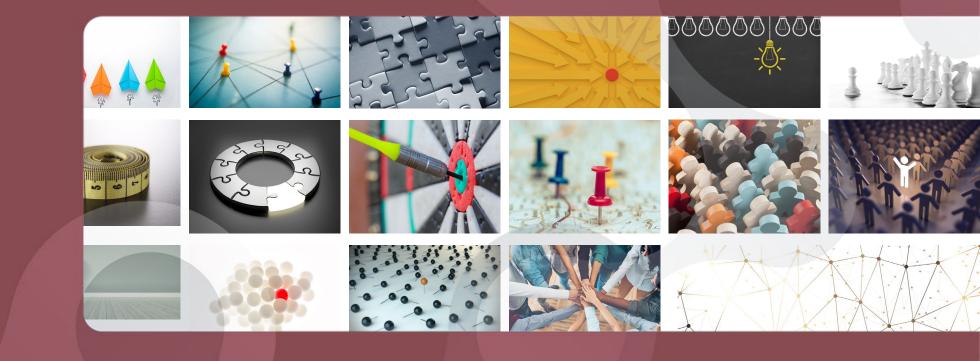
Myeloma Patients Europe

EMPOWERING MYELOMA ADVOCACY ACROSS EUROPE



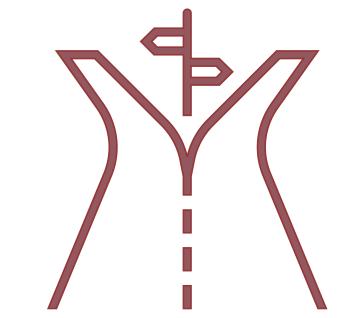
Patient Preference Research Kate Morgan, Head of Policy and Access, Myeloma Patients Europe

Definition of patient preferences

A patient group perspective

- Patient preferences relate to data generated directly from patients on how they make <u>choices</u> on different treatment options and attributes.
- Patient preference research uses specific methodologies that present patients with real or hypothetical treatment choices. They seek to understand their preferences on specific <u>treatment and attributes</u> and to explore the <u>tradeoffs</u> made on the benefits and risks of a treatment.
- Patient preference data **should not be seen in isolation** of other forms of patient evidence (such as PRO data and patient interviews/surveys).
- Agreeing the definition of types and role of patient-based evidence is important.





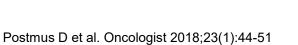
Treatment A

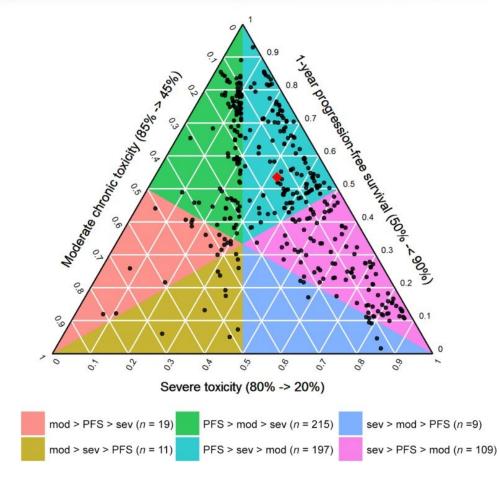
attributes

Importance of understanding patient preferences

Strengthens the patient "demand-side"

- **Patients are the end users of medicines.** Preference research and data helps us better understand what patients want from treatment.
- Patients have **different experiences**, perspectives and wants from their treatment. It cannot be assumed all patients want the same thing.
- For example, Myeloma UK used multi-criteria decisionmaking analysis to elicit the preferences of **560 patients** with myeloma regarding the possible benefits and risks of treatments.
- Participants who gave a higher weight to severe or life-threatening toxicity were more **frequently younger**, working, and looking after **dependent family members** and had **more frequently experienced severe or life-threatening side effects**.





