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Satisfaction and Experiences with Talquetamab: Results from Qualitative Patient and Physician Research

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BACKGROUND

This study aimed to explore **the experiences of patients receiving talquetamab**, a bispecific antibody therapy approved for relapsed or refractory multiple myeloma (MM), which targets GPRC5D and CD3 receptors. Despite the therapy's demonstrated efficacy, there is limited understanding of patient experiences and physician perspectives regarding this first-in-class treatment.

METHODOLOGY

The methodology involved a qualitative study of U.S. adults diagnosed with multiple myeloma who took talquetamab for at least 4 months, and physicians who had experience with talquetamab. **The overall study design was approved by both Johnson & Johnson's Methods Review Board and Sterling IRB.**

PHASE 1

Patients were recruited through HealthTree Cure Hub Registry, a platform sponsored by HealthTree that enables patients to voluntarily share their health information.

They participated in 2-hour virtual interviews to discuss their experiences **1-2 months before and 4-5 months after starting talquetamab**.

Topics included **GPRC5D-related symptoms, overall treatment impact, and satisfaction.** The interviews occurred from February to April 2024.

PHASE 2

Patients and physicians met in a 2.5-hour facilitated roundtable in Chicago, IL, in May 2024, to review Phase 1 findings and generate ideas for symptom management.

RESULTS

PHASE 1

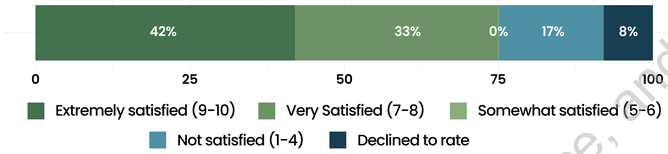
Total Participants: **12 participants**
Gender: **Male (67%), Female (33%)**
Education: **Some college (17%), College (42%), Graduate degree (42%)**
Age: **50-59 (8%), 60-69 (8%), 70-79 (84%)**
Race: **White (84%), Hispanic (8%), Black/African American (8%)**

PHASE 2

Total Participants: **3 patients, 3 physicians**
Gender: **Male (67%), Female (33%)**
Education: **College (67%), Graduate degree (33%)**
Age: **60-69 (33%), 70-79 (67%)**
Race: **White (100%)**

OVERALL SATISFACTION WITH TALQUETAMAB

Patients reported **high overall satisfaction**, with most (75%) rating their satisfaction an 8 or higher on a 10-point scale:



Physicians also reported high satisfaction. Physicians said responses have been *"very durable,"* and patients are doing *"very well."* One noted, *"I'm very happy. As a physician, it's very nice to see the responses that we're seeing."*

PATIENT QUOTES ON SATISFACTION

"This is the best response we've had to any of the therapies to date."

"If it wasn't for talquetamab, I wouldn't have gotten into MRD negativity when I went into CAR T-cell therapy. So despite all those toxicities, I was very grateful, because God knows what would've happened. I'd probably be dead by now."

"Within a few months ... the disease was undetectable, all my extramedullary disease, like my big lump, that all went away, all my broken bones were healing up."

"I couldn't be happier with the positive effects it's had on my disease burden. I'm down to zero. But getting to this point, it's been a bit of a tough go."

EXPERIENCE WITH GPRC5D-RELATED SYMPTOMS

Oral symptoms such as distorted taste/loss of taste and dry mouth were common with varying severity:

Patient reports of current taste-related symptoms at time of interview (n=12)

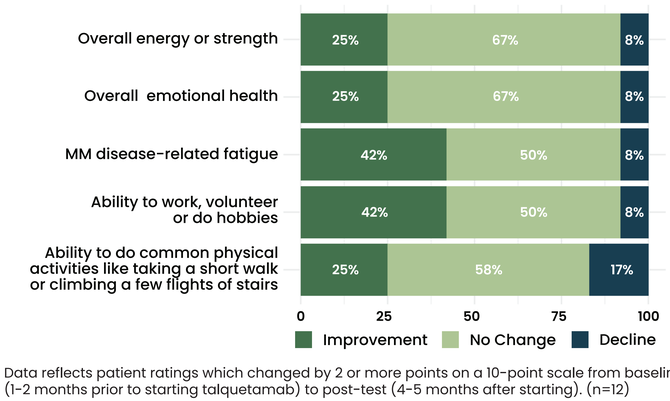
- Ten lost weight, but most (92%) mantained adequate nutrition.
- Skin- and nail-related symptoms were common but less impactful on quality of life (83% considered these symptoms mild).
- Overall, Experience with GPRC5D-related Symptoms were **not treatment-limiting**, and no patients had to miss a dose due to them. Patients perceived these symptoms as bearable and noted the treatment was effective at controlling the disease.

CONCLUSION

- This study described patient experiences and reflected how patients perceive the benefit/risk profile of talquetamab.
- Symptoms were perceived as bearable and high satisfaction scores were driven by strong clinical effectiveness.
- Patients and physicians agreed that real-world feedback from patients, practical tips, and management strategies are vitally important for patients and physicians for this first-in-class novel therapy.

IMPROVEMENTS TO QUALITY OF LIFE

Ratings largely stayed consistent from 1-2 months before starting to 4-5 months after starting, but **they noted improvements more often than declines in several main areas.** Physicians affirmed these findings as consistent with their observations.



Data reflects patient ratings which changed by 2 or more points on a 10-point scale from baseline (1-2 months prior to starting talquetamab) to post-test (4-5 months after starting). (n=12)

PHYSICIAN AND PATIENT SUGGESTIONS FOR SYMPTOM MANAGEMENT STRATEGIES

Symptom	Symptom Management Strategies to Consider
Taste-related issues	Add flavors to enhance taste, such as cinnamon, spice enhancers, or MSG
	Liberalize diet to find what foods are palatable and which to avoid
	Center diet around foods that are palatable
	Monitor progress over time to note improvements
Dry mouth	Use Biotene® mouthwash, oral dexamethasone rinses, or steroids combined with nystatin rinses
	Use lozenges or ice chips to keep mouth moist
	Chew sugar-free gum
	Drink ice water with lemon juice
	Get regular dental checkups with fluoride application
Issues swallowing	Focus diet on foods that are easier to swallow and avoid those that are dry
	Prior to eating, stimulate saliva production by chewing something bitter
	Use sauce, gravy, salsa, etc. to help food maintain moisture
	Take small bites and small sips of water while eating
	Walk or lift neck up while eating
Weight loss	Monitor weight frequently, especially initially
	Maintain regular eating habits and portions
	Prioritize getting enough calories and protein
	Center diet around foods with a higher number of calories
	Work with a nutritional counselor to address weight-loss issues
Skin issues	Use moisturizers, including topical creams and lotions
	Use cortisone creams for itchiness or topical steroids for inflammation
	Use emollients to recover from skin peeling
	Using mittens or gloves to protect the skin as-needed
	Proactively monitor for infection
	Create a stronger moisture barrier when there is an infection risk
Nail Issues	Use nail thickener, nail hardener, or clear nail polish preventatively throughout treatment to strengthen nails
	Use products such as tea tree oil or Vitamin E to keep nails lubricated
	Practice nail hygiene to keep nails short to reduce risk of snagging
	Use cloth or disposable gloves or finger cots to protect nails from snagging
	Use topical antibiotics or topical steroids if nails are inflamed or irritated
	Educate and reassure patients that while nail loss is annoying it is not harmful or dangerous

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congresshub.com/ASH2024/Oncology/Talquetamab/Faiman