CITINGS

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Novel Therapies Issue

The International Myeloma Foundation *(IMF) presents this issue of Citings, our premiere publication featuring the most up-to-date information on myeloma treatment and supportive care, focused on the novel therapies currently under study and in use. This edition corresponds with presentations (oral and poster) and abstracts from the American Society of Clinical Oncology (ASCO) annual meeting, to be held June 3-7, 2011 in Chicago, Illinois.*

It is our hope that CITINGS will be a valuable tool in keeping you informed on the latest developments in myeloma treatment. Please feel free to contact us at (800) 452-CURE (2873) or visit us on the web at myeloma.org.

– Susie Novis, President, IMF

American Society of Clinical Oncology Presentations 2011

Saturday, June 4th

Interim results from PX-171-006, a phase (Ph) II multicenter dose-expansion study of carfilzomib (CFZ), lenalidomide (LEN), and low-dose dexamethasone (loDex) in relapsed and/or refractory multiple myeloma (R/R MM).

M. Wang, W. Bensinger, T. Martin, M. Alsina, D.S.D. Siegel, N.Y. Gabrail, P. Hari, S. Singhal, R.A. Vescio, S.E. Assouline, L.A. Kunkel, M. Vallone, A. Wong, R. Niesvizky

J Clin Oncol 29: 2011 (suppl; abstr 8025)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8025 | **Type: Poster Discussion Session**

Time: 8:00 AM - 12:00 PM | **Location: McCormick Place E450b**

Discussion Time: 12:00 PM - 1:00 PM | **Location: McCormick Place E354a**

This phase II study further evaluates safety and activity of carfilzomib in combination with lenalidomide and low-dose dexamethasone in relapsed/refractory myeloma patients. (CRd in R/R MM pts.) The authors find that this combination is well-tolerated in patients previously treated with bortezomib, lenalidomide and/or thalidomide; overall response rate was 78% and prolonged administration was possible (14–23 mo.) with no new or overlapping toxicities.

Melphalan/prednisone/lenalidomide (MPR) versus high-dose melphalan and autologous transplantation (MEL200) in newly diagnosed multiple myeloma (MM) patients: A phase III trial.

M. Boccadoro, F. Cavallo, A. Nagler, D. Ben Yehuda, P. Omedè, M. Cavalli, A. Levi, C. Crippa, A. Siniscalchi, P. Brasca, A.M. Carella, B.A. Zanetti, F. Patriarca, S. Pezzati, V. Montefusco, A. Stanevsky, B. Lupo, T. Caravita, F. Di Raimondo, A.P.Palumbo

J Clin Oncol 29: 2011 (suppl; abstr 8020)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8020 **Type: Poster Discussion Session**
Time: 8:00 AM - 12:00 PM **Location: McCormick Place E450b**
Discussion Time: 12:00 PM - 1:00 PM **Location: McCormick Place E354a**

This is the first prospective randomized study comparing conventional chemotherapy plus novel agents – melphalan/prednisone/lenalidomide (MPR) – with tandem high-dose melphalan (MEL200) and autologous stem-cell transplantation (ASCT) in newly diagnosed myeloma patients. The authors find that MEL200 is superior to MPR for progression-free survival (PFS), although toxicities are significantly higher; this is the first report showing a PFS advantage for ASCT in comparison with combinations including novel agents. At present overall survival is not significantly different in the two groups.

Phase II study of carfilzomib (CFZ) in combination with current agents for relapsed and refractory multiple myeloma (RRMM).

J. Szymonifka, S.Z. Usmani, R. Sexton, S. Panozzo, B.P. Nair, S. Waheed, Y. Alsayed, J. Crowley, B. Barlogie

J Clin Oncol 29: 2011 (suppl; abstr 8028)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8028 **Type: Poster Discussion Session**
Time: Saturday June 4, 8:00 AM - 12:00 PM **Location: McCormick Place E450b**
Discussion Time: 12:00 PM - 1:00 PM **Location: McCormick Place E354a**

This phase II study evaluates the efficacy of carfilzomib (CFZ) in the relapsed and refractory myeloma patient population. The authors find that in this far advanced patient population, CFZ seemed to have single agent activity; an improvement in disease was seen in about half the patients, especially in combination with other agents, such as bortezomib, thalidomide and lenalidomide.

Elotuzumab with lenalidomide and low-dose dexamethasone in patients with relapsed multiple myeloma: A randomized phase II study.

