



PHARMACEUTICAL RESEARCH AND DEVELOPMENT

## **Survey Report: Multiple Myeloma Treatment Access Obstacles due to COVID-19 Pandemic and other Factors in LATAM and Canada**

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**Proposed by Clintract, Inc.  
3455 Peachtree Road NE  
Atlanta, GA 30326  
Contact: Johnny Edwards Jr., MS, Director  
Email: [jedwards@clintractusa.com](mailto:jedwards@clintractusa.com)  
Phone: 678-522-5599**

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3455 PEACHTREE ROAD NE  
5<sup>TH</sup> FLOOR  
ATLANTA, GA 30326  
O. 678-522-5599  
F. 678-298-7131  
[www.clintractusa.com](http://www.clintractusa.com)



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## Survey: Multiple Myeloma Treatment Access Obstacles due to COVID-19 Pandemic and other Factors in LATAM and Canada

### Introduction

Clintract, Inc. created, distributed, collected and analyzed the survey on the "Multiple Myeloma Treatment Access Obstacles due to COVID-19 Pandemic and other Factors in LATAM and Canada". This survey was intended to provide an overview of the condition of multiple myeloma patients, including the socioeconomic impact of the disease and access to treatment and care.

This information helps support PAG’s in LATAM and Canada and inform the debate between civil society and health authorities regarding the initiatives and policies aimed at the care of these patients so that access to treatment can be optimized in the hope of improved quality-of-life for people with multiple myeloma.

### METHODOLOGY

#### Survey Design

Locations of Application of Survey and PAG’s Involved	<b>Brazil:</b> ABRALE <b>Argentina:</b> Fundación Argentina de Mieloma (FAM) <b>Mexico:</b> Unidos <b>Colombia:</b> Fundación Colombiana de Leucemia y Linfoma <b>Canada:</b> Myeloma Canada
Date of Application of the Survey	May 6, 2020 to May 22, 2020
Profile of the Study	Qualitative Descriptive
Number of People Interviewed	Goal 50 People Per Country/ 274 Total: Total Goal Achieved
Survey Application Technique	Telephone/ Internet/ Social Media

The questionnaire consisted of 17 questions including information on:

- I. General Demographics
- II. Multiple Myeloma Diagnosis
- III. Access to care
- IV. Access to treatments
- V. COVID-19 Pandemic Impact on Treatment

The Survey included open and closed ended questions as well as simple selection and multiple selection questions.

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## RESULTS

### General Data

For this study, a total of 274 people with Multiple Myeloma were interviewed. All participants in the survey indicated that they had been diagnosed with Multiple Myeloma, however, they did not indicate the type.

Results.

Country	Number of Participants	Sex M	Sex F	Age
Mexico	63	35.00%	65.00%	54
Canada	42	35.71%	64.29%	61.5
Argentina	69	45.00%	55.00%	56.3
Brazil	50	34.00%	66.00%	54.14
Colombia	50	64.00%	36.00%	61.86
<b>Totals</b>	<b>274</b>	<b>42.74%</b>	<b>57.26%</b>	<b>57.56</b>

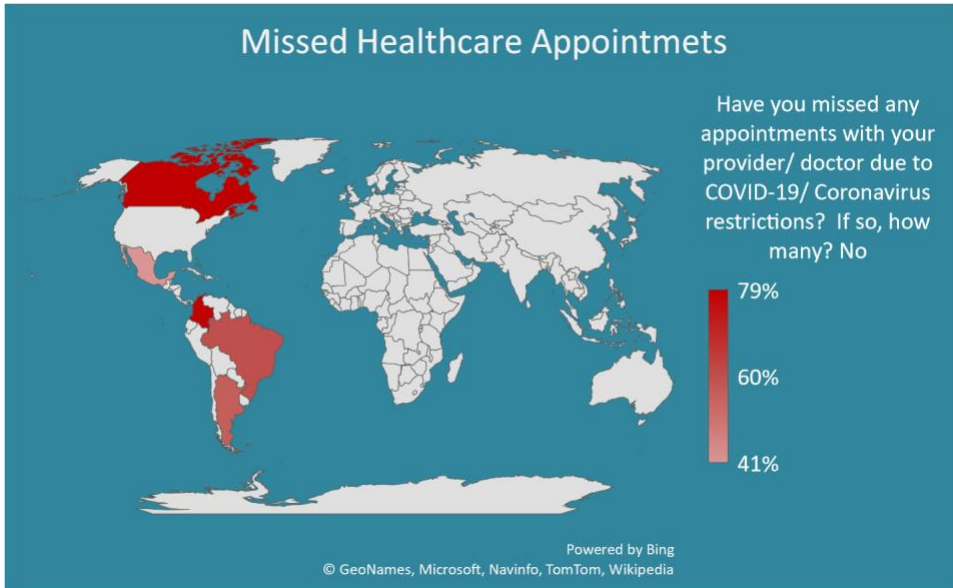
Country	When were you diagnosed with multiple Myeloma?	Do you receive treatment for any other illness or discomfort? No	Do you receive treatment for any other illness or discomfort? Yes	Have you missed any appointments with your provider/ doctor due to COVID-19/ Coronavirus restrictions? If so, how many? No	Have you missed any appointments with your provider/ doctor due to COVID-19/ Coronavirus restrictions? If so, how many? Yes
Mexico	2016.43	51.00%	49.00%	41%	59.00%
Canada	2014.14	76.19%	23.81%	79%	21.00%
Argentina	2012.2	51.00%	49.00%	56%	44.00%
Brazil	2015.7	72.00%	28.00%	60%	40.00%
Colombia	2017.56	66.00%	34.00%	78%	22.00%
<b>Totals</b>	<b>2015.206</b>	<b>63.24%</b>	<b>36.76%</b>	<b>62.80%</b>	<b>37.20%</b>

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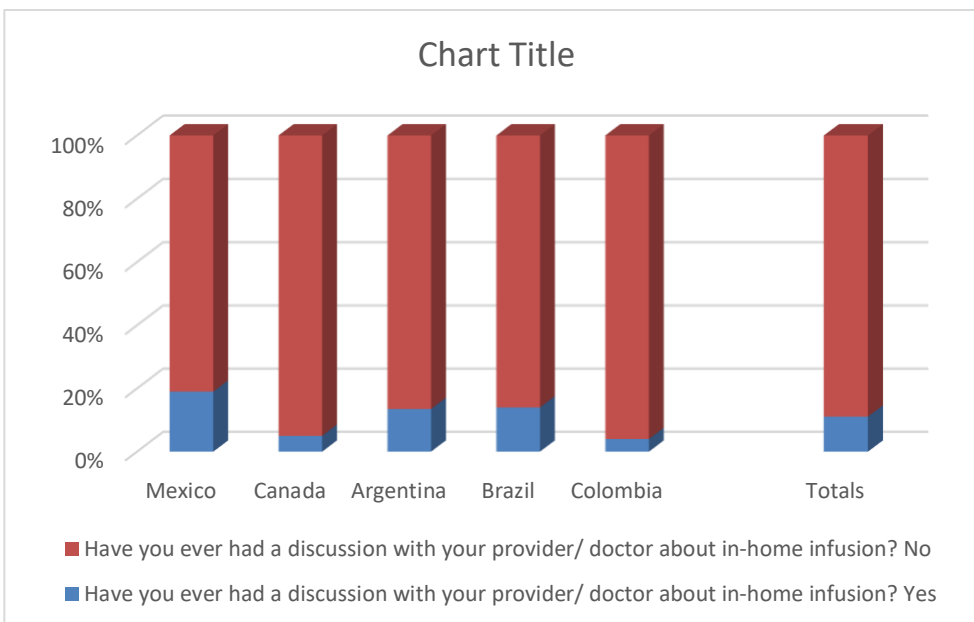
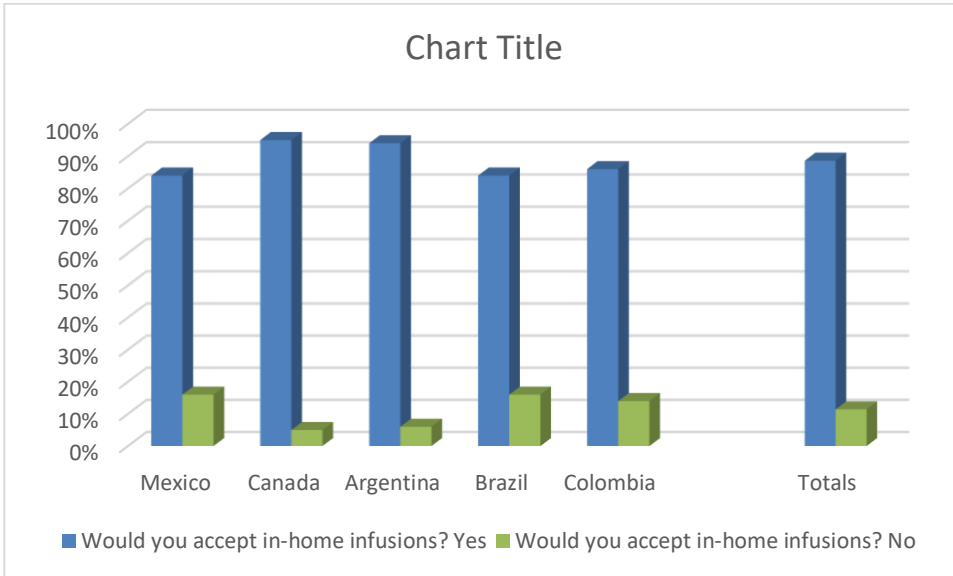


Country	Do you have any other needed prescription treatments? No	Do you have any other needed prescription treatments? Yes	Do you have a caregiver at home? No	Do you have a caregiver at home? Yes	Are you a caregiver for someone at your home? Yes	Are you a caregiver for someone at your home? No
Mexico	33.00%	64.00%	41.20%	58.80%	19.00%	81.00%
Canada	47.62%	52.38%	50.00%	50.00%	14.29%	85.71%
Argentina	81.00%	19.00%	15.00%	85.00%	22.00%	78.00%
Brazil	62.00%	38.00%	78.00%	22.00%	8.00%	92.00%
Colombia	76.00%	24.00%	34.00%	66.00%	8.00%	92.00%
Totals	59.92%	39.48%	43.64%	56.36%	14.26%	85.74%

These next two graphs show the disparity between the percentage of individuals that had a discussion with their health care provider/ doctor about in-home infusion compared to the percentage of individuals that would accept in-home infusions. Couple these statistics with the fact that 37% respondents reported missing a medical appointments due to increased travel restrictions and it is apparent that there is a need for a further research concerning medical access in these countries.

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5<sup>TH</sup> FLOOR  
ATLANTA, GA 30326  
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### Findings Discussion

- A total of 274 people with multiple myeloma were interviewed.

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- The average respondent indicated that they were diagnosed with multiple myeloma in 2015.
- Approximately 57% of respondents were female.
- The age range of the respondents surveyed was between 34 and 87 years old.
- The average age of the respondents was 58 years old.
- Over 97% of respondents have undergone some type of treatment for multiple myeloma.
- 14% of respondents stated that they are the caregiver for another individual within their home.
- 37% of respondents have missed their appointments with their health care provider/ doctor due to COVID-19/ Coronavirus and/ or travel related/ distance issues.
- 89% of respondents indicated that they are interested in-home infusion options.
- 89% of respondents stated that they have never had a discussion with their health care provider concerning in-home infusions.

The main challenges confronting patients with multiple myeloma in the face of COVID-19 are mentioned according to the following order of priority:

1. Access to required medications
2. Distance from health centers
3. Ability to speak to a medical professional
4. Cost of medicines (not out-of-pocket for patients; more that pharmacies do not have in stock due to high cost)
5. Waiting times for surgical intervention lengthened

### **Challenges Identified**

- 1) 37% of respondents reported having issues with access to treatment facilities due to scheduling conflicts related to the COVID-19 Pandemic, transportation, distance and/or social factors
- 2) 89% of patients have never had a discussion with their health care provider concerning in-home infusions.