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Importance of understanding patient preferences

Differences across diseases

- Patient preference elicitation can be important for diseases like myeloma where:
 - Many treatments are combinations.
 - Many different forms of administration.
 - Different treatment options, at different disease stages.
- A discrete choice experiment run by Myeloma UK with 475 patients found that patients who were diagnosed in the last 5 years placed a greater emphasis on survival.
- Patients who had been on treatment for longer (i.e., not diagnosed recently) placed more importance on the mode/frequency of treatment.
- Suggests that patients have different preferences depending on the stage of disease and prior experience and that preferences may change over time.

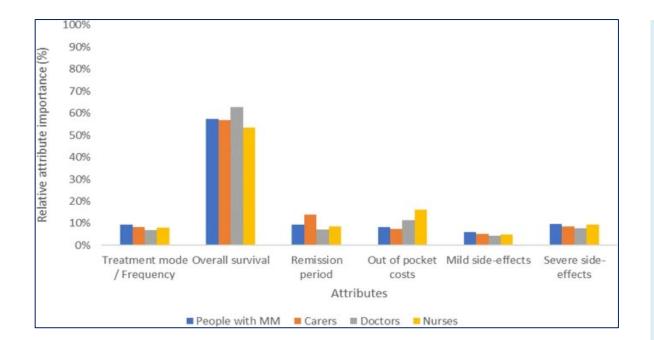
Factors	Treatment A	Treatment B	Neither of these treatments
Average overall survival	7 years 1 3 5 7 9 year years years years years	3 years 1 3 5 7 9 year years years years	
Average remission period	5 years 3 months	9 months 1 3 5 7 9 year years years years years	
<u>Mild or Moderate</u> side-effects	60 out of 100 (60%) risk	20 out of 100 (20%) risk	
<u>Severe</u> side-effects	5 out of 100 (5%) risk	10 out of 100 (10%) risk	
How treatment is taken	Intravenous drip (Hospital / clinic) Time: 2-3 hours	Subcutaneous Injection (Hospital / clinic) Time: 15 mins	
Frequency of taking treatment	Sar Man Tay Fr. Sat Image: Same Same Same Same Same Same Same Same	Sar Man Tue Fit Sat Image: Constraint of the state	
Average out of pocket costs to you over a year	£0	£0	
I would choose	OTreatment A	OTreatment B	ONeither

Importance of understanding patient preferences

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Overcoming assumptions



- Assumptions are often made on what patients prefer.
- Another patient preference study in myeloma compared treatment preferences of myeloma patients, to carers, haematologists, and nurses.
- 124 patients, 44 carers, 28 haematologists, and 34 nurses.
- Overall survival was the most important attribute across all participant groups. However, physicians placed more importance on overall survival than other groups.
- If we want to know what patients think, we need to ask them!

How can patient preference data be used?

From clinical development through to the clinic



Stage	Idea for use	
Clinical development	 Appropriate selection of endpoints in clinical trials (e.g. PFS vs OS vs QoL). Is a treatment acceptable to patients? (e.g. CAR-T). 	
Regulation	 Benefit risk assessments by EMA. Frames and provides context for decision-making (in a more robust way). 	
Reimbursement	 Answer specific questions from committees (such as value patients place on administration, survival gains or QoL). Is the treatment acceptable to patients? 	
Clinical practice	 Doctors ensure they discuss relevant questions with patients in their decision-making. Inform and interpret clinical guidelines (e.g. EHA – ESMO myeloma guidelines). 	

Listening to patients at each stage of drug development is extremely important!

Challenges for patient preference research and data

What we have learned from our experience at MPE....

Understandability

- Difficult for patients to understand and potentially emotive.
- Some methodologies are not patient friendly.
- Sometimes patient friendly is not methodologically correct.
- Recruitment challenges in different countries.

Need to explain to patients correctly and involve them!

Interpretability and applicability

- What constitutes a robust sample?
- Can you apply data gathered in one country to patients in others?
- Do patient preferences hold true at different time points?

Partnerships are important!

Responsibility and strategy

- Patient preference data has happened in small pockets to-date no clear strategy.
- Who has responsibility for these types of study?
- What data and questions do industry, EMA and HTA need to know?

Clear guidance and collaboration is needed!

Conclusion: Patient preference data is an important part of the puzzle of patient involvement.

Most issues can be addressed through effective research design, collaboration and dialogue between different stakeholders.