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Bendamustine-Bortezomib-Dexamethasone (BVD) in heavily pretreated Multiple Myeloma: Old/New in novel agents' era

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Introduction

Bendamustine is an old bi-functional alkylating agent which has proved to be effective in relapsed, refractory and in new diagnosed Multiple Myeloma (MM).

Aims

Thus, aiming to provide further insights in this field, also in novel agents'era, we present here a retrospective, real-life analysis of patients with relapsed/refractory MM (rrMM), who had received salvage therapy with bendamustine in combination with bortezomib and dexamethasone (BVD).

Materials and Methods

81 patients (44 M/37 F), with rrMM, median age at diagnosis 59.4 years (r. 36-82), median age at start of treatment 63.6 years (r.37-86) treated with several lines of treatments (median 6, r. 2-11), every refractory to all the drugs previously received (also Bortezomib), received BVD (B 90 mg/sqm days 1,2; V 1.3 mg/sqm days 1,4,8,11, D 20 mg days 1,2,4,5,8,9,11,12, Pegfilgrastim day +4) every 28 days, until progression.

All patients had previously received bortezomib-based and IMiDs-based treatments, and 32% (26/81) had also received radiotherapy. 69% (56/81) had undergone single or double autologous and three (2%) allogeneic stem cell transplant. All patients were relapsed and refractory to last therapies received before BVD.

	Numbers of patients	Age at diagnosis	Age Start Treatment	Previous treatments	ORR: (≥PR)	ORR2: (≥SD)	OS from diagnosis	OS from start treatment	TTR
Pom-Dexa	33 (19 M/14 F)	69 (r. 52-84)	76 (r. 56-89)	7 (r. 2-11)	45.4%	78.7%	92 (r. 21-234)	9 (r. 1-25)	2 (r.1-6)
KRD	41 (23 M/18 F)	63.7 (r. 43-82)	67 (r. 48-84)	3 (r. 2-11)	68.2%	87.8%	62 (r. 9-170)	11 (r. 2-18)	1.3 (r.1-4)
BVD	56 (31 M/25 F)	57.3 (r. 36-82)	61.8 (r. 37-83)	6 (r. 2-11)	64%	85.7%	62.7 (r. 6-151)	9.8 (r. 2-36)	1.2 (r.1-3)

Results

According to IMWG, ORR was 63% (51/81: 7 CR, 18 VGPR, 15 PR, 11 MR) with 11 PD and 19 patients in SD, which can be considered as an impressive result in this subset of rrMM patients. In particular, for 11 patients, BVD was, after having achieved at least a PR, a bridge to second auSCT, and for two patients a bridge to alloSCT. Eight patients have surprisingly achieved a notable PR after failure of novel agents (i.e. Carfilzomib, Daratumumab and Pomalidomide).

Median time to response was 1.3 months (r.1-3), median OS from diagnosis was 67.3 months (r.6-151), median OS from start of Bendamustine was 9.6 months (r.2-36).

Conclusions

The triplet Bendamustine-Bortezomib-Dexamethasone has shown significant efficacy in a particularly severe setting of patients, relapsed and refractory to all available therapeutic resources, and, in particular cases, it could be considered as a bridge to a second autologous or allogeneic SCT, also after failure of novel agents.

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