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Lenalidomide maintenance therapy after ASCT in MM: real-world impact on treatment outcomes and beyond

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INTRODUCTION

Maintenance therapy with lenalidomide after ASCT is the standard of care for non-high risk patients with newly diagnosed MM. However, in real-world settings, patients often discontinue treatment due to various reasons. The effectiveness of time-limited maintenance compared to treatment until progression is a critical question, especially in Latin America, where data is lacking and the access is limited.

AIM

The study aimed to determine the causes of discontinuation on lenalidomide and the effect of early versus late discontinuation on survival outcomes in MM patients who underwent ASCT at The Hospital Italiano de Buenos Aires (HIBA).

METHOD

- Patients were selected from ASCT database from 2017 to 2020 and received lenalidomide maintenance therapy for at least three months without progressive disease.
- Patients were divided into two groups:
  - the early group (maintenance for less than three years)
  - the late group (maintenance for three years and beyond).

Patient and disease characteristics were compared between the two groups. OS and PFS were calculated.

Table 1: baseline characteristics

	Early group (%)	Late group (%)	p
n	72 (75%)	23 (24%)	
Age, years	62 IQR 57-67	60 IQR 50-65	0.09
Male	36 (50%)	16 (69%)	0.10
ISS stage	I: 39 (53%) II: 17 (24%) III: 16 (22%)	I: 9 (40%) II: 6 (27%) III: 7 (24%)	0.68
MRD	Neg: 27 (37%) Pos: 15 (14%) Unknown: 30 (41%)	Neg: 10 (43%) Pos: 4 (17%) Unknown: 9 (39%)	0.86
Type MM	IgG: 40 (55%) Not IgG: 17 (23%) CLL:15 (20%)	IgG: 16 (69%) Not IgG: 1 (4%) CLL: 6 (26%)	0.12
Cytogenetic risk	SR: 50 (69%) HR: 13 (18%)	SR: 13 (56%) HR: 5 (21%)	0.45
Treatment	Dara-VTD: 14 (19%) RVD: 25 (34%) VCD: 18 (22%) VTD: 15 (20%)	Dara-VTD: 0 (0%) RVD: 4 (17%) VCD: 12 (52%) VTD: 7 (30%)	0.02
Response pre ASCT	sCR: 2 (2%) CR: 20 (27%) VGPR: 29 (40%) PR: 21(29%)	sCR: 1 (4%) CR: 4 (24%) VGPR: 10 (43%) PR: 8 (34%)	0.77
Response after ASCT	sCR: 17 (23%) CR: 21 (29%) VGPR: 25 (34%) PR: 9 (12%)	sCR: 8 (34%) CR: 2 (8%) VGPR: 7 (30%) PR: 6 (26%)	0.11

Figure 1

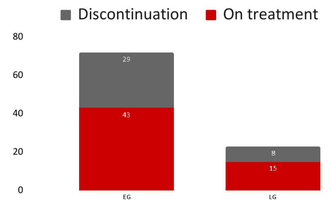


Figure 1: discontinuation by group.

Figure 2

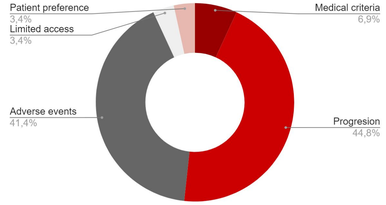


Figure 2: causes of discontinuation in EG.

Figure 3

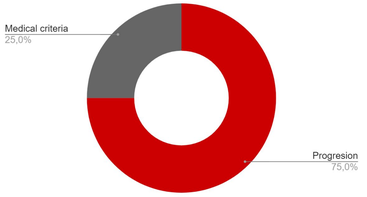
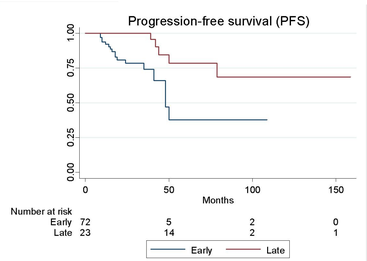
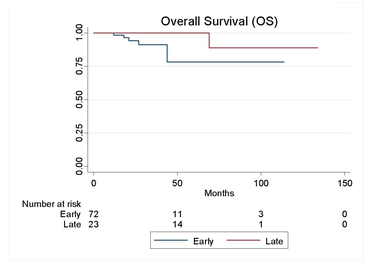


Figure 3: causes of discontinuation in LG.

Figure 4: PFS and OS median follow-up 33 months (IQR 18-52)





Median duration of lenalidomide maintenance was 14 months in EG (IQR 7-21) vs 49 months in LG (IQR 38-77) (p=<0.05).
The 5-year OS was 78% (95% CI 54-91) for the EG and 100% for the LG (p=0.017).
Median PFS was 69 months (95% CI 43-114) for the EG and not reached for the LG.

RESULTS

CONCLUSIONS

In real-world settings, maintenance lenalidomide therapy until progression is challenging due to adverse events and limited access. Further studies are needed to establish whether stopping maintenance at 2 or 3 years is as effective as continuous treatment.

REFERENCES

1- **Nangalia J, Bellosillo B, Comet J, et al**. Defining the optimal duration of lenalidomide maintenance therapy in multiple myeloma: a phase 3, open-label, randomized study. *Blood. 2022;140(Suppl 1):1371.* doi:10.1182/blood.2020008271.
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