P.G.G. Richardson, P. Moreau, A.J. Jakubowiak, T. Facon, S. Jagannath, R. Vij, D.E. Reece, D. White, M. Raab, L. Benboubker, J. Rossi, C. Tsao, T. Parli, D. M. Berman, A. K. Singhal, S. Lonial

J Clin Oncol 29: 2011 (suppl; abstr 8014)
Myeloma

Abstract No.: 8014 **Type: Oral Abstract Session**
Time: 9:30 AM - 12:30 PM **Location: McCormick Place E354a**

In this phase II study, previously treated myeloma patients are randomized to elotuzumab 10 or 20 mg/kg IV (days 1, 8, 15, and 22 every 28 days in first 2 cycles and days 1 and 15 of subsequent cycles), lenalidomide 25 mg PO (days 1–21) and dexamethasone 40 mg PO (weekly). The authors find that elotuzumab plus lenalidomide/dexamethasone is generally well tolerated with manageable toxicity and resulted in a high overall response rate in patients with previously-treated myeloma; further clinical study of this combination using 10 mg/kg elotuzumab is warranted.

Incidence of second primary malignancies (SPM) after 6-years follow-up of continuous lenalidomide in first-line treatment of multiple myeloma (MM).

A.C. Rossi, T.M. Mark, D. Jayabalan, P.J. Christos, F. Zafar, K. Pekle, T. Shore, R.N. Pearse, J. Leonard, S. Chen-Kiang, M. Coleman, R. Niesvizky

J Clin Oncol 29: 2011 (suppl; abstr 8008)
Myeloma

Abstract No.: 8008 **Type: Oral Abstract Session**
Time: 9:30 AM - 12:30 PM **Location: McCormick Place E354a**

In this study, the authors find that clarithromycin, lenalidomide and dexamethasone is a highly effective regimen in newly diagnosed myeloma. In these treatment-naïve patients, no cases of secondary MDS/AML are seen.

Incidence of second primary malignancy (SPM) in melphalan-prednisone-lenalidomide combination followed by lenalidomide maintenance (MPR-R) in newly diagnosed multiple myeloma patients (pts) age 65 or older.

A.P. Palumbo, M. Delforge, J. Catalano, R. Hájek, M. Kropff, M.T. Petrucci, Z. Yu, J.M. Mei, M.A. Dimopoulos

J Clin Oncol 29: 2011 (suppl; abstr 8007)
Myeloma

Abstract No.: 8007 **Type: Oral Abstract Session**
Time: 9:30 AM - 12:30 PM **Location: McCormick Place E354a**

Myeloma patients have an 8-10 fold higher risk of developing acute myeloid leukemia (AML) than the general population. In this study, the authors observe an imbalance of AML incidence melphalan-prednisone-lenalidomide (MPR)/MPR-followed by lenalidomide maintenance patients, as compared to melphalan-prednisone alone, but incidence is low (0.7% vs 0%) and associated with complex baseline cytogenetics. Solid tumor incidence rates are low and similar for all arms, and at present, the secondary primary malignancy (SPM) risk is similar to that reported in other studies. Longer follow-up is needed to definitively assess the risk of SPM in newly diagnosed myeloma patients receiving lenalidomide and alkylating agents.

Lenalidomide and dexamethasone (LEN plus DEX) treatment in relapsed/refractory multiple myeloma (RRMM) patients (pts) and risk of second primary malignancies (SPM): Analysis of MM-009/010.

M.A. Dimopoulos, R.Z. Orlowski, R. Niesvizky, S. Lonial, N.A. Brandenburg, D.M. Weber

J Clin Oncol 29: 2011 (suppl; abstr 8009)

Myeloma

Abstract No.: 8009 **Type: Oral Abstract Session**
Time: 9:30 AM - 12:30 PM **Location: McCormick Place E354a**

This post hoc analysis is based on pooled MM-009/010 data and finds that, overall, the low number and type of secondary primary malignancies do not change the benefit-risk profile for lenalidomide in relapsed/refractory myeloma patients.

Phase I study of lorvotuzumab mertansine (LM, IMGN901) in combination with lenalidomide (Len) and dexamethasone (Dex) in patients with CD56-positive relapsed or relapsed/refractory multiple myeloma (MM).

