Highlights from IMS 20th meeting 2023

Giuseppe Mele

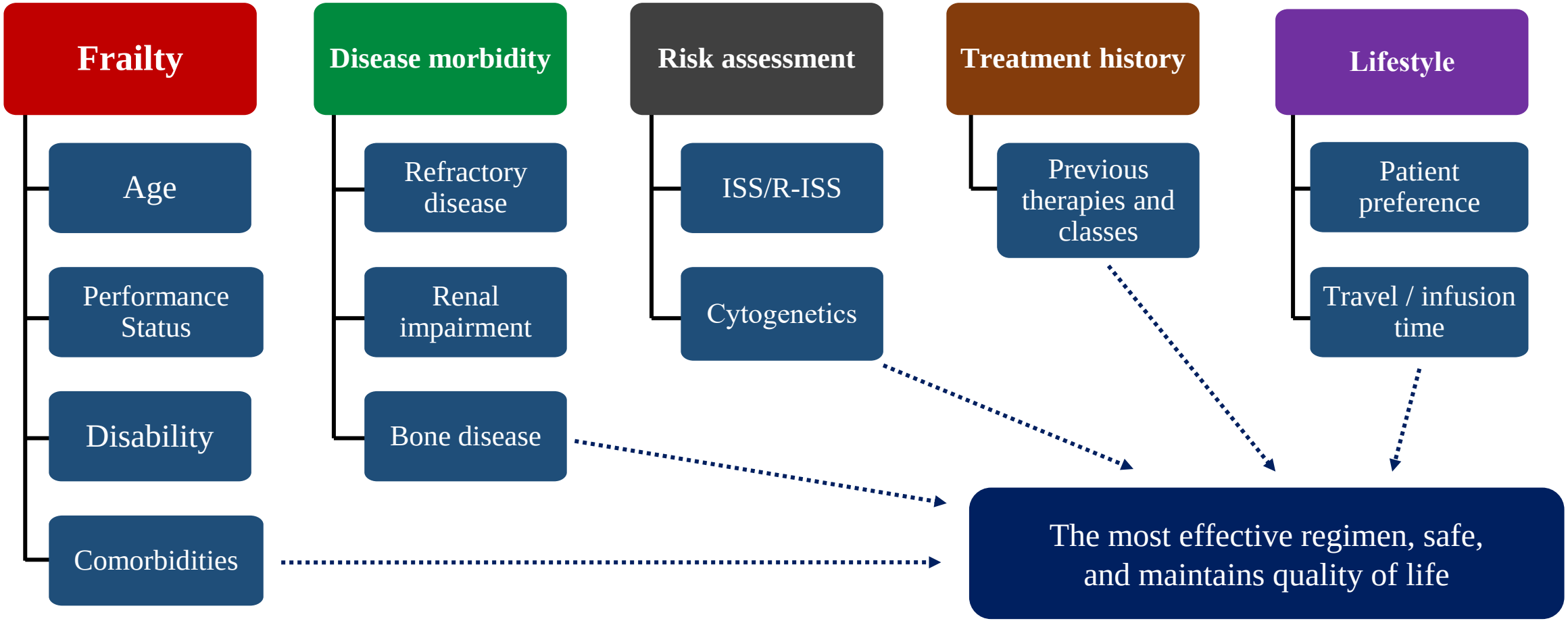
STATO DI FRAGILITA' E VULNERABILITA'

30-31 gennaio 2024
BOLOGNA, Royal Hotel Carlton

DISCLOSURES

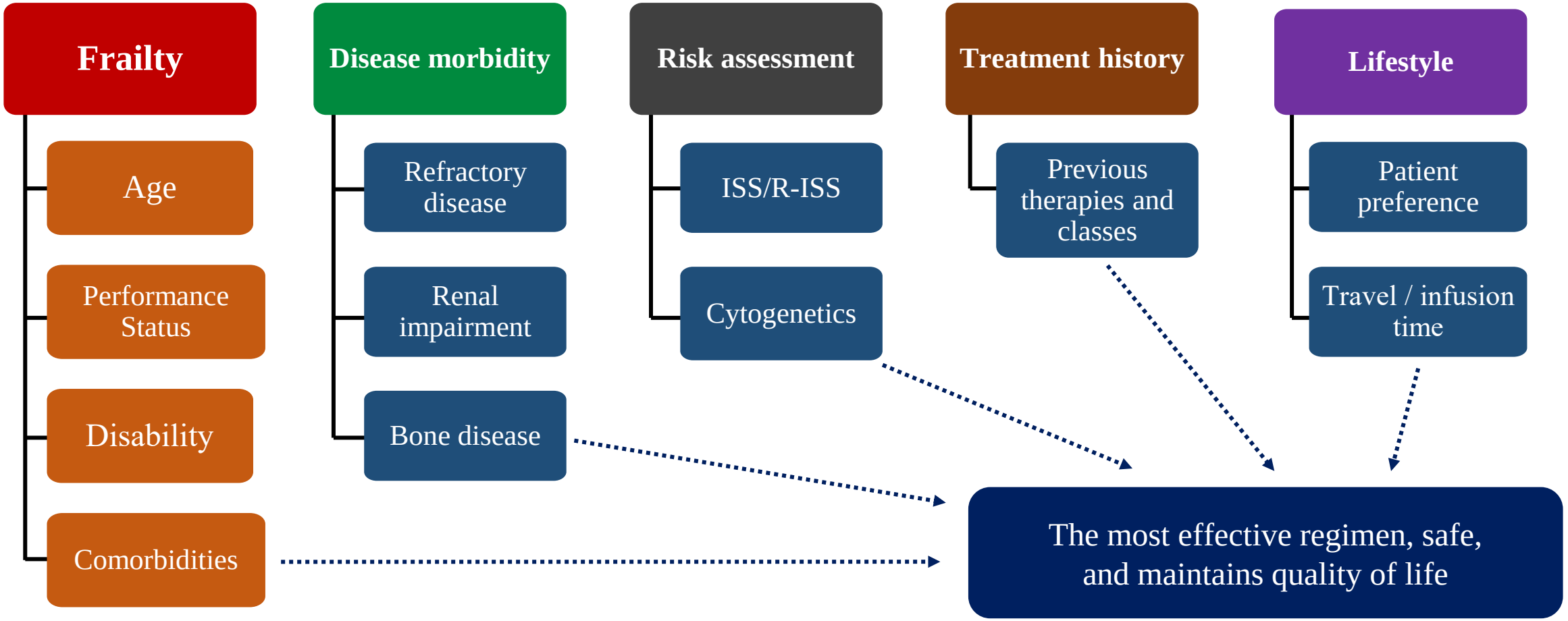
NO RELEVANT DISCOSURES.

Several factors influence treatment choices in multiple myeloma



Laubach J, et al. Leukemia 2016;30:1005–17
Sanchez L, et al. Expert Rev Hematol 2020;13:943–58
Sonneveld P & Brojil A. Haematologica 2016;101:396–406
Goel U, et al. Am J Hematol 2022;97:S3–25

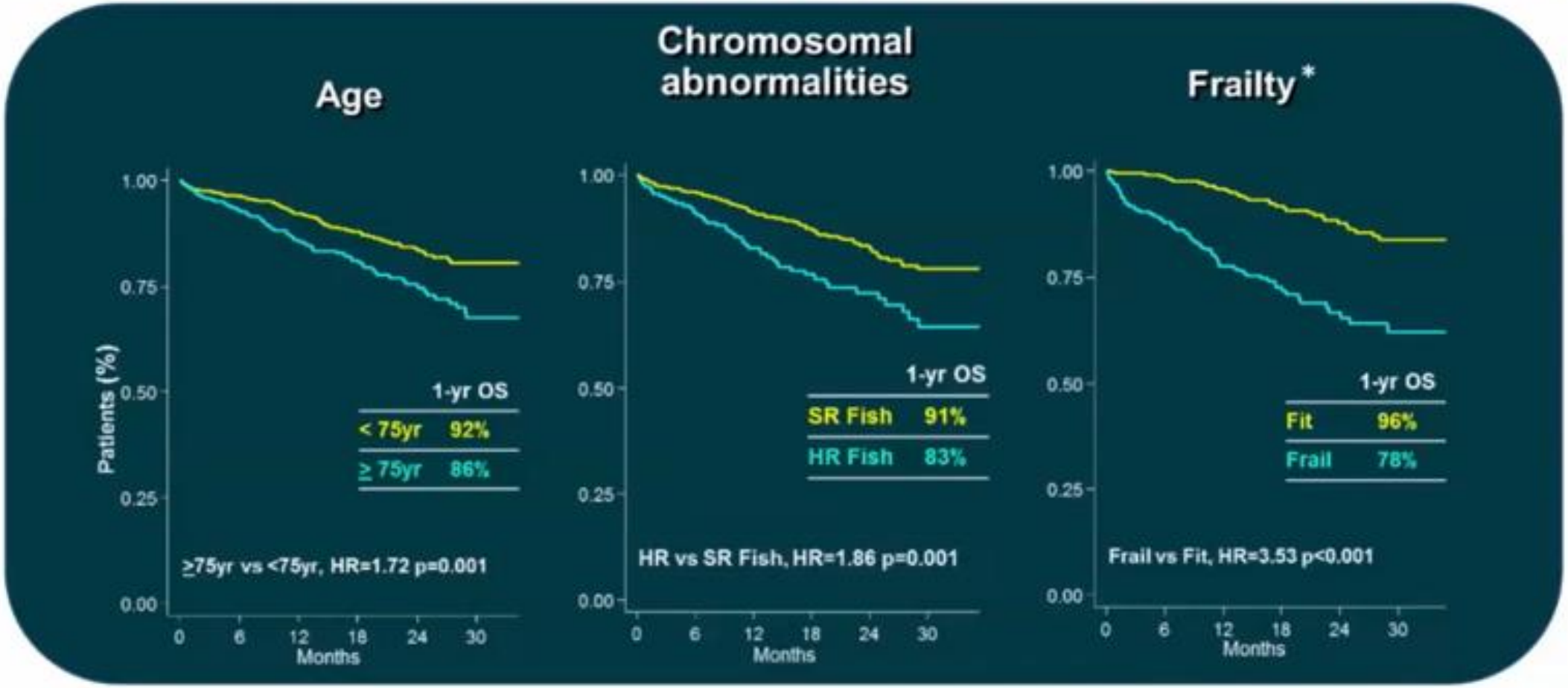
Several factors influence treatment choices in multiple myeloma



Laubach J, et al. Leukemia 2016;30:1005–17
Sanchez L, et al. Expert Rev Hematol 2020;13:943–58
Sonneveld P & Brojil A. Haematologica 2016;101:396–406
Goel U, et al. Am J Hematol 2022;97:S3–25

FRAILTY IS THE MOST POWERFUL PREDICTOR OF OS

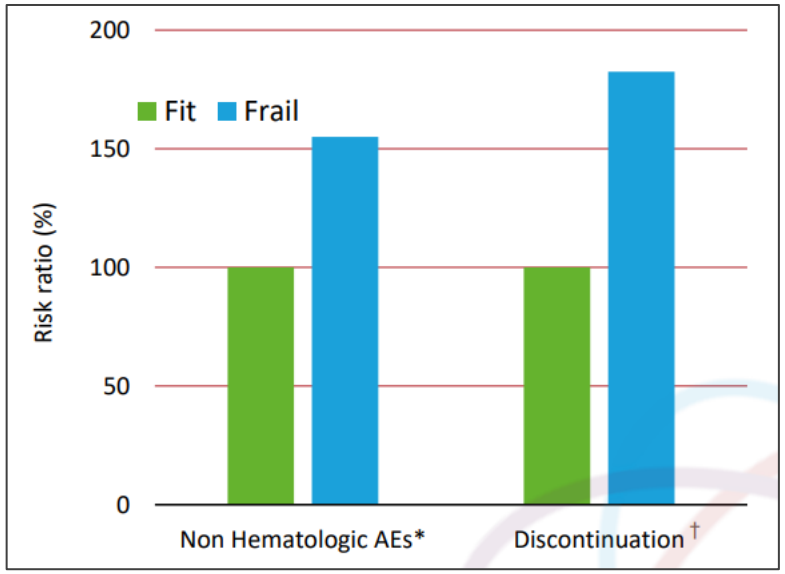
DATA FROM 869 PATIENTS FROM 3 EMN TRIALS TREATED WITH NOVEL AGENTS



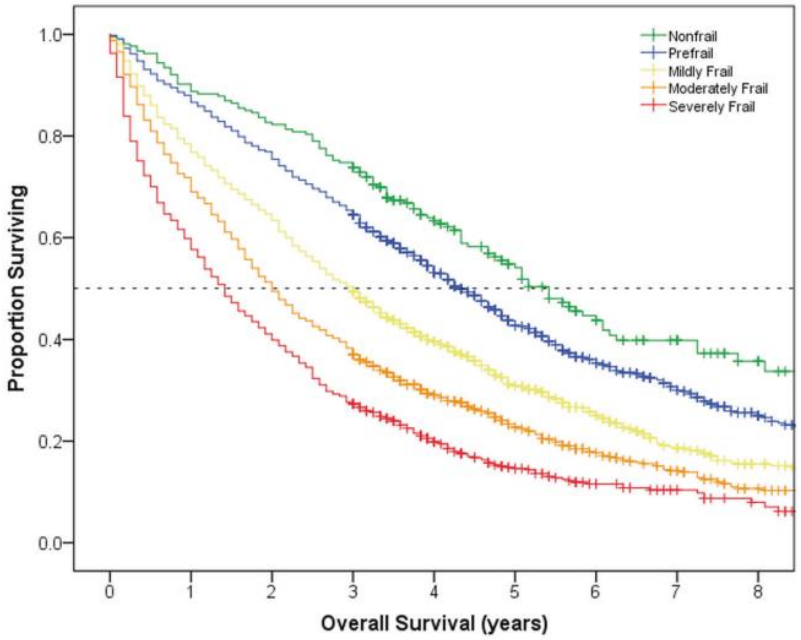
* Frailty as defined by IMWG frailty index

