Oral Session

DURABLE RESPONSE IN MULTIPLE MYELOMA PATIENTS TREATED WITH INDUCTION AND POST-TRANSPLANTATION THERAPY WITH NOVEL DRUGS

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Background: A reasonable goal of multiple myeloma (MM) treatment in transplantation-eligible patients is to achieve a durable complete remission. We investigated 10 transplantation-eligible newly-diagnosed MM (NDMM) patients in order to evaluate the efficacy and safety of induction, consolidation and maintenance therapy with novel drugs.

Methods: We retrospectively investigated the efficacy and adverse events in 10 transplantation-eligible NDMM patients. The response was assessed according to the IMWG criteria. Adverse events were graded according to CTCAE v4.0. Time to progression was estimated by the Kaplan-Meier method.

Results: Median age was 56 years. Bortezomib plus dexamethasone (BD) was given as induction. Lenalidomide plus dexamethasone was given in one patient who did not respond to BD. Peripheral blood stem cells were collected with high-dose cyclophosphamide plus G-CSF, and single stem cell transplantation (SCT) with high-dose melphalan was performed in all patients. After SCT, CR was obtained in 1, VGPR in 8 and PR in 1. Five patients received consolidation with lenalidomide. Eight patients have received maintenance with lenalidomide or bortezomib. Four patients had upgraded responses during consolidation/maintenance. Best response rate was 100% (40% sCR, 50% VGPR, 10% PR). One patient had progressive disease during maintenance therapy. Time to progression at 20 months was 80%, and all patients were alive after a median follow-up time of 20 months. Grade 3 or 4 neutropenia and thrombocytopenia during consolidation/maintenance were seen in 40% and 10%, respectively. Grade 2 peripheral neuropathy was seen in 30%. Secondary primary malignancy has not been observed.

Conclusions: Durable and deeper responses were obtained in transplantation-eligible myeloma patients treated with induction and consolidation/maintenance with novel drugs. Adverse events were manageable with a careful monitoring of the hematological toxicity during maintenance therapy.