Johnson&Johnson

Identifying patients with relapsed or refractory multiple myeloma (RRMM) who may be eligible for a bispecific therapy

Instructions for the Oracle Health® EHR System

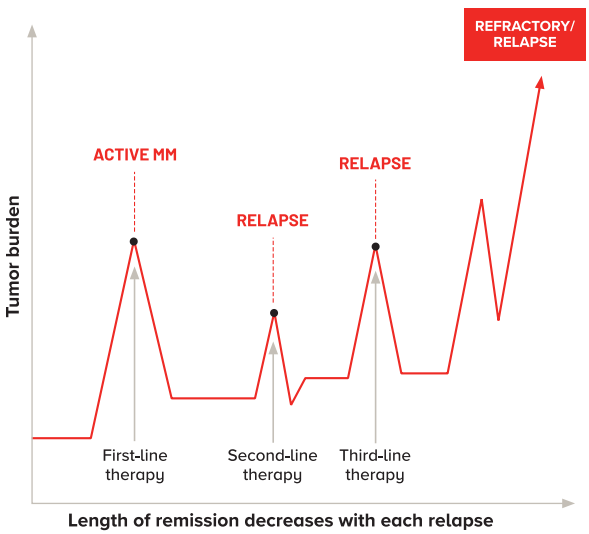
The Importance of Understanding Eligibility for Different Therapies in RRMM

Patients With RRMM Have a Critical Need for New Treatment Approaches[1-3]

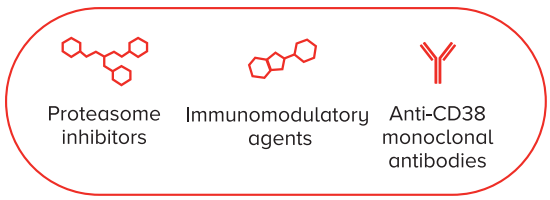
Multiple myeloma is prone to relapse, with patients with multiple myeloma continuing to relapse over the course of their disease.[4,5]

As RRMM progresses, the time between relapses shortens and patients can become refractory to treatment.[6-8] Furthermore, patients with RRMM can eventually become refractory to multiple classes of treatment, which continuously drives the need for new therapeutic approaches.[1-3]

Multiple Myeloma Cycle of Disease Progression[8]



Patients with RRMM have typically been treated with 3 classes of drugs[1]



Several treatment-related factors influence subsequent therapy selection, including[9]:

- Number and type of prior therapies
- Depth and/or duration of response to prior therapies

As patients with RRMM progress through lines of therapy, the number of treatment options becomes limited, so it is essential to identify different therapeutic targets and approaches.[2,8]

Bispecific antibodies have recently been FDA approved as an additional treatment approach for RRMM. For those interested in exploring bispecific antibodies as a therapeutic option, it is important to understand which patients may be eligible for this type of therapy.[10-12]

CD38, cluster of differentiation 38; RRMM, relapsed or refractory multiple myeloma.

Patient queries (also referred to as “patient lists” and “reports”) in the electronic health record (EHR) can be leveraged to identify patients with potential care gaps. Consider conducting a patient query to help identify patients diagnosed with RRMM who have already received at least 4 lines of treatment or are currently receiving fourth-line treatment and may become candidates for fifth-line treatment, and thus may be eligible for a bispecific therapy. A patient query is created by entering patient clinical criteria and is run through the EHR’s reporting solution.

Overview and Limitations

These instructions were created specifically to create a patient list in the Oracle Health® EHR system and will not work for other conditions, treatments, or therapeutic areas or for other EHR systems.

The process outlined in this document is variable, and not all steps will apply to every health system.

Any steps or settings that are not part of a health system’s standard process should be excluded or modified accordingly. Any questions should be directed to the appropriate service provider. The system is solely responsible for implementing, testing, monitoring, and ongoing operation of any EHR tools.

Suggested Inclusion Criteria

Diagnosis

- Multiple myeloma (ICD-10 code C90.0)

Medications

- At least 4 prior lines of therapy including medications from the proteasome inhibitors, immunomodulatory agents, and anti-CD38 monoclonal antibodies medication classes

Note

Consider running the report on a regular basis. Once the initial report has been created, it can be saved for future use and subsequent reports can be rerun. Running reports over time helps identify new patients who meet the inclusion criteria.