Palumbo A. et al.; et a. Blood 2015

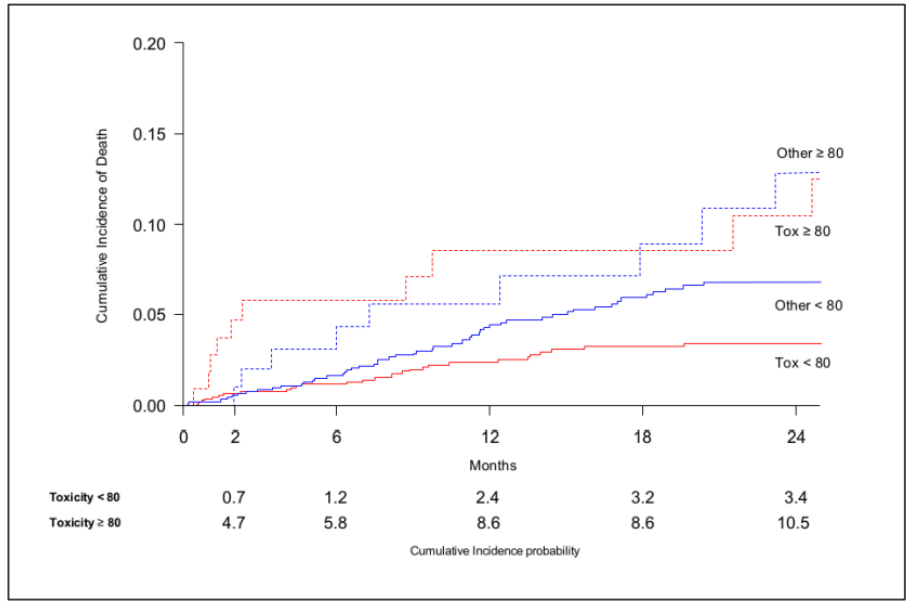
Grade 3–5 AEs and discontinuation[1]



Overall Survival[2]



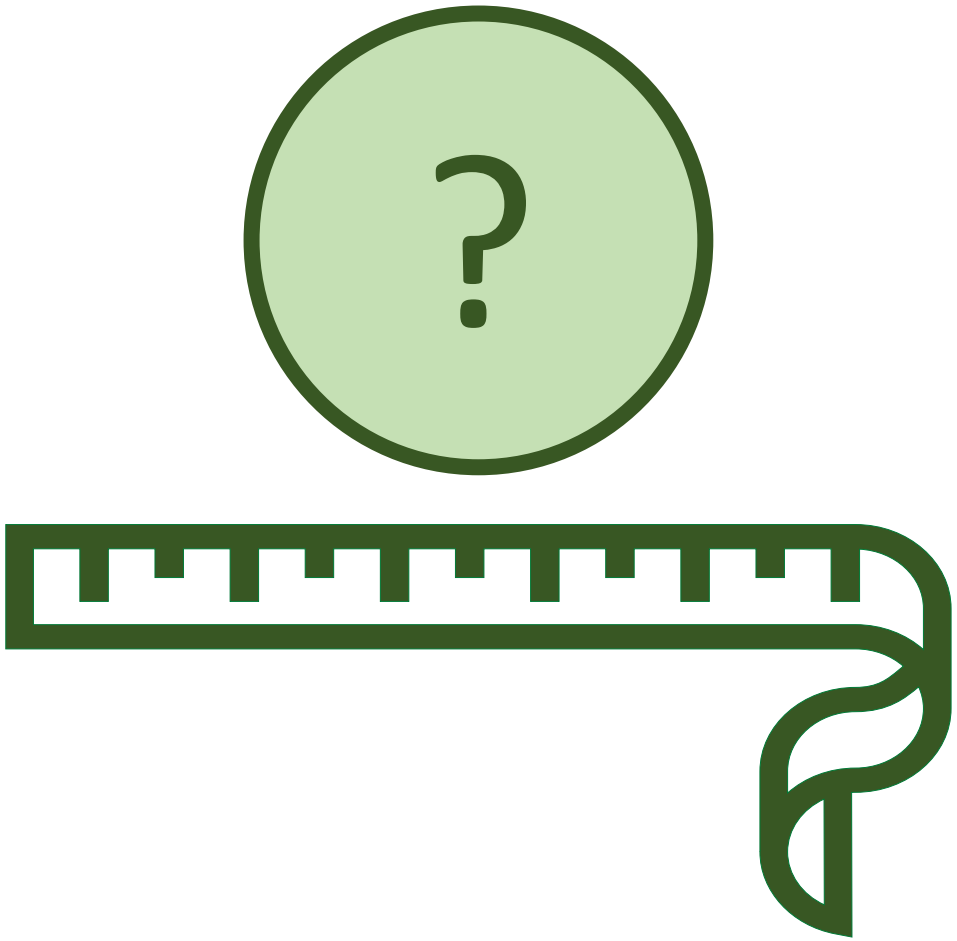
Toxic Deaths[3]



- Gli AEs di grado 3-5 prevalgono nei pazienti fragili[1]
- La fragilità impatta negativamente sulla sopravvivenza[2]
- La mortalità per tossicità e la mortalità per altre cause è rispettivamente 4 volte e 2 volte superiore nei pazienti ≥80 aa rispetto ai pazienti di età <80 aa[3]

1) Larocca A. et al; ASH 2013, Oral Presentation
2) Mian H. et al.; Blood Cancer Journal 2023
3) Bringhen S. et al.; Crit Rev Oncol Hematol. 2018

When individualizing treatment, a number of questions should be considered



- Qual è la migliore strategia di trattamento per il mio paziente in base alle condizioni cliniche?
- E' possibile modificare il trattamento per garantire una durata ottimale?
- In che modo posso tener conto del FRAILTY SCORE del mio paziente
- In che modo il precedente trattamento, la risposta e le tossicità influiscono sulle decisioni terapeutiche in caso di recidiva?

Arnaldo Benini
Patrizia Caraveo
Gilberto Corbellini
Paolo Legrenzi
Vittorio Lingiardi
Sebastiano Maffettone
Giorgio Vallortigara

Quello che ora sappiamo

Tutte le volte che la scienza ha cambiato idea

Il Sole 24 ORE | Domenica

Dose/schedule-adjusted Rd-R vs continuous Rd for elderly, intermediate-fit patients with newly diagnosed multiple myeloma

Alessandra Larocca,[1] Francesca Bonello,[1] Gianluca Gaidano,[2] Mattia D'Agostino,[1] Massimo Offidani,[3] Nicola Cascavilla,[4] Andrea Capra,[1] Giulia Benevolo,[5] Patrizia Tosi,[6] Monica Galli,[7] Roberto Marasca,[8] Nicola Giuliani,[9] Annalisa Bernardini,[1] Elisabetta Antonioli,[10] Delia Rota-Scalabrini,[11] Claudia Cellini,[12] Alessandra Pompa,[13] Federico Monaco,[14] Francesca Patriarca,[15] Tommaso Caravita di Toritto,[16] Paolo Corradini,[17] Paola Tacchetti,[18] Mario Boccadoro,[1] and Sara Bringhen[1]

KEY POINTS

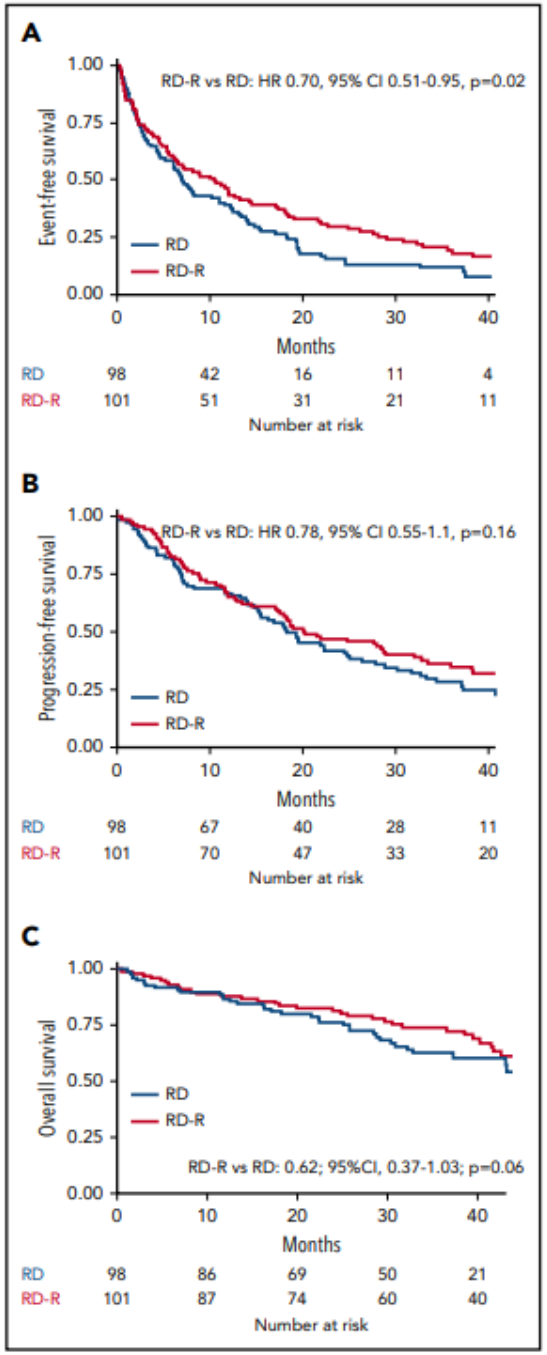
- **Dose/schedule-adjusted Rd-R prolonged EFS in elderly intermediate-fit patients with MM.**
- **Rd-R induced progression-free and overall survival similar to standard continuous Rd.**

Lena mye dose met MM caus adve Med conf 18.3 (HR, hem (21% vs 18%), infections (10% v nervous system AEs mainly relat AEs in 24% vs 30% and reduced i switching to reduced-dose lenali outcomes to standard continuou 137(22):3027-3036)

Discussion

This is the first randomized phase 3 trial comparing an adapted Rd-R treatment schedule sparing steroids and reducing lenalidomide dose at maintenance, with standard continuous Rd, in intermediate-fit patients with NDMM ineligible for ASCT. After a median follow-up of 37 months, no difference in PFS or OS was observed between Rd-R and continuous Rd groups, whereas EFS (accounting for a combination of toxicity and efficacy) was significantly prolonged in the Rd-R arm. Furthermore, Rd-R resulted in better tolerability compared with Rd, particularly in terms of nonhematologic toxicity (grade ≥3, 33% vs 43%) and lenalidomide dose reduction (45% vs 62%).

h multiple asibility of out dexa- tients with h from any rade 3 to 4 nuous Rd. 0.70; 95% l, 20.2 vs % vs 63% f ≥1 non- eutropenia nd central tinued for t patients, with similar ood. 2021;



International Myeloma Society

Le nuove acquisizioni dal

20th IMS Annual Meeting 2023

IFM 2017-03: Phase III Trial of Daratumumab + Lenalidomide vs Lenalidomide + Dexamethasone in Frail Patients With Newly Diagnosed Multiple Myeloma

International Myeloma Society

presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Dexamethasone sparing regimen IFM 2017-03 trial (NCT03993912)

- Frailty is associated with increased risk of death, disease progression, higher rates of nonhematologic AEs, and treatment discontinuation in patients with MM
- DRd is a standard regimen for newly diagnosed transplant-ineligible patients with MM, but rates of pneumonia are higher with DRd vs Rd, particularly in frail patients[3,4]
- IFM 2017-03 is a phase III trial evaluating whether a Dexa-sparing regimen of Dara+Lena would be effective and limit toxicity in frail patients compared with Lena+Dexa
- Current interim analysis at 12 mo of therapy reported on response and safety[5]

1. Palumbo. Blood. 2015;125:2068.
2. Palumbo. JCO. 2015;33:2863.
3. Facon. Leukemia. 2022;36:1066.
4. Facon. Leukemia. 2020;34:224.
5. Manier. ASH 2022. Abstr 569.

