

Highlights from IMW 2021

1-2 febbraio 2022
Bologna
Royal Hotel Carlton

Barbara Gamberi

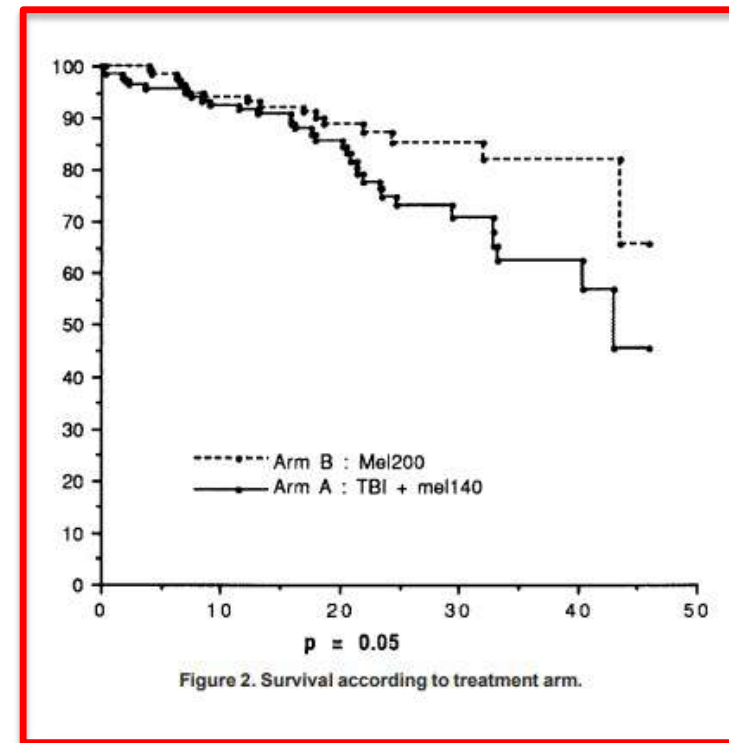
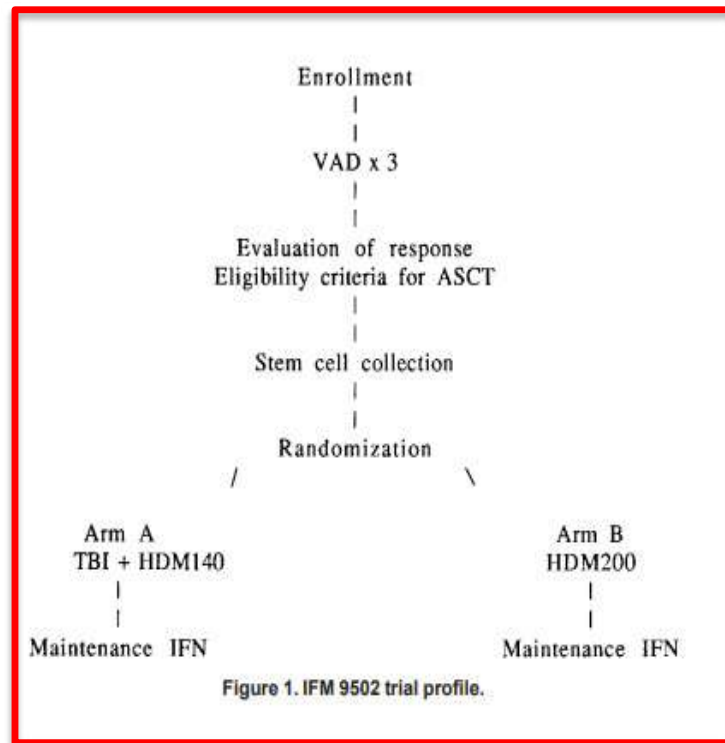
Condizionamento ad ASCT: con Melphalan ed altri agenti?

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Michele CAVO

Comitato Scientifico
Michele CAVO
Maria Teresa PETRUCCI



IFM 9502: MEL 200 as standard of care



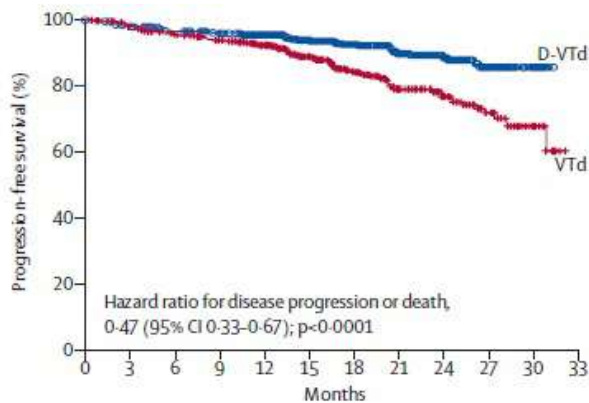


First line: how to do better?

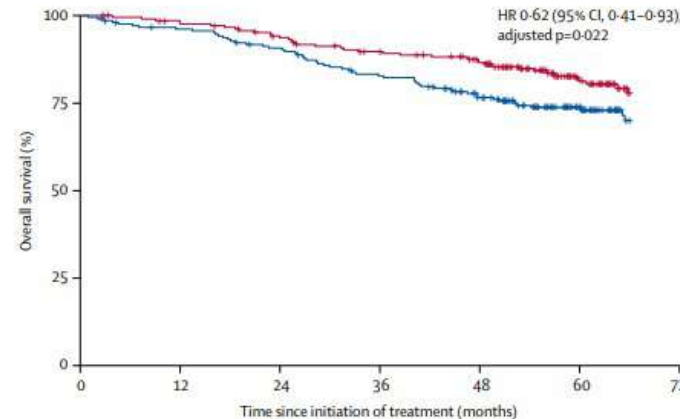
Induction:
four instead of
three drugs

Transplant:
tandem
transplant

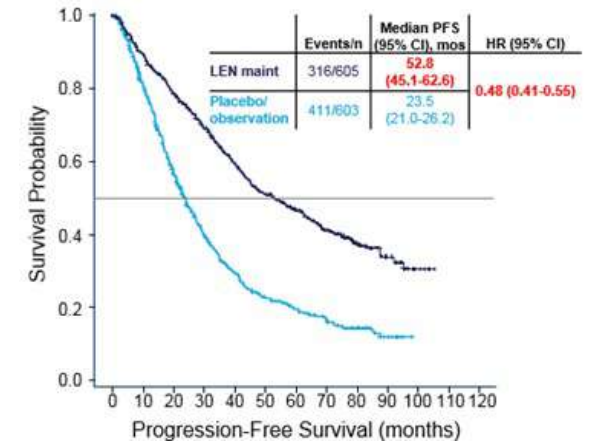
Maintenance:
continuous
therapy



Moreau, 2019



Cavo, 2020



McCarthy, 2017



Improving the conditioning regimen

- **Increase dose of melphalan**
- **Melphalan derivative**
- **Incorporate new drugs**



