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AUTOLOGOUS STEM CELL TRANSPLANTATION AND MAINTENANCE IMPROVES SURVIVAL, IN COLOMBIAN MULTIPLE MYELOMA PATIENTS. ACHO'S RENEHOC REGISTRY REPORT

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ABSTRACT

[Abstract](#)

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Background

Multiple myeloma (MM) represents 1% of all newly diagnosed neoplasms, Autologous Stem Cell Transplantation (ASCT) has become the standard of care for fit MM patients after completion of induction therapy. Maintenance treatment after transplant has also proven to positively impact event free survival in multiple clinical trials.

Aims

RENEHOC is a multicenter database established in January 2018. Its primary aim is to provide local information on diagnosis, treatment and outcomes of MM and other hematologic neoplasms, in Colombia. This report aims to characterize the MM population in our registry treated with ASCT.

Methods

An ambispective registry of adult MM patients, treated in approved centers over the last 10 years. Descriptive statistics were used for patient's demographic and clinical characteristics. The Kaplan-Meier method was used to assess DFS and OS, comparing ASCT vs No-ASCT and Maintenance vs No-Maintenance. Hazard Ratios (HR) using Cox proportional hazards regression modeling was estimated.

Results

Until February 2022, 1230 patients have been registered, ASCT were performed in 366 (29.7%). MM transplanted patients median age at diagnosis was 63 (IQR 57-68) years, 139(38%) were older than 65 y; 190(51.9%) were male. At diagnosis 73 (19.9%) had renal failure, 84(22.9%) plasmacytomas and 147(40.1%) bone fractures. Most patients were in an advance stage by Durie Salmon at diagnosis (DS IIIA or IIIB: n=207, 56.6%), and had high risk ISS (ISS 3: n=113, 46.7%; 124 unknown). 296 (80%) underwent transplantation after the first line treatment. Median cycles in first line before transplant were 5 (IQR 4-6) and time from last cycle to transplant was 9 weeks (IQR 5-17).

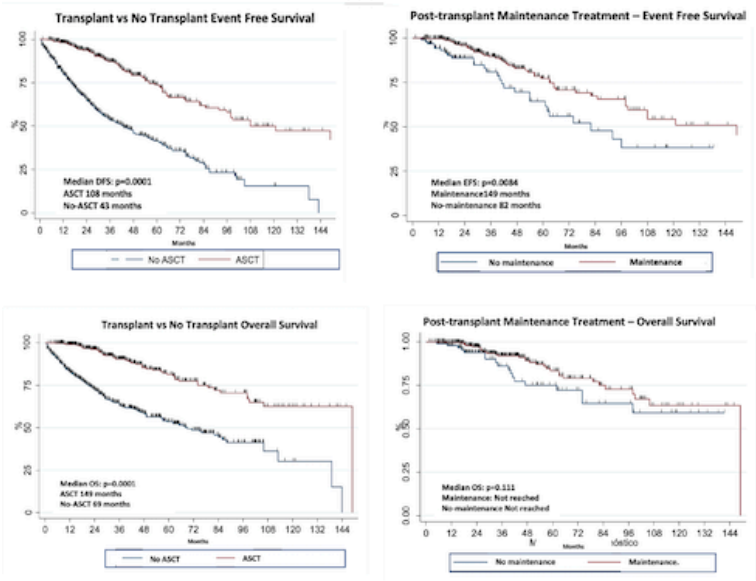
The most common induction regimen were Cyclophosphamide-Bortezomib-Dexamethasone (CyBorD)(n=136, 37.1%), Bortezomib-Thalidomide-Dexamethasone (VTD)(n=101, 27%), Bortezomib-Dexamethasone (VD)(n=42, 11.5%), 22 (6%) Bortezomib-Doxorubicin-Dexamethasone (PAD) and 50 (13.4%) other regimens. At transplantation 196 (53.3%) were in VGPR or better and 97 (26.5%) in partial response.

268 (73.2%) received maintenance after transplant, 168 (62.7%) with Lenalidomide, 43 (16%) with Talidomide and 57 (21.3%) with other agents. 214 (80%) received continued maintenance until progression or is still receiving it.

There were no statistically significant differences between groups characteristics and treatment (ASCT, no-ASCT, maintenance, no maintenance).

Mean follow-up for the 1230 MM patients registered was 29.11 months (SD 29.79 CI 27.42-30.82), for no-ASCT group 22.66 months (SD 25.71, CI 20.90-24.41) and for the 366 patients in ASCT group was 44.22 months (SD 33.07, CI 40.76-47.68). The median DFS was significantly higher in ASCT patient vs no-ASCT (108 vs 43 months, $p=0.0001$); the estimated 5 years DFS was 73% vs 41%. Maintenance also improved DFS (149 vs 82 months in non-maintenance group, $p=0.0084$); estimated 5 years DFS 77% vs 64%. Median OS was also significantly longer in ASCT group (149 vs 69 months, $p=0.0001$), estimated 5 years OS 81 vs 53%; without significant difference for maintenance vs no maintenance (not-reached both groups, $p=0.11$; estimated 5 years OS 83 vs 75%.

ASCT AND MAINTENANCE OUTCOMES IN MM PATIENTS IN COLOMBIA.



Conclusion

The results In this analysis provide insights into the real-world benefits of ASCT and maintenance treatment in MM, with similar efficacy to that reported in controlled clinical trials. These and other data provided by RENEHOC will allow for health pharmaco-economic, epidemiologic and outcomes research in Colombia and Latin America.

Keyword(s): Stem cell transplant, Survival

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