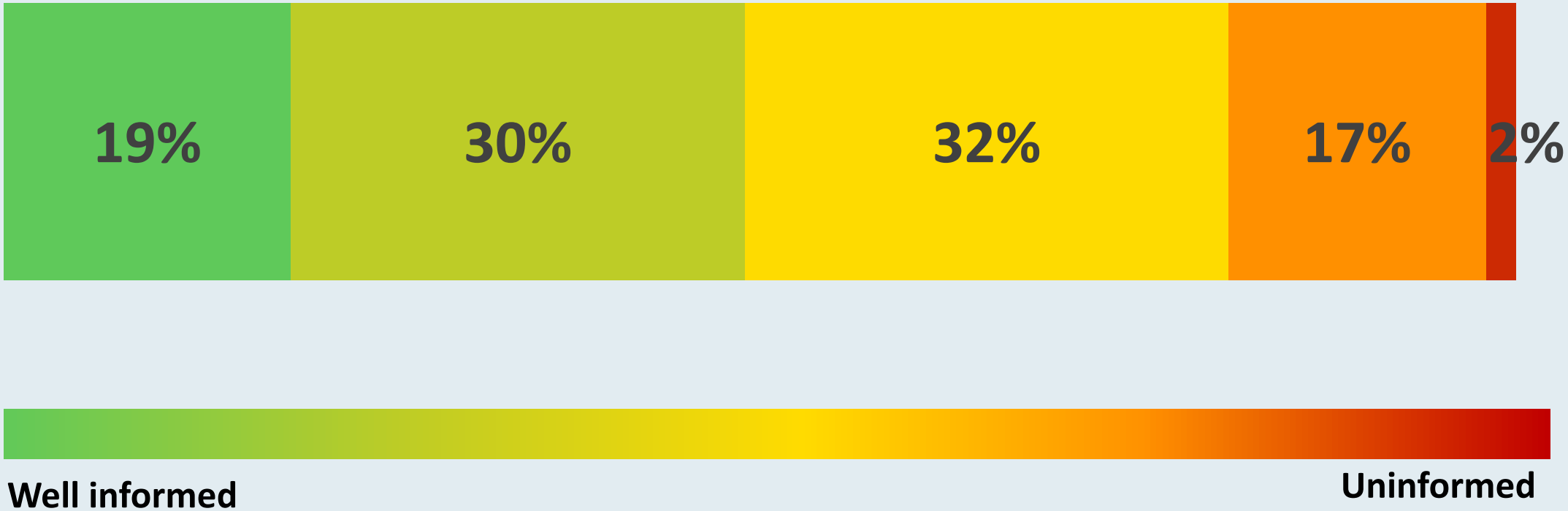
How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the selection of treatment for newly diagnosed MM?



How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the role of CAR T-cell therapy for MM?



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How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the role of bispecific antibodies in the treatment of MM?

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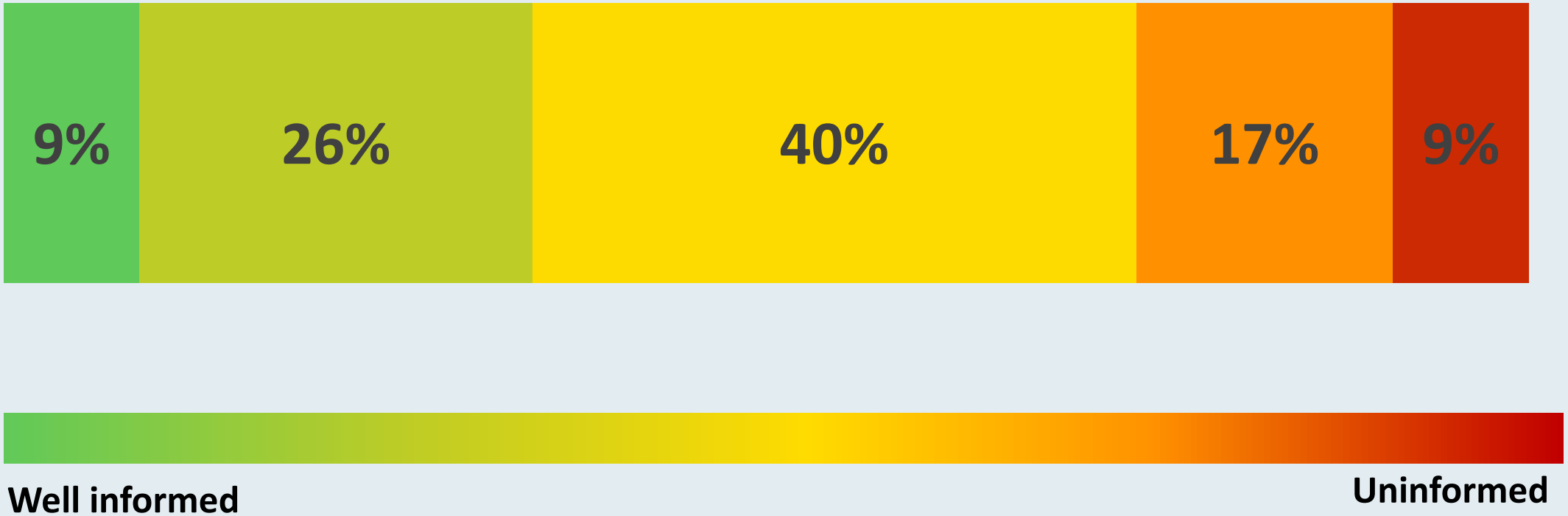
How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the use of isatuximab for relapsed/refractory MM and its potential role in the up-front setting?