Dexamethasone sparing regimen IFM 2017-03 trial (NCT03993912)

- Randomized, open-label, multicenter phase III trial[1]

  Stratification by ISS (I vs II vs III) and age (<80 vs ≥80 yr)

Patients aged ≥65 yr with newly diagnosed MM; IFM frailty score ≥2* (N = 293)

*IFM frailty score[2]: 0-1 = fit; ≥2 = frail

randomization 2:1

DR† (n = 199)
Daratumumab SC 1800 mg Q1W for 8 wk; then Q2W for 16 wk; then Q4W thereafter
Lenalidomide 25 mg D1-21 Q28D

Rd (n = 94)
Lenalidomide 25 mg D1-21 Q28D
Dexamethasone 20 mg D1, 8, 15, 22 Q28D

until PD or unacceptable AE

- **Primary endpoint:** PFS
- **Interim analysis at 12 mo of therapy:** ORR, ≥ VGPR, MRD rate, grade ≥3 AEs

†DR included low-dose dexamethasone 20 mg/wk during cycles 1,2, along with SC daratumumab dosing

Presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Dexamethasone sparing regimen IFM 2017-03 trial (NCT03993912)

Characteristic	DR (n = 199)	Rd (n = 94)
Median age, yr (range)	81 (68-92)	81 (68-90)
Age category, n (%) ▪ 65 to <70 yr ▪ 70 to <75 yr ▪ 75 to <80 yr ▪ ≥80 yr	 2 (1) 30 (15) 49 (25) 118 (59)	 2 (2) 13 (14) 19 (20) 61 (65)
Female, n (%)	101 (51)	48 (51)
ECOG PS 0/1/2, %	10/46/44	10/50/40
Charlson ≤1, n (%)	113 (58)	57 (61)
IFM frailty score, n (%) ▪ ≤1 ▪ 2 ▪ 3 ▪ 4 ▪ 5	 0 57 (29) 81 (41) 44 (22) 17 (9)	 0 35 (37) 26 (28) 24 (26) 9 (10)

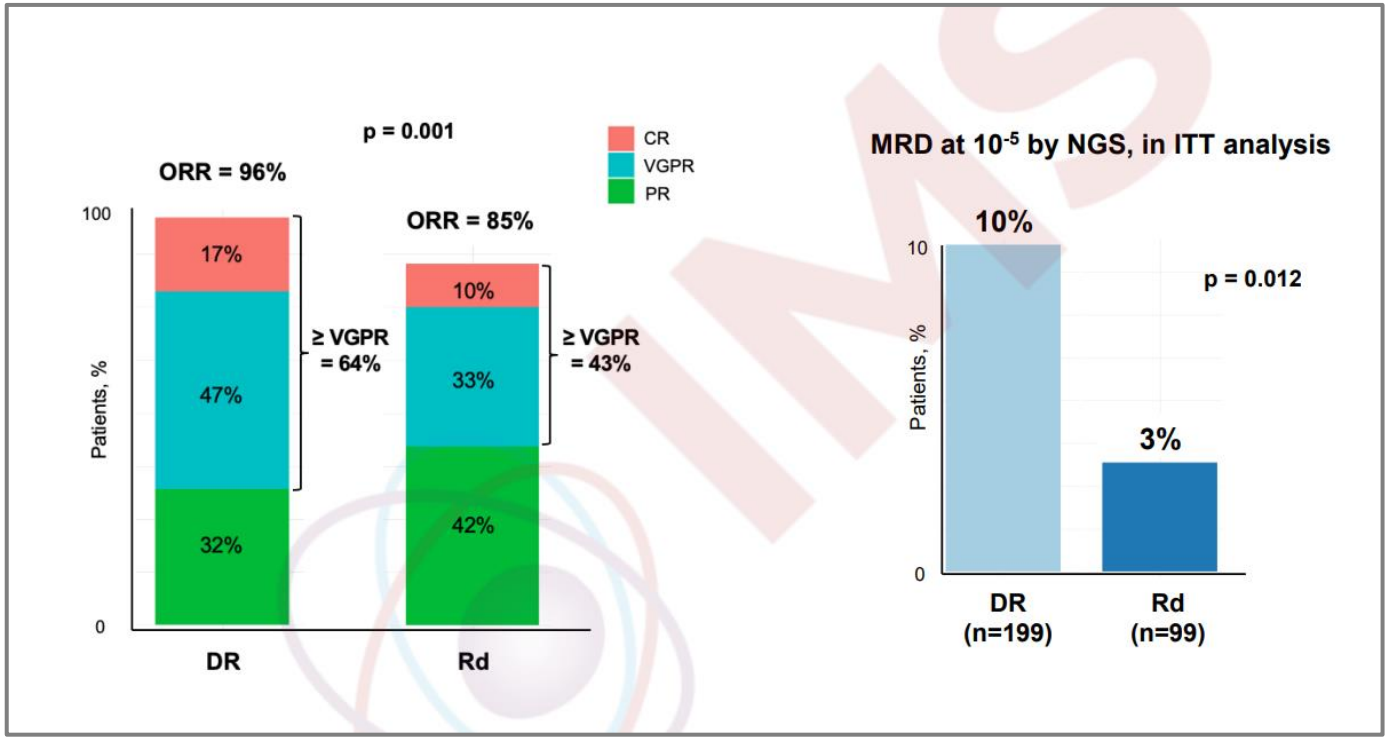
Characteristic	DR (n = 199)	Rd (n = 94)
ISS disease stage I/II/III, %	17/51/32	19/53/28
Measurable disease type, n (%) ▪ IgG ▪ IgA ▪ PBJ only ▪ SFLC only	 113 (57) 38 (19) 21 (11) 27 (14)	 49 (52) 20 (21) 10 (11) 15 (16)
Cytogenetics profile,* n (%) ▪ Standard risk ▪ High risk ▪ del17p ▪ t(4;14) ▪ t(14;16)	 148 (83) 31 (17) 16 (9) 9 (5) 6 (3)	 60 (78) 17 (22) 11 (14) 5 (6) 3 (3)
Creatinine clearance, n (%) ▪ <30 mL/min ▪ 30 to <60 mL/min ▪ ≥60 mL/min	 1 (1) 119 (60) 79 (40)	 3 (3) 50 (53) 41 (44)

International Myeloma Society

Presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Dexamethasone sparing regimen IFM 2017-03 trial = best response rate at 1 yr

Response	DR (n = 199)	Rd (n = 94)	P Value
ORR, %	96	85	.001
▪ CR	17	10	
▪ VGPR	47	33	
▪ PR	32	42	
≥ VGPR	64	43	
MRD at 10^{-5} by NGS,* %	10	3	.012

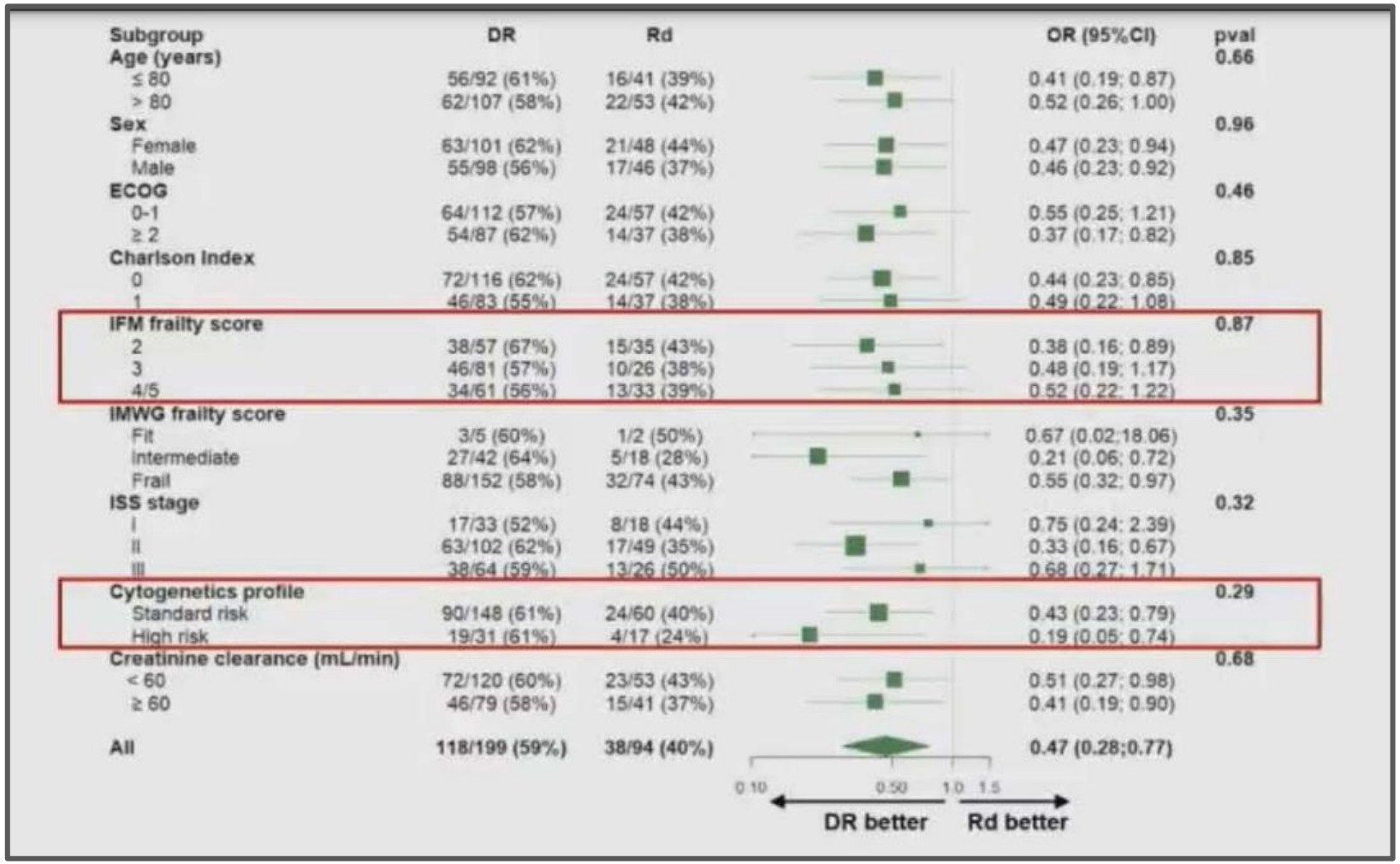


Best overall response rate was significantly higher with DR

International Myeloma Society

Presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Dexamethasone sparing regimen IFM 2017-03 trial = subgroup analysis of ≥VGPR

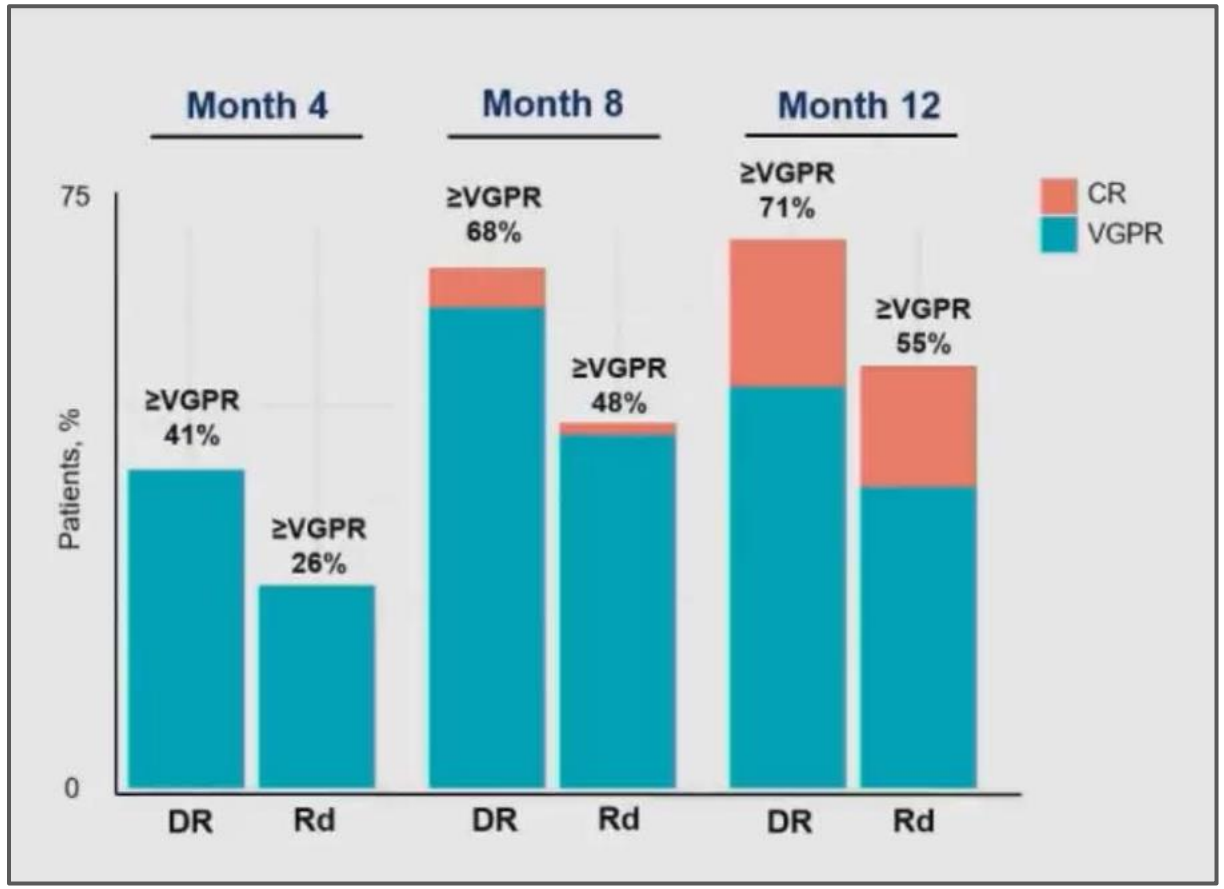


improvement in rate of ≥ VGPR with DR across all subgroups analyzed, including IFM frailty score (*P*=.87) and cytogenetic risk (*p*.29)

Dexamethasone sparing regimen IFM 2017-03 trial = rate of ≥VGPR over time

Rate of Response Over Time	% of patients with ≥ VGPR, %	
	DR (n = 199)	Rd (n = 94)
Mo 4	41	26
Mo 8	68	48
Mo 12	71	55

Deeper responses were obtained with DR at all time points, including at early time points



International Myeloma Society

Presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Dexamethasone sparing regimen IFM 2017-03 trial = most common grade ≥3 AEs

Most Common Grade ≥3 AEs	DR (n = 199)	Rd (n = 94)	P Value
Any grade ≥3 AE, n (%)	164 (82)	64 (68)	0.010
SAE, n (%)	109 (55)	59 (63)	0.21
Grade ≥3 hematologic AEs, n (%) ▪ Anemia ▪ Neutropenia ▪ Thrombocytopenia	109 (55) 21 (11) 91 (46) 18 (9)	24 (26) 2 (2) 17 (18) 3 (3)	<0.0001 0.010 <0.0001 0.089
Grade ≥3 infection, n (%) ▪ Non–COVID-19 infections ▪ Pneumonia ▪ COVID-19	26 (13) 17 (9) 5 (3) 9 (5)	17 (18) 13 (14) 7 (7) 4 (4)	0.29 0.21 0.060 1
Treatment discontinuation for AE, n (%)	27 (14)	15 (16)	0.65

DR vs Rd

- profilo di tossicità favorevole
- non si associa ad incremento del rischio di infezioni o polmoniti
- “treatment discontinuation rates” simile fra i gruppi

