

# Value of the Treatment-Free Period Following Ciltacabtagene Autoleucl Infusion in Patients With Relapsed/Refractory Multiple Myeloma: Findings From a Qualitative Interview Study

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### Key Takeaway

Patients with RRMM experienced notable improvements in physical and mental wellbeing and HRQoL during treatment free period following cilta-cel, with meaningful changes to their lives from the freedom from disease and continuous treatment

### Conclusions

Interviews with patients provided valuable insights on the patient-perceived value of the treatment-free period following treatment with cilta-cel

Improvements in overall HRQoL, and the impact of freedom from disease and treatment, changed patients' perceptions of themselves and their lives after one time treatment with cilta-cel

Favorable changes experienced by patients during the treatment free period following cilta-cel emphasize the positive impact of living without continuous treatment for RRMM

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Poster

<https://www.congresshub.com/Oncology/IMS2025/Cilta-cel/Crawford>

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**Disclosures**  
JM is an employee of, and holds stock in, Johnson & Johnson.

## Introduction

- Relapsed/refractory multiple myeloma (RRMM) has been shown to have a considerable impact on patients' health-related quality of life (HRQoL)<sup>1,2</sup>
- Chimeric antigen receptor T-cell therapy (CAR-T) ciltacabtagene autoleucl (cilta-cel) is approved in the US for the treatment of patients with RRMM who have received ≥1 prior lines of therapy, including a proteasome inhibitor and an immunomodulatory agent, and are refractory to lenalidomide<sup>3</sup>
- Patients receive a single infusion of cilta-cel and remain treatment-free while they continue to respond to therapy
- Patient-reported outcome data from the CARTITUDE clinical studies have demonstrated improvement in HRQoL<sup>4,5</sup>
- However, there is little published evidence of the value of a treatment-free period from the perspective of patients with RRMM

## Results

### Patient characteristics

- In total, 38 patients with RRMM completed interviews after cilta-cel treatment (Table 1)

Table 1: Patient demographics and characteristics	
Patient Characteristics	Interview sample (N=38)
Gender, n (%)	
Female	21 (55.3)
Male	17 (44.7)
Age, years	
Mean (SD)	66.1 (7.7)
Median (range)	67 (61.3, 72.0)
Race/ethnicity, n (%)	
White/Caucasian	36 (94.7)
African American or Black	2 (5.3)
Time since cilta-cel infusion (months)	
Median (IQR)	16.2 (10.5–22.5)
Number of prior LOTs for MM, n (%)	
2 prior lines	1 (2.6%)
3 prior lines	5 (13.2)
≥4 prior lines	28 (73.7)
Unknown	4 (10.5)
Impact of MM on life, n (%)	
A lot	4 (10.5)
Quite a lot	3 (7.9)
A little	24 (63.2)
Not at all	6 (2.6)
Unable to answer	1 (2.6)

IQR, Interquartile range; MM, multiple myeloma

### Patients' interpretation of being treatment free

- Patients defined being treatment free as the absence of any treatment for MM, living a 'normal' day-to-day life and reduced clinic visits
- 21 (55.3%) patients described being treatment free and disease free as separate experiences, while 16 (42.1%) patients described treatment free as synonymous with being disease free

### Patients' cilta-cel treatment decisions

- Factors influencing the decision to undergo cilta-cel treatment included: possibility of being treatment-free (n=29, 76.3%), HCP recommendation (n=28, 73.7%), cilta-cel reputation (n=15; 39.5%), and benefits of cilta-cel vs. other treatments (e.g., other CAR-T options and bispecifics) (n=12; 31.6%)

### Patients' expectations of the treatment-free period

- 12 (31.6%) patients expected to have a treatment-free period following cilta-cel treatment
- These patients anticipated improvements in their well-being relative to their status pre-treatment with cilta-cel and greater freedom in their lives due to less time spent at hospitals associated with decreased frequency of appointments and treatments

## References

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## Objective

- The aim of this qualitative interview study was to better understand the treatment-free period following cilta-cel infusion from the patient's perspective