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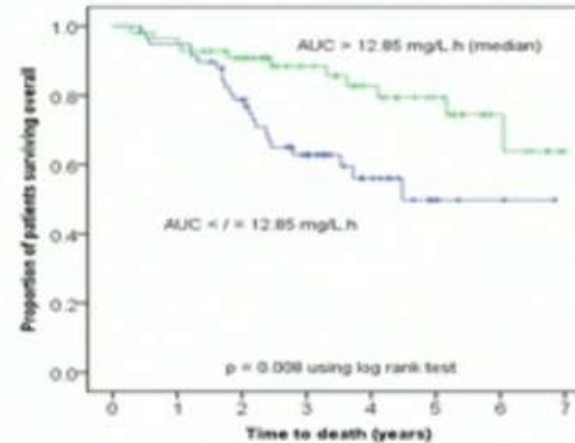
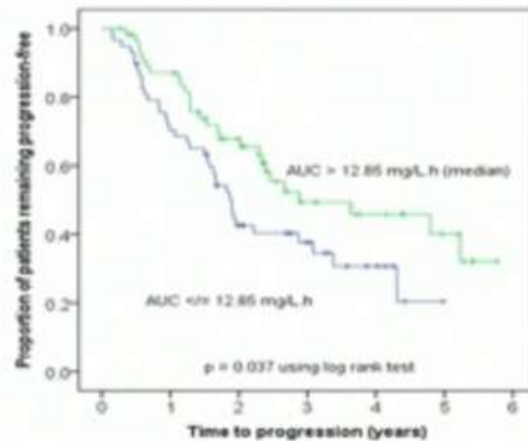


Improving the conditioning regimen

- Increase dose of melphalan
- **Melphalan derivative**
- Incorporate new drugs



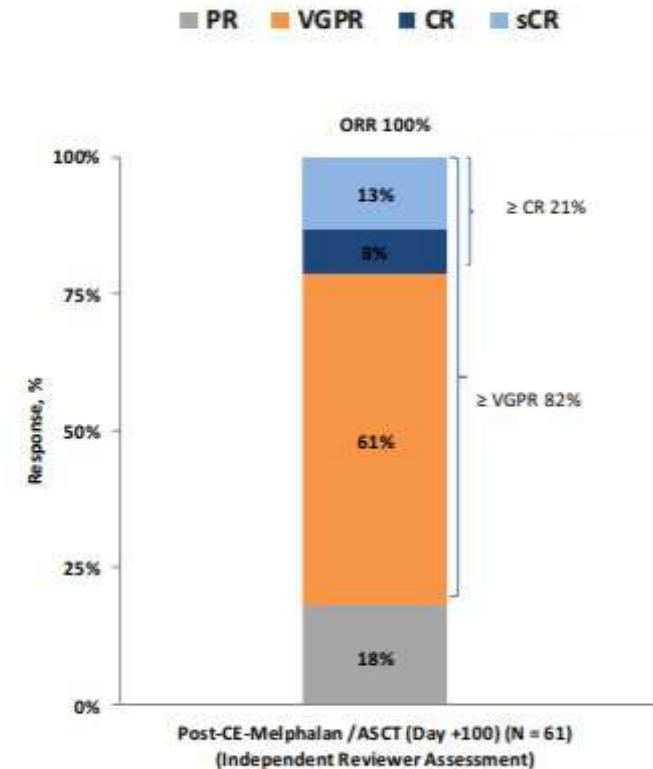
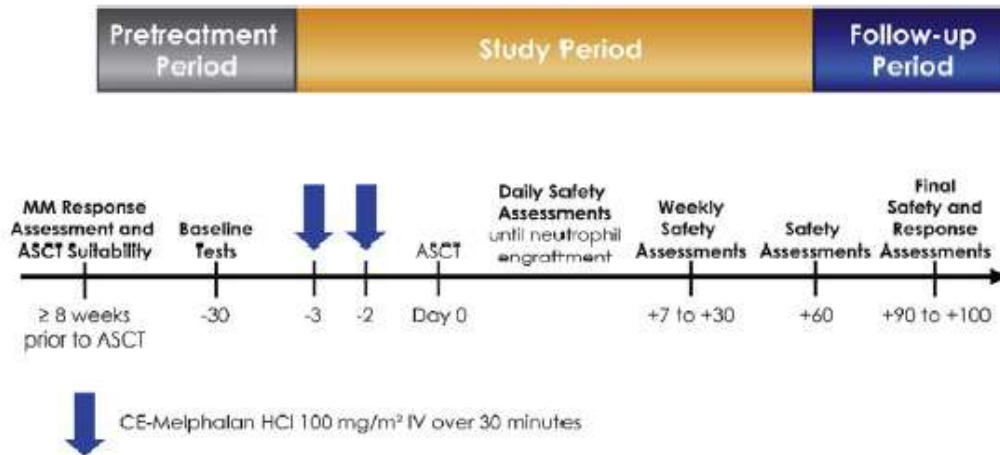
Higher Melphalan AUC Predicts Time to Progression, Overall Survival, and Toxicity



- Melphalan median **AUC 12.85 mg/L.h**



Evomela





Evomela

- **more stable and soluble formulation**
- **eliminates time constraints**
- **significant variability in exposure: highest quartile had an approximate 3-fold higher AUC than the first quartile**
- **ongoing studies on long infusion schedule (8-9 hour infusion) and better PK definition**

