The introduction of new drugs with lower toxicity profile and the increasing evidence regarding benefits of continuous over fixed-duration therapy have shifted the therapeutic approach of MM patients from traditional fixed-duration to continuous regimens. Research about the influence of treatment duration on survival has focused mainly on multiple myeloma, less investigated in AL amyloidosis. This study aims to provide insights in this regard.

At study entry, in the 207 MM patients, median age was 73 (9.73) years, 166 (86.5%) lived with a family member and 9 (4.7%) alone with help of a caregiver. 153 (78.9%) were independent, 25 (12.9%) dependent grade I, 12 (6.2%) grade II and 4 (2.1%) grade III. 100 (48.3%) patients completed the follow up period, with a median follow up of 11.57 (6.08, 12.19) months. 10/107 (9.3%) patients abandoned the study prematurely. 107 (51.7%) patients were at 1L of treatment, 59 (28.5%) at 2L, 28 (13.5%) at 3L and 13 (6.3%) at subsequent lines. 38 patients were at maintenance/consolidation setting. 71 (34.3%) patients received previous SCT.

In the 14 AL amyloidosis patients, median age was 73 (9.72) years and 12 (85.7%) lived with a family member. 10 (71.4%) were independent, 2 (14.3%) dependent grade I and 2 (14.3%) grade II. 8 (57.1%) were at 1L of treatment and 6 (42.9%) were at 2L. 1 patient received a transplant at 1L. 3/7 patients abandoned the study prematurely. 12 (85.7%) patients completed the follow up period, with a median follow up of 9.86 (4.14, 13.38) months. 2 (14.3%) patients received a fixed duration vs 12 (85.7%) continuous treatment strategy.

For the 10 patients with MM and AL amyloidosis, median age was 67 (8.94) and 7 (70.0%) lived with a family member. The majority of them 8 (80.0%) were independent. 5 (50.0%) were at 1L of treatment, 3 (30.0%) at 2L and 2 (20%) at 3L and subsequent’s lines. 6 (60.0%) patients completed the follow up period, median follow up 9.43 (6.28, 12.83). 3 (30.0%) patients received treatment per MM, 4 (40.0%) per AL amyloidosis and 3 (30.0%) per both diseases.

Based on this preliminary analysis, most patients are under a continuous treatment strategy and in early treatment lines. Further analysis will be conducted to analyze DoT and its influence in treatment response.