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CYLOPHOSPHAMIDE, THALIDOMIDE AND DEXAMETHASONE VERSUS BORTEZOMIB, THALIDOMIDE AND DEXAMETHASONE FOLLOWED BY AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANTATION IN NEWLY DIAGNOSED MULTIPLE MYELOMA PATIENTS :

ASSESMENT OF THE 2016 VERSION TUNISIAN PROTOCOL

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INTRODUCTION

The 2016 version of Tunisian protocol to treat newly diagnosed young multiple myeloma (MM) patients was designed based on scientific published data and adapted to the national economic context.

METHODS

We retrospectively investigated the efficacy of two triple combinations : bortezomib, thalidomide and dexamethasone (VTD) versus cyclophosphamide, thalidomide and dexamethasone (CTD) as frontline treatment in newly diagnosed MM young patients, followed by autologous hematopoietic stem cells transplantation (ASCT). Due to economic considerations, VTD regimen was only prescibed for high-risk forms (International scoring system=3, high cytogentic risk by FISH, renal failure, extra-medullary disease)

RESULTS

Between January 2017 and December 2020, 100 MM patients (56 male, 44 female) received intensive melphalan-based chemotherapy, supported by ASCT. The median age was 54 years (30-66). Induction therapy prior to ASCT was VTD regimen in 61 (61%) patients and CTD regimen in 39 (39%). After induction, 23% of patients treated by CTD achieved at least very good partial response (VGPR) (n=9), versus 69% of patients treated by VTD (n=42) (p = 0.0001) (figure 1).

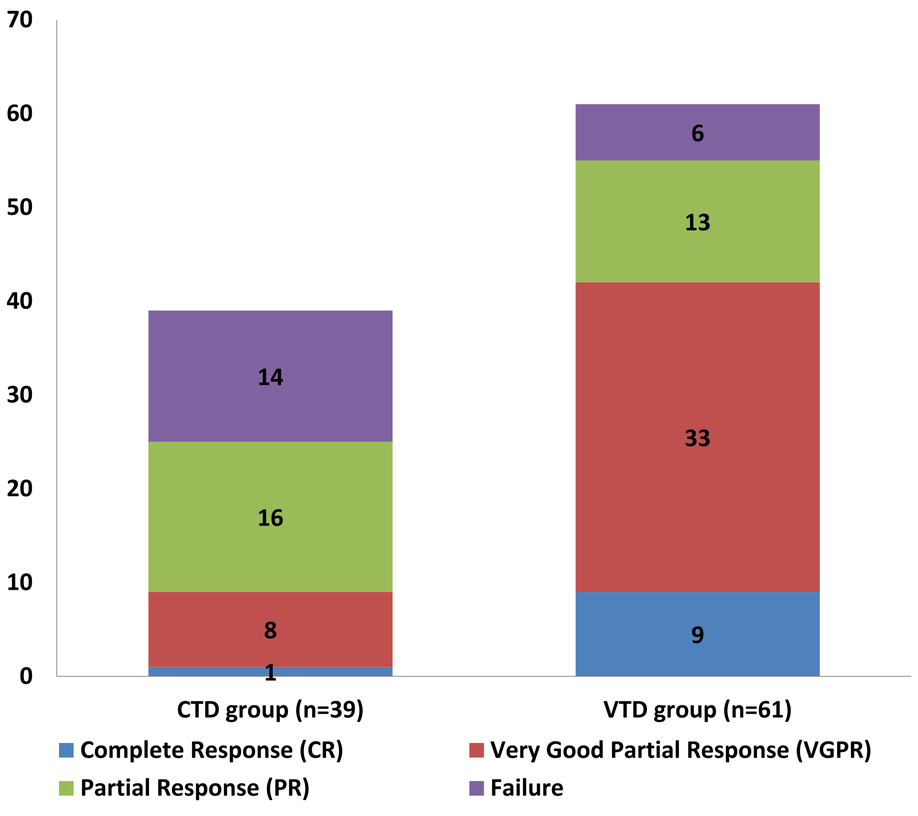

Figure 1: Response to induction therapy in CTD and VTD groups

Seventy per cent of patients (n=14) who failed to achieve a partial response (RP) got second-line treatment. Median interval from diagnosis to ASCT was 11 months (4-46). Before ASCT, 59% (n=36) of patients in VTD group and 39% (n=15) of patients in CTD group were at least in VGPR (p = 0.045).

Non-relapse mortality was of 3% (n=3). Following ASCT, at least VGPR was obtained by 73% (n=44) and 64% (n=23) of patients treated respectively by VTD and CTD (p = 0.32) (Figure2).

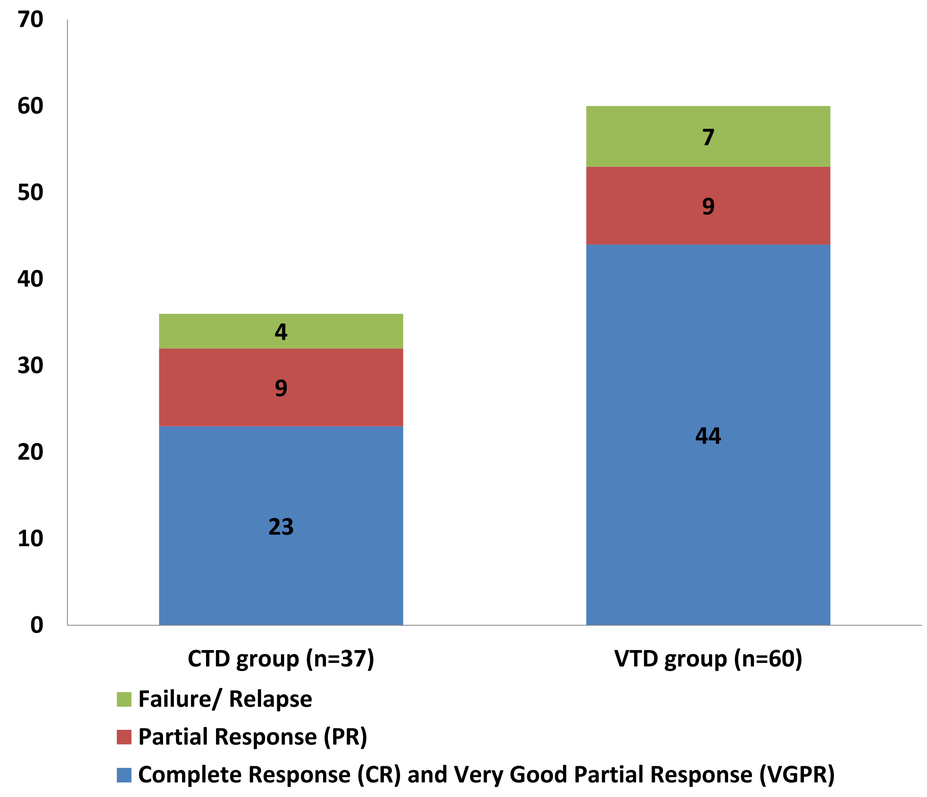

Figure 2: Response 3 months after ASCT in CTD and VTD groups

At a median follow-up of 37 months (14-56), the median progression-free survival (PFS) and overall survival (OS) were 29 and 34 months, respectively.

CONCLUSION

Our results corroborate the superiority of VTD over CTD as pre-ASCT induction therapy in MM but early response after ASCT seems to be similar in the 2 groups.

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