Barriers to the Implementation of Bispecific Antibodies for patient with Relapsed and Refractory Myeloma: Results of a UK National Survey

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Introduction

Bispecific T cell antibodies (BsAb) are an important treatment for patients with Relapsed Refractory Multiple Myeloma (RRMM). However, implementation poses challenges which may lead to inequities in access. To address these, a UK national multi-professional steering group was formed to improve, standardise processes and deliver education. This project sought to understand the key barriers to BsAb treatment.

Methods

An on-line questionnaire of 22 questions was developed by a steering group composed of a mix of multiple-choice; Likert scale; and open-ended formats to allow quantitative and qualitative data collection. The questionnaire was distributed between January to March 2024 via the UK Myeloma Society and the British Oncology Pharmacy Association.

Results

85 completed responses were obtained from a variety of healthcare professionals (Clinicians (39), Pharmacists (28), Nurses (16), other allied healthcare professionals (HCPs) (2)) across 44 UK hospitals. Most responders were from transplant (ASCT) centres (n=41), with the rest from community hospitals that deliver chemotherapy (n=35). There were no responses from centres delivering limited out-patient treatment. All had access to in-patient beds (median 10-30, range 1->50). 29% of patients travelled >60 minutes to reach their specialist centre.

39% had prior experience with BsAbs (27% were from ASCT centres, 12% were from chemotherapy centres). 28% had experience through a clinical trial. 78% were aware of BsAb trial data in myeloma (49% ASCT centres; 29% chemotherapy centres). Haematologists were most likely to be aware of

BsAb trial data (79%), although 21% reported either not being aware or were unsure. 57% pharmacists were aware, with 43% reporting limitations. 31% nurses were aware of data although were mainly clinical nurse specialists, with 69% of other nurses lacking knowledge. Overall, 64% were aware of the adverse events associated with BsAbs (42% ASCT centres; 22% chemotherapy centres) with 36% not reporting knowledge (6% ASCT centres; 30% chemotherapy centres). Haematologists were generally aware of adverse events (64%) as were pharmacists (57%), although nurses generally less so (31%).

58% had difficulty accessing immunoglobulin (Ig) due to restricted commissioning (44%), administrative issues (37%) and resource restrictions such as infusion capacity (19%). 29% reported prescribing systems were not a barrier to implementation, whilst 47% were unsure.

Qualitative thematic analysis identified the need to streamline IVIG approval processes and improve capacity and resources to access Ig. Additionally, there was a need to develop outpatient/ ambulatory pathways.

Conclusion

Whilst BsAbs have significant activity for patients with RRMM, this survey highlighted areas requiring improvement to implement this treatment in the UK. Further educational activity is essential for all HCPs, particularly nurses. Additionally, development of pathways to improve access and capacity for Ig administration is required.