

pairing using PSM by nearest neighbor, a total of 448 patients, 224 in each group, were identified. Patients in the two groups were matched for age, sex, myeloma type, international staging system stage at diagnosis, kidney injury, dialysis, extramedullary involvement, and transplantation. **Interventions:** None. **Main Outcomes Measures:** Overall response rate and overall survival. **Results:** In the unpaired model, statistically significant differences were shown in age, which was corrected after running the PSM. In all the variables used for the model, no differences were shown between the two groups. The VTD regimen tends to be favored 73.47% *vs* 63.68% $p = 0.061$ in the unpaired model; however, when the analysis is made after the PSM, the differences dissipate and become non-significant 68.75% *vs* 73.66% $p = 0.565$. There were no statistically significant differences for complete response or very good partial response. We did an overall survival analysis for each regimen whether or not they had undergone transplantation. The median overall survival in the transplanted VTD group was 34 months IQR (20–54) and in VTD not taken to transplantation, it was 8 months IQR (5–17) $p < 0.0001$, in the CyBORd group the same occurs 29 months IQR (17–46) in the transplanted group *vs* 12 months in the non-transplant group IQR (5–25) $p < 0.0001$. **Conclusions:** VTD or CyBORd were equally effective in terms of response and survivability in real world practice. Overall survival was adversely affected when patients did not undergo autologous bone marrow transplantation, regardless of the regimen used in induction. **Keywords:** MM, multiple myeloma, propensity score matching

MM-450

Anti-Thrombotic Therapy for Ambulatory Patients with Multiple Myeloma Receiving Immunomodulatory Agents: A Systematic Review

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Context: Multiple myeloma (MM) is a malignant plasma cell disorder characterized by clonal plasma cells and is associated with an increased risk of thromboembolism, especially in people receiving immunomodulatory agents, including lenalidomide, pomalidomide, and thalidomide. **Objective:** 1) To systematically review the evidence for the relative efficacy and safety of anticoagulants in MM patients; and (2) to maintain this review as a living systematic review. **Design:** Comprehensive literature search that included (1) major electronic searches (February 2021) of the following databases: CENTRAL, MEDLINE, and Embase; (2) conference proceedings; (3) reference lists of included studies; and (4) ongoing studies in trial registries. As part of the living systematic review approach, we are running continual searches on a monthly basis. **Setting:** Randomized controlled trials (RCTs). **Participants:** Ambulatory people with MM receiving immunomodulatory agents who otherwise have no standard therapeutic or prophylactic indication for anticoagulation. **Interventions:** Any of: Aspirin (ASA), vitamin K antagonist (VKA), low-molecular-weight heparin (LMWH), or direct oral

anticoagulants (DOAC). **Main Outcomes Measures:** All-cause mortality, symptomatic deep vein thrombosis (DVT), pulmonary embolism (PE), major bleeding, and minor bleeding. **Results:** Of 1004 identified citations, we included nine articles reporting four RCTs that enrolled 813 participants. ASA *versus* VKA: One RCT compared ASA to VKA at six months and at two years follow-up. The data did not confirm or exclude a beneficial or detrimental effect of ASA relative to VKA on studied outcomes. ASA *versus* LMWH: Two RCTs compared ASA to LMWH at six months and at two years follow-up. The pooled data failed to confirm or exclude a beneficial or detrimental effect of ASA relative to LMWH on studied outcomes. VKA *versus* LMWH: One RCT compared VKA to LMWH at six months and at two years follow-up. The data did not confirm or exclude a beneficial or detrimental effect of VKA relative to LMWH on studied outcomes. ASA *versus* DOAC: One RCT compared ASA to DOAC at six months follow-up. The data did not confirm or exclude a beneficial or detrimental effect of ASA relative to DOAC on studied outcomes. **Conclusions:** People with MM considering anti-thrombotic agents should balance the possible benefits of reduced thromboembolic complications with the possible harms and burden of anticoagulants. **Keywords:** MM, thromboprophylaxis, anticoagulation, aspirin, thrombosis

Cellular Therapy

CT-008

The Positive Effect of SKD Plus IOT and HBO2T in the Treatment of Cancer [Introducing Soroush Cancer Treatment Protocol (SCTP)]

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Background: The aim of this research is to figure out the effectiveness of the Soroush Cancer Treatment Protocol (SCTP) which is based on the Evolutionary Metabolic Hypothesis of Cancer (EMHC) and introducing the Specific Ketogenic Diet (SKD) plus Intravenous Ozone Therapy (IOT) in Phase (1) on 54 cancer patients, and combination of Hyperbaric Oxygen Therapy with vitamin/mineral and herbal supplementation beside the SKD and IOT in Phase (2) of this research on the remaining 31 cancer patients. **Materials and Methods:** Based on the research from 1928–2016 and the experimentation of cancer treatments and protocols on cancer patients, we have reached a treatment and decided to test it on 54 voluntary cancer patients in the first stage of their disease. In this treatment we used a 5-day water fasting state, the Specific Ketogenic Diet (SKD) designed by ourselves and Intravenous Ozone Therapy (IOT) in the duration of 90 days (Phase 1) and another 90 days (Phase 2) with the entrance of Hyperbaric Oxygen Therapy (HBO2T) and several supplements which have been effective in previous studies on cancer patients. We have used the measurement of saliva pH, the MRI device and statistical methods to test the shrinkage of the tumors. **Results:** After Phase (1) of this research