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Retrospective analysis of a group of early relapsed Multiple Myeloma patients treated by Daratumumab Carfilzomib Dexamethasone

A study from Kuwait Cancer Control Center

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INTRODUCTION

The choice of a treatment regimen for patients with multiple myeloma at relapse is complicated and is affected by many factors including the timing of the relapse, duration of response to prior therapy, previous exposure to anti CD38 monoclonal antibody, prior ASCT, aggressiveness of the relapse, transplant eligibility and triplet regimen containing at least two novel drugs that the patient is not refractory should be considered. In this study, we collected retrospectively relapsed multiple myeloma patients treated in our center who had received one or more lines of treatment and were treated by Daratumumab Carfilzomib dexamethasone (DKD) protocol.

AIM

To evaluate the outcome of treating MM patients by DKD in the first relapse versus using it as third line or more at the Kuwait Cancer Control Centre (KCCC).

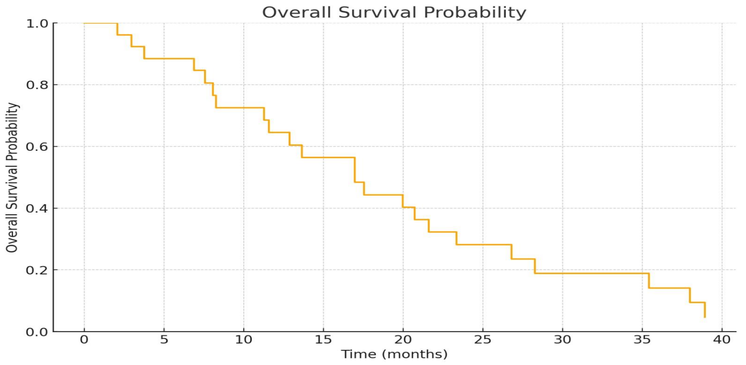
METHOD

We collected data retrospectively from the hematological malignancy registry at KCCC and looked at patients with a confirmed diagnosis of Multiple myeloma who received DKD as a part of their treatment , we looked at age of onset, gender, nationality, comorbidities, year of myeloma diagnosis, presence of extramedullary disease, ISS score at diagnosis ,cytogenetic aberrations, induction therapy, receipts of auto-transplant and maintenance therapy , time of relapses and in which line DKD was used , overall response rate and progression free survival.

RESULTS

29 patients received DKD among their treatment protocols with median age of 60, 12 male patients , 17 females , 12 Kuwaiti patients , 17 non Kuwaiti , 23 patients had comorbidities at the time of diagnosis, 10 presented with different infections at time of diagnosis ,25 had anemia at presentation,8 with extramedullary disease, 4 patients had plasma cells in the peripheral blood, only 1 patient with eGFR less than 30 , 4 patients had TP 53 mutation, one had t(11,14), one had t(4,14),4 patients had hyper diploidy, one had del13q14, one with complex karyotype, rest of the patients with normal karyotype and negative fish, ISS stage:3 patients stage 1, stage 2 =11, stage 3 =10 patients , 5 patients NA (diagnosed outside our center). 3 patients were nontransplant eligible and 26 patients were eligible for transplant ,21 patients received ASCT prior to DKD,4 patients received ASCT post DKD and was consolidated by DKD post-transplant (one patient P53 mutation and one patient t(11,14), one patient refused for ASCT,13 patients received DKD at first relapse ,12 patients received DKD as third line or more , with higher survival rates among the patient group received DKD at first relapse, ORR 89% , PFS was 55.17% at 12 months, OS 65.51% at 12 months (Fig.1) ,with median follow up of 14.7 months ,almost all patients developed infections during their course of the treatment (5 patients developed life threatening infections) 22 patients developed grade 1-2 infections, patients with IgG less than 400 mg received IVIG during their treatment course, only one patient developed cardiac toxicity in form of symptomatic drop of LVEF FROM 65% at baseline to 43% .

Figure 1: Overall survival probability



CONCLUSIONS

DKD is effective in treating RRMM patients, with better survival and good tolerance among patients received DKD at first relapse, however high rates of infections.

REFERENCES

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