Dexamethasone sparing regimen IFM 2017-03 trial = Infections

Most Common Grade ≥3 AEs	IFM Frailty Score 2 + 3 (n = 199)			IFM Frailty Score 4 + 5 (n = 94)		
	DR (n = 138)	Rd (n = 61)	P Value	DR (n = 61)	Rd (n = 33)	P Value
SAE, n (%)	74 (54)	35 (57)	0.65	35 (57)	24 (73)	0.18
Infection, n (%)	13 (9)	8 (13)	0.46	13 (21)	9 (27)	0.61
▪ Non–COVID-19 infections	10 (7)	6 (10)	0.58	7 (11)	7 (21)	0.23
▪ Pneumonia	2 (1)	3 (5)	0.17	3 (5)	4 (12)	0.24
▪ COVID-19	3 (2)	2 (3)	0.64	6 (10)	2 (6)	0.71

<u>Sottogruppi di Fragilità</u>

- DR vs Rd non si associa ad incremento del rischio di infezioni o polmoniti

International Myeloma Society

Investigators' Conclusions - **Dexamethasone sparing regimen IFM 2017-03 trial**

In phase III IFM 2017-03 trial assessing frail patients with NDMM

- DR was associated with higher response rates vs Rd
  - ORR: 96% with DR vs 85% with Rd
  - Higher MRD negativity rates (10% vs 3%, respectively) and rapid responses
- DR associated with favorable safety profile and
  - no increased risk of infection or pneumonia vs Rd
  - Treatment discontinuation rates were similar between arms
- Investigators concluded that results of this trial are encouraging regarding potential for dexamethasone-sparing strategy in frail patients, but longer follow-up is needed, and PFS analysis is ongoing

Arnaldo Benini
Patrizia Caraveo
Gilberto Corbellini
Paolo Legrenzi
Vittorio Lingiardi
Sebastiano Maffettone
Giorgio Vallortigara

Quello che ora sappiamo

Tutte le volte che la scienza ha cambiato idea

Il Sole 24 ORE | Domenica

REVIEW ARTICLE

Multiple myeloma gammopathies

Patient-centered practice in elderly myeloma patients: an overview and consensus from the European Myeloma Network (EMN)

Alessandra Larocca[1] · Sandra Maria Dold[2] · Sonja Zweegman[3] · Evangelos Terpos[4] · Ralph Wäsch[2] · Mattia D'Agostino[1] · Sophia Scheubeck[2] · Hartmut Goldschmidt[5] · Francesca Gay[1] · Michele Cavo[6] · Heinz Ludwig[7] · Christian Straka[8] · Sara Bringhen[1] · Holger W. Auner[9] · Jo Caers[10] · Martin Gramatzki[11] · Massimo Offidani[12] · Meletios A. Dimopoulos[4] · Hermann Einsele[13] · Mario Boccadoro[1] · Pieter Sonneveld[14] · Monika Engelhardt[2]

GOAL OF TREATMENT		
FIT	**INTERMEDIATE**	**FRAIL**
Efficacy: deep response	Balance efficacy and toxicity	Conservative approach, low toxicity
TREATMENT		
Full-dose therapy	**Full- or reduced-dose therapy**	**Reduced dose therapy**
ASCT	DOUBLET REGIMENS	REDUCED-DOSE
TRIPLET REGIMENS	Rd	DOUBLET REGIMENS
VMP	Vd	rd
VRD	Reduced-dose triplet	Vd
DOUBLET REGIMENS		Palliative + supportive care
Rd		

Larocca A., et al.; Leukemia (2018) 32:1697–1712

	FIT	INTERMEDIATE	FRAIL
IMWG-FRAILTY INDEX[a]	**0**	**1**	**≥ 2**
R-MCI[b]	**1–3**	**4–6**	**7–9**
DOSE LEVEL	**0**	**–1**	**–2**
Treatment doses	**LEVEL 0**	**LEVEL -1**	**LEVEL -2**
Prednisone	2 mg/kg days 1–4 of a 4–6 week cycle 60 mg/m^2 days 1–4 of a 6 week cycle	1 mg/kg days 1-4 of a 4-6 week cycle 30 mg/m^2 days 1-4 of a 6 week cycle	0.5 mg/kg days 1-4 of a 4-6 week cycle 15 mg/m^2 days 1-4 of a 6 week cycle
Dexamethasone	40 mg day 1, 8, 15, 22 of a 28-day cycle	20 mg day 1, 8, 15, 22 of a 28-day cycle	10 mg day 1, 8, 15, 22 of a 28-day cycle
Melphalan	0.25 mg/kg days 1-4 of a 4-6 week cycle	0.18 mg/kg days 1-4 of a 4-6 week cycle	0.13 mg/kg days 1-4 of a 4-6 week cycle
Thalidomide	100 (- 200) mg/day	50 (- 100) mg/day	50 mg qod (- 50 mg/day)
Lenalidomide	25 mg days 1-21 of a 28-day cycle	15 mg days 1-21of a 28-day cycle	10 mg days 1-21of a 28-day cycle
Pomalidomide*	4 mg days 1-21 of a 28-day cycle	3 mg days 1-21 of a 28-day cycle	2 mg days 1-21 of a 28-day cycle
Bortezomib	1.3 mg/m^2 twice weekly Day 1,4,8,11 every 3 weeks	1.3 mg/m^2 once weekly Day 1, 8, 15, 22 every 5 weeks	1.0 mg/m^2 once weekly Day 1, 8, 15, 22 every 5 weeks
Carfilzomib°*	20 mg/m^2 d 1, 2, 8, 9, 15, 16 cycle 1, 27 mg/m^2 cycle 2 every 4 weeks	20 mg/m^2 cycle1 -> 27 mg/m^2 cy2, d 1, 8, 15, once weekly every 4 weeks	20 mg/m^2 d 1, 8, 15, once weekly every 4 (5) weeks
Ixazomib*	4 mg d 1,8,15, every 4 weeks	3 mg d 1,8,15, every 4 weeks	2.3 mg d1,8,15, every 4 weeks
Daratumumab*	16 mg/kg bw cy 1-8: weekly; cy9-24: d1 + 15; week 25 onwards: every 4 weeks	16 mg/kg bw cy 1-8:weekly; cy9-24: d1 + 15, week 25 onwards: every 4 weeks Consider splitting the dose on 2 consecutive days in the first cycle.	16 mg/kg bw cy 1-8:weekly; cy9-24: d1 + 15, week 25 onwards: every 4 weeks Consider splitting the dose on 2 consecutive days in the first cycle.
Elotuzumab*	10 mg/kg bw d 1,8,15,22, cy 1 + 2, cy 3: d 1 + 15	10 mg/kg bw d 1,8,15,22, cy 1 + 2, cy3: d 1 + 15	10 mg/kg bw d1,8,15,22 cy 1 + 2, cy 3: d1 + 15
Panobinostat*	20 mg d1,3,5,8,10,12 every 4 weeks	15 mg d1,3,5,8,10,12 every 4 weeks	10 mg d1,3,5,8,10,12 every 5 weeks

Larocca A., et al.; Leukemia (2018) 32:1697–1712

International Myeloma Society

Le nuove acquisizioni dal

20th IMS Annual Meeting 2023

Frailty and initial treatment intensity in patients newly diagnosed with multiple myeloma (MM)

Clark DuMontier, Jennifer La, John Bihn, June Corrigan, Cenk Yildirim, Mayuri Dharne, Hamza Hassan, Sarvari Yellapragada, Gregory A. Abel, J Michael Gaziano, Nhan V. Do, Mary Brophy, Dae H. Kim Sc.D, Nikhil C. Munshi, Nathanael R Fillmore, Jane A. Driver

***Dana-Farber** Cancer Institute

International Myeloma Society

presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

VRd vs Rd = Background and Objective

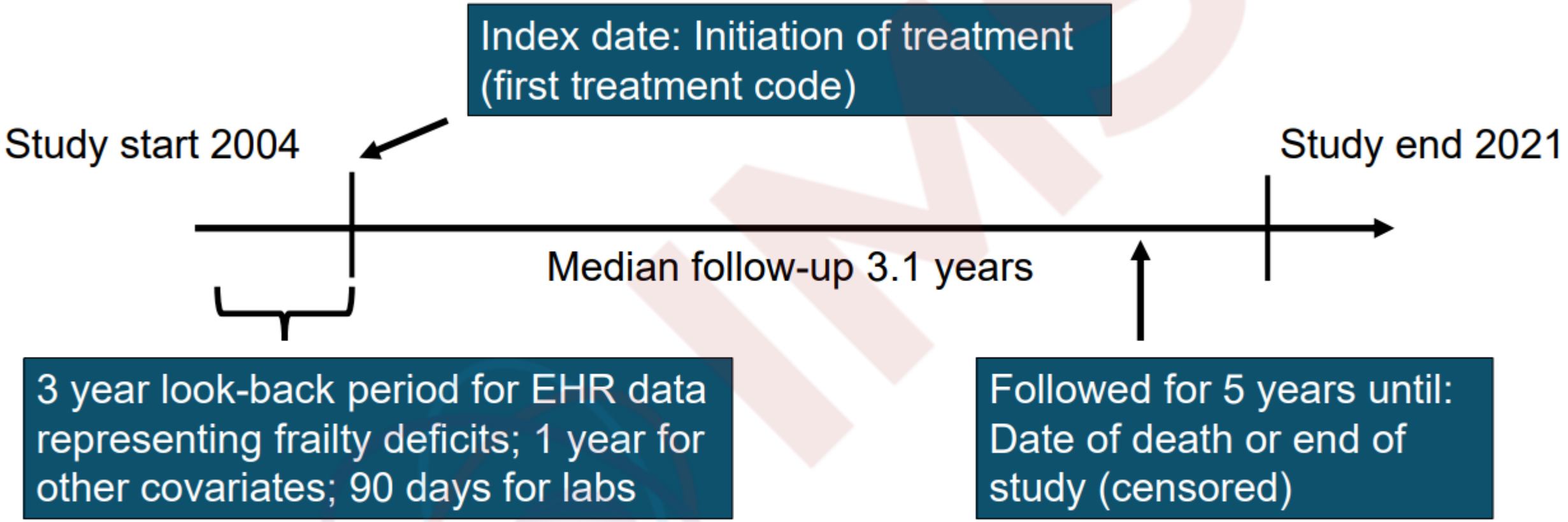
Background

- Randomized trials suggest that initiation of the more intensive triplet VRd vs the less intensive doublet Rd in patients NDMM confers superior survival, but it is incertain whether this survival benefit generalizes to frail patients
- Frailty = higher risk of adverse outcome on standard treatment
- SWOG S077 showed VRd vs Rd = mortality benefit
  - Only 14% of patients had ECOG >1
- 2-drugs vs 3-drugs regimens in frail patients with NDMM
  - Effective control vs treatment tolerability

Objective =

- mortality benefit in U.S. Veterans with NDMM
- whether benefit diminished in those with high levels of frailty

Methods: Study Schematic



1. **Matched patients on MM stage and propensity score (1:1) within frailty cat.**
2. **Association of VRd vs. Rd with mortality, overall and by frailty**

RESULTS = balance in key covariates (n=2573)

	Rd after matching n = 788	VRd after matching n = 788	SMD after match
Age, median	68.3	69.7	0.04
Race/Ethnicity, n(%)			0.03
Nonhispanic	469 (59.5)	467 (59.3)	
Black	215 (27.3)	223 (28.3)	
Hispanic	42 (5.3)	42 (5.3)	
Other	62 (7.9)	56 (7.1)	
Frailty, n (%)			<0.01
Nonfrail (VA-FI >0.3)	389 (49.4)	389 (49.4)	
Mild frailty (VA-FI >0.3)	226 (28.7)	226 (28.7)	
Moderate-severe frailty (VA-FI >0.3)	173 (22.0)	173 (22.0)	

	Rd after matching n = 788	VRd after matching n = 788	SMD after match
Myeloma stage, n(%)			<0.01
Stage 1	76 (9.6)	76 (9.6)	
Stage 2	200 (25.4)	200 (25.4)	
Stage 3	318 (40.4)	318 (40.4)	
Missing	194 (24.6)	194 (24.6)	
Pretreatment Labs, median			
Creatinine (mg/dL)	1.2	1.2	0.03
Calcium (mg/dL)	9.2	9.2	0.02
Hgb (gr/dL)	11.0	11.0	0.01
Platelets (n per mL)	203.0	203.0	0.03

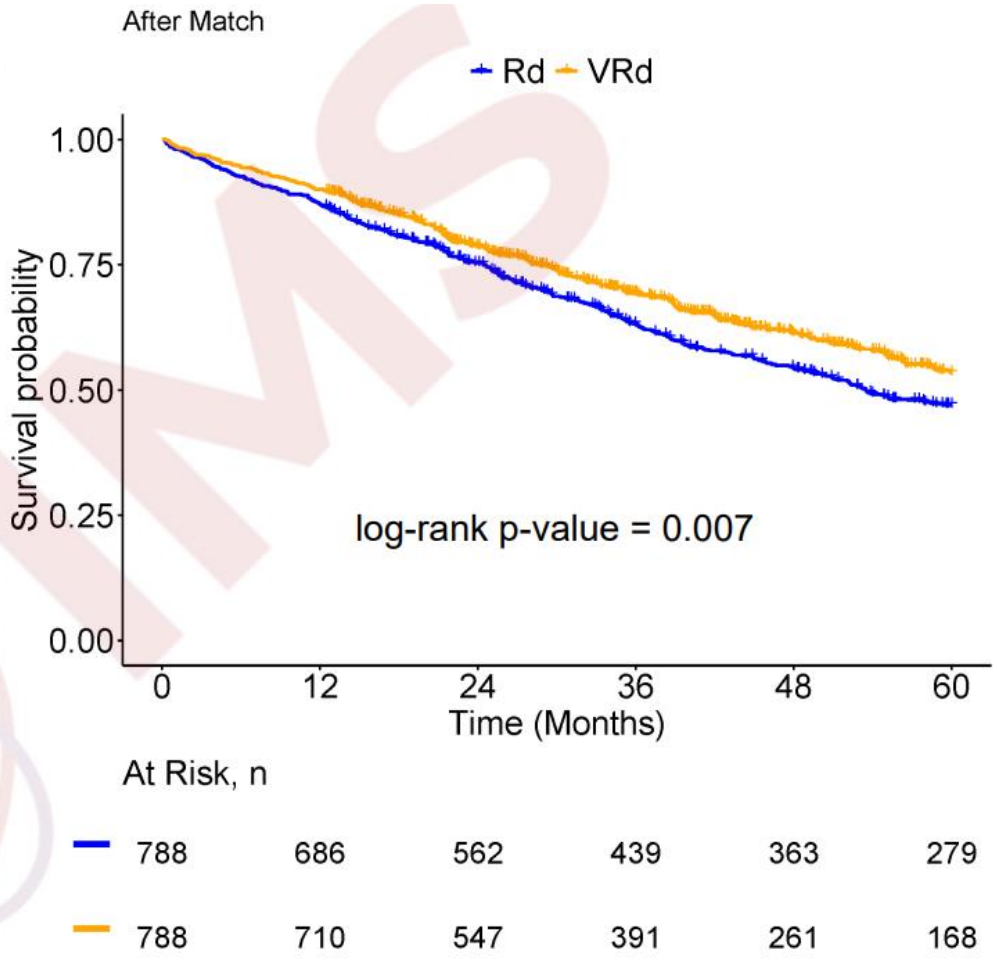
SMD (standardized mean difference) < 0.1 suggests adequate balance