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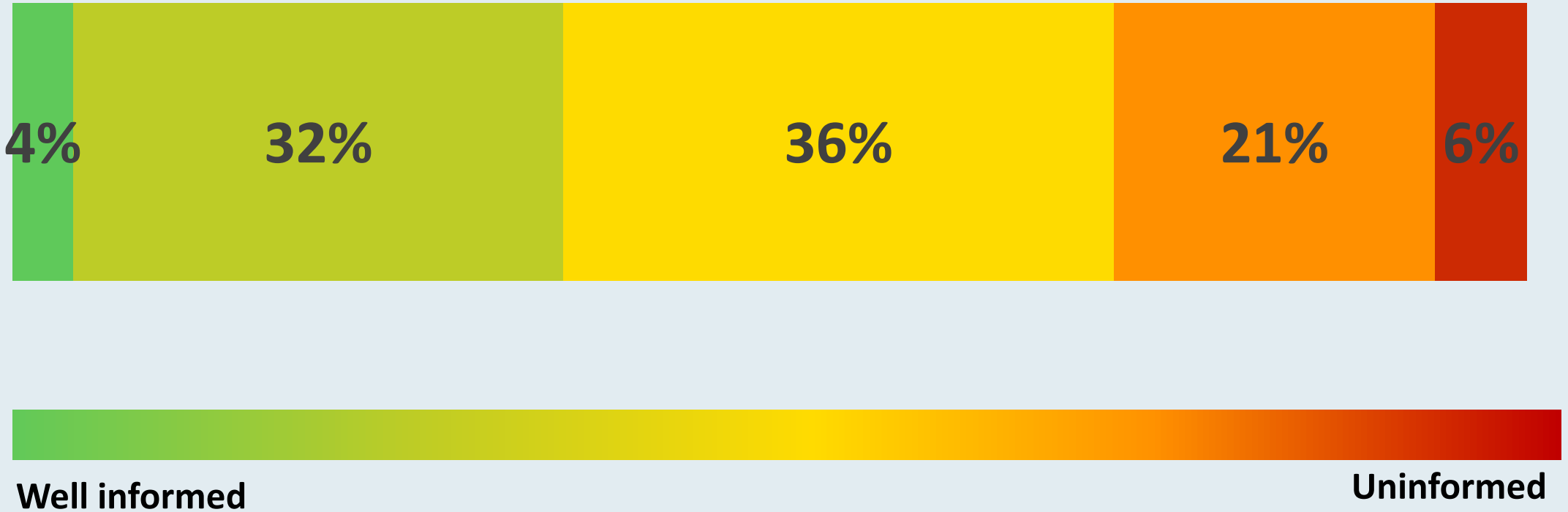
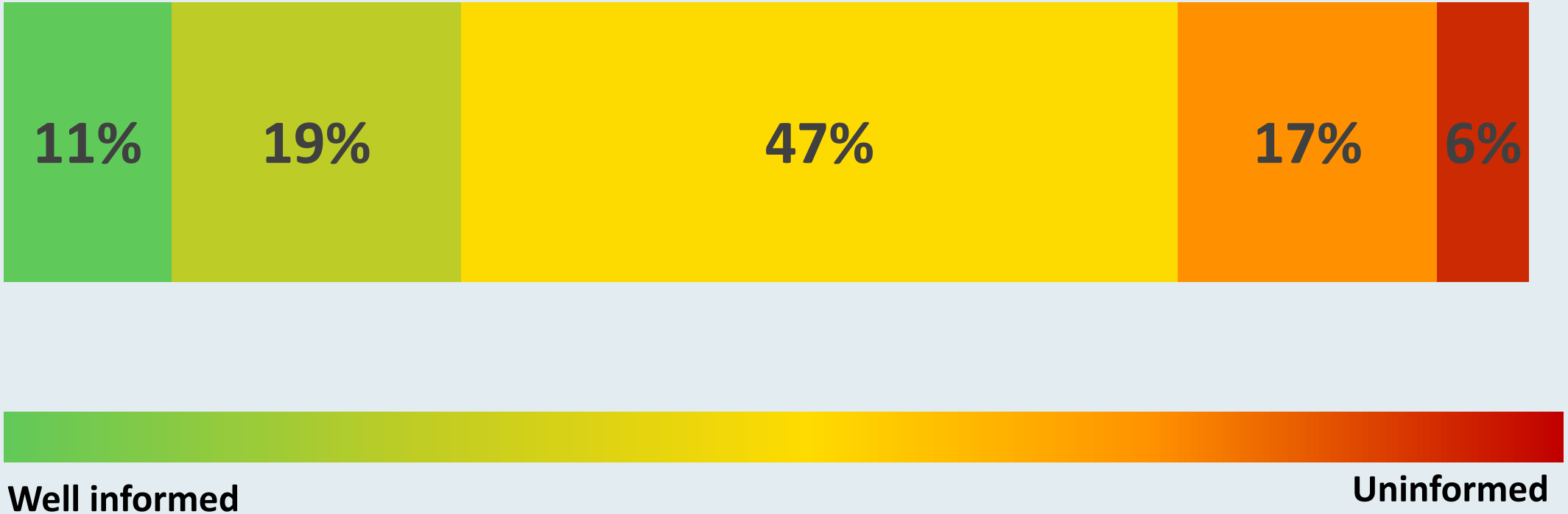
How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the optimal incorporation of selinexor into routine practice?