J.G. Berdeja, S. Ailawadhi, S.D. Weitman, S. Zildjian, J.J. O'Leary, J. O'Keeffe, R. Guild, K. Whiteman, A.A.A. Chanan-Khan

J Clin Oncol 29: 2011 (suppl; abstr 8013)

Myeloma

Abstract No.: 8013 **Type: Oral Abstract Session**
Time: 9:30 AM - 12:30 PM **Location: McCormick Place E354a**

The authors seek to determine the maximum tolerated dose (MTD), dose limiting toxicity and activity of lorvotuzumab mertansine (LM) in combination with fixed doses of lenalidomide and dexamethasone; They conclude that LM in combination with Len and Dex has shown objective evidence of clinical activity with an acceptable safety profile; the dose-escalation portion of the study is open to enrollment for further exploration of the MTD.

Phase I study of LY2127399, a human anti-BAFF antibody, and bortezomib in patients with previously treated multiple myeloma.

J Clin Oncol 29: 2011 (suppl; abstr 8012)

N.S. Raje, R.J. Hohl, E.A. Faber, P. G.G. Richardson, A. Forero-Torres, G. J. Schiller, A. D. Cohen, S.P. Carpenter, D. Cronier, M. Pashkevich, J. Wooldridge, K.C. Anderson

Myeloma

Abstract No.: 8012 **Type: Oral Abstract Session**
Time: 9:30 AM - 12:30 PM **Location: McCormick Place E354a**

A combination of LY2127399 (LY) and bortezomib is evaluated in this phase I dose escalation study. The authors ultimately select an 100 mg dose of LY for further study with bortezomib based on assessed pharmacokinetics. They find that the safety profile is similar to bortezomib alone, and an overall response rate of 55%, despite prior bortezomib (65%). They also find that the percent change in k-l SFLC difference correlates strongly with response. They conclude that this data supports further evaluation of LY in combination with bortezomib.

Monday, June 6th

PANORAMA1: A randomized, double-blind, placebo controlled phase III study of panobinostat in combination with bortezomib and dexamethasone in patients with relapsed multiple myeloma.

J.F. San Miguel, S. Lonial, V. Hungria, P. Moreau, H. Einsele, J.H. Lee, S. Yoon, P. Corradini, W. W. Jedrzejczak, D. C. Tan, K. Yong, A. Guenther, M.M. Wroclawska-Swacha, H.J. Weber, P.M. Bourquelot, P. G.G. Richardson

J Clin Oncol 29: 2011 (suppl; abstr TPS227)
Trials in Progress Poster Session

Abstract No.: TPS227 **Type: Trials in Progress Poster Session**
Time: 8:00 AM - 12:00 PM **Location: McCormick Place Hall A**

The authors initiate a global, randomized, double-blind, phase III study of panobinostat (PAN) + bortezomib + dexamethasone (DEX) vs. placebo (PBO) + bortezomib + DEX to determine if PAN can improve outcomes in patients with relapsed myeloma. As of Jan 31, 2011, 270 patients were randomized.

Effect of MOR202, a human CD38 antibody, in combination with lenalidomide and bortezomib, on bone lysis and tumor load in a physiologic model of myeloma.

J. Endell, C. Samuelsson, R. Boxhammer, S. Strauss, S. Steidl

J Clin Oncol 29: 2011 (suppl; abstr 8078)
Lymphoma and Plasma Cell Disorders

Abstract No.: 8078 **Type: General Poster Session**
Time: 1:00 PM - 5:00 PM **Location: McCormick Place Hall A**

The authors evaluate bortezomib and lenalidomide for their ability to enhance the cytotoxicity of MOR202 in vitro and in vivo. They find that the cytotoxic activity of MOR202 on myeloma cells is enhanced by bortezomib and lenalidomide by different mechanisms, and that inhibition of myeloma-mediated bone lysis and tumor load in vivo is enhanced by both compounds in a synergistic manner with MOR202.

Efficacy and improved toxicity profile of once a week bortezomib (BZ) with dexamethasone (dex) in newly diagnosed multiple myeloma (NDMM) patients (pts) with older age and comorbidities: Preliminary results of an ongoing clinical study.

N.C. Munshi, S. Lee, S. Kambhampati, A. Mohiuddin, M.G. Rose, C. Behler, A. Han, Y.A. Efebera, A. Houranieh, M.T. Brophy, A. Zimelman, R.H. Prabhala, T. Grady, C.E. Klein, P. Mehta, T.G. Hayes, G.D. Roodman, A. Lichtenstein

J Clin Oncol 29: 2011 (suppl; abstr 8074)
Lymphoma and Plasma Cell Disorders

Abstract No.: 8074 **Type: General Poster Session**
Time: 1:00 PM - 5:00 PM **Location: McCormick Place Hall A**

This phase II multi-center single-arm study investigates the efficacy and safety of a weekly bortezomib regimen. The authors' preliