MultipleMyelomaHub

Relapsed/refractory patients

ASH 2017 | Pomalidomide after lenalidomide first-line therapy for RRMM patients

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The MM Hub is pleased to share research findings from the 59th American Society of Hematology (ASH) Annual Meeting in Atlanta, Georgia. On Monday 11 December, the evening oral abstract session took place Session 653. Therapy, excluding Transplantation Studies in Relapsed and Refractory Multiple Myeloma. Dr. Laurent Garderet from Service d'Hematologie et Therapie Cellulaire, Hospital Saint Antoine, Paris, France presented Abstract #837: *A Multicenter Open Label Phase II Study of Pomalidomide, Cyclophosphamide and Dexamethasone in Relapse Multiple Myeloma Patients Initially Treated with Lenalidomide, Bortezomib and Dexamethasone*. The data here is based on the presentation and may supersede that of the published abstract.

The aim of this study was to determine if pomalidomide, cyclophosphamide, dexamethasone (PCD) was suitable as a salvage therapy at first relapse, in patients who had initial therapy with bortezomib. The primary endpoint was partial response (PR) or better, after 4 cycles of PCD. Patients from the IFM 2009/DFCI trial were included. These patients had received lenalidomide, bortezomib, dexamethasone (RVD) as induction and consolidation. Arm A had ASCT at first relapse. Arm B had ASCT upfront.

Key Findings:

- N = 97 patients; Median age = 62 years; Median time from diagnosis to PCD = 3.6 years
- High risk pts = 15%
- PR or better = 84.5%, p = 0.0001
- Median time to response = 28 days
- VGPR or better = 34%
- Adverse events (AEs): neutropenia = 51%, lymphopenia = 37%, anemia = 7%, thrombocytopenia = 5%, infections = 9%
- Dose reductions: Pomalidomide = 35%, Cyclophosphamide = 30%, Dexamethasone = 39%
- Drug discontinuation, 9% or below for all agents
- Transplant naive pts (Arm A) proceeding to ASCT after PCD = 94%
- Time from IFM/DFCI to PCD therapy was found to have significant impact on relapse
- Arm A (RVD initial therapy) = 3.4 years *vs* Arm B (RVD + initial transplant) = 3.6 years, *P* = 0.0076

Therapy with PCD has demonstrated good efficacy in the setting of salvage therapy for MM relapse. The most common toxicities were hematologic. Ninety-four percent of transplant naive patients could proceed to receipt of first ASCT following 4 cycles of PCD therapy. This all oral combination of PCD offers a convenient option for patients at relapse

following prior treatment with lenalidomide, bortezomib and dexamethasone. Therefore, further studies should explore this treatment regimen in RRMM.

References

1. Gardaret L. *et al.* A Multicenter Open Label Phase II Study of Pomalidomide, Cyclophosphamide and Dexamethasone in Relapse Multiple Myeloma Patients Initially Treated with Lenalidomide, Bortezomib and Dexamethasone. Abstract #837. 59th American Society of Hematology (ASH) Annual Meeting in Atlanta, GA.
