



International
Myeloma Society

23rd Annual MEETING & EXPOSITION

September 23-26, 2026 • Glasgow, Scotland



The QR code is intended to provide scientific information for individual reference, and the information should not be altered or reproduced in any way.

Systematizing Expert Multiple Myeloma Consultation in a Large Healthcare System Leads to Better Patient Outcomes: A Pragmatic Implementation Study

BRADLEY D HUNTER¹, HEATHER BLACK², JACOB WILKES³, TOM BELNAP³, PRASHANT SHARMA¹, KIMBERLY D BRUNISHOLZ⁴, ANDREW J KNIGHTON⁵

¹ Intermountain Blood and Marrow Transplant Program, Intermountain Health, Salt Lake City, UT USA

² Office of Research, Oncology Clinical Trials, Intermountain Health, St George, UT USA

³ Data Analytics, Intermountain Health, Salt Lake City, UT USA

⁴ Johnson & Johnson, Titusville, NJ USA

⁵ Independent Senior Implementation Scientist, Salt Lake City, UT USA

PA-472

INTRODUCTION

Barriers persist to guideline-concordant care for newly diagnosed multiple myeloma (NDMM), impacting real-world treatment effectiveness.¹⁻⁴

Early referral and expert consultation within a structured NDMM care pathway may increase referring provider and patient access to guideline-concordant care.

AIM

To measure the effect of implementing an early referral expert consultation program for all patients with NDMM on expert consultation rates and clinical effectiveness outcomes, including autologous stem cell transplant (ASCT) and overall survival



METHOD

- Pragmatic type III hybrid effectiveness-implementation cohort study
- 11 primary community oncology clinic sites and an affiliated transplant center in the Western United States from 2018-2025
- Expert myeloma consultation intervention for all NDMM patients – April 2023 (in-person or virtual): review of the treatment plan, current therapies and required testing; full evaluation of ASCT eligibility and timing
- Implementation strategies: system-level clinical implementation team; delivery of patient education materials; referring provider education via a community-based tumor board

RESULTS

268 NDMM patients/46 referring providers and myeloma specialists

Program Penetration – Community Oncologists

Providers referring ≥75% of NDMM patients increased from 50.0% to 70.6% (adjusted OR, 6.69 [95%CI, 1.14-39.30]).

Referral/Consultation Rates – All Patients

Referral rates increased from 68.4% to 77.3% (adjusted OR, 3.23 [95%CI, 1.31-7.98])

Consultation rates increased from 63.9% to 74.6% (adjusted OR, 2.89 [95%CI, 1.27-6.57]).

Transplant eligible non-referral rate declined 40% from 15.9% to 9.5% (adjusted OR, 0.38 [95%CI, 0.12-1.18]).

Service Outcomes – Clinical Effectiveness

Increased cytogenetic testing (adjusted OR, 6.72 [95%CI: 2.05-22.04]) and receipt of CD-38 antibodies (adjusted OR, 9.07 [95%CI, 4.68-17.56]).

