Assessing the Effect of Injectable or Oral Routes of Treatment Administration on Patient-Reported Outcomes and of Out-of-Pocket Costs Among Patients With Multiple Myeloma (MM)

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**ABSTRACT**

Purpose: This study was designed to assess the impact of oral or injectable treatment on patient-reported outcomes and out-of-pocket costs (OOPC) among adult patients with multiple myeloma (MM) in the United States. METHODS: A cross-sectional survey of 162 adult US patients with MM (aged 18+) was conducted from December 2016 to February 2017. Respondents were recruited from commercial panels and were representative of the US MM population, including patients with severe comorbidities and disabilities. Respondents completed the Work Productivity and Activity Impairment (WPAI)-General Health (WPAI-GH) questionnaire to quantify impairments to work productivity and health-related quality of life (HRQoL). **Table 1** presents the difference in patient-reported demographic characteristics by route of administration. RESULTS: Patients who received oral-only therapy reported better overall work productivity compared to those receiving injectable therapy. Oral-only users also reported higher daily activity scores, significant differences in days since last took medication, and a greater average time since MM diagnosis. After adjusting for covariates, oral-only therapy users reported lower overall work productivity loss (P = 0.021) and to have gone a greater maximum number of days since the last dose (P < 0.01), as no statistically significant differences were observed in patient characteristics. CONCLUSIONS: Oral only therapy is associated with better patient-reported outcomes and lower OOPC, compared with injectable therapy. orchestra

**REFERENCES**


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**DISCLOSURES**

The presentations at the 13th Annual Conference of the Hematology/Oncology Pharmacy Association (HOPA); March 29-April 1, 2017; Anaheim, CA. Presented at the 13th Annual Conference of the Hematology/Oncology Pharmacy Association (HOPA); March 29-April 1, 2017; Anaheim, CA.

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**LIMITATIONS**

This study was not an observational or randomized controlled trial. This study was a cross-sectional survey of adult patients with MM who were currently on a treatment regimen composed of systemic therapy, including chemotherapy, targeted agents, hormone therapy, immunomodulatory drugs, and/or immunotherapy. Inclusion criteria were as follows: a diagnosis of MM, age ≥18 years, treatment with either oral therapy only (oral users) or on injectable therapy with or without oral therapy (injectable users), and participation in any treatments, number of times the treatment regimen was changed, cost of current treatments, and OOPC for treatments. POSTER PM8

**BACKGROUND**

- In the United States, multiple myeloma (MM) is the second most prevalent hematologic cancer.1 Nearly 100,000 Americans have MM, with a lifetime prevalence of 1 in 330 individuals. The American Cancer Society estimated that 72,820 new cases of MM were diagnosed in the United States in 2018.2
- Therapy options include systemic therapy, including chemotherapy, immunomodulatory drugs (IMiDs), proteasome inhibitors (PIs), and monoclonal antibodies.3
- The diagnosis of treatment and MM burden has been associated with quality of life (QoL).4
- Previous research indicated that half of patients with MM were employed after treatment, regardless of age, race, and health history.5
- Injectable therapy is associated with an increased risk of serious adverse events.6
- Overwhelmed or frustrated could be a risk for insecure or anxious attitudes and treatment concerns.7
- The WPAI-GH is used to quantify impairments to work productivity and health-related quality of life (HRQoL).8

**OBJECTIVE**

The study objective is to characterize the impact of oral therapy by oral or injectable routes of treatment administration on work productivity, oral-only therapy, and injectable therapy, and to assess the impact of treatment on patient-reported outcomes and out-of-pocket costs (OOPC) as a result.

**METHODS**

Data Source

The data were gathered in a web-based survey of 162 adult US patients with MM (aged ≥18). Respondents were identified from the Epiq2 database and patients.

Inclusion criteria were as follows: a diagnosis of MM, age ≥18 years, treatment with either oral therapy only (oral users) or on injectable therapy with or without oral therapy (injectable users), and participation in any treatments, number of times the treatment regimen was changed, cost of current treatments, and OOPC for treatments. POSTER PM8

**RESULTS**

Patients who received oral-only therapy reported better overall work productivity compared to those receiving injectable therapy. Oral-only users also reported higher daily activity scores, significant differences in days since last took medication, and a greater average time since MM diagnosis. After adjusting for covariates, oral-only therapeutic users reported lower overall work productivity loss (P = 0.021) and to have gone a greater maximum number of days since the last dose (P < 0.01), as no statistically significant differences were observed in patient characteristics.

**CONCLUSIONS**

- Oral only therapy is associated with better patient-reported outcomes and lower OOPC, compared with injectable therapy.

**REFERENCES**