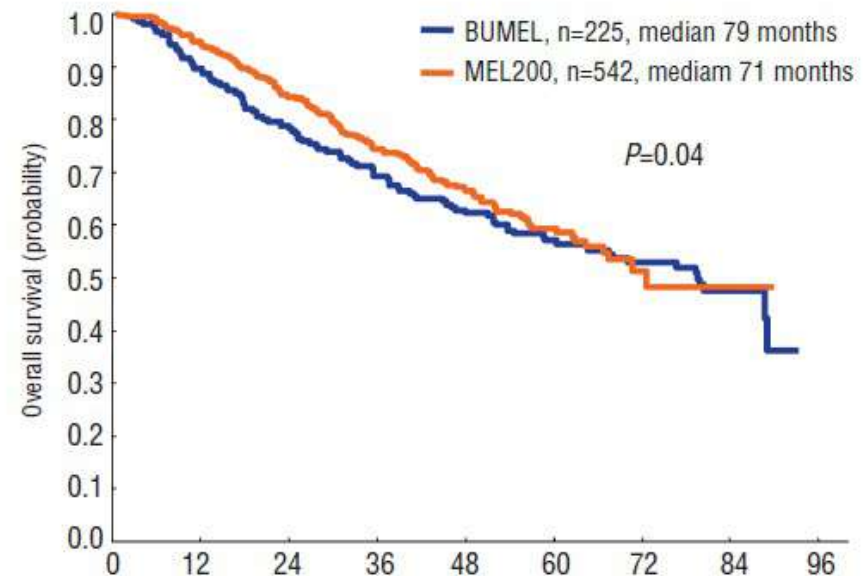
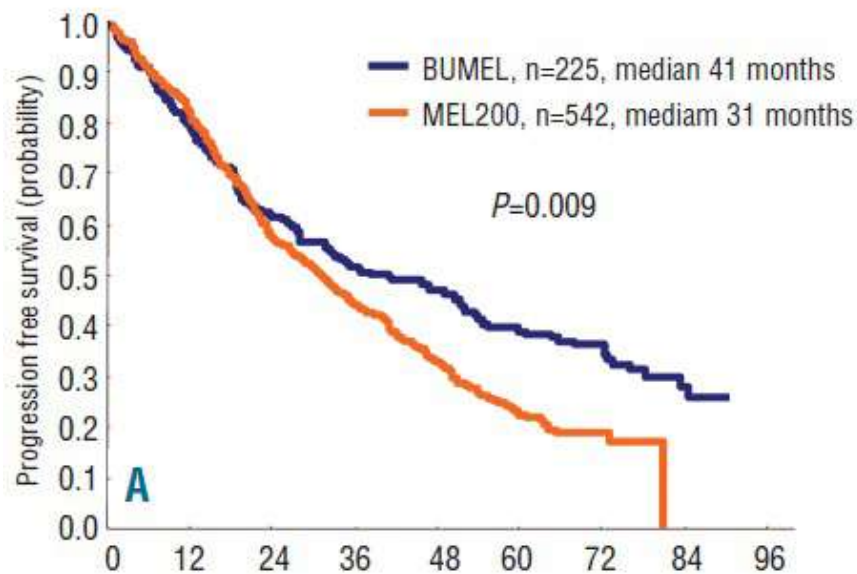


Improving the conditioning regimen

- Increase dose of melphalan
- Melphalan derivative
- **Incorporate new drugs**



Busulfan 12 mg/kg plus melphalan 140 mg/m² versus melphalan 200 mg/m² as conditioning regimens for autologous transplantation in newly diagnosed multiple myeloma patients included in the PETHEMA/GEM2000 study





Busulfan and VOD: from oral to i.v. formulation

Table 2. Non-hematologic toxicity (excluding VOD) due to high-dose regimens.

| | Grade I | | Grade II | | Grade III | | Grade IV* | | II/III differences <i>P</i> |
|------------------------|----------|----------|-----------|------------|-----------|----------|-----------|---------|--------------------------------|
| | BUMEL | MEL200 | BUMEL | MEL200 | BUMEL | MEL200 | BUMEL | MEL200 | |
| Cardiac | 2 (0.8) | 2 (0.3) | 3 (1.3) | 8 (1.4) | – | 7 (1.2) | – | 2 (0.3) | 0.2 |
| Renal | – | 2 (0.3) | 3 (1.3) | 8 (1.4) | 3 (1.3) | 3 (0.5) | – | – | 0.2 |
| Pulmonary | – | 1 (0.1) | 1 (0.4) | 2 (0.3) | 1 (0.1) | 3 (0.5) | – | – | 0.6 |
| Hepatic | 10 (4.4) | 9 (1.6) | 6 (2.6) | 1 (0.1) | 1 (0.1) | – | – | – | 0.0004 |
| Central nervous system | – | 1(0.1) | 2 (0.8) | 5 (0.9) | – | 1 (0.1) | – | – | 0.7 |
| Stomatitis | 19 (8.4) | 53 (9.7) | 73 (32.4) | 141 (26.0) | 21 (9.3) | 34 (6.7) | – | – | 0.01 |
| Gastrointestinal | 5 (2.2) | 45 (8.3) | 10 (4.4) | 34 (6.7) | 2 (0.8) | 11 (2.0) | – | – | 0.09 |

*Fatal toxicity.VOD: veno-occlusive disease; BUMEL: oral busulfan 1 mg/kg/8 h plus melphalan 140 mg/m²; MEL200: 200 mg/m².

