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MANAGEMENT AND OUTCOMES IN SECOND AND/OR THIRD RELAPSE IN PATIENTS WITH MULTIPLE MYELOMA IN THE REAL-LIFE SETTING: EMMY STUDY RESULTS.

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INTRODUCTION

Multiple myeloma (MM) remains incurable despite important therapeutic advances such as antiCD38 monoclonal antibodies (mAbs). Guidelines for first line are now well established. In the relapse setting, treatment strategies are more varied with several combinations approved. EMMY is a large-scale epidemiological study to assess the epidemiology and real-life management of MM.

AIM

To describe the management of MM in second and/or third relapse (L2/L3) and to assess the real-life effectiveness of the treatments received.

METHOD

EMMY is a descriptive, multicenter, national, non-interventional study conducted in 73 IFM (Intergroupe Francophone du Myélome, sponsor) centers in France. Any patient initiating treatment for MM over a 3-month observation period, from October to December, since 2017, is included.

RESULTS

At the end of 2021, **4383 patients** were included of which 1784 received a treatment for L2 (n=1036, 58%) or L3 (n=656, 37%), or both (n=92, 5%). Among them, 822 (46%) received an antiCD38 mAb and 962 (54%) did not.

In the whole population, median age was 72.1 years, 12% (n=213) had high-risk cytogenetics and 25% (n=446) had International Staging System (ISS) stage III. Lenalidomide-refractory patients represented 33% (n=317) and 34% (n=542) of those not treated with an antiCD38 mAb and those treated with this mAb, respectively. AntiCD38 mAb was used in 14% (n=49) in 2017, 21% (n=81) in 2018, 63% (n=242) in 2019, 65% (n=211) in 2020 and in 74% of patients (n=239) in 2021.

Median progression-free survival **(PFS) was 26.3 months** (95% CI, 22.7-29.7) in patients treated with an anti-CD38 mAb versus 14.5 months (95% CI, 13.5-16.5) in those not treated with an anti-CD38 mAb. Median overall survival (OS) was not reached (NR) in patients treated with an anti-CD38 mAb versus 46.1 months (95% CI, 39.2-54.8) in those not treated with an anti-CD38 mAb.

Among patients treated with an antiCD38 mAb, 554 (31%) received an immunomodulatory drug (IMiD) which was lenalidomide in 63% (n=350) or pomalidomide in 37% (n=204). In the combination of a proteasome inhibitor (PI) and an antiCD38 mAb, bortezomib was used in 82% (n=155) and carfilzomib in 17% (n=33). Median PFS was 33.3 months (95% CI, 28.7-39) in patients treated with an IMiD and anti-CD38 mAb versus 14.9 months (95% CI, 9.9-18.2) in those treated with a PI and an anti-CD38 mAb. Median OS was NR in patients treated with an IMiD and anti-CD38 mAb combination versus 44 months (95% CI, 37.3-NR) in those treated with a PI only.

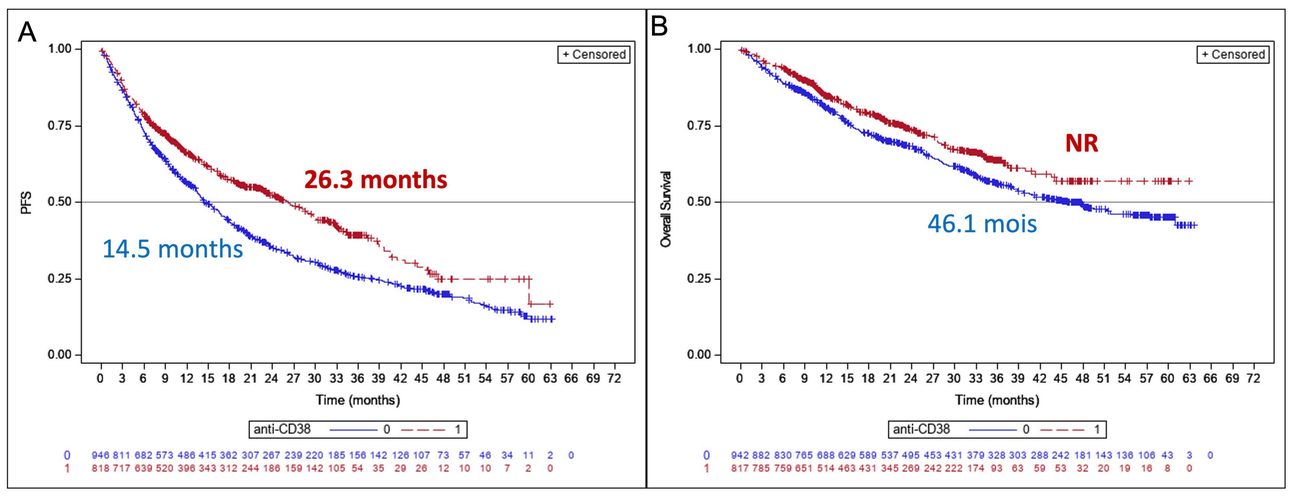

Figure. Progression-free survival (PFS) and overall survival (OS) in all patients in L2 and/or L3.

CONCLUSIONS

Use of antiCD38 mAbs increased over the period 2017-2021 in the relapse setting with a PFS and OS improvement. Over the study period, an antiCD38 mAb was mostly used with an IMiD with benefits in terms of survival compared to the combination of a PI and antiCD38 mAb.

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