

From Quandary to Clarity in Relapsed/Refractory Multiple Myeloma: Optimizing Treatment and Empowering Patients

A Three-Part Educational Series for Oncology
Advanced Practitioners



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Disclosures: Consultant: Amgen, AbbVie, Acceleron, Celgene, Genentech, Incyte, Novartis, Pharmacyclics

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Activity 3

Enhancing Shared Decision Making in Relapsed/Refractory Multiple Myeloma (RRMM)

Learning objectives

- Formulate plans to provide education and tools regarding management of adverse events (AEs) to patients with RRMM
- Plan strategies for empowering patients to participate in shared decision making (SDM)

Unless otherwise specified, the treatments and interventions discussed are based on best available evidence, including published data and guidelines.

What Is Shared Decision Making?

- Involves clinicians, patients, and caregivers working together
- Important to patient and caregiver engagement
- Impacts patient adherence to treatment plan
- Correlated with patient and caregiver satisfaction
- Patient-centered communication is key to SDM

The **SHARE** Approach

5 Essential Steps of Shared Decision Making



The Agency for Healthcare Research and Quality. The SHARE Approach.
<https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>.

Treatment Decision Making

- SDM is particularly important in situations in which:
 - There is more than one reasonable option
 - No one option has a clear advantage
 - The possible benefits and harms of each option affect patients differently

Tools for Shared Decision Making

- For advanced practice providers:
 - Advanced Practitioner Society for Hematology and Oncology: apsho.org
 - *Journal for the Advanced Practitioner in Oncology*: advancedpractitioner.com
- For patients, clinicians, and caregivers:
 - American Society of Clinical Oncology: Cancer.Net
 - International Myeloma Foundation
 - Myeloma Research Foundation

Case Study 1

- 66-year-old female patient with International Staging System (ISS) stage II, IgA lambda MM
 - FISH: 1q gain and t(4;14)
- Busy CEO, splits time between east coast and west coast
- Treated with immunomodulatory drug (IMiD), proteasome inhibitor (PI), and dexamethasone; declined autologous stem cell transplant (ASCT)
- Relapsed after 7-month treatment break

SDM Considerations

- Understand patient's expectations and factor into treatment plan
- Align with patient's other physicians and caregivers
- Ask patient about long-term goals for care
- Resources
 - The Myeloma Beacon (myelomabeacon.org)
 - Mayo Clinic's mSMART (Stratification for Myeloma & Risk-Adapted Therapy)
 - International Myeloma Foundation
 - Patient support groups

Strategies to Overcome Barriers Impacting SDM

- Clinician, patient, infrastructure-associated barriers¹
- Focus on barriers that are modifiable (e.g., financial issues, transportation)
- Work with a multidisciplinary team to treat the whole patient
- Ensure consistency of message across health-care team, institution, and satellite clinics
- Utilize official interpreters to overcome language barriers

1. LeBlanc TW, et al. *Patient Educ Couns*. 2019 Apr 26. [Epub ahead of print]

Case Study 2

- 77-year-old female patient with kappa light chain MM
- Has received multiple lines of therapies in all classes
- Is motivated to continue pursuing treatment options
- Has a good family support system

SDM Considerations

- Balance patient motivation and treatment tolerability
- Integrate palliative care earlier in the process
- Discuss patient expectations and realities of treatment effects
- Understand the patient beyond their disease, including their support system

Case Study 3

- 59-year-old male patient with IgG kappa MM
- Living with MM for 14 years, working full time, primary wage earner for family
- Has undergone two SCT, among other treatments
- Serum free light chain levels are increasing
- Patient does not want ASCT

SDM Considerations

- Find other treatment options for the patient (e.g., clinical trial)
- Connect patient with in-house financial planning resources
- Understand patient's expectations for the next line of treatment and for a clinical trial

Summary of Key Points

- Patient-centered communication is prerequisite to SDM.
- Consistency of message across entire interdisciplinary team is imperative.
- Improve patient-centered communication skills.
- Catalog available and new resources to support SDM.
- Be open to patient decisions that are not what you recommend.
- Advocate a SDM model in your practice using national guidelines and best practice strategies.