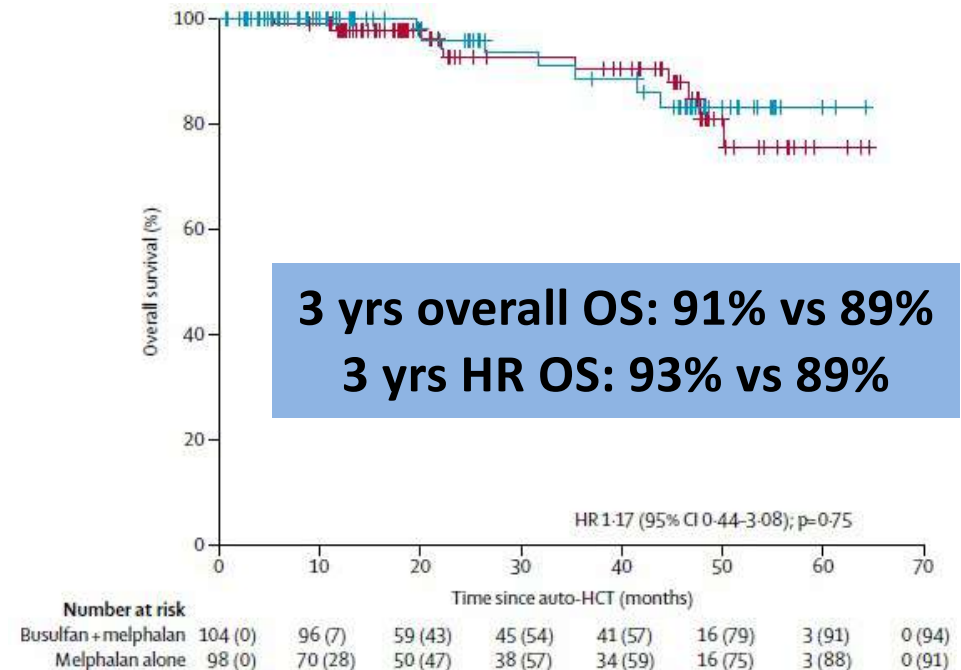
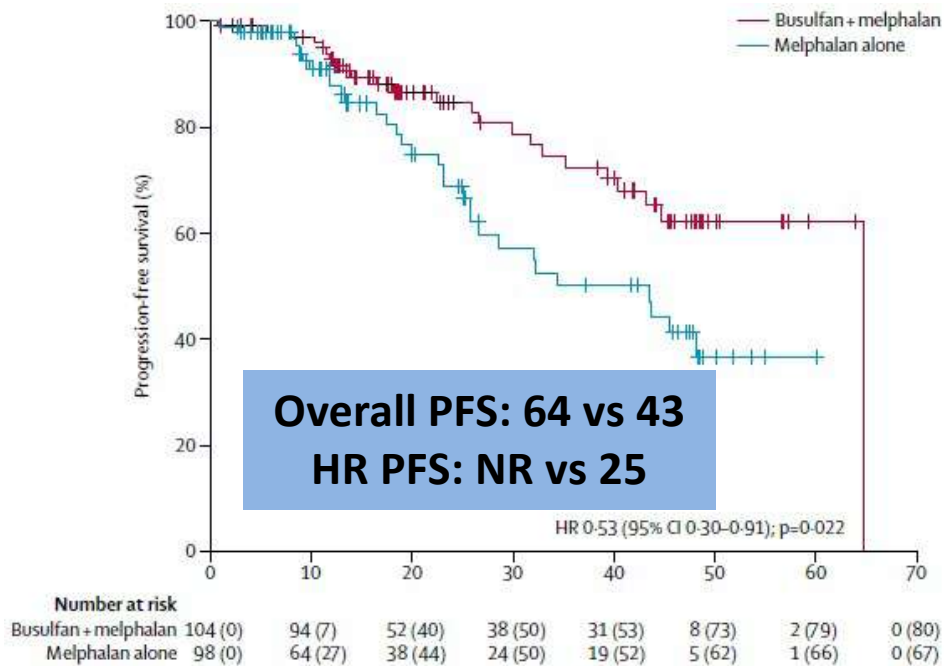


BuMel vs Mel alone: a randomized, phase 3 trial

| Day | -8 | -7 | -6 | -5 | -4 | -3 | -2 | -1 |
|-------------------------|----------|----|----|----|----|----|----|----|
| <u>BuMel</u> | | | | | | | | |
| Bu test dose | 32 mg/mq | | | | | | | |
| Bu PK adjusted | | * | * | * | * | | | |
| Mel 70 mg/mq | | | | | | | * | * |
| <u>Mel alone</u> | | | | | | | | |
| Mel 200 mg/mq | | | | | | | * | |



BuMel vs Mel alone: PFS and OS





Non-haematological toxicity

- Overall incidence of grade 2-4 non-haematological toxicity was higher in the BuMel arm
- No grade 4 mucositis, 14% grade 3 mucositis
- Reversible AE; patients fully recovered
- No TRM at day 100
- Absence of VOD
- SPM: one patient per arm

| | All patients (n=202) | Busulfan plus melphalan (n=104) | Melphalan alone (n=98) | p value |
|--------------------------|----------------------|---------------------------------|------------------------|---------|
| Overall | | | | |
| None | 0 | 0 | 0 | <0.0001 |
| Grade 1 | 17 (8%) | 1 (1%) | 16 (16%) | --- |
| Grade 2 | 66 (33%) | 16 (15%) | 50 (51%) | --- |
| Grade 3 | 118 (58%) | 86 (83%) | 32 (33%) | --- |
| Grade 4 | 1 (<1%) | 1 (1%) | 0 | --- |
| Diarrhoea | | | | |
| None | 67 (33%) | 45 (43%) | 22 (22%) | 0.056 |
| Grade 1 | 107 (53%) | 44 (42%) | 63 (64%) | --- |
| Grade 2 | 21 (10%) | 11 (11%) | 10 (10%) | --- |
| Grade 3 | 7 (3%) | 4 (4%) | 3 (3%) | --- |
| Mucositis | | | | |
| None | 54 (27%) | 4 (4%) | 50 (51%) | <0.0001 |
| Grade 1 | 57 (28%) | 23 (22%) | 34 (35%) | --- |
| Grade 2 | 76 (38%) | 62 (60%) | 14 (14%) | --- |
| Grade 3 | 15 (7%) | 15 (14%) | 0 | --- |
| Nausea | | | | |
| None | 9 (4%) | 7 (7%) | 2 (2%) | 0.91 |
| Grade 1 | 51 (25%) | 22 (21%) | 29 (30%) | --- |
| Grade 2 | 136 (67%) | 71 (68%) | 65 (66%) | --- |
| Grade 3 | 6 (3%) | 4 (4%) | 2 (2%) | --- |
| ALT | | | | |
| None | 167 (83%) | 70 (67%) | 97 (99%) | <0.0001 |
| Grade 1 | 25 (12%) | 24 (23%) | 1 (1%) | --- |
| Grade 2 | 7 (3%) | 7 (7%) | 0 | --- |
| Grade 3 | 3 (1%) | 3 (3%) | 0 | --- |
| AST | | | | |
| None | 200 (99%) | 103 (99%) | 97 (99%) | 1.00 |
| Grade 1 | 1 (0.5%) | 0 | 1 (1%) | --- |
| Grade 2 | 1 (0.5%) | 1 (1%) | 0 | --- |
| Grade 3 | 0 | 0 | 0 | --- |
| Bilirubin | | | | |
| None | 182 (90%) | 94 (90%) | 88 (90%) | 1.00 |
| Grade 1 | 9 (4%) | 5 (5%) | 4 (4%) | --- |
| Grade 2 | 9 (4%) | 3 (3%) | 6 (6%) | --- |
| Grade 3 | 2 (1%) | 2 (2%) | 0 | --- |
| Neutropenic fever | | | | |
| None | 99 (49%) | 30 (29%) | 69 (70%) | <0.0001 |
| Grade 1 | 1 (0.5%) | 1 (1%) | 0 | --- |
| Grade 2 | 0 | 0 | 0 | --- |
| Grade 3 | 102 (51%) | 73 (70%) | 29 (30%) | --- |

Data are n (%). ALT=alanine aminotransferase. AST=aspartate aminotransferase.

Table 2: Non-haematological toxicity

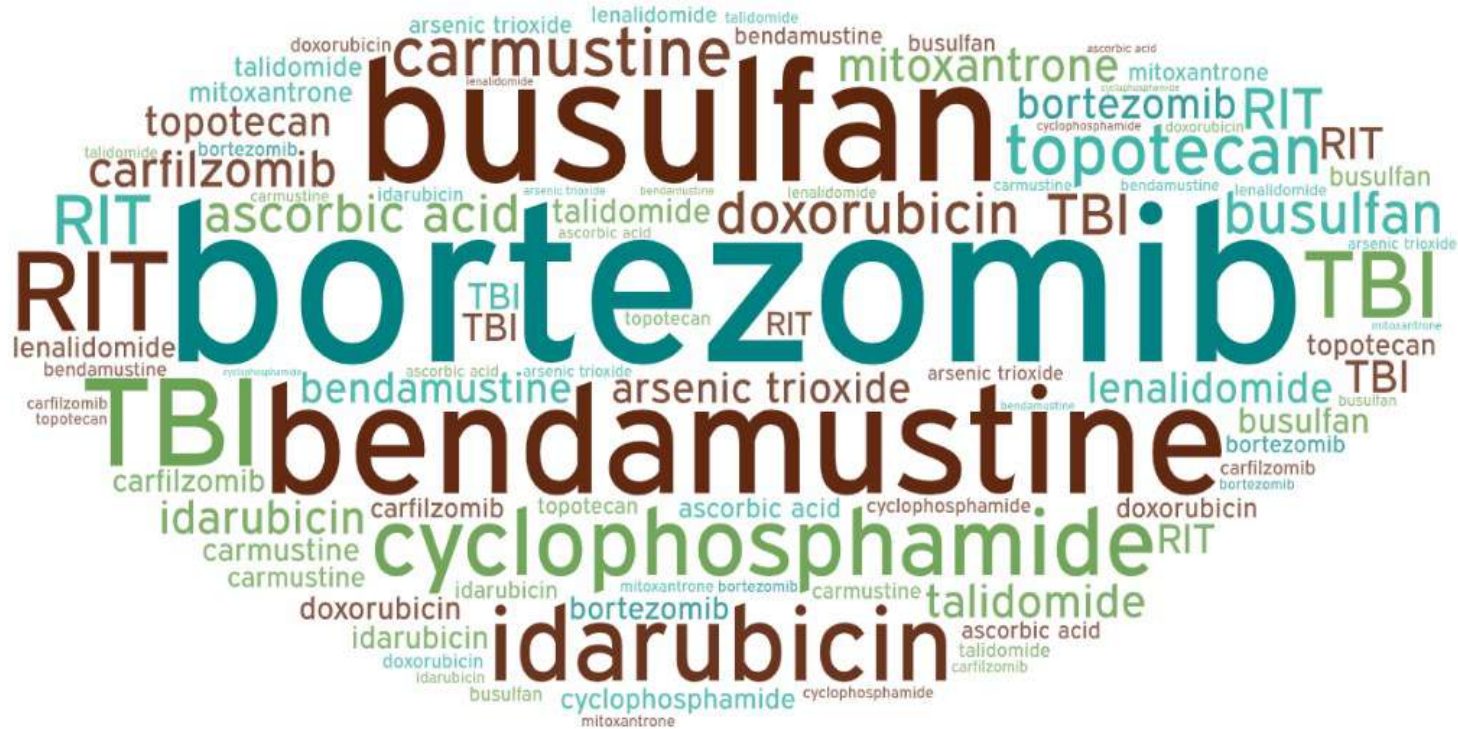


BuMel vs Mel alone: conclusions

- busulfan administration was pharmacokinetically adjusted
- HR PFS: NR vs 25 m
- induction and maintenance were not homogeneous in the protocol
- poorer quality of life reported by patients in BuMel arm
- minimal residual disease was not assessed
- no benefit in overall survival has been reported so far; maybe a longer FU is needed
- why such an impressive improvement in progression-free survival was observed in the absence of a higher complete response?

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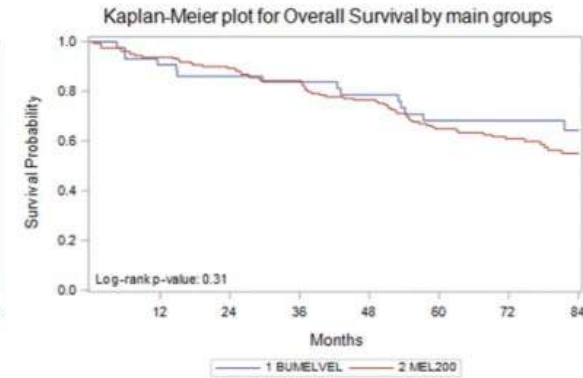
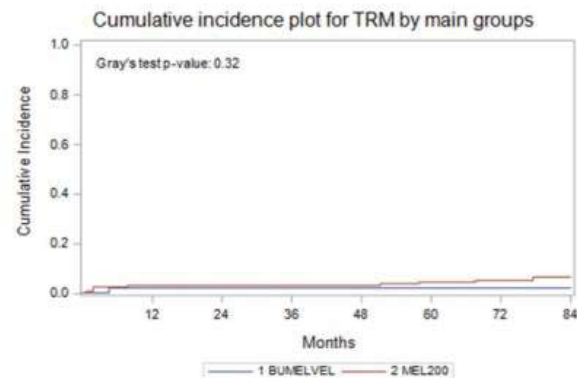
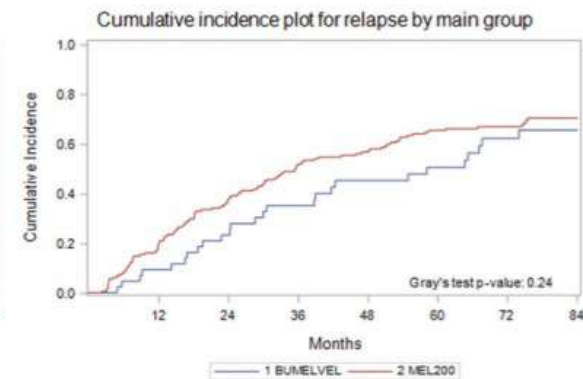
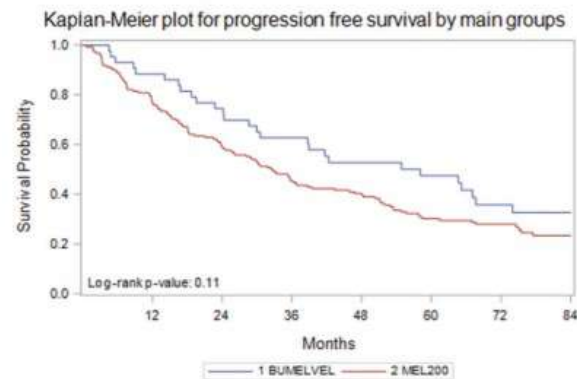


BuMelVel vs Mel alone: a phase II trial

| Day | -6 | -5 | -4 | -3 | -2 | -1 |
|-------------------------|-----------|-----------|----|----|----|----|
| <u>BuMelVel</u> | | | | | | |
| Bu test dose | 130 mg/mq | 130 mg/mq | | | | |
| Bu PK adjusted | | | * | * | | |
| Mel 70 mg/mq | | | | | * | * |
| Vel 1,6 mg/mq | | | | | * | * |
| <u>Mel alone</u> | | | | | | |
| Mel 200 mg/mq | | | | | * | |

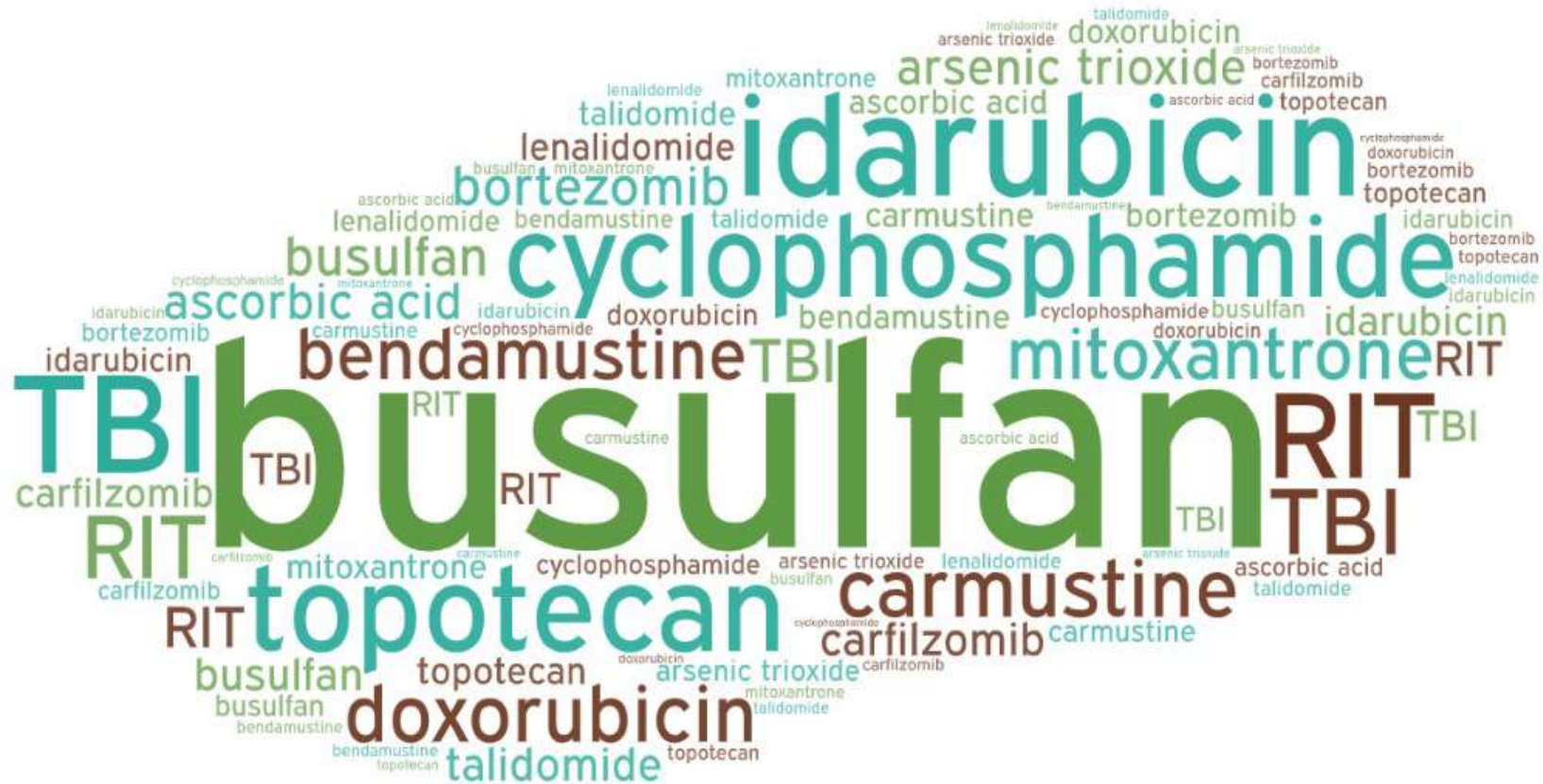


BuMelVel vs Mel alone



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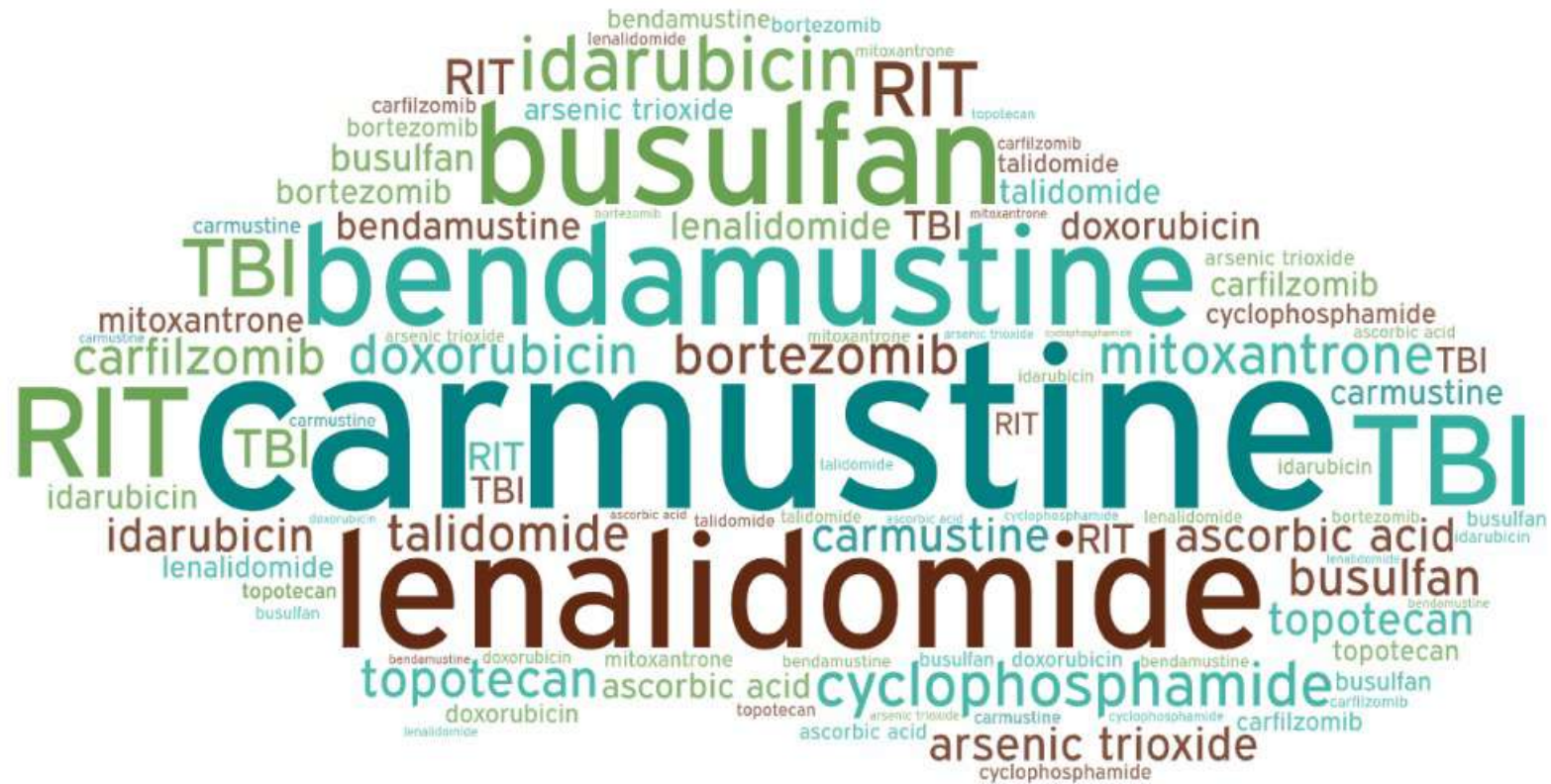


Conclusions

- **small and retrospective studies, heterogenous patients, no MRD**
- **high-dose melphalan chemotherapy remains the standard conditioning therapy**
- **participation in clinical trials looking at improving the efficacy of conditioning with novel agent is preferred if available**
- **BuMel combination may offer an alternative to standard Mel 200; looking forward to phase III, randomized, multicentre study GEM 2012 results**
- **ideally we will need to stratify patients identifying prognostic biomarkers**
- **MM treatment is a complex strategy that integrates the use of novel agents in induction and consolidation/maintenance with high dose chemotherapy in conditioning**