International Myeloma Society

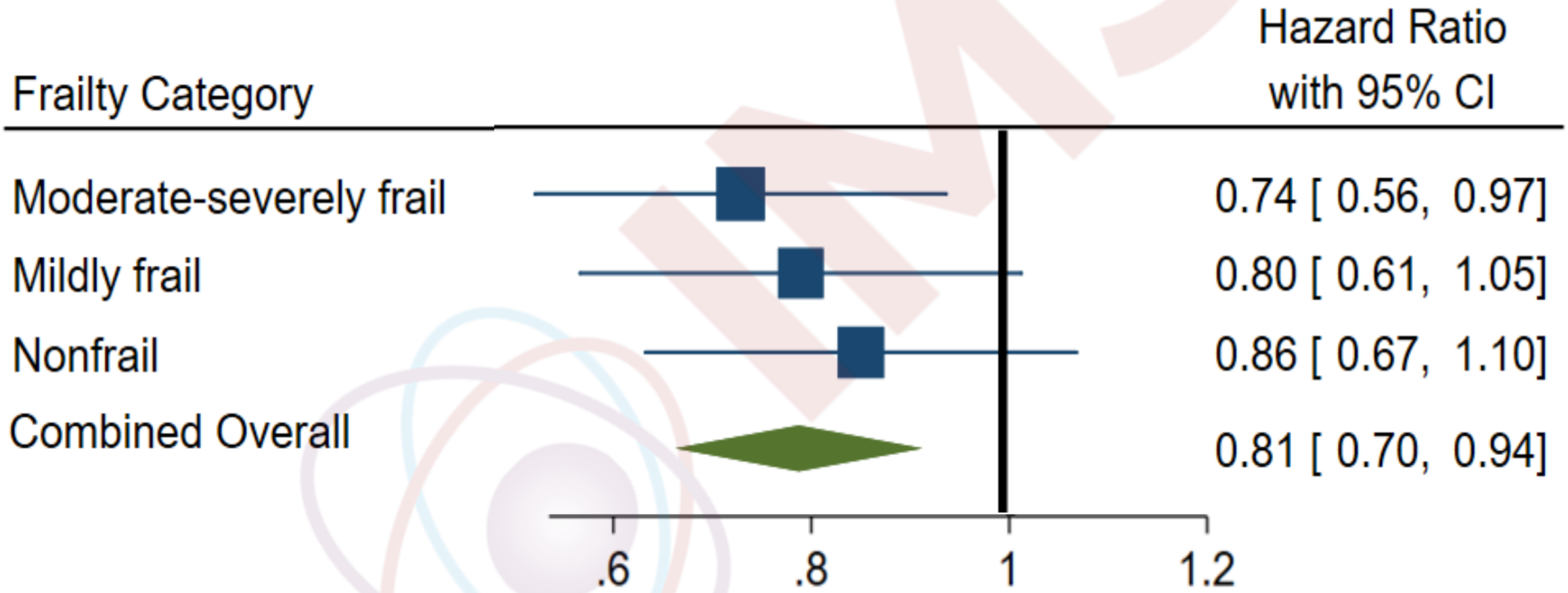
RESULTS = mortality for combined overall population

nella popolazione globale
VRd vs Rd
è associato a una mortalità inferiore

VRd vs. Rd HR = 0.81
(95% CI = 0.70 - 0.94)



Results: VRd vs. Rd and mortality by frailty



International Myeloma Society

presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

RESULTS = as frailty increased, prevalence of MM-related frailty deficits increased

Stage and MM-related frailty deficits n.(%)	Non Frail (VA-FI <0.2) n = 788	Moderate-severe frailty (VA-FI ≥0.3) n = 346
• Stage 3 MM	152 (19.5)	114 (32.9)
• Anemia	367 (47.2)	294 (85.0)
• Kidney failure	87 (11.2)	162 (46.8)
• Bone disease or pathological fracture	36 (4.6)	64 (18.5)

Conclusions = Our findings not only confirm the mortality benefit of VRd over Rd in U.S. veterans newly diagnosed with MM, but also suggest that this benefit is strongest in patients with the highest levels of frailty, countering historical recommendations to consider doublets in this population. These findings argue that a frail patient's cancer should be considered as a treatable cause of their frailty wherein more intensive treatment may be more effective.

International Myeloma Society

presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Isatuximab Plus Pomalidomide and Dexamethasone in Patients With Relapsed and/or Refractory Multiple Myeloma in Real-Life Context in France: IMAGE Subgroup Analysis Based on Subgroups of Interest

Olivier Decaux[1,2], Jean Fontan[3], Aurore Perrot[4], Lionel Karlin[5], Cyrille Touzeau[6], Salomon Manier[7], Karim Belhadj[8], Adrien Trebouet[9], Patricia Zunic[10], Anne-Marie Stoppa[11], Christina Tekle[12], Marianne Gaucher[13], Xavier Leleu[14]

[1]Université de Rennes 1, INSERM, Établissement Français du Sang de Bretagne, Unité Mixte de Recherche (UMR)_S1236, Rennes, France; [2]Service d'Hématologie Clinique, Centre Hospitalier Universitaire, Rennes, France; [3]Department of Hematology, Centre Hospitalier Régional et Universitaire de Besançon, Besançon, France; [4]CHU de Toulouse, IUCT-O, Université de Toulouse, UPS, Service d'Hématologie, Toulouse, France; [5]Hematology Department, Centre Hospitalier Lyon Sud, Hospices Civils de Lyon, Pierre-Benite, France; [6]Department of Hematology, University Hospital of Nantes, Nantes, France; [7]CHRU Hôpital Claude Huriez, Maladie du sang, Lille, France; [8]Unité Hémopathies Lymphoïdes, Centre Hospitalier Universitaire Henri Mondor, Créteil, France; [9]Department of Haematology, Bretagne Sud Hospital Centre, Lorient, France; [10]Department of Haematology, University Hospital Centre, Saint-Pierre, Reunion Island, France; [11]Departement d'Hématologie, Institut Paoli Calmettes, Marseille, France; [12]Sanofi, Cambridge, MA, USA; [13]Sanofi, Gentilly, France; [14]Centre Hospitalo-Universitaire (CHU) La Mileterie, INSERM CIC 1402, Poitiers, France

International Myeloma Society

Poster P-287 - presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Introduction (1/8)

- Prior to Isa regulatory approval, Isa was available in France under 2 early access programs (EAPs) – compassionate early access and early-access authorization
  - In compassionate early access, Isa in combination with pomalidomide and dexamethasone (Isa-Pd) was given to participants with relapsed/refractory multiple myeloma (RRMM) after ≥2 prior lines of treatment (LOT)
  - In early-access authorization, Isa-Pd was given to participants with RRMM after ≥2 prior therapies
- IMAGE was a non-interventional, retrospective cohort study of participants with RRMM enrolled in EAPs for Isa-Pd in France
  - The median progression-free survival (PFS) in the overall effectiveness population has been previously reported at 12.4 months after a median follow-up of 14.2 months
- There are several high-risk characteristics that are associated with poor treatment outcome and shorter survival in multiple myeloma (MM) participants, such as advanced age, renal impairment, and high-risk cytogenetics
- Here, we report the results from the subgroup analyses of IMAGE based on subgroups of interest – elderly (aged ≥75 years), severe renal impairment (<30 mL/min/1.73 m^2) and high-risk cytogenetics (presence of del[17p], t[4;14], and t[14;16])

Introduction (2/8)

- The total effectiveness population consisted of 294 participants, and the safety population of 299 participants
- 83 (28.2%) participants were aged ≥75 years, 25 (8.5%) participants had severe renal impairment (<30 mL/min/1.73 m^2), and 40 (13.6%) participants had high-risk cytogenetics. Of note,120 (40.8%) participants had unknown cytogenetic risk
- Roughly one third of participants across all subgroups had International Staging System Stage III disease – 30.1%, 44.0%, and 37.5% in elderly participants, severe renal impairment, and high-risk cytogenetics, respectively
- All subgroups had a median of 2 prior LOT, apart from participants with severe renal impairment, who had a median of 3 prior lines of therapy
- Similar to the overall effectiveness population, around 70% of participants in all subgroups were refractory to lenalidomide and to their last line of therapy
- A higher percentage of daratumumab-refractory participants was observed in participants with severe renal impairment (36.0%) and high-risk cytogenetics (32.5%) compared with the overall effectiveness population (19.1%) and the elderly subgroup (13.2%)

Baseline Characteristics (3/8)

Table 1. Participant baseline characteristics in the overall effectiveness population and elderly, severe renal impairment, and high-risk cytogenetics subgroups (1/2)

	Effectiveness population (N=294)	Elderly (aged ≥75 years; n=83)	Severe Renal Impairment (eGFR <30 mL/min/1.73 m^2; n=25)	High-risk cytogenetics (n=40)
Median age, years (min–max)	70.2 (39.9–89.8)	79.1 (75.1–89.8)	69.9 (39.9–85.5)	67.8 (49.2–84.9)
ISS Stage, n (%)				
Stage I	46 (15.6)	7 (8.4)	3 (12.0)	6 (15.0)
Stage II	41 (13.9)	11 (13.3)	2 (8.0)	4 (10.0)
Stage III	107 (36.4)	25 (30.1)	11 (44.0)	15 (37.5)
Unknown/missing	100 (34.0)	40 (48.2)	9 (36.0)	15 (37.5)
ECOG PS, n (%)				
0	45 (15.3)	13 (15.7)	4 (16.0)	10 (25.0)
1	51 (17.3)	18 (21.7)	5 (20.0)	5 (12.5)
2	28 (9.5)	9 (10.8)	0	4 (10.0)
≥3	16 (5.4)	5 (6.0)	1 (4.0)	1 (2.5)
Missing	154 (52.4)	38 (45.8)	15 (60.0)	20 (50.0)

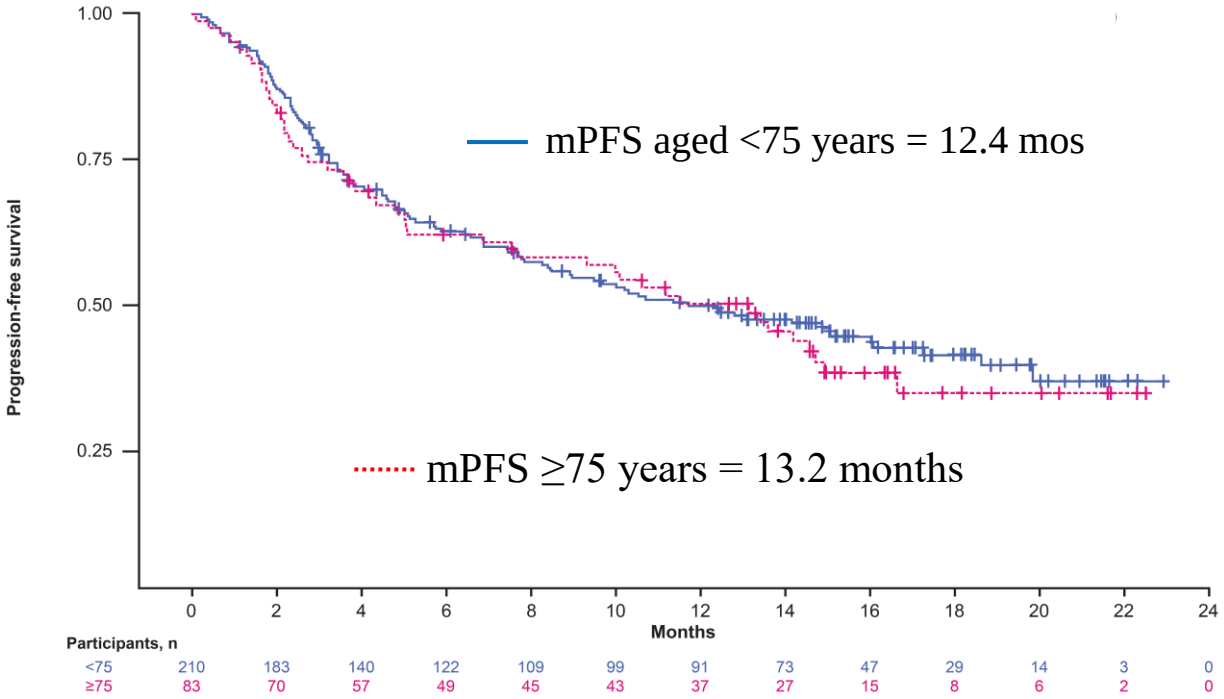
Baseline Characteristics (4/8)

Table 1. Participant baseline characteristics in the overall effectiveness population and elderly, severe renal impairment, and high-risk cytogenetics subgroups (2/2)

