Young Patients with Multiple Myeloma Diagnosed Before 50 Years of Age Single-Center Experience

Rozan Alfar,Hala Abu-Fares,Suhaib Khater MD, Zeina Othman ,Mu'taz AbuAlSha'r,, Ruba Al-Ani, Rayan Bater ,Baha Sharaf
King Hussein Cancer Center, Amman, Jordan

INTRODUCTION

Multiple myeloma is a disease of older adults, and there are conflicting data about the presentation, treatment, and prognosis in younger age groups.

OBJECTIVE

The present study is designed to analyze the clinical and hematological profile and outcomes in young adults with multiple myeloma.

DESIGN

The study is a retrospective analysis of individual patients' data. All consecutive patients with multiple myeloma aged 50 years or younger and treated in our institution between September 2007 and December 2020 were reviewed. Data were collected from patients' electronic medical records.

METHODOLOGY

Patients: A total of 175 patients were reviewed, 115 (65.7%) were male, 47 (26.8%) were smokers, and the median age was 45 (range: 24–50).

At diagnosis, 73.1% of the patients presented at International Staging System (ISS) stage I–II, lytic bone lesions presented in 81.7% of the cohort, and anemia presented in 46.9%.

The median M component is 3.20, 28 had no serum M component, and 74 had no serum or urine M protein. IgG Kappa 73 (41.7) and Free Kappa 40 (22.8) represent the majority of the protein isotype.

The median bone marrow involvement is 60%. 14.3% (25/175) did cytogenic testing, and the most common abnormality is 4:14.

VTD is the most commonly used induction regimen, 109 (62%) underwent ASCT, and 42 had relapse.

The outcome is as follows: CR, 56 (32); DP, 26 (14.8); PR, 43 (24.6); SD, 5 (2.8); VGPR, 35 (20); <PR, 8 (4.6).

RESULT

After a median follow-up of 73 months, 61.1% of patients were still alive.
Ninety-four patients of the population (53.7%) had experienced disease progression or/and death, the median overall survival is 73 months 95%CI (58.553-87.447).
62.3% of patients underwent autologous stem cell transplantation with a median overall survival (OS) of 118 months versus 24 months for those who did not.

The OS for patients with ASCT was 75.2% versus 37.9% for those without (P<0.0001). ***Figure1***

The PFS also improved for patient with ASCT vs those who didn't; 123 vs 21 months (p 0.0001). ***Figure2***

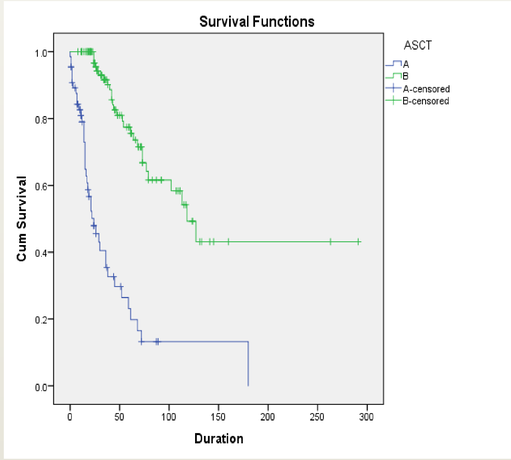


Figure 1. OS (ASCT vs. No ASCT)

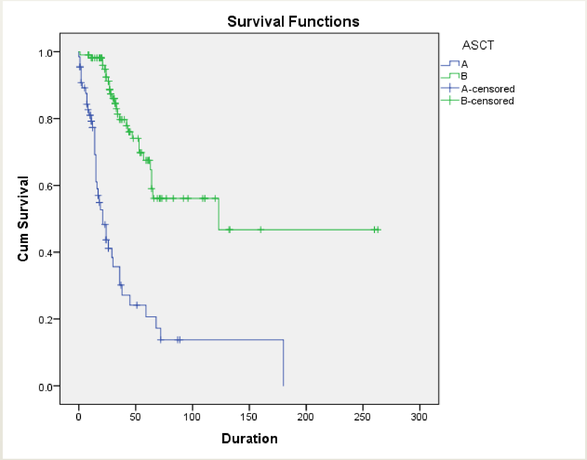


Figure 2. PFS (ASCT vs. No ASCT)

CONCLUSION

The outcome of MM in young patient is as good as general population despite the fact that the novel agents was used in a lower percentage and no maintenance treatment was given.

REFERENCES

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For further information or questions, please send an email to :BS.13628@khcc.jo