

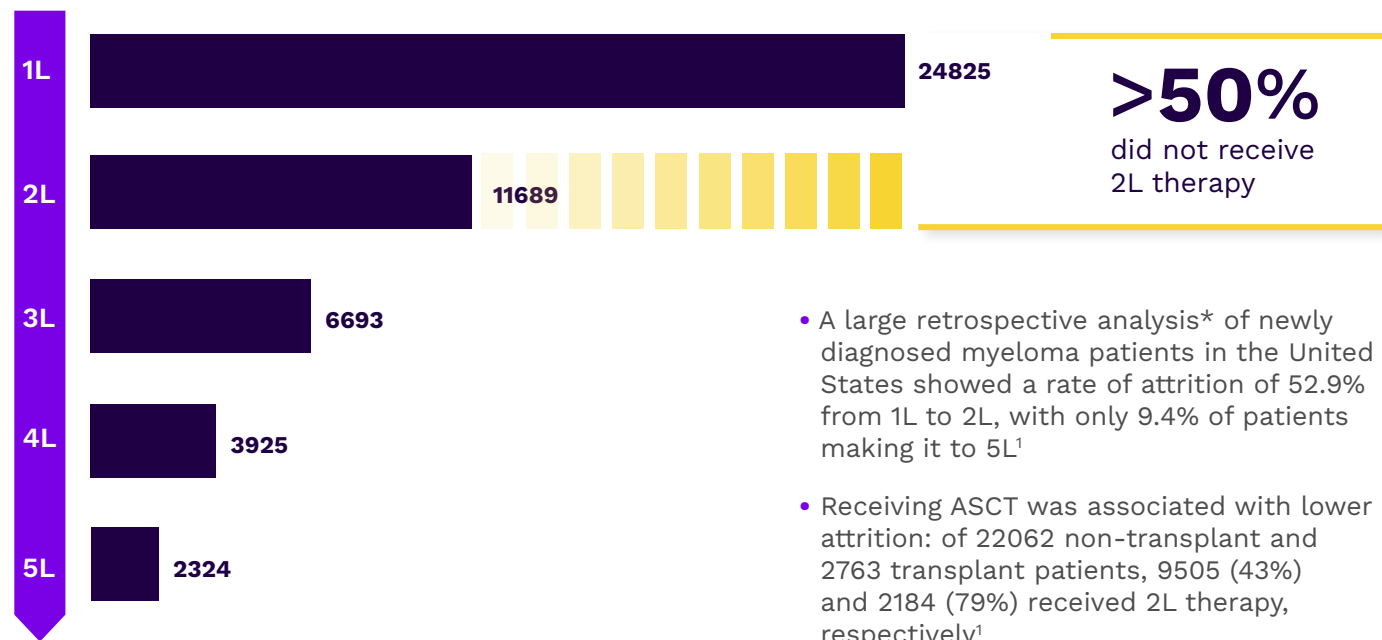


TRANSFORM MYELOMA

# Maximizing PFS in Early Lines of Therapy May Be a Patient's Best Chance for Optimal Outcomes<sup>1</sup>

## In myeloma, high attrition means many patients do not receive 2L therapy<sup>1</sup>

### ATTRITION OF TRANSPLANT AND NON-TRANSPLANT PATIENTS (N=24825)



- A large retrospective analysis\* of newly diagnosed myeloma patients in the United States showed a rate of attrition of 52.9% from 1L to 2L, with only 9.4% of patients making it to 5L<sup>1</sup>
- Receiving ASCT was associated with lower attrition: of 22062 non-transplant and 2763 transplant patients, 9505 (43%) and 2184 (79%) received 2L therapy, respectively<sup>1</sup>

## Factors other than death contributed to patients not receiving subsequent treatment<sup>1</sup>

- ~20% to ~30% of transplant patients and ~30% to 44% of non-transplant patients who were alive at each LoT did not receive subsequent treatment<sup>1</sup>
- ~1% to ~8% of transplant patients and ~12% to ~13% of non-transplant patients died prior to subsequent treatment at each LoT<sup>1</sup>

\*Retrospective analysis of NDMM patients in the United States.<sup>1</sup>

<sup>†</sup>Retrospective analysis of MM patients in Europe.<sup>2</sup>

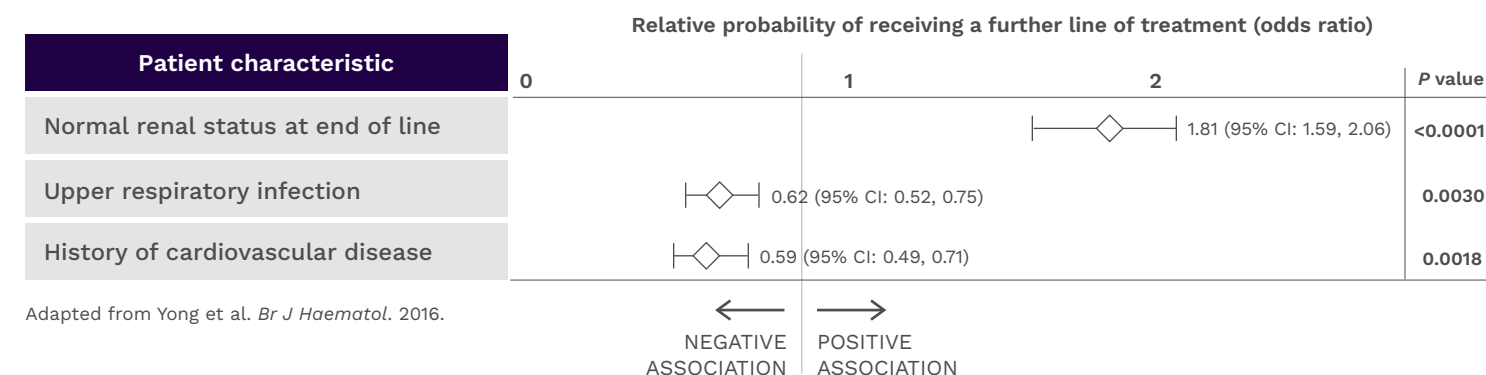
1L=first line; 2L=second line; 3L=third line; 4L=fourth line; 5L=fifth line; ASCT=autologous stem cell transplant; LoT=line of therapy; MM=multiple myeloma; NDMM=newly diagnosed multiple myeloma; SCT=stem cell transplant.