	Effectiveness population (N=294)	Elderly (aged ≥75 years; n=83)	Severe renal impairment (eGFR <30 mL/min/1.73 m^2; n=25)	High-risk cytogenetics (n=40)
Prior lines of therapy, n (%)				
Median (min-max)	2.00 (1–9)	2.00 (1–9)	3.00 (1–7)	2.00 (1–8)
1	30 (10.2)	6 (7.2)	1 (4.0)	3 (7.5)
2	144 (49.0)	44 (53.0)	11 (44.0)	21 (52.5)
≥3	120 (40.8)	33 (39.8)	13 (52.0)	16 (40.0)
Refractory status, n (%)				
Lenalidomide	215 (73.1)	64 (77.1)	18 (72.0)	32 (80.0)
Daratumumab	56 (19.1)	11 (13.3)	9 (36.0)	13 (32.5)
Last line of therapy	207 (70.4)	59 (71.1)	17 (68.0)	29 (72.5)

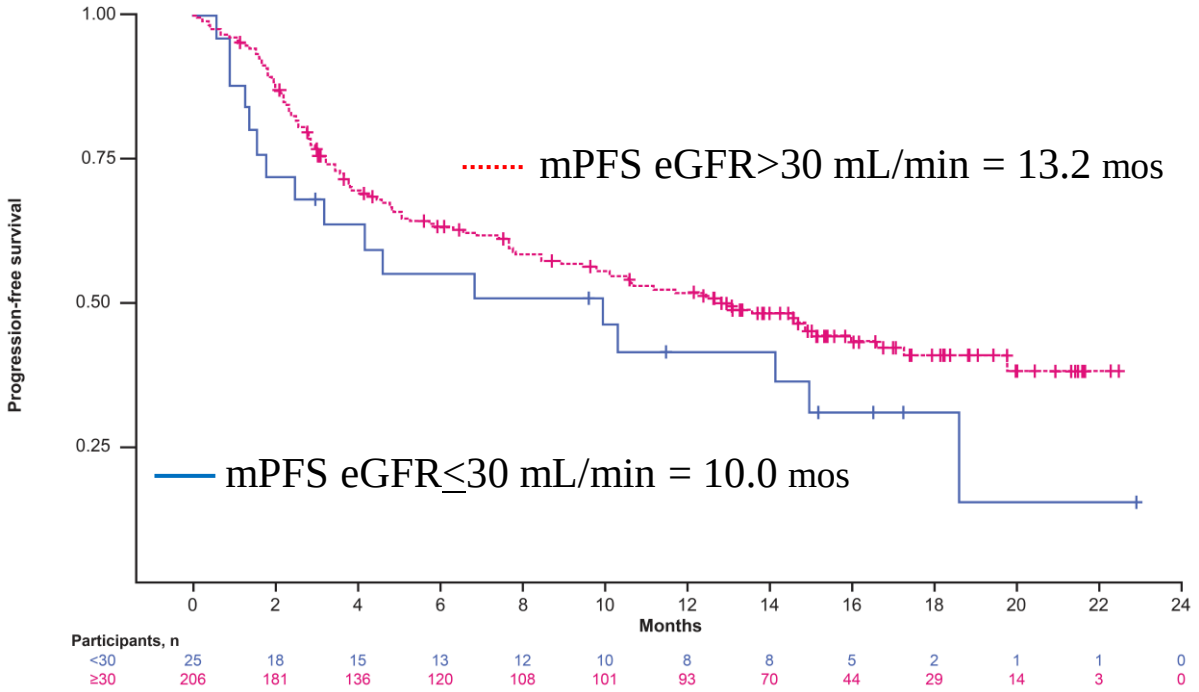
Results (5/8)

Kaplan-Meier curve of median PFS stratified by age



Median PFS in the elderly subgroup (aged ≥75 years) was 13.2 months, similar to that observed in participants aged <75 years at 12.4 months

Kaplan-Meier curve of median PFS stratified by RI

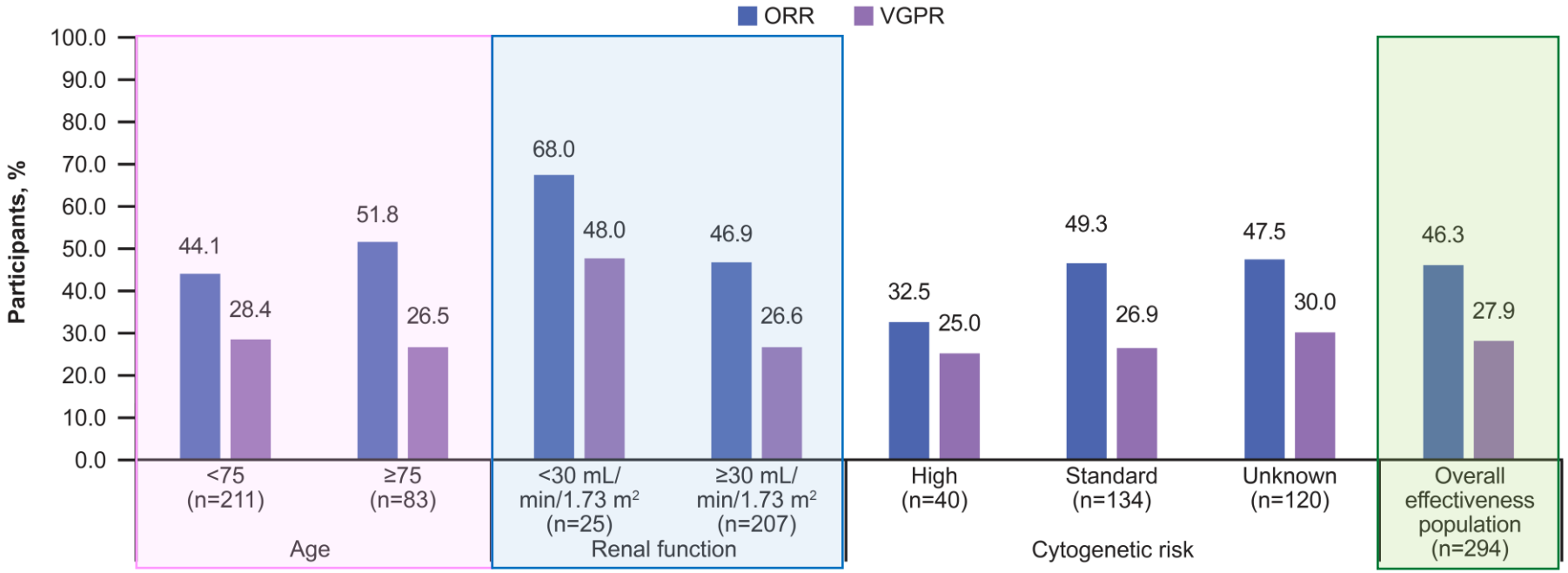


Participants with severe RI (eGFR <30 mL/min/1.73 m^2) had a slightly shorter median PFS of 10.0 mos compared with 13.2 mos observed in those with renal function ≥30 mL/min/1.73 m^2

International Myeloma Society

Results (6/8)

ORR and VGPR rate by subgroup of interest



- Elderly participants had a similar ORR and VGPR rate (51.8% and 26.5%, respectively) to that of the overall effectiveness population (46.3% and 27.9%)
- In severe Renal Impairment is ORR and VGPR 68.0% and 48.0%, although with a small population size

Results (7/8)

Primary system organ class preferred term, n (%)	Safety population (N=299)	Elderly (aged ≥75 years; n=83)	Severe renal impairment (eGFR <30 mL/min/1.73 m²; n=26)	High-risk cytogenetics (n=40)
Blood and lymphatic system disorders	54 (18.1)	16 (19.3)	4 (15.4)	6 (15.0)
Neutropenia	28 (9.4)	10 (12.0)	0	3 (7.5)
Thrombocytopenia	15 (5.0)	4 (4.8)	1 (3.8)	2 (5.0)
Cytopenia	8 (2.7)	3 (3.6)	2 (7.7)	1 (2.5)
General disorders and administration site conditions	10 (3.3)	6 (7.2)	2 (7.7)	2 (5.0)
Asthenia	4 (1.3)	4 (4.8)	0	1 (2.5)

n (%)	Safety population (N=299)	Elderly (aged ≥75 years; n=83)	Severe renal impairment (eGFR <30 mL/min/1.73 m²; n=26)	High-risk cytogenetics (n=40)
At least 1 event	79 (26.4)	24 (28.9)	8 (30.8)	10 (25.0)
Leading to Isa temporary discontinuation	24 (8.0)	8 (9.6)	1 (3.8)	4 (10.0)
Leading to Isa permanent discontinuation	4 (1.3)	3 (3.6)	0	1 (2.5)
Leading to pomalidomide dose reduction	17 (5.7)	4 (4.8)	1 (3.8)	3 (7.5)
Leading to pomalidomide temporary discontinuation	32 (10.7)	14 (16.9)	3 (11.5)	2 (5.0)
Leading to Isa-Pd permanent discontinuation	9 (3.0)	1 (1.2)	1 (3.8)	0

Infections occurred in 3 participants in the o vere in the elderly subgroup and 1 pneumonia in a participant with renal impairment.

No participants with high-risk cytogenetics experienced an infection or infestation

Conclusions (8/8)

- The effectiveness and safety profiles across elderly and severe renal impairment subgroups were similar to those observed in the overall effectiveness and safety population, despite a higher percentage of daratumumab-refractory participants in the severe renal impairment subgroup
- Of note, participants with severe renal impairment had greater response rates than the effectiveness population, although with a small sample size
- A real-world study of Isa-Pd use in the UK has reported a median PFS of 10.9 months after a median follow-up of 12.1 months, which is generally similar to that observed in IMAGE. In this dataset, 30.8% of participants were aged ≥75 years, 43% had eGFR <60 mL/min, and 14% had high cytogenetic risk[11]
- The results of these subgroup analyses continue to support Isa-Pd for the treatment of RRMM across subgroups

The role of “lenalidomide-dexamethasone therapy” in elderly patients with multiple myeloma in clinical practice: comparison with “bortezomib-based therapy”

Jihyun Kwon[1], Yong-Pyo Lee[2] , Hee Sue Park[1]

[1]Chungbuk National University College of Medicine; [2]Chungbuk National University Hospital

International Myeloma Society

Poster P-119 - presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

lenalidomide-dexamethasone therapy vs bortezomib-based therapy in elderly patients

PATIENTS = n.78

- 50% of pts (n=39) received Rd vs 74.4% in group V (p=0.087), 41% (n=32) received Rd therapy as the first treatment
- The overall response rate was 79.5% vs 77.6% (p=0.043)
- mPFS was significantly longer in group V (median 28.8 vs 20.2 mos, p=0.042)
- Treatment Discontinuation due to treatment-related complications 55.6% (15 pts) in group R, 38.5% (15 pts) in group V (treatment terminated according to the plan)
- 64.1% (n=25) pts in group V received second-line lena-based therapy, whereas only 21.9% (n=6) patients in group R received secondary treatment
- The period from the completion of the 1st treatment to the start of the 2nt treatment was 1.0 mos in group R and 3.7 mos in group V (p=0.042)
- mPFS2 significantly longer in group V (22.6 mos) than in group R (5.4 mos) (p=0.001)
- The mOS was 26.6 months in group R vs 48.7 months in group V (p=0.010)

CONCLUSIONS = The type of primary treatment did not affect OS

“Isatuximab monotherapy” or “combination therapy with dexamethasone” in older adult patients with relapsed/refractory multiple myeloma: a single institution experience

Masaki Iino[1], Takahiro Mikawa[1], Shinji Kido[1], Ken Fujimori[1]
Yamanashi Prefectural Central Hospital

International Myeloma Society

Poster P-273 - presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Isatuximab monotherapy" or "combination therapy with dexamethasone" in older adult patients

PATIENTS = n.15 with RRMM

- Disease control rate (i.e., stable disease or better) was 80%
- After a median follow-up period of 12 months, the median TTNT was 7.5 months
- The median PFS was not reached
- At the time of analysis, 8 pts had discontinued treatment (the main reason for treatment discontinuation was PD)
- Regarding adverse events, no unexpected AEs were identified in this study
- 8 pts had high-risk cytogenetic abnormalities (at least one of t[4;14], t[14;16], del 17p, or 1q21 gain/amplification)
- 11 pts had previously received daratumumab

CONCLUSIONS = Isa20 and Isa20+D remain useful and feasible treatment options in a real-world setting, even in frail older adult patients with RRMM

Arnaldo Benini
Patrizia Caraveo
Gilberto Corbellini
Paolo Legrenzi
Vittorio Lingiardi
Sebastiano Maffettone
Giorgio Vallortigara

Quello che ora sappiamo

Tutte le volte che la scienza ha cambiato idea

Il Sole 24 ORE | Domenica

Variuous Frailty Assessment Tools

	IMWG frailty score	UK-MRA MRP	Mayo risk score	IFM simplified frailty score
Biologica-Clinical components	Age CCI	Age R-ISS CRP	Age NT pro-BNP	Age CCI
Funcionality tests	ADL IADL	PS (WHO)	PS (WHO)	ECOG
Population	Clinical Trials	Clinical Trials Real-world	Real-world	Clinical Trials

FRAIL PATIENTS HAVE

- shorter OS and PFS times
- higher incidence of non-haematological Adverse Events and treatment discontinuation

FRAILTY ASSESSMENT
IMWG Frailty Score

FIT PATIENTS (score 0)	INTERMEDIATE-FIT PATIENTS (score 1)	FRAIL PATIENTS (score ≥2)
		
age ≤75 + ADL >4 + IADL >5 +CCI≤1	age 76-80 or ADL ≤4 or IADL ≤5 +CCI >1	age >80; age 76-80 + ADL ≤4 or IADL ≤5 or CCI >1; age ≤75 + at least 2 ADL ≤4 or IADL ≤5 or CCI >1
Goal: efficacy	*Goal: efficacy/safety*	*Goal: safety*

APPROVED REGIMENS

Daratumumab-VMP Daratumumab-Rd VRd ASCT in pts ≤70 years old	(Daratumumab)-VMP, consider weekly V (Daratumumab)-Rd Vd VRd-lite	Dose-adjusted Rd ± daratumumab Dose-adjusted Vd Palliative care