How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the current role of venetoclax in MM management?



Questions from General Medical Oncologists on Newly Diagnosed MM

- What is the optimal dosing and schedule for bortezemib and dexamethasone for younger fit patients? What is the optimal dosing and schedule for younger fit patients on daratumumab-RVd? Biweekly schedule creates tremendous neuropathy, requiring discontinuation of bortezomib.
- What is the role of isatuximab in first-line versus daratumumab-RVd?
- Is the standard a four-drug or a one-drug regimen? Is it daratumumab- or bortezomib-based?
- Is everyone getting quadruplet therapy now? Do you check MRD?
- What do you do with poor response to a 1st line quadruplet regimen?
- Would you start treatment in an 86 year old with asymptomatic MM per CRAB, but with high FLC ratio only?
- How many cycles of treatment for patient who will undergo SCT versus not?
- What is the optimal therapy to use in patients with pre-existing neuropathy?
- What is the role of transplant in the era of quadruplet therapy?

Questions from General Medical Oncologists on Newly Diagnosed MM (Continued)

- For an otherwise fit patient, would you always favor quadruplet over triplet therapy?
- Do you incorporate daratumumab in the treatment of all patients with newly diagnosed MM?
- Should patients with good response to initial treatment still get HSCT?
- How do you choose between triplet versus quadruplet therapy up front?
- Will you consider autologous SCT in a patient with a history of Guillain Barré syndrome?
- When do you use quadruplet therapy in patients who are transplant-ineligible?
- What is the clinical value of adding daratumumab maintenance?
- Patient has polycystic kidney disease with CKD and now MM. BMbx showed 10% myeloma cells and PET showed one bone lesion. M protein is 3. Should we start treatment?
- How should we interpret all the new data related to quadruplets in the 1L setting?
- What is the optimal first line treatment for a patient who is transplant ineligible?
- When do you use daratumumab-RVd vs RVD if at all in transplant eligible patients?
- Should daratumumab be a component of initial therapy for patients not eligible for transplant?

Questions from General Medical Oncologists on Newly Diagnosed MM (Continued)

- How much does daratumumab maintenance add, and can we stop it sooner if a patient achieves MRD negativity?
- Use of daratumumab-based 1st-line regimen in patients presenting with renal failure and needing quick onset of response?
- Should we use MRD testing to decide about upfront versus delaying transplant?
- Patient has stringent CR by criteria after ASCT and currently on maintenance lenalidomide: If this patient is MRD-negative and continues to be negative after 2 years, do we continue lenalidomide beyond 2 years?
- Are there any studies looking at switch maintenance with venetoclax for patients with t(11;14) MM? Is there any role for considering upfront venetoclax or are there any clinical trials evaluating this?
- How do you decide between multiple potential regimens? Would you still proceed with early SCT with the advent of bispecifics and CAR T?
- Do you use MRD testing to determine the duration of maintenance therapy?

