Upfront Treatment Patterns in Multiple Myeloma

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Abstract

The GRIFFIN trial (ASH 2020) demonstrated improved stringent complete response (sCR) and minimal residual activity (MRD) of daratumumab, lenalidomide, bortezomib, and dexamethasone (D-RVD) vs RVD without daratumumab in transplant-eligible multiple myeloma (MM) patients. We performed a survey of hematologist-oncologists to determine the most common upfront treatment they perform in newly diagnosed, untreated MM patients. Our results show that the vast majority of respondents continue to prescribe RVD as their upfront treatment, despite the GRIFFIN trial's findings.

Background

Multiple myeloma (MM) is a hematologic malignancy characterized by neoplastic plasma cells in the bone marrow and monoclonal paraprotein in the serum and urine. Recent pharmacological therapies have improved the bleak mortality and morbidity suffered in MM, yet further advancements are required for long-standing remission.[1] Treatment goals for MM address management of acute issues and prompt treatment to avoid further end-organ damage. The recent GRIFFIN trial (ASH 2020) demonstrated the efficacy (improved sCR and MRD) of daratumumab, lenalidomide, bortezomib, and dexamethasone (D-RVD) vs RVD without daratumumab in transplant-eligible patients.[2]

Objective

Given the GRIFFIN trial's findings, this study was conducted to assess practice patterns and determine the most common upfront treatment physicians prescribe in their newly diagnosed, untreated MM patients.

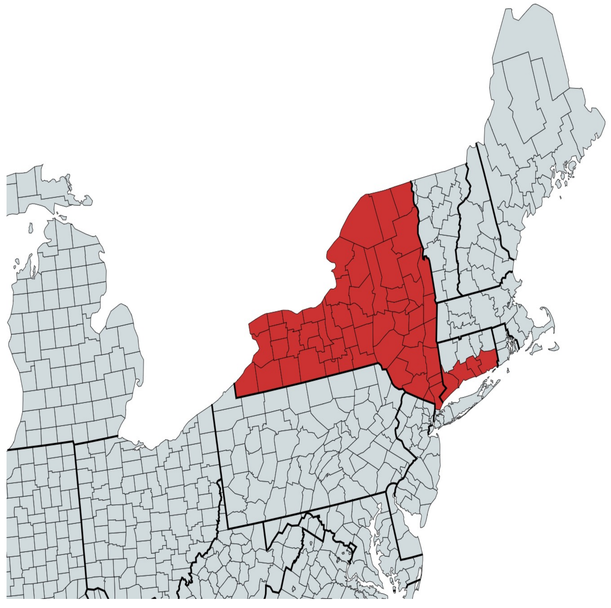


Figure 1: Region under study

Materials & Methods

We conducted a survey of hematologist-oncologists actively treating MM in our region defined as Hudson Valley, upstate New York, and Southern Connecticut. Providers were informed of the region under study as well as the intended use for research for their voluntary participation. If no response was recorded, up to two follow-up requests were sent. 85 physicians were included in the study, and responses were recorded by email from 12/26/2021 to 02/13/2022.
OUTCOME MEASURE: This study aims to measure the percentage of providers that have adopted the D-RVD protocol compared to other popular drug combinations indicated for MM one year after publication of the GRIFFIN trial results at ASH in December, 2020.

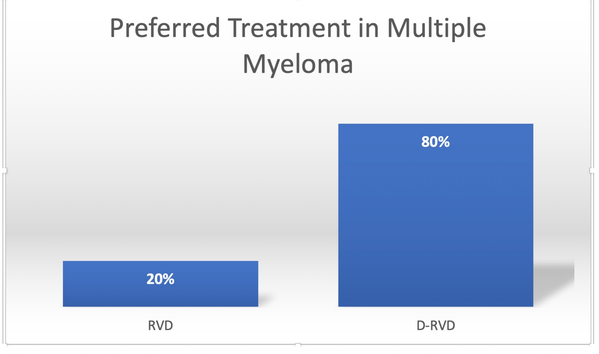


Figure 2: Preferred treatment in newly diagnosed, MM

Summary

Responses were recorded for 30 physicians and thus 35% of the population sample. There was a mean average of 1.4 requests to elicit provider response. Only 20% (6/30) of providers responded with D-RVD as their preferred front-line for standard-risk patients. The remaining 80% (24/30) preferred RVD without daratumumab as their standard upfront treatment.

Discussion

In the region under study, MM treating physicians have a disproportionately higher preference for the traditional RVD protocol compared to the more effective, although more recent, D-RVD protocol. This may reflect the need for a higher degree of research-informed practice among MM treating physicians within the region. Alternatively, given the fairly recent publication of the GRIFFIN trial, this finding may reflect the normal gap between published results and provider implementation of change in standard practice. Follow up in late 2022 may demonstrate further permeation of this data as demonstrated in practice patterns.

References

1. Kumar V, Ailawadhi M, Dutta N, Abdulazeez M, Aggarwal CS, Quintero G, Baksh M, Roy V, Sher T, Alegria V, Paulus A, Chanan-Khan A, Ailawadhi S. Trends in Early Mortality From Multiple Myeloma: A Population-Based Analysis. Clin Lymphoma Myeloma Leuk. 2021 May;21(5):e449-e455. doi: 10.1016/j.clml.2020.12.023. Epub 2020 Dec 24. PMID: 33485835.Journal Article, *Name of Journal*
2. *Voorhees PM, Kaufman JL, Laubach J, et al. Daratumumab, Lenalidomide, bortezomib, and dexamethasone for transplant-eligible newly diagnosed multiple myeloma: The griffin trial. Blood. 2020;136(8):936-945. doi:10.1182/blood.2020005288*