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## Reality of care for patients with multiple myeloma 1995–2016 – new drugs in routine care lead to improved survival

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**Introduction:** Retrospective evaluation of all patients with multiple myeloma (MM) who were diagnosed and treated in an oncology group practice in Germany 1995–2016.

**Methods:** All relevant data were extracted from patient files into a database and analysed statistically using SPSS.

**Results:** 402 patients with a median age of 68 (27–92) were analysed. 56% were male, 44% female. 43% were symptomatic at diagnosis. Age adjusted Charlson Comorbidity Index (CCI) was distributed as follows: CCI 2–3: 20%, CCI 4: 21%, CCI 5: 32%, CCI 6–13: 28%. ECOG score was 0–1 in 80% and 2–4 in 20%. Stage distribution according to Durie and Salmon was: Stage I: 39%, II: 13%, III: 48%. 82% of all patients needed therapy. Therapy included high-dose melphalan with autologous stem cell support in 21%. Patients received a median of 3 therapy lines (1–15). Therapy lines most frequently applied were: lenalidomide+dexamethason (RD) 9%, melphalan/prednisone (MP) 9%, thalidomide 8%, melphalan (high-dose) 6% and bortezomib+dexamethason (VD) 5%. Drugs used in the order of frequency were: melphalan 21%, bortezomib 19%, thalidomide 15%, lenalidomide 15% and cyclophosphamide 13%. 81% of the patients received treatment with new drugs (thalidomide, lenalidomide, pomalidomide, bortezomib, carfilzomib, panobinostat, elotuzumab, daratumumab). Overall survival (OS) of the whole cohort was 5.6 years (0.1–31.0). Median OS according to stage was: I: 9.4 years (1.3–31.0), II: 4.8 years (0.4–16.5+), III: 4.3 years (0.1–28.4). Patients who had received treatment with new drugs had a significant longer OS compared to patients who never received new drugs (6.1 years (0.1–31.0) versus 3.2 years (0.4–15.9)) ( $p < .001$ ). 59% of patients diagnosed before 2005 received new drugs compared to 96% of patients diagnosed after 2005. Multivariate analysis revealed as independent prognostic factors age, stage, treatment with new drugs, CCI and symptomatic disease at diagnosis.

**Conclusion:** OS of patients with multiple myeloma who received new drugs has improved in routine care during the last 20 years. OS in routine care is comparable to treatment results achieved in randomized controlled trials.