### **Potential Solutions**

PAGs would Advocate for emergency multiple myeloma patients with the option of in-home infusion treatments along with tele-med visits as a viable work-around to scheduling conflicts and transportation issues. This potential solution aspires to achieve the following results:

- Increase patient infusion treatment compliance
- Improve physician oversight of patients
- Remedy transportation barrier/costs for patients
- Increase patient load per healthcare facility

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- Improve quality of life for patients
- Increase lifespan of patients

### **Likely Solution Barriers**

- 1) No incentives for physicians to recommend home infusion to patients due to decrease in billable visits.
- 2) Lack of Payer reimbursement regulations for tele-med visits for health care providers and physicians
- 3) Possible deficiency in cellular/ internet network infrastructure in remote/ rural regions
- 4) LATAM patient's view of Physicians as "expert" Lack of multiple myeloma patient awareness.

### **Potential Resolution to Barriers**

1. PAGS to Partner with at least one MED Society to build a value story (make the case) to facilitate the introduction of Emergency home-infusion option for patients.
  - a. PAG's partner with MED Society to build value story for health care providers to conduct remote health (tele-med) in emergencies akin to the COVID-19 Crisis (Assess Brazil tele-health Infrastructure)
    - i. Healthcare Payer Programs
      1. Payers recognize tele-med visits as legitimate standard medical procedures
      2. Payers equalize the value for Physicians to conduct tele-health visit
      3. Payer's reimbursement amount to healthcare providers must be financially sustainable to healthcare providers.
2. PAG's & medical societies make case to health ministry (when new health minister in place) for payers to create standardized procedures for tele-med visit/ treatment/ follow-up schedule for multiple myeloma standard of care
  - a. Coordinate with medical societies to support in-home infusions and Tele-Medicine Visits.
  - b. 3<sup>rd</sup> parties can work to ensure alignment of Payer reimbursement schedule with revised home health standard of care procedures to ensure that health care providers are compensated
  - c. Creation of position statements for policy makers and health ministries.
  - d. Surveying physicians on willingness for emergency in-home infusions and their appetite for it.

Assess multiple myeloma patient population's ability to host remote medical visits (part of tele-med assessment)

- e. Conduct home Internet access assessment via PAGs (potential for Grant Assistance to PAGs)
- f. Smartphone access assessment (Survey)
- g. Assess country's cellular network capability (3g, 4gLTE, 5g) via service providers (Amgen Brazil)
- h. Assess Computer/ laptop/ tablet ownership (Survey)

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3. Facilitate the creation of initiatives via PAG's to inform patients of treatment options for multiple myeloma patients to impact a change.
  - a. PAG's to create initiatives in order for healthcare providers to inform patients of in-home infusion options and the ability to conduct tele-med visits.
    - i. Pamphlets provided to Hospitals, Medical Clinics, Hematologists, Oncologists and other health care professionals for distribution to multiple myeloma patients.
    - ii. PAG Social Media Campaigns
      1. Facebook
      2. Instagram
      3. Twitter
      4. Snap Chat
    - iii. Social Worker Involvement
      1. PAG's to host webinars via Social Worker professional organizations to ensure that social workers are made aware of the standard of care changes that allow in-home infusions and tele-med visits.
4. Explore patient alternatives to extended travel for access to infusion treatments
  - a. Local dialysis centers could be utilized for multiple myeloma infusion treatments
    - i. Added value for dialysis center
    - ii. Local proximity to patients
    - iii. Infrastructure already in place
      1. Facilities
      2. Trained/ Licensed/ Certified Staff
      3. Beds, Equipment, Medical Supplies

### **Conclusion and Observations**

The majority of respondents living with multiple myeloma report many hardships which are interrelated factors related to general health care access issues in LATAM and Canada and not specifically to their condition with multiple myeloma. Waiting times for diagnostic tests, medicines and their availability should be assessed further. The social-economic factors associated with the COVID-19 pandemic have seriously debilitated LATAM and Canada's economies, resulting in decreased medical staff as well as supply shortages.

Implementation of in-home infusions and tele-med visits in LATAM and Canada will resolve many of the conflicts affecting a large percentage of patients and will ensure that they receive the care, attention and treatment they need during these challenging times. This could definitely become model for infusion treatment options in LATAM, however, Canada already has remote infusion centers. Consider options internally via manufacturer's PAPs.

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