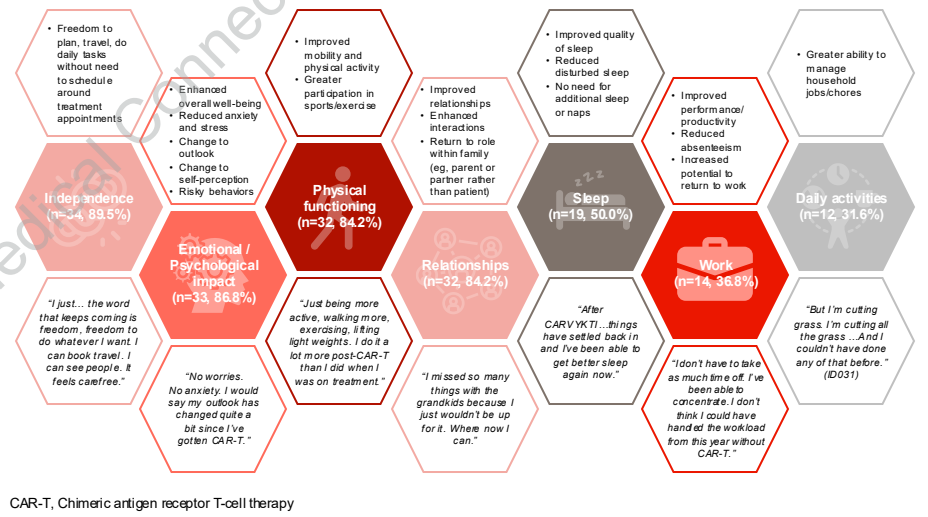
## Methods

- US-based adult patients with RRMM were recruited via the International Myeloma Foundation (IMF), a US-based patient advocacy group
- Patients were required to have had a diagnosis of RRMM prior to treatment with cilta-cel, have received cilta-cel ≥6 months before enrollment, and be currently treatment free
- Patients currently enrolled in, or having previously participated in, clinical trials evaluating treatments for RRMM (except for those involving cilta-cel) were excluded
- All patients participated in qualitative interviews between April-August 2025 that were audio-recorded and transcribed
- Interview data were analyzed using thematic analysis methods to identify key themes associated with patients' experiences of being treatment free

### Patients' experience of treatment-free period experience

- In general, the treatment-free period had positive impacts on different aspects of patients' HRQoL (Figure 1). Nearly all patients (n=34, 86.8%) reported substantial benefits for their physical and psychological wellbeing, increased independence, and enhanced participation in daily, leisure, and work activities

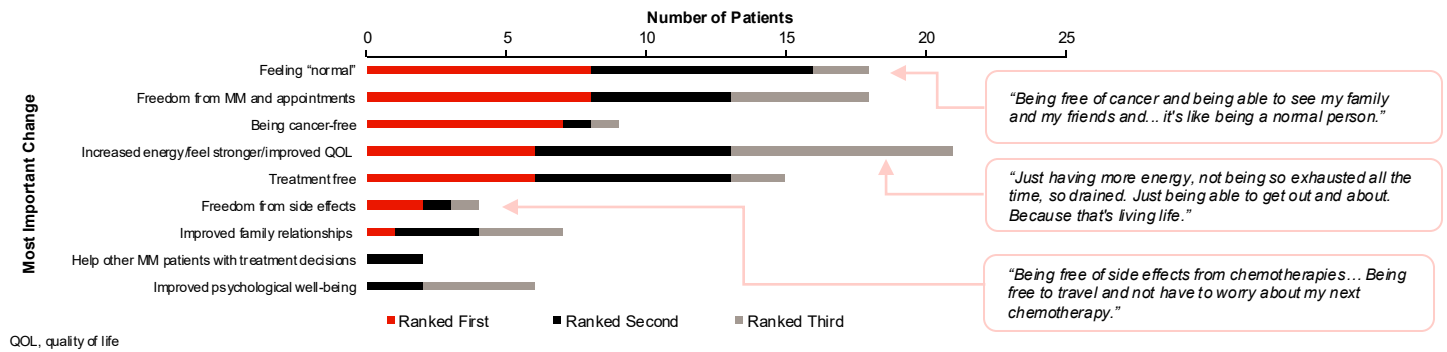
Figure 1: Patient health-related quality of life impacts (N=38)



CAR-T, Chimeric antigen receptor T-cell therapy

- 20 (52.6%) patients reported no presence of MM symptoms during the treatment-free period; 18 (47.4%) reported on the presence of MM symptoms during the treatment-free period including fatigue (n=12), brain fog (n=5), neuropathy (n=3) and bone pain (n=1). However, attribution to MM was confounded by age and long-term effects of previous treatments
- Patients perceived the treatment-free period as highly valuable; it provided them with physical and psychological relief, opportunities to regain normalcy in their lives, and the ability to engage more fully in daily life, relationships, work, leisure, and social activities
- Figure 2 presents the changes experienced by patients during the treatment-free period ranked as the 3 most important by patients; increased energy/feel stronger/improved QOL was ranked as the first, second, or third most important change by over half of the patients (n=21, 55.3%), followed by freedom from MM and appointments (n=18, 47.4%)

Figure 2: Top 3 ranked most important changes during the treatment-free period



QOL, quality of life

"I certainly expected to feel good and have a certain amount of treatment-free time. But I think I feel better physically and mentally than I thought I would, and it's just gotten, like I said, better over time."

- Benefits associated with being treatment free:** Freedom from continuous treatments (n=28, 73.7%), Reduced medical appointments (n=26, 68.4%), Altered self-perception (n=23, 60.5%): feeling like they are 'normal' and living a 'normal life', Absence of treatment side effects commonly associated with other MM treatments (n=22, 57.9%), Ability to plan events and travel due to having fewer healthcare appointments or tests (n=20, 52.6%), Improved physical and mental wellbeing (n=19, 50.0%)

"It's really freeing not to have that stigma associated with who I am or how I'm perceived. You're a disease. Now I'm just me and I cherish that."

"It wasn't until I was treatment free that I realized what it meant because I didn't realize how much of my life had been involved in receiving treatment."

- 21 (55.3%) patients reported there were no disadvantages to being treatment free. However, 17 (44.7%) patients reported anxiety and fear associated with potential of relapse and anticipation of their regular test results

