

Objectives

The treatment of patients with multiple myeloma (MM) has changed significantly over the last years. To choose an adequate treatment, multiple factors have to be considered, such as stage of disease, patient's age, comorbidity and patient preferences. All these factors influence the decision making process.

The clinical Tumour Registry Lymphatic Neoplasms (TLN) conducted by iOMEDICO AG in collaboration with the Arbeitskreis Klinische Studien (AKS) and the Kompetenznetz Maligne Lymphome (KML) was established to provide insight into the routine treatment of lymphatic neoplasms.

Here, we present data regarding the routine treatment of patients with multiple myeloma (MM) treated predominantly by office-based haematologists in Germany.

Methods

With a target population of 500 MM patients, the registry prospectively collects data on the treatment of these patients. In addition, data on patient characteristics, tumour history, response rates, adverse drug reactions and comorbidity are collected.

MM patients older than 18 years, receiving a 1st- or 2nd-line treatment which started no longer than 4 weeks before patient enrolment are recruited. All patients are followed for 5 years.

Currently, 116 study sites across Germany are participating.

Results

The first patient was recruited in May 2009. Currently, 445 patients with MM have been recruited, of which 53% are male. The mean age of the MM patients is 69 years at the onset of their systemic 1st-line treatment.

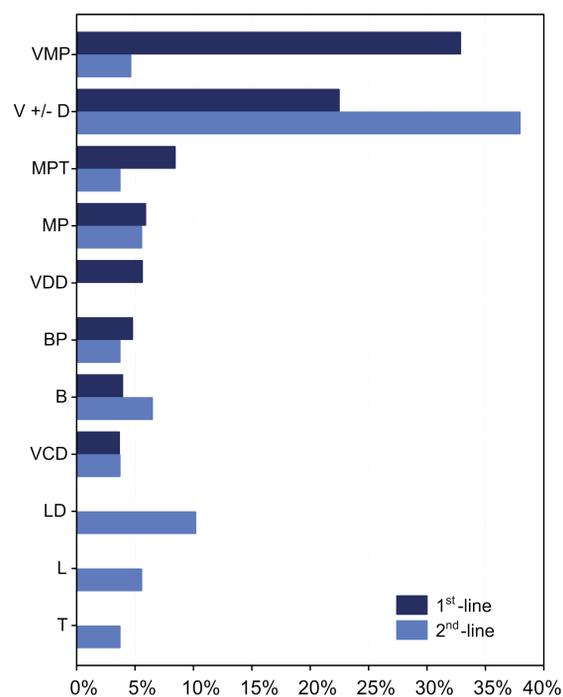


Figure 1: Frequency of 1st- and 2nd-line treatments

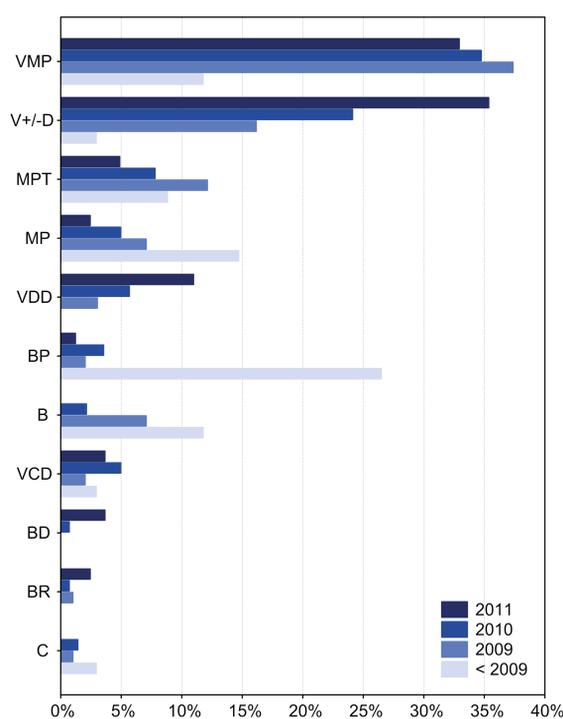


Figure 2: Frequency of 1st-line treatments over time

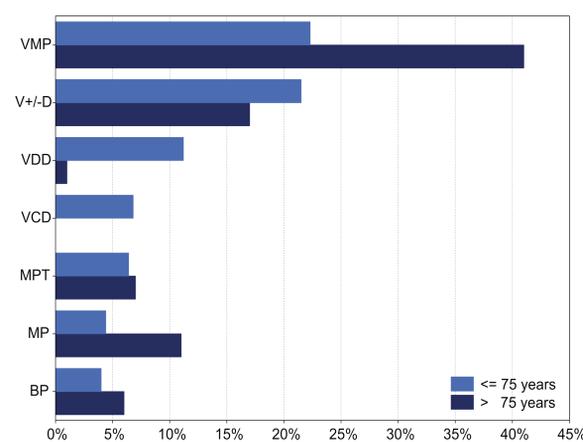


Figure 3: Age-dependent 1st-line therapy

VMP: Bortezomib + Melphalan + Prednisone, V +/- D: Bortezomib +/- Dexamethasone, MPT: Melphalan + Prednisone + Thalidomide, MP: Melphalan + Prednisone, VDD: Bortezomib + Doxorubicin + Dexamethasone, BP: Bendamustine + Prednisone, B: Bendamustine (monotherapy), VCD: Bortezomib + Cyclophosphamide + Dexamethasone, BD: Bendamustine + Doxorubicin, BR: Bendamustine + Rituximab, C: Chlorambucil (monotherapy), LD: Lenalidomide + Dexamethasone, L: Lenalidomide (monotherapy), T: Thalidomide (monotherapy)

Approximately 9% of 1st-line and about 20% of 2nd-line treatments are given as part of a clinical trial.

Figure 1 shows the most frequently used 1st and 2nd-line regimens. The majority of MM patients receive Bortezomib (V)-containing regimens as 1st-line (71%) or 2nd-line treatment (54%). In detail, Bortezomib/Melphalan/Prednisone (VMP) is most often used as 1st-line treatment (33%), whereas the combination of Bortezomib/Dexamethasone or Bortezomib monotherapy, respectively, are most often used as 2nd-line treatment (V +/- D, 38% in total). 10% of MM patients are treated with the combination of Lenalidomide/Dexamethasone as 2nd-line treatment.

Figure 2 shows that the treatment of MM has changed considerably over the course of the registry. While V +/- D was rarely used prior to 2009, over 35% of patients receive Bortezomib as part of their 1st-line treatment in 2011.

Figure 3 shows that the patient's age affects the choice of treatment. The effect is most prominent for the VMP regimen, which is significantly more often used in older patients compared to patients younger than 75 years (41% vs. 22%). The regimen of Bortezomib/Dexamethasone/Doxorubicin (VDD) is most often used in younger patients (11% vs. 1%).

Conclusions

The registry provides an overview of the routine treatment and changes in treatment selections by office-based haematologists in Germany. Implementation of new standards affecting treatment preferences are currently under evaluation. Our data show that Bortezomib-containing therapies are most frequently used as both, 1st-line and 2nd-line treatment. Further analyses will investigate important variables influencing the choice of treatment.