EXPERIMENTAL REGIMENS with monoclonal antibodies

Daratumumab-VRd (NCT03652064) Isatuximab-VRd (NCT03319667) Isatuximab-VCd (NCT02513186) Belamaf-VRd (NCT04091126)	Daratumumab-Ixa-dex (NTR6297) Daratumumab-VRd lite (NCT04052880)	Daratumumab-Ixa-dex (NTR6297) Daratumumab-R (NCT03993912)

Bonello F., et al.; Pharmaceuticals 2020

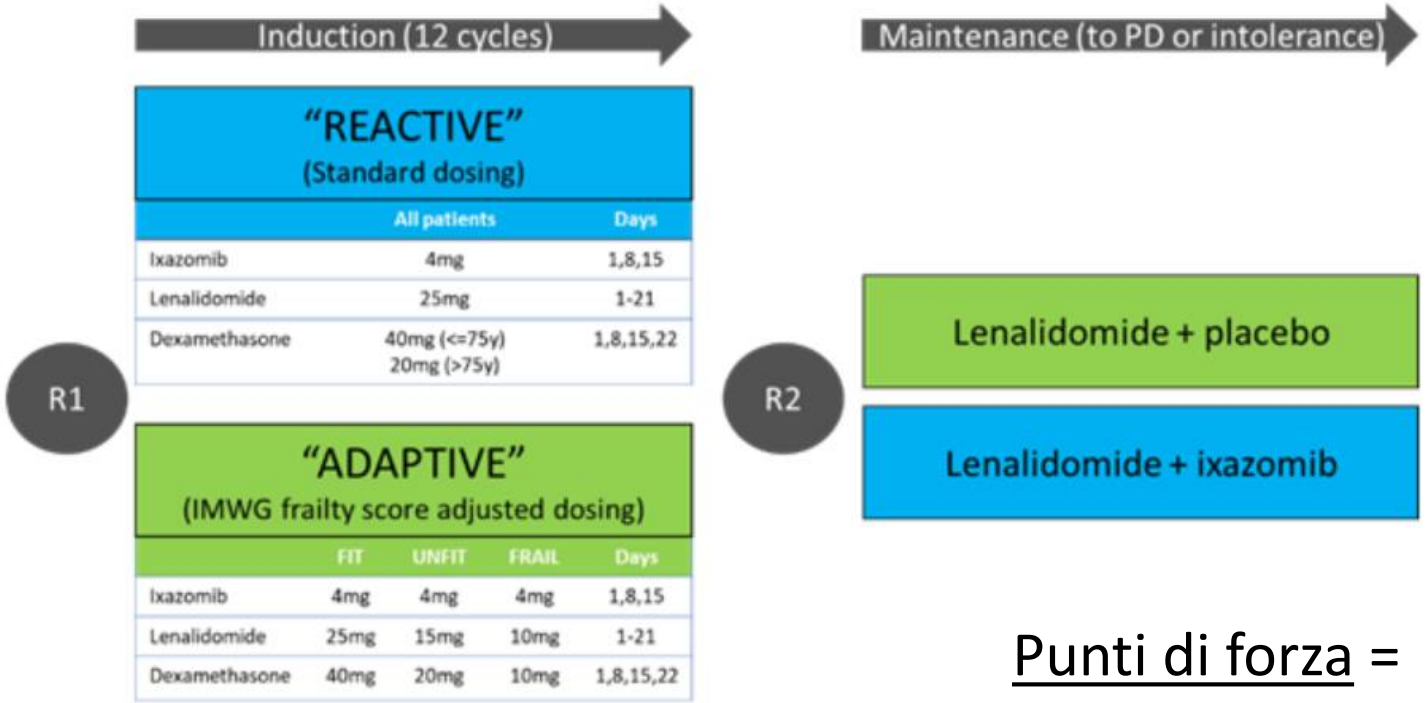
International Myeloma Society

Le nuove acquisizioni dal

20th IMS Annual Meeting 2023

The FiTNEss trial (Myeloma XIV, NCT03720041)

FiTNEss
UK-MRA Myeloma XIV



"REACTIVE"
(Standard dosing)

	All patients	Days
Ixazomib	4mg	1,8,15
Lenalidomide	25mg	1-21
Dexamethasone	40mg (<=75y) 20mg (>75y)	1,8,15,22

"ADAPTIVE"
(IMWG frailty score adjusted dosing)

	FIT	UNFIT	FRAIL	Days
Ixazomib	4mg	4mg	4mg	1,8,15
Lenalidomide	25mg	15mg	10mg	1-21
Dexamethasone	40mg	20mg	10mg	1,8,15,22

The UKMRA Myeloma XIV FiTNEss trial is a phase III, multicentre, randomised controlled trial for NDMM patients ineligible for ASCT.

Primary objectives

1) to compare «early treatment cessation» (within 60 days of randomisation) between two groups;
2) to compare «PFS» for maintenance between R vs R+Ixa.
3) FRAIL = 15.4% Improvement at any timepoint

Population = 638 pts, median age 76 ys (62-93) (22.3% >80)

Analysis of FS dynamism in IRd arm (n=319) calculating the FS at 2, 4, 6, 12 months =

1) FIT = 20.9% deterioration in FS score at any timepoint
2) UNFIT = 26.7% deterioration at any timepoint;
3) FRAIL = 16.2% Improvement at any timepoint

Punti di forza =

1) IMWG Frailty Score adjusted dosing
2) Analysis of Frailty Score Dinamism

International Myeloma Society

presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

The FiTNEss trial (Myeloma XIV, NCT03720041)

Figure 1B: Baseline Characteristics

	Total (n=180)
Age at Randomisation 1 (Years)	
Mean (s.d.)	77.5 (5.20)
Median (range)	77.0 (64.0, 93.0)
IQR	74.0, 81.0
Age Category at Randomisation 1 (Years)	
Less than or equal to 75 years old	68 (37.8%)
76 - 80 years old	65 (36.1%)
More than 80 years old	47 (26.1%)
Sex	
Male	104 (57.8%)
Female	76 (42.2%)
ECOG Status	
0	35 (19.4%)
1	97 (53.9%)
2	31 (17.2%)
3	17 (9.4%)
ISS Stage	
Stage I	26 (14.4%)
Stage II	83 (46.1%)
Stage III	57 (31.7%)
Not yet available	14 (7.8%)
IMWG Frailty Score at Baseline	
Fit	43 (23.9%)
Unfit	53 (29.4%)
Frail	84 (46.7%)
MRP Group at Baseline	
Low-risk	45 (25.0%)
Medium-risk	46 (25.6%)
High-risk	75 (41.7%)
Not yet available	14 (7.8%)

L'analisi della fragilità è stata ripetuta eliminando il contributo dell'età.

Pazienti di età >80 anni (n = 47, 100% FRAIL)
- 42.6% pz (n=20) riclassificati come FIT
- 38.3% pz (n=18) riclassificati come UNFIT
- 19.2% pz (n=9) mantengono la categoria FRAIL

Pazienti di età ≥76<80 anni (n = 65, 53.8% UNFIT, 46.2% FRAIL)
- 53.8% pz UNFIT (n=35) riclassificati come FIT
- 29.2% pz FRAIL (n=19) riclassificati come UNFIT
- 16.9% pz FRAIL (n=11) mantengono la categoria FRAIL

La concordanza IMWG e MyelomaRiskProfile 48,9% dei pazienti (88/180)
- 37.2% pz FIT classificati come basso-rischio MRP
- 32.1% pz UNFIT classificati come rischio-intermedio MRP
- 65.5% pz FRAIL mantengono la categoria ad alto-rischio MRP

presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

The simplified frailty index (S-FI) identifies a less vulnerable population of frail patients than patients who are defined frail using the International Myeloma working Group Frailty index (IMWG-FI)

Kaz Groen, Febe Smits, Kazem Nasserinejad, Mark-David Levin, Josien Regelink, Gert-Jan Timmers, Esther de Waal, Matthijs Westerman, Gerjo Velders, Koen de Heer, Rineke Leys, Roel van Kampen, Claudia Stege, Maarten Seefat, Inger Nijhof, Ellen van der Spek, Saskia Klein, Niels van de Donk, Paula Ypma, Sonja Zweegman

International Myeloma Society

Poster P-116 - **presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023**

Simplified Frailty Index (S-FI) vs IMWG-Frailty Index = HOVON 123 and HOVON 143

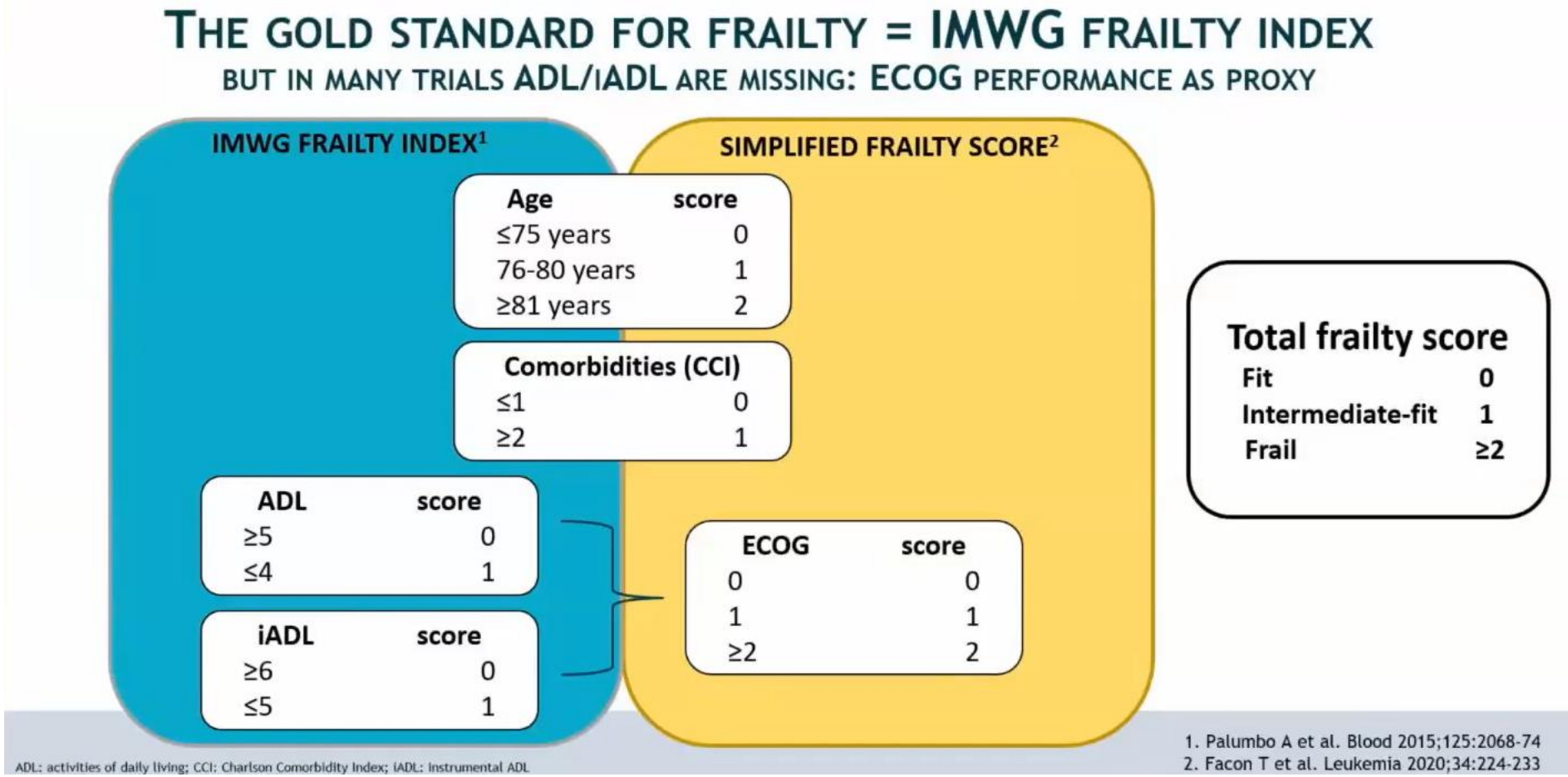
HOVON 123 + HOVON 143

n=368 pts

pts valutabili

n=341 pts

La fragilità è stato ricalcolata ricorrendo a IMWG_FI



Simplified Frailty Index (S-FI) vs IMWG-Frailty Index = HOVON 123 and HOVON 143

HOVON 123 + HOVON 143

n=368 pts

pts valutabili

n=341 pts

La fragilità è stato ricalcolata ricorrendo a IMWG_FI

67 pazienti **INTERMEDIATE-FIT sec. S-FI**

- **91%** pazienti (n=61) rimangono **INTERMEDIATE-FIT sec. IMWG-FI**
- **9%** pazienti (n=6) vengono riclassificati come **FRAIL sec. IMWG-FI**

272 pazienti **FRAIL sec. S-FI**

- **74%** pazienti (n=202) rimangono **FRAIL sec. IMWG-FI**
- **26%** pazienti (n=70*) vengono riclassificati come **INTERMEDIATE-FIT sec. IMWG-FI**
  - pazienti di età <80 aa = 0%,
  - ADL indipendenti 69%,
  - IADL indipendenti 93%,
  - CCI ≤1 = 80%

MESSAGGIO = I differenti SCORE DI FRAGILITA' possono identificare POPOLAZIONI DIFFERENTI

International Myeloma Society

Poster P-116 - presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Development and validation of a prognostic survival model with Patient Reported Outcomes (PROs) for older adults with multiple myeloma

Hira Mian[1], Rinku Sutradhar[2], Matthew Cheung[3], Anastasia Gayowsky[4], Jason Tay[5], Amaris Balitsky[1], Tanya Wildes[6], Arleigh McCurdy[7], Alissa Visram[8], Irwindeep Sandhu[9], Hsien Seow[1]

[1] McMaster University, Hamilton, Ontario, Canada; [2]University of Toronto; [3]Sunnybrook Health Sciences Centre; [4]ICES McMaster; [5]University of Calgary; [6]University of Nebraska Medical Centre; [7]University of Ottawa; [8]The Ottawa Hospital; [9]University of Alberta, Edmonton, AB, Canada

International Myeloma Society

Poster P-445 - presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

A prognostic survival model incorporating PROs for elderly patients with MM

Gli autori concorrono allo sviluppo e alla validazione di un modello di sopravvivenza che incorpora gli outcomes riportati dai pazienti.

