

An attempt to overcome the financial toxicity of targeted agents ,Single-center experience with Bendamustine vs Melphalan-steroids Post Bortozomib or Lenalidomide containing regimens in R/R MM

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Abstract

Relapsed refractory Multiple Myeloma remains a critical medical scenario especially in transplant ineligible patients and in countries where the new approved targeted agents as Anti-CD38 monoclonal antibodies or Histone deacetylase (HDAC) inhibitors carry financial burden and cannot be afforded.

Background

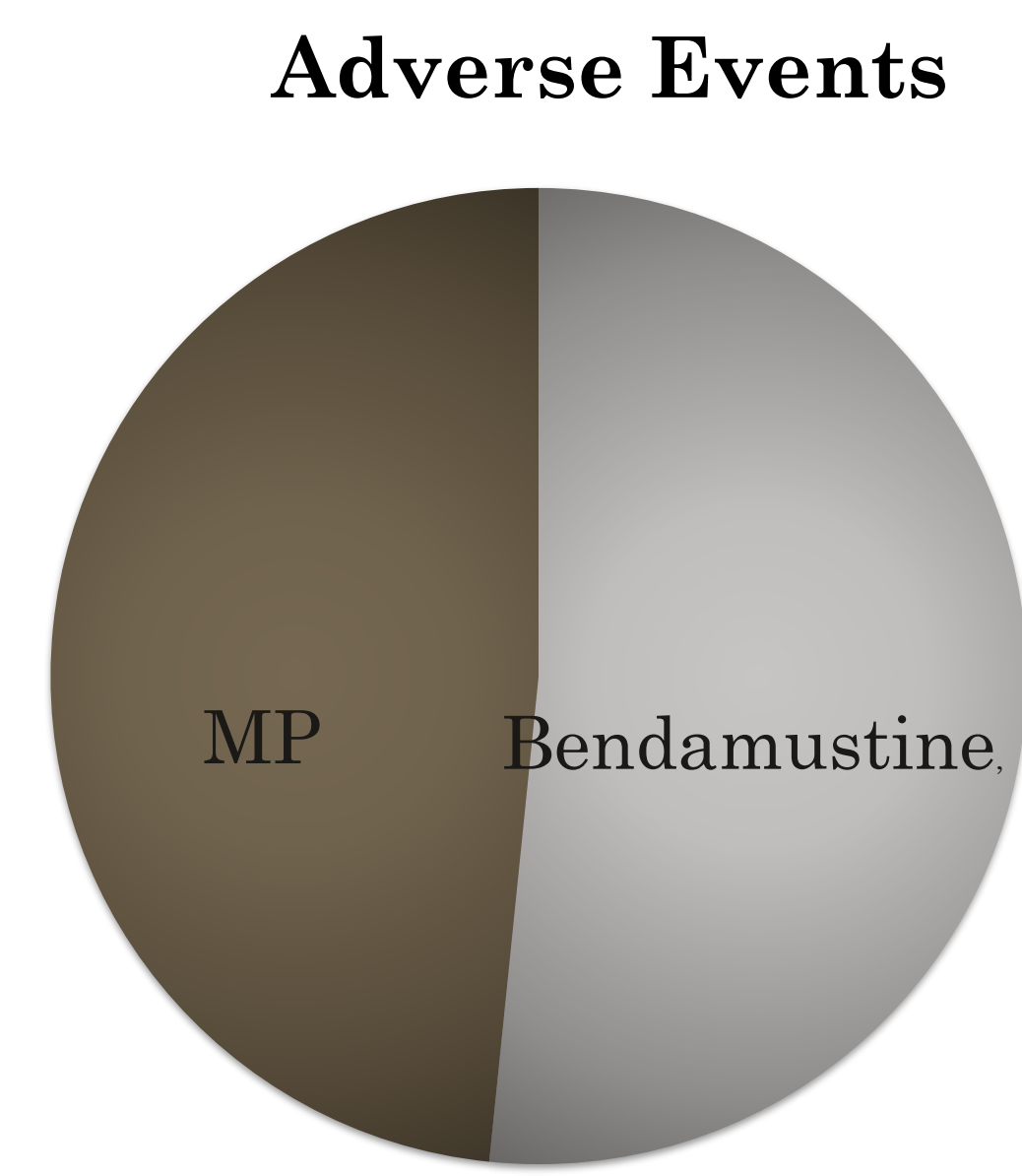
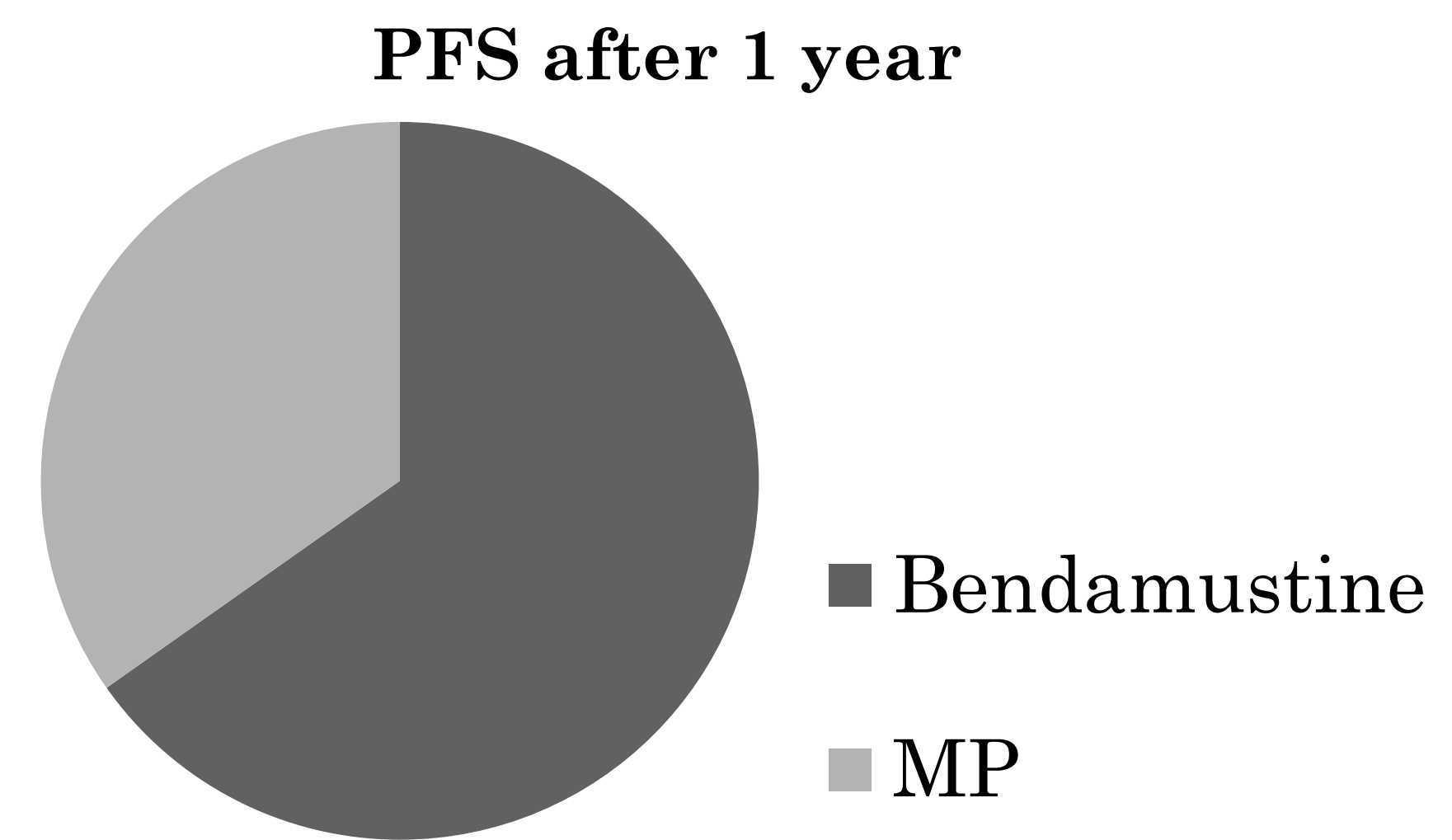
Other affordable options may be tried even for palliative intent for improving the quality of life.

