

REAL-WORLD OUTCOMES (RWO) FOR STANDARD OF CARE (SOC) TREATMENTS IN PATIENTS WITH RELAPSED OR REFRACTORY MULTIPLE MYELOMA (RRMM)

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Introduction: With the advent of immunomodulatory agents (IMiDs), proteasome inhibitors (PIs) and, more recently, anti-CD38 monoclonal antibodies (mAbs), prognosis of patients with multiple myeloma (MM) has improved considerably but no SOC exists for RRMM patients in RWO settings. This study aims to evaluate the RWO of patients with triple-class (IMiD, PI and anti-CD38 mAb) and triple-line exposed RRMM using real-world data from patients in Belgium.

Material and Methods: A multicenter, observational study, involving 7 non-academic and academic Belgian centers was conducted based on a retrospective chart review of adult RRMM patients who started subsequent treatment from March 2017 through May 2021 after having received ≥ 3 lines of therapy including at least an IMiD, a PI, and anti-CD38-directed therapy (tri-exposed). Cox proportional hazards models were fitted to explore the prognostic value with overall survival (OS), progression-free survival (PFS), and time to next therapy (TTNT).

Results: 112 patients with 237 eligible treatment lines were included in the analysis; median follow-up was 16.6 months. In 45% of the initiated treatment lines, patients were refractory to 4 or 5 therapies, 62% had received ≥ 5 prior lines. After patients became tri-exposed, the most common treatment regimens were: carfilzomib+dexamethasone (14%), pomalidomide+dexamethasone+chemotherapy (8%), and ixazomib+lenalidomide+dexamethasone (6%). Median OS was 9.79 months, median PFS was 3.42 months, median TTNT was 3.61 months. Higher refractory status ($p < 0.001$), being male ($p = 0.001$), older age ($p < 0.001$), shorter duration of prior lines ($p < 0.001$), shorter time to progression in prior line ($p = 0.025$), and higher LDH levels ($p < 0.002$) were prognostic for worse outcomes for both OS and PFS.

Conclusions: This retrospective chart review of patients with tri-exposed RRMM in Belgium shows that RWO in terms of OS, PFS and TTNT are poor for these patients, with a median OS of < 10 months and highlight the high unmet medical need in this patient population.