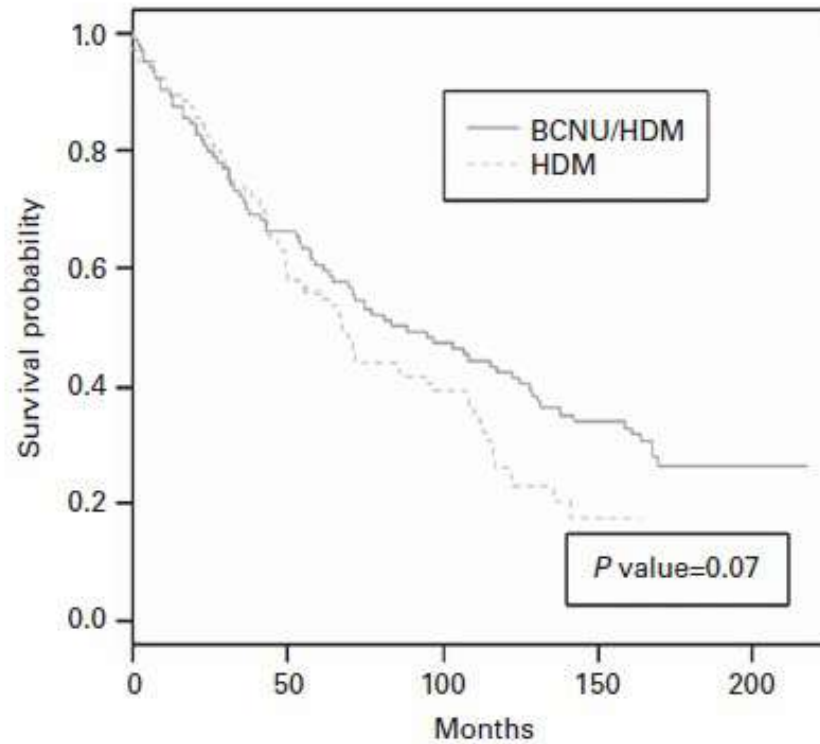
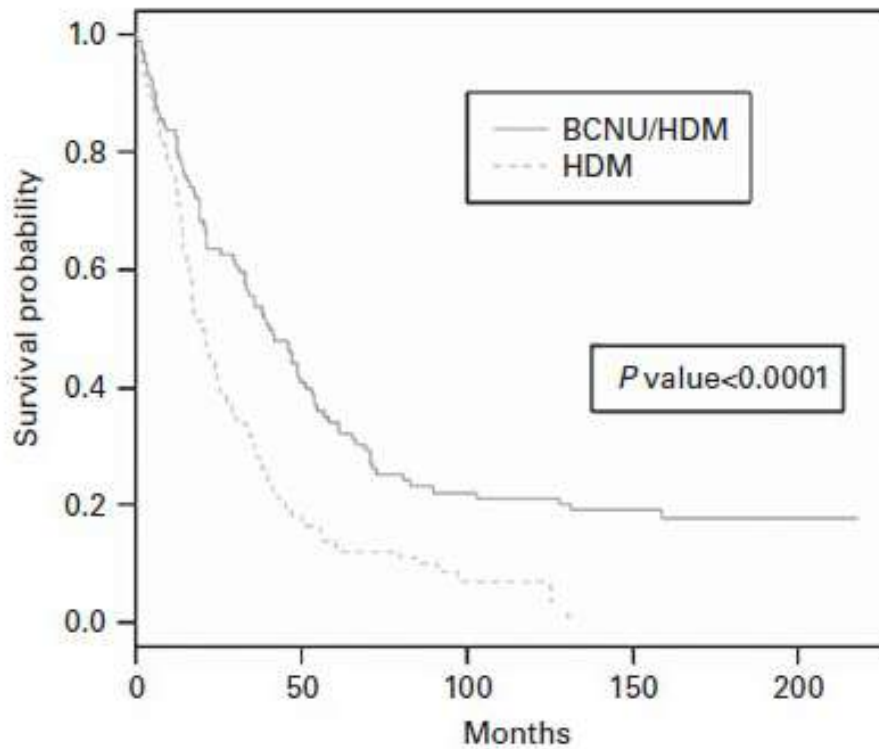
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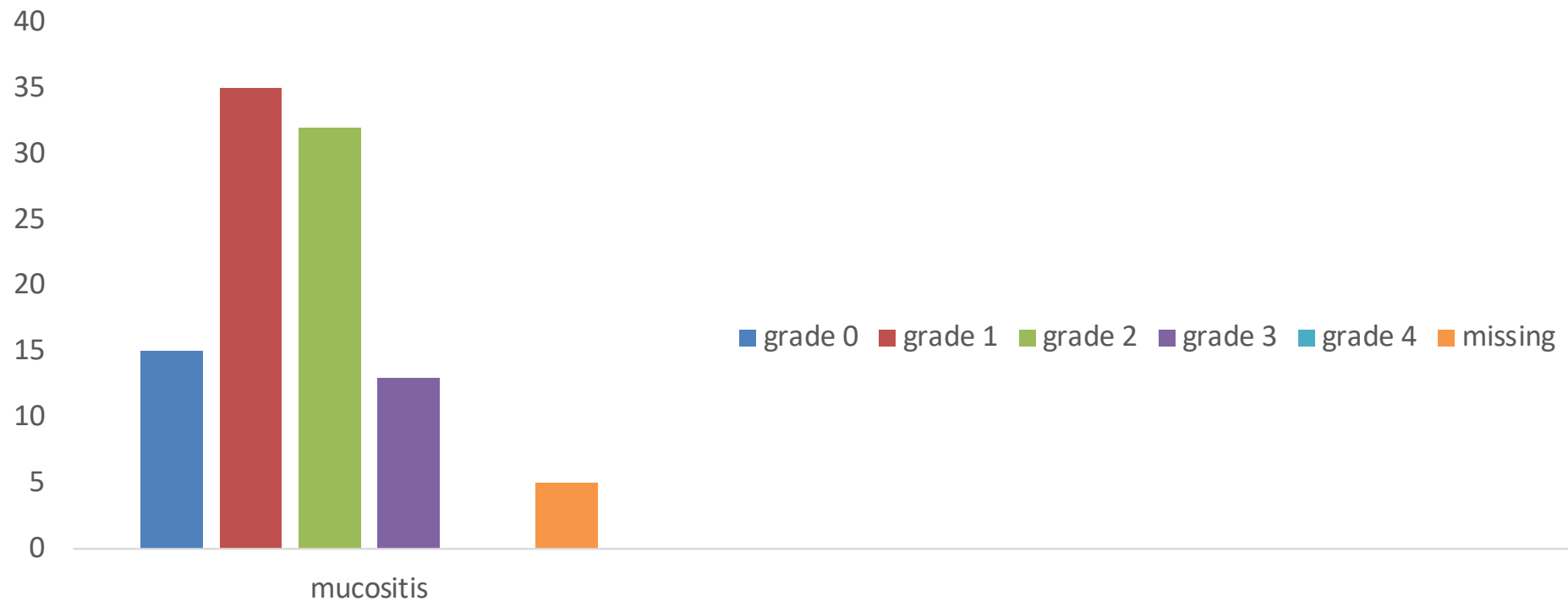


BCNU/Melphalan





Worst mucositis results



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PFS by AUC (n=25)