In quseto studio, il cresente numero di sintomi gravi riportati dai pazienti nell'anno precedente era associato ad una ridotta sopravvivenza.

Ciò ha consentito ai pazienti di far parte del processo decisionale.

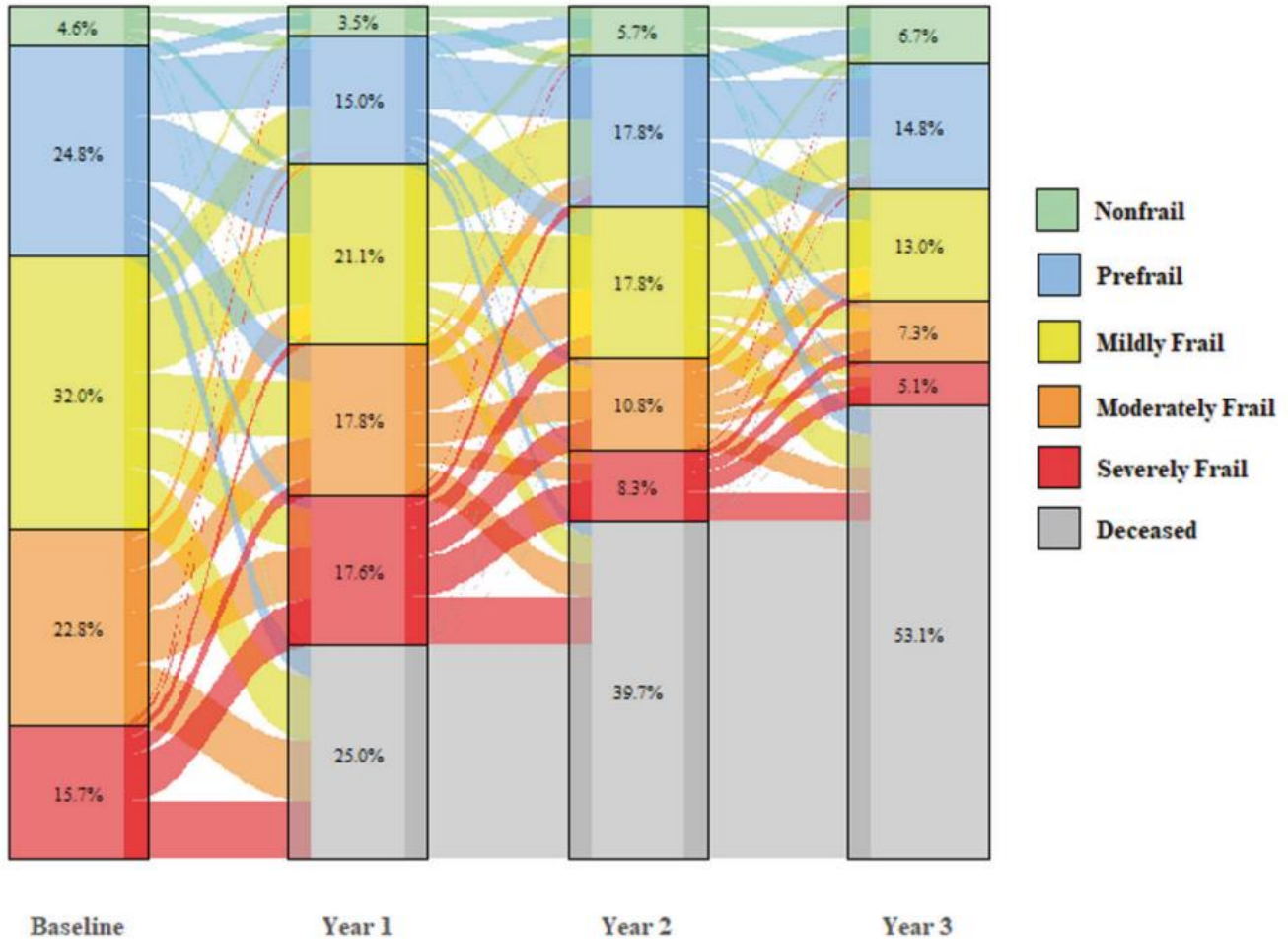


Fig. 2 Trajectories of frailty in the first 3 year following diagnosis among older adults with MM.

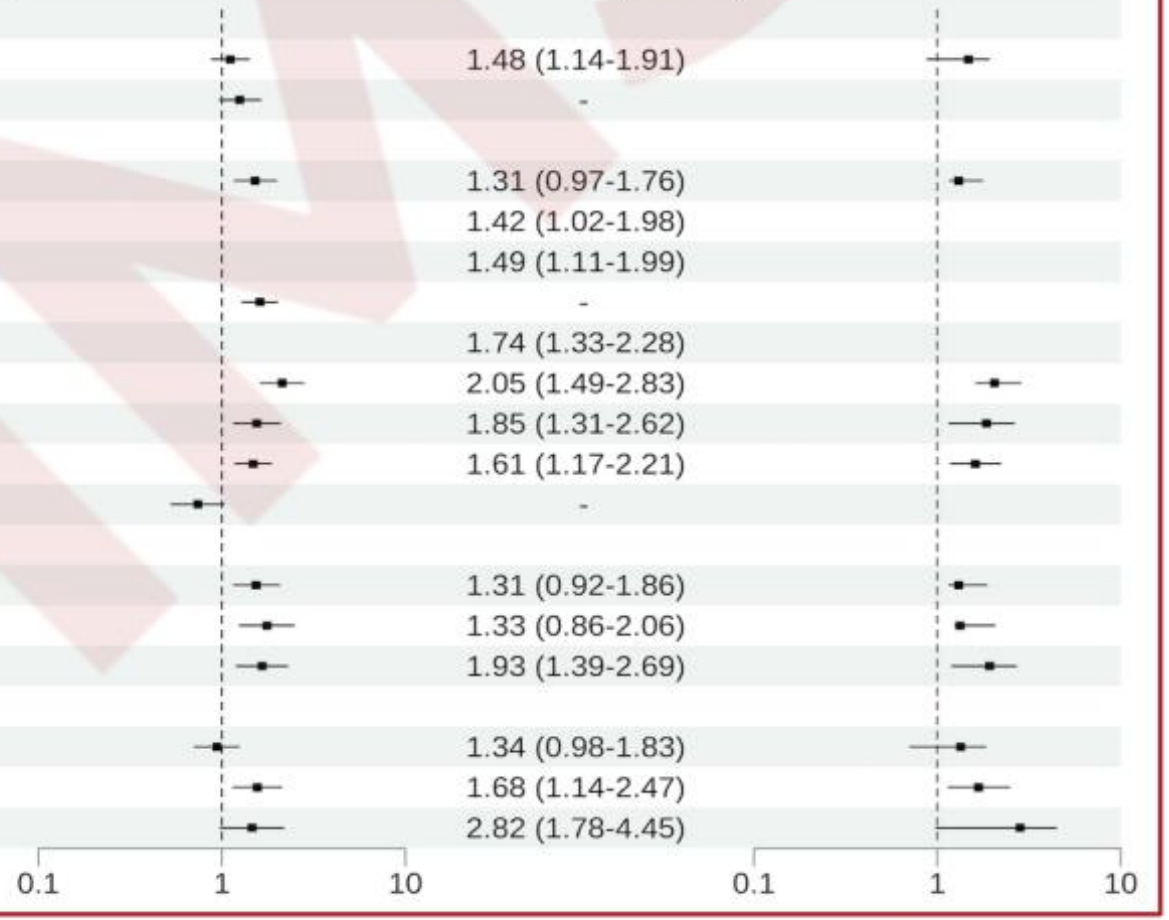
International Myeloma Society

Mian H. et al.; Blood Cancer Journal 2023; 13:76

A prognostic survival model incorporating PROs for elderly patients with MM

Median Age 75 years

Variable	Year 1 (N=1,770) Hazard Ratio (95% CI)	Year 2 (N=1,282) Hazard Ratio (95% CI)
Age at index >=80 years	1.11 (0.88-1.41)	1.48 (1.14-1.91)
Distance >=50km to the nearest cancer centre at index	1.25 (0.97-1.63)	-
Comorbidities 5 years prior		
CHF	1.52 (1.17-1.98)	1.31 (0.97-1.76)
Hypertension	-	1.42 (1.02-1.98)
Previous other cancer up to 15 years prior	-	1.49 (1.11-1.99)
CRAB 6 months prior to 6 months post diagnosis	1.61 (1.29-2.01)	-
Hemoglobin <100g/L	-	1.74 (1.33-2.28)
Hospitalization in 6 months prior	2.13 (1.63-2.78)	2.05 (1.49-2.83)
ER visit in 6 months prior	1.55 (1.16-2.08)	1.85 (1.31-2.62)
Radiation 12 months prior	1.48 (1.18-1.86)	1.61 (1.17-2.21)
Novel drugs 12 months prior	0.74 (0.53-1.03)	-
Functional score (reference = 0/1)		
2	1.54 (1.16-2.06)	1.31 (0.92-1.86)
3 or 4	1.76 (1.25-2.48)	1.33 (0.86-2.06)
Missing	1.66 (1.20-2.28)	1.93 (1.39-2.69)
Count of high ESAS scores (reference = 0)		
1-3	0.94 (0.71-1.24)	1.34 (0.98-1.83)
4-6	1.56 (1.15-2.12)	1.68 (1.14-2.47)
7-9	1.46 (0.98-2.17)	2.82 (1.78-4.45)



A prognostic score based on age, eGFR (CKD-EPI), performance status and ultra-high-risk disease **outperforms** R2-ISS for elderly myeloma patients: an analysis of the Greek myeloma study group registry

Eirini Katodritou, Efstathios Kastritis, Dimitra Dalampira, Aggeliki Sevastoudi, Foteini Theodorakakou, Sosana Delimpasi, Emmanouil Spanoudakis, Ioannis Ntanasis-Stathopoulos, Theodora Triantafyllou, Aikaterini Daiou, Anastasia Pouli, Maria Gavriatopoulou, Evgenia Verrou, Meletios Dimopoulos, Evangelos Terpos

International Myeloma Society

Poster P-117 - presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Age, PS, eGFR and ultra-high-risk disease **outperform** R2-ISS in elderly pts

Variabili = età ≥75 ys, eGFR <40ml/min/1.73 m^2, ECOG ≥2, ultra-high-risk MM, R-ISS, R2-ISS, ECOG≥2, anemia, lena-based-therapy, daratumumab-based-therapy

In uni e multivariata conservano valore prognostico negativo =

- Età ≥75 ys
- eGFR <40ml/min/1.73 m^2
- ECOG ≥2
- Ultra-high-risk MM

4 gruppi di rischio prognostico =

- Low = 0 punti
- Low-intermediate = 1 punto
- Intermediate-high = 2 punti
- High = 3 punti

OS per gruppo di rischio =

- Low = 79 mesi (65-92)
- Low-intermediate = 60 mesi (52-68)
- Intermediate-high = 42 mesi (36-48)
- High = 15 mesi (9-20)

International Myeloma Society

Poster P-117 - presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Determining the "impact of multimorbidity" in older patients initiating treatment for newly-diagnosed multiple myeloma using artificial intelligence/ machine learning methods

Nathanael Fillmore[1], Clark DuMontier[2] , Hannah Tosi[3], Chunlei Zheng[4], June Corrigan[3], Jennifer La[5], Cenk Yilidrim[3], Mayuri Dharne[3], Danne Elbers[5], Gregory Abel[6], Camille Edwards[4], J Michael Gaziano[2], Nhan Do[4], Mary Brophy[4], Dae Kim[6], Jane Driver[2], Nikhil Munshi[7]

[1]Boston Healthcare System, Harvard Medical School, Dana-Farber Cancer Institute; [2]VA Boston Healthcare System and Brigham and Women's Hospital/Harvard Medical School; [3]VA Boston Healthcare System; [4]VA Boston Healthcare System and Chobanian and Avedisian School of Medicine, Boston University; [5]VA Boston Healthcare System and Harvard School of Medicine; [6]Dana-Farber Cancer Institute/Harvard Medical School; [6]Harvard Medical School and Hebrew SeniorLife and Marcus Institute for Aging Research; [7]Dana-Farber Cancer Institute, Boston, MA, USA, Veterans Affairs Boston Healthcare System/Harvard Medical School

CONCLUSIONS

Our findings in a real-world population of older adults with MM initiating treatment highlight that including information on multimorbidity alongside MM-specific information yields far superior prediction of mortality compared to a focus only on MM-specific information. Further investigation into the disease-disease, disease-drug, and drug-drug interactions that mediate this risk will yield important clinical insights into the mechanisms of mortality in patients treated outside of clinical trials.

International Myeloma Society

Poster P-112 - presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Survey of multiple myeloma (MM) patients and healthcare professionals (HCPs) on the relevance of existing health quality-of-life (QoL) questionnaires (QoLQ) to real-world QoL issues of MM patients

Sotirios Bristogiannis, Catherine SY. Lecat, Dipal Mehta, Jahanzaib Khwaja, Yadanar Lwin, Emma Dowling, Nuno Correia, Kate Xu, Annabel McMillan, Neil Rabin, Jonathan Sive, Rakesh Popat, Xenofon Papanikolaou, Lydia Lee, Kwee Yong, Sosana Delimpasi, Charalampia Kyriakou

Evangelismos General Hospital, Athens, Greece;
NHS University College London Hospital, London, United Kingdom;
Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom

International Myeloma Society

Poster P-455 - presented at the International Myeloma Society (IMS 2023), Athens, Greece, September 27–30, 2023

Highlights from IMS 20th meeting 2023

Giuseppe Mele

GRAZIE

30-31 gennaio 2024

BOLOGNA, Royal Hotel Carlton