Questions from General Medical Oncologists on Bispecific Antibodies or CAR T-Cell Therapy for Relapsed MM

- Would you give bispecifics or CAR T to a patient with diastolic dysfunction but normal LVEF, chronically elevated BNP but cleared by cardiologist for treatment involving large shifts?
- When do you feel is best to send patient for CAR T evaluation?
- How soon should CAR T-cell therapy be considered?
- What line of treatment would you recommend these? Are they available for use in the community?
- Dosing and management of side effects?
- When do you use IVIG for prevention of infection and does every patient need prophylactic antimicrobials?
- How to best sequence the CAR-T and bispecific therapies?
- Any role for using bispecific antibodies in the outpatient setting only?
- Bridging treatment until CAR T-cell therapy?
- How do I sequence bispecifics versus CAR T?

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Questions from General Medical Oncologists on Bispecific Antibodies or CAR T-Cell Therapy for Relapsed MM (Continued)

- Do you start administering CAR T as a second line of therapy, or do you still save it for when you have exhausted other alternatives?
- How best to sequence bispecifics and CAR T cells in the R/R settings (especially 4L+).
- Strategies to prevent infections?
- At what line of therapy do you use these? Before or after transplant? Tolerability?
- Are these agents best started at tertiary care centers and then continued in community?
- Management of infection after CAR T and bispecific antibodies?
- If a patient has Grade 3 CRS or neurologic side effects to one bispecific, can another bispecific be used sequentially?
- It is difficult for some patients to travel/have adequate social support — how do you see expansion of these therapies occurring outside of major tertiary care centers?
- Should we move CAR T or bispecifics to second-line therapy?
- Are there any differences between the 2 bispecifics approved for myeloma?

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Questions from General Medical Oncologists on Other Later-Line Treatments for Relapsed MM

- In a patient with severe neuropathy from previous bortezomib, would you administer selinexor, and if so, at what dose/frequency?
- How do you incorporate selinexor in your practice ?
- At what dose and line of therapy do you use selinexor?
- How do you incorporate venetoclax and selinexor in treatment sequencing? Do you have any tolerability/clinical pearls regarding dose adjustments?
- Is venetoclax only useful in t(11;14) mutation-positive MM?
- Any role for isatuximab after progression on daratumumab?
- How do you chose between isatuximab, venetoclax, and selinexor?
- When do you use selinexor? I used in just one patient and had to stop it in 4 weeks due to worsening nausea and neuropathy.
- How does isatuximab fit in myeloma treatment? Most of my patients have prior exposure to daratumumab.
- Is selinexor really well tolerated?
- Is selinexor safe?

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Questions from General Medical Oncologists on Other Later-Line Treatments for Relapsed MM (Continued)

- What is the role of isatuximab in relapsed patients who have been exposed to daratumumab previously?
- What is the likelihood of responding to isatuximab if patient has progressed on daratumumab?
- What is the role of isatuximab in an era when daratumumab can be given SC?
- Are there any clinical trials currently ongoing for venetoclax and patients with t(11;14) MM?
- What is the best agent to partner with venetoclax?
- What are the side effects of selinexor?
- Is there evidence of benefit of venetoclax or selinexor in CNS disease?
- For which patients/which molecular subtypes would you incorporate venetoclax alone or in combination?
- When would you rechallenge a patient with an anti-CD38 antibody? Would you use a different one?

Impediments or Barriers to the Delivery of High-Quality Care

- Current management to treat 3L+ patient with bispecifics
- Getting patients to transplant centers for bispecifics or CAR T-cell therapy
- Management of elderly patients with relapse and non-candidates for CAR T-cell therapy or bispecifics
- Time
- Patients refuse to go to an academic center for ASCT/CAR T-cell therapy/BiTE discussion
- Patients not wanting to get CAR T-cell therapy as they can't stay around the CAR-T center for the required period of time
- Being able to get patients assessed and treated in a timely fashion with bispecifics and CAR T-cell therapy
- Cost/copays
- Clinical trial access
- Too many drugs, too many trials

Impediments or Barriers to the Delivery of High-Quality Care (Continued)

- Insurance authorization
- Cost and insurance approval
- Lack of clear data
- Tolerance issues
- Need to learn more about bispecifics and how to prevent cytokine release syndrome
- Access to CAR T-cell therapy
- Many patients who have excellent response to triplet or quad up-front regimens face barriers for referral to academic centers — delays for auth, no transportation, lack of family or social support for transplant or CAR-T hospitalization
- Inability for patients to go to transplant center from community
- Overwhelmed with new treatment options
- CAR T-cell therapy referral logistics

Impediments or Barriers to the Delivery of High-Quality Care (Continued)

- No clear guideline in terms of optimal sequencing of treatment
- Difficult to collect updated information
- Too much data to keep up with
- Management of adverse events associated with CAR T-cell therapy and bispecifics
- Management of CRS and ICANS
- Too many drug choices, which regimen is the best?
- Costs of therapy
- Access to bispecifics and CAR T-cell therapy
- No good guidelines for treatment sequencing
- Delay in obtaining oral medications and sequential therapies