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Community-Based Practice Patterns and Perceptions of Challenges Integrating New Therapies for High-Risk Myelodysplastic Syndrome

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BACKGROUND : With a limited number of approved therapies for myelodysplastic syndrome (MDS), first-line treatment options for patients with high-risk MDS remain an unmet need. As many patients can become refractory to treatment or relapse, it is imperative that they receive the most suitable and effective therapy upfront based on their risk stratification. Several treatment strategies, including immunotherapy, are being investigated and have shown encouraging results with the potential to transform care for this patient population. To create effective education on new therapies for MDS, a two-phase educational initiative was designed.

METHODS : The first phase consisted of a deep-dive survey evaluating current practice patterns, barriers, attitudes, and challenges in management of newly-diagnosed high-risk MDS which was launched in February 2023 and closed in March 2023. The survey was disseminated via a partnership with IQVIA with criteria for inclusion set as: treating physicians confirmed by ICD-10 code matching and at least one prescription for any pharmaceutical product for MDS during the prior 3 months from survey launch.

The second phase of the initiative was a live and enduring CME-certified activity led by two experts in MDS. This was hosted on OMedLive.com and remains on-demand through June 2024. Microlearning clips were disseminated via LinkedIn. The expert panel addressed the identified challenges from the survey results and discussed practice-changing clinical data. Knowledge and competence questions were administered pre-, immediate post-activity, and during the program as interactive polling. Attitude, perceptions, and practice patterns associated with management of MDS were also assessed.

RESULTS : The phase one survey was completed by 23 hematologists/oncologists currently treating patients with MDS. The insights from the survey showed a preference for use of the IPSS-R classification system (96%); however, only 52% 'always' utilize a risk stratification scoring system. The top three factors influencing treatment decisions for newly-diagnosed MDS were: molecular and genetic prognostic factors (78%), comorbidities (70%), and long-term evidence/real-world data (48%). Across the continuum of care, the most challenging treatment setting was identified as intermediate/high-risk relapsed/refractory MDS. The top three challenges were requirements to follow specific treatment algorithms, access to investigational agents in clinical trial, and managing patients relapsed or are refractory to approved therapies. Clinical perceptions of emerging therapies revealed that 17% of survey respondents would not consider an investigational therapy for a newly diagnosed high-risk patient.

To date, 1,371 clinicians have participated in the educational initiative, 91% of whom were physicians and 89% identified their specialty as hematology/oncology. Low baseline knowledge and competence (<40%) was observed across assessment questions. Insights gathered throughout the activity indicated intermediate/low and intermediate/high as the MDS risk categories that are most difficult to manage. Mixed reports of classification systems was observed with IPSS-R as the highest at 35%, IPSS reported by 28%, and IPSS-M used by 20%. Participants reported equivalent difficulty in treatment of lower vs higher-risk MDS and newly diagnosed vs relapsed/refractory MDS. Following the educational activity, intended practice changes were reported as applying the latest guidelines, improve referral of patients, and refine treatment/management approaches.

CONCLUSIONS: This initiative provided insights into provider current practices and perceptions on management of newly diagnosed high-risk MDS. These adequately informed the educational initiative with some differences in perceptions seen post activity compared with the survey analysis from phase one. There are gaps remaining for clinicians to align on use of risk stratification scoring systems and improve algorithmic approaches based on treatment setting and risk status. Educational interventions are needed to address these practice gaps, employ strategies to effectively integrate new therapies, and stay abreast of the rapidly changing MDS landscape.

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