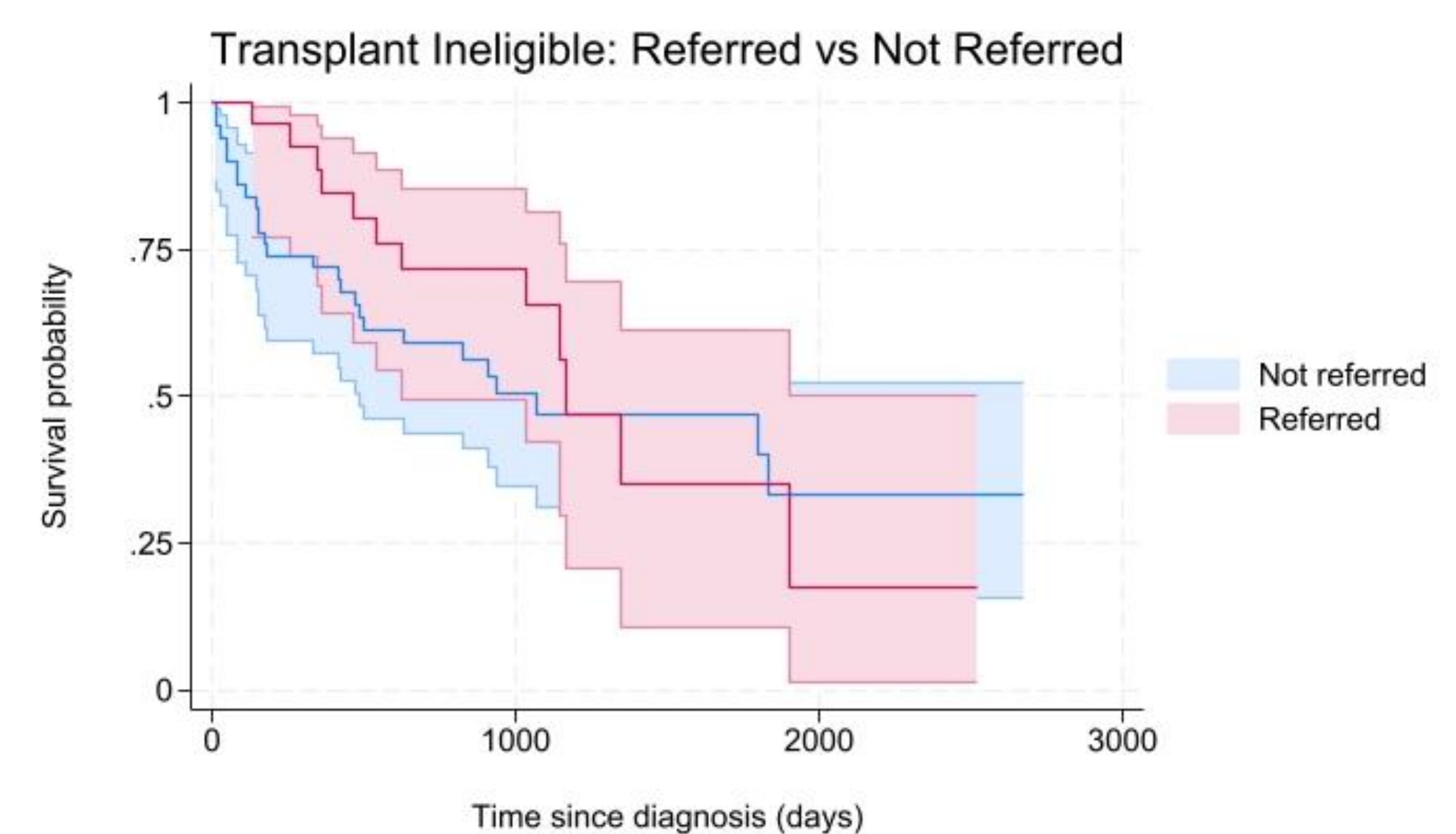
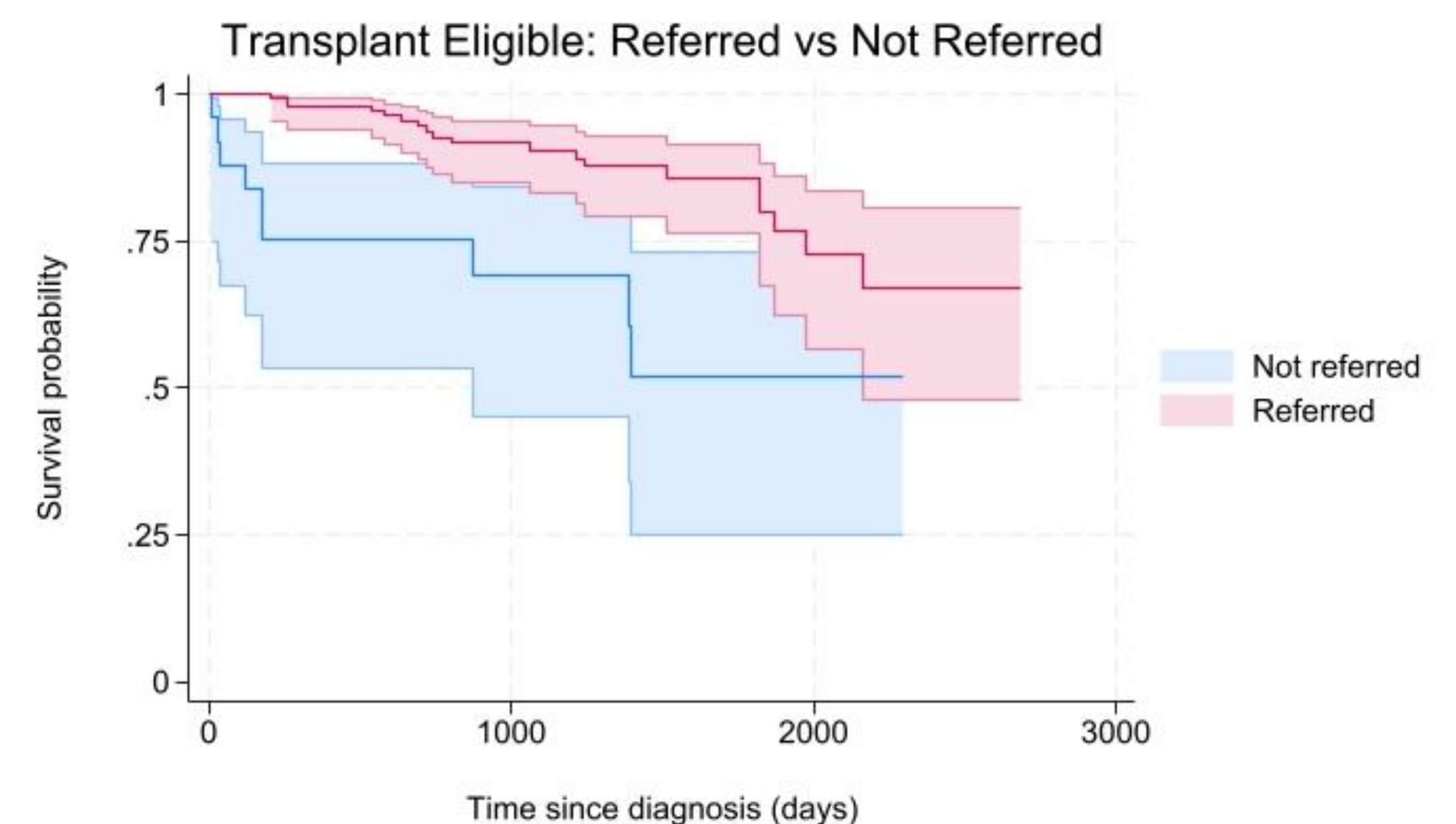
Transplantation rates did not vary significantly post intervention.

