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A Comparison Between Daratumumab and Non-Daratumumab-Based Salvage Regimens Used at First Relapse Post-Lenalidomide Maintenance in Multiple Myeloma

Matthew Ho[1], Saurabh Zanwar[1], Prashant Kapoor[2], Morie Gertz[2], Martha Lacy[2], Angela Dispenzieri[2], Suzanne Hayman[2], David Dingli[2], Francis Buadi[2], Nelson Leung[2], Taxiarchis Kourelis[2], Rahma Warsame[2], Amie Fonder[2], Lisa Hwa[2], Miriam Hobbs[2], Robert Kyle[2], Vincent Rajkumar[2], Shaji Kumar[2]*

[1] Division of General Internal Medicine, Department of Internal Medicine, Mayo Clinic, Rochester, MN, USA, [2] Division of Hematology, Department of Internal Medicine, Mayo Clinic, Rochester, MN, USA

Context: Lenalidomide maintenance therapy after autologous stem cell transplantation (ASCT) is standard of care for patients with multiple myeloma (MM). However, most patients relapse, and the optimal choice of therapy at first-relapse post-lenalidomide maintenance is not established. **Objective:** To compare the efficacy of salvage therapies at first relapse post-lenalidomide maintenance. **Design:** Retrospective study of consecutive patients with MM seen at Mayo Clinic, Rochester between 1/1/2005–12/31/2016. **Setting:** Tertiary referral center. **Patients or Other Participants:** Two hundred thirteen patients treated with lenalidomide/lenalidomide-dexamethasone maintenance post-ASCT were screened; 136 patients experienced a first relapse. One hundred eighteen patients receiving salvage therapy were included in subsequent analyses. **Interventions:** N/A **Main Outcomes Measures:** The main outcome measure was second progression-free survival (2nd PFS), which was calculated from the start of therapy at first relapse after maintenance until therapy discontinuation. **Results:** The median follow-up was 5.4 (95% CI: 4.9, 5.9) years from diagnosis. The median 2nd PFS was significantly longer in patients treated with daratumumab-based regimens [18.4 (95% CI: 10.9, 25.9) months; n=32] *versus* patients without daratumumab [8.9 (95% CI: 5.5, 12.3) months; n=86; p=0.006]. Adjusting for age, ISS stage 3, cytogenetic risk, Rd maintenance, and lenalidomide refractoriness at salvage, daratumumab-based therapy was associated with a significantly improved PFS [hazard ratio 0.31 (95% CI: 0.16, 0.61; p=0.001)]. The median 2nd PFS was superior in daratumumab + IMiD (n=16) compared to daratumumab + PI (n=15) [NR *versus* 1 yr (95% CI: 0.5, 1.5), respectively; p=0.004]. In patients not receiving daratumumab, median 2nd PFS was comparable between PI-based combinations [9.2 (95% CI: 6.6, 11.7) months; n=44], IMiD-based combinations [6.7 (95% CI: 0.82, 12.6) months; n=18; p=0.7], or PI + IMiD-based combinations [11.2 (95% CI: 0, 28.4 months; n=24; p=0.17]. Without daratumumab, there was also no significant difference in median 2nd PFS between patients who received lenalidomide-based combinations [6.7 (95% CI: 0, 15.4) months] compared with pomalidomide-based regimens [20.1 (95% CI: 0, 41.4) months; p=0.5]. **Conclusions:** Daratumumab-based therapies at relapse are associated with improvement in 2nd PFS, and daratumumab-IMiD combination was superior to daratumumab-bortezomib combination. Without daratumumab, there was no significant difference between doublet *versus* triplet therapies, IMiD-*versus* PI-based regimens or lenalidomide *versus* pomalidomide-based combinations. **Keywords:** MM, multiple myeloma, lenalidomide, maintenance, daratumumab

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Propensity Score Matching Analysis to Evaluate Bortezomib/Cyclophosphamide /Dexamethasone and Bortezomib/Thalidomide/Dexamethasone from Real-World Data in Patients with Newly Diagnosed Multiple Myeloma, on Behalf of the Colombian Multiple Myeloma Registry

Humberto Martinez-Cordero[1,17], Virginia Abello-Polo[2,17], Claudia Casas[2,17], Maria-Helena Solano[2,17], Daniel Espinosa[2,17], Ivan Perdomo[3,17], Jheremy Reyez[3,17], Monica Osuna[3,17], Viviana Paredes[3,17], Jair Figueroa[3,17], Rigoberto Gomez[4,17], Roberto Jaramillo[4,17], Alvaro Gomez[4,17], Jose-Domingo Saavedra[5,17], Kenny Galvez[6,17], Guillermo Quintero[7,17], Lina Abenoza[7,17], Lina Gaviria[8,17], Yazmin Borjas[9,17], Henry Idrobo[10,17], William Mantilla[11,17], Claudia Sossa[12,17], Luis Salazar[12,17], Juan-Manuel Herrera[13,17], Paola Guerrero[13,17], Alvaro Guerrero[13,17], Carmen Rosales[14,17], Isabel Munevar[15,17], Carlos-Daniel Bermudez[16,17]*

[1] Instituto Nacional de Cancerologia E.S.E., Bogotá, Colombia, [2] Hospital de San Jose, Bogotá, Colombia, [3] Clinica Nogales, Bogotá,Colombia, [4] Hemato-oncologos Cali, Colombia, [5] Clinica Vida, Medellín, Colombia, [6] Hospital Pablo Tobon Uribe, Medellín, Colombia, [7] Fundacion Santafe de Bogotá, Bogotá, Colombia, [8] Hospital San Vicente Fundacion, Medellín, Colombia, [9] Clinica Astorga, Medellín, Colombia, [10] Universidad del Valle-Centro Julian Coronel, Santiago de Cali, Colombia, [11] Fundacion Cardioinfantil, Bogotá, Colombia, [12] Clinica la Foscal, Floridablanca, Colombia, [13] Clinica Imbanaco, Cali, Colombia, [14] SOHEC, Valledupar, Colombia, [15] Hematoncologos Bogota, Bogotá, Colombia, [16] CIOSAD, Bogotá, Colombia, [17] Asociacion Colombiana de Hematologia y Oncologia ACHO-RENEHOC, Colombia

Context: The most frequently used induction treatments for newly diagnosed multiple myeloma in Colombia are VTD and CyBorD for transplant-eligible patients. **Objective:** At present, there are no clinical studies in our region that compare the effectiveness of these two regimens. **Design:** To reduce the bias between the groups, we performed a 1:1 propensity score matching (PSM) technique for analysis. **Setting:** The Registro Epidemiológico de Neoplasias Hematológicas en Colombia (RENEHOC) collected data electronically on Colombian patients with multiple myeloma between 2010 and 2018. **Patients or Other Participants:** After