Objective

To assess response rates and toxicity profile of Bendamustine vs Melphalan-steroids Post Bortozomib or Lenalidomide containing regimens in patients diagnosed to have Relapsed/Refractory Multiple Myeloma (R/R MM)

One arm received Bendamustine single agent at a dose of 120 mg/m² over 2 days every 4 weeks, while the other arm received Melphalan 0.1mg/kg and Prednisolone 100 mg for 5 days every 4 weeks

Materials & Methods



Summary

After a median follow up of 1 year, PFS in Bendamustine arm was 40%, while in MP arm was 20 %.Regarding the adverse effects, The episodes of febrile neutropenia was higher in Bendamustine arm (40%) vs 13.3% in MP arm. The GI upset was higher in MP arm than in Bendamustine arm (46.6% vs 20% respectively). Peripheral neuropathy was slightly higher with MP arm.

Discussion

With the high financial burden with the new targeted agents, the use of either Bendamustine single agent or Melphalan-steroids post Bortozomib or Lenalidomide containing regimens in patients diagnosed to have Relapsed/Refractory Multiple Myeloma remains a valid option in the context of palliative intent with acceptable toxicity profile with the need of enrollment of larger patient population for better results.

References

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- 2.Swerdlow S.H., Campo E., et al., *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues*. 4th ed. International Agency for Research on Cancer (IARC); Lyon, France: 2017