Multivariable Cox Proportional Hazards Model for Overall Survival in Transplant Eligible Patients (n=187)			
Covariate	Hazard Ratio	95% CI	P-value
Referral (yes vs no)	0.34	(0.14-0.83)	0.021
Female sex	0.90	(0.40-2.03)	0.885
Age at diagnosis (per year)	1.00	(0.96-1.05)	0.849
High area deprivation residence	2.70	(1.11-6.51)	0.041
Distance to treating facility (per mile)	1.00	(1.00-1.00)	0.117
CCI, excluding index cancer (per 1 point increase)	1.12	(0.99-1.28)	0.065
IMWG Frailty Score	4.20	(1.40-12.63)	0.013
High risk disease, CGS	2.44	(0.94-6.31)	0.066

Abbreviations: IMWG, International Myeloma Working Group; CGS, IMWG Consensus Genomic Staging; CCI, Charlson Comorbidity Index Score. Reference categories: no referral, male sex, neighborhood deprivation quintiles 1-4, not frail status and not CGS high-risk disease.

Multivariable Cox Proportional Hazards Model for Overall Survival in Transplant Ineligible Patients (n=81)			
Covariate	Hazard Ratio	95% CI	P-value
Referral (yes vs no)	0.57	(0.20-1.58)	0.278
Female sex	0.69	(0.34-1.38)	0.300
Age at diagnosis (per year)	1.02	(0.96-1.08)	0.550
High area deprivation residence	1.88	(0.92-3.78)	0.083
Distance to treating facility (per mile)	1.00	(1.00-1.00)	0.824
CCI, excluding index cancer (per 1 point increase)	1.05	(0.97-1.13)	0.221
IMWG Frailty Score	0.32	(0.10-1.01)	0.052
High risk disease, CGS	2.27	(0.68-7.65)	0.185

Abbreviations: IMWG, International Myeloma Working Group; CGS, IMWG Consensus Genomic Staging; CCI, Charlson Comorbidity Index Score. Reference categories: no referral, male sex, neighborhood deprivation quintiles 1-4, not frail status and not CGS high-risk disease.



CONCLUSIONS

Implementation of an early referral expert consultation was associated with increased patient access and use of guideline concordant care.

Expert referral in multiple myeloma may improve survival independent of any transplant-specific effects, highlighting its potential benefit for clinical translation of new innovations in dynamic care environments.

REFERENCES

- Mueller S et al. Real-life autologous stem cell transplantation and overall survival rates in newly diagnosed multiple myeloma patients: an analysis based on a German claims dataset. Value Health. 2018;21(suppl 1):S21.
- Rosenberg AS, et al. Association between autologous stem cell transplant and survival among Californians with multiple myeloma. J Natl Cancer Inst. 2019;111(1):7
- Wu JF, et al. A multistakeholder qualitative analysis of barriers to autologous stem cell transplantation for multiple myeloma. Clin Lymphoma Myeloma Leuk. 2025;S2152 2650(25)00238 1.
- A. Visram, et al. Comparison of the efficacy in clinical trials versus effectiveness in the real-world of treatments for multiple myeloma: a population-based cohort study. Blood., 142 (Supplement 1) (2023), p. 541.

ACKNOWLEDGEMENT

This study was supported by research funding to Intermountain Health from Johnson & Johnson. BDH reports research funding from Johnson & Johnson; former speakers' bureau involvement with Kite Pharma, AbbVie, and Genmab; and consulting honoraria from Kite Pharma, Novartis, BMS, Johnson & Johnson, AbbVie, Genmab, Regeneron, Astellas, Notable Labs, In8Bio, ADC Therapeutics, Poseida Therapeutics, and Caribou Biosciences. KDB holds stock and is an employee of Johnson & Johnson. AJK holds stock in UnitedHealth Group.

CONTACT INFORMATION

Brad Hunter, MD, MPH, Medical Director, Oncology Research, Intermountain Health at brad.hunter@imail.org