Instructions

Oracle Health's Discern Analytics 2.0 may be used to create a patient query. While there is no direct approach to create a report for line of treatment, a report with proxies can be created to help identify patients with RRMM who've had at least 4 lines of therapy. Consult your organization if additional user rights are required to access this reporting tool.

1. Launch Discern Analytics 2.0. It may be found as DA2.exe in the applications folder.
2. Click the Domains tab to access available domains. Select the oncology domain.
   Note: Available domains vary by health system. Check for an oncology domain with oncology disease, staging, and regimen information. If a domain with oncology-specific data is not available, consider reaching out to the organization's data team.
3. Select File > New > Query or select the desired oncology domain by double-clicking it.
4. The query wizard will display available categories.
5. In the Qualifications window, select the Diagnosis Code (or Oncology Disease) filter and click Modify Filter List.
6. In the search field, enter and select the ICD-10 code for multiple myeloma: C90.0. Click Include.
7. In the Qualifications window, select the Orders > Orders Synonym ID filter and click Modify Filter List.
8. In the search field, enter and select the desired pharmaceutical classes (proteasome inhibitors, immunomodulatory agents, and anti-CD38 monoclonal antibodies medication classes).
9. Set the logic to include the diagnosis and pharmaceutical classes.
10. Select the desired display columns to include in the report and click the right arrow to drag them to the Columns window. Suggested display columns include information specific to:
    - Oncology staging (depending on the available data, a relapsed and refractory stage may be available)
    - PowerPlans (regimens)
    - Oncology disease (name, severity, disease form)

continued on the next page

Instructions (cont'd)

11. Set the general criteria for the report and enter a unique name (eg, "List of Multiple Myeloma Patients With At Least 4 Prior Lines of Therapy").

12. Click Query > Query Review or Run Query in Viewer in the Query tab to run the query.

13. The results will display. The results may be further evaluated if desired or exported to Excel.

14. Review the orders column to confirm that each patient has completed at least 4 prior lines of therapy.

15. Save the query for future use.

Notes

- The customer (eg, physician, medical group, integrated delivery network) shall be solely responsible for implementation, testing, and monitoring of the instructions to ensure proper orientation in each customer's EHR system

- Capabilities, functionality, and setup (customization) for each individual EHR system vary. Johnson & Johnson Innovative Medicine shall not be responsible for revising the implementation instructions it provides to any customer if that customer modifies or changes its software, or the configuration of its EHR system, after such time as the implementation instructions have been initially provided by Johnson & Johnson Innovative Medicine

- While Johnson & Johnson Innovative Medicine tests its implementation instructions on multiple EHR systems, the instructions are not guaranteed to work for all available EHR systems, and Johnson & Johnson Innovative Medicine shall have no liability thereto

- While EHRs may assist providers in identifying appropriate patients for consideration of assessment, treatment, and referral, the decision and action should ultimately be decided by a provider in consultation with the patient, after a review of the patient's records to determine eligibility, and Johnson & Johnson Innovative Medicine shall have no liability thereto

- The instructions have not been designed for, and are not tools and/or solutions for, meeting Advancing Care Information and/or any other quality/accreditation requirement

- All products are trademarks of their respective holders. Reference to these products is not intended to imply affiliation with or sponsorship of Johnson & Johnson Innovative Medicine and/or its affiliates

References: 1. Mikhael J. *Clin Lymphoma Myeloma Leuk.* 2020;20(1):1-7. **2.** Bruno AS, et al. *Expert Rev Hematol.* 2020;13(9):1017-1025. **3.** Sonneveld P, et al. *Haematologica.* 2016;101(4):396-406. **4.** Kurtin S. *J Adv Pract Oncol.* 2013;4(6):1-14. **5.** Kumar SK, et al. *Nat Rev Dis Primers.* 2017(3):1-20. **6.** Hagiwara M, et al. *Leuk Lymphoma.* 2020;61(1):47-55. **7.** Yong K, et al. *Br J Haematol.* 2016;175(2):252-264. **8.** Borello I. *Leukemia Res.* 2012;36(Suppl1):S3-S12. **9.** van de Donk NWCJ. *Hematology Am Soc Hematol Educ Program.* 2020;2020(1):248-258. **10.** Rasche L, et al. *Haematologica.* 2021;106(10):2555-2565. **11.** Strassl I, et al. *Cancers (Basel).* 2021;13(18):4701. **12.** Yu B, et al. *J Hematol Oncol.* 2020;13(1):125.

Johnson&Johnson