

MAINTENANCE THERAPY FOR MULTIPLE MYELOMA: HOW LONG TO TREAT?- SINGLE CENTER EXPERIENCE

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Introduction: The outcomes of patients with multiple myeloma (MM) who are eligible for high-dose chemotherapy and autologous stem cell transplant (ASCT) are continuing to improve because of the advancements in pre-ASCT induction regimens with the introduction of the immunomodulatory drugs (IMiDs) and proteasome inhibitors (PIs) and in post-ASCT maintenance strategies with the incorporation of lenalidomide. While maintenance and continuous therapy with lenalidomide is the standard treatment of MM, there is currently no set time period for the optimal duration of maintenance.

Material and methods: From 9.2015 to 9.2022 we retrospectively reviewed 102 patients who underwent ASCT, and 81 (79,4%) of them received maintenance therapy for at least 2 months without progression, without therapy were 21 (20,6%) patients.

We compared the outcomes of patients who received maintenance for 2 years or less (early group) with the patients that received maintenance for 3 or 4 years until relapse.

The number of patients treated with lenalidomide 10mg was 66 (81,5%) patients, with thalidomide 100mg was 12 (14,8%), with lenalidomide 5 mg were 2 (2,5%) and with bortezomib only 1 (1,2%) patient.

Results: Relapse of MM appeared in 17 (16,7%) patients from which 4 of them had no maintenance therapy, 9 were on lenalidomide 10mg and 4 on thalidomide 100mg. Adverse effects of maintenance therapy appeared in 30 (29,4%) patients.

Conclusions: The delayed application of maintenance therapy showed that patients had less relapse of MM. Therefore, it is crucial that minimum therapy should be 24 months with lenalidomide 10mg to improve the outcome.