**References:** 1. Fonseca R, Usmani SZ, Mehra M, et al. Frontline treatment patterns and attrition rates by subsequent lines of therapy in patients with newly diagnosed multiple myeloma. *BMC Cancer*. 2020;20(1):1087. 2. Yong K, Delforge M, Driessen C, et al. Multiple myeloma: patient outcomes in real-world practice. *Br J Haematol*. 2016;175(2):252-264. 3. Grant SJ, Freeman CL, Rosko AE. Treatment of older adult or frail patients with multiple myeloma. *Hematology Am Soc Hematol Educ Program*. 2021;2021(1):46-54. 4. Palumbo A, Bringhen S, Mateos MV, et al. Geriatric assessment predicts survival and toxicities in elderly myeloma patients: an International Myeloma Working Group report. *Blood*. 2015;125(13):2068-2074.



## In later lines, prioritizing efficacy may not be possible in some patients<sup>2</sup>

### ASSOCIATION OF AGE-RELATED COMORBIDITIES WITH RECEIVING A FURTHER LINE OF TREATMENT<sup>2</sup>



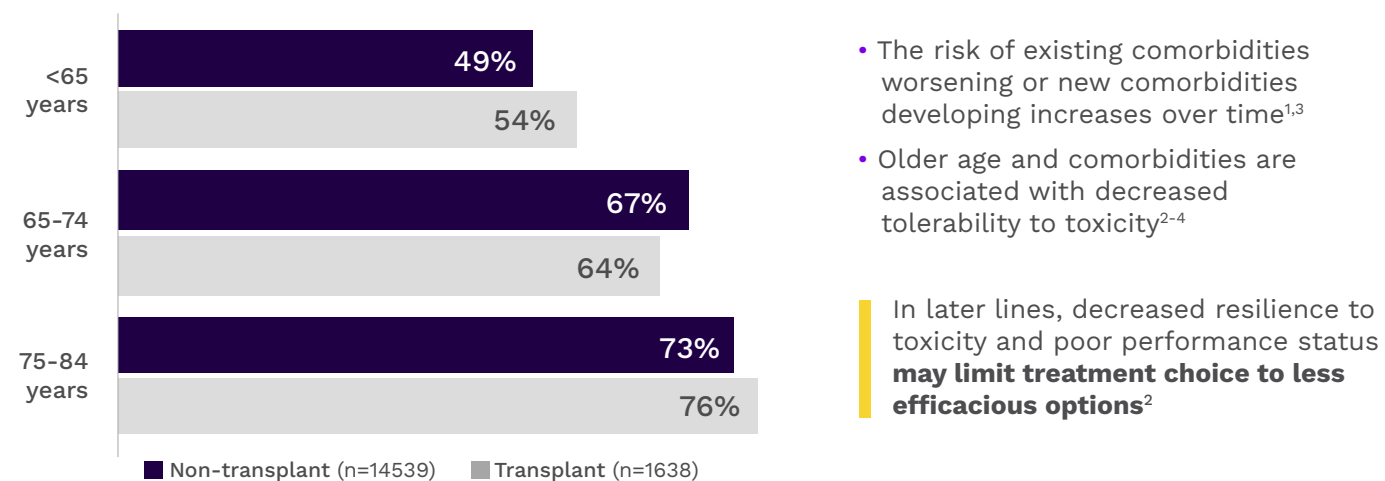
Adapted from Yong et al. *Br J Haematol*. 2016.

Patient factors that worsen with age, like the presence of **comorbidities and performance status**, may **negatively impact patients' ability to receive further treatment**<sup>2</sup>

A large retrospective analysis<sup>†</sup> of MM patients myeloma patients in Europe found a correlation between impaired renal function, pulmonary disorders, and cardiovascular disease and lower probability of receiving further treatment. Conversely, positive response to previous therapy, good performance status, normal renal function, younger age, and previous SCT were all associated with receiving further treatment.<sup>2</sup>

### RATE OF PRE-EXISTING COMORBIDITIES AT DIAGNOSIS BY AGE GROUP<sup>1</sup>

The analysis of newly diagnosed US patients found that the rate of pre-existing comorbidities at diagnosis was higher in older patients.<sup>1</sup>



- The risk of existing comorbidities worsening or new comorbidities developing increases over time<sup>1,3</sup>
- Older age and comorbidities are associated with decreased tolerability to toxicity<sup>2-4</sup>

In later lines, decreased resilience to toxicity and poor performance status may limit treatment choice to less efficacious options<sup>2</sup>

Duration of first remission is one of the most important factors impacting a patient's prognosis. **Reserving certain therapies for later lines may be a missed opportunity** for more durable disease control following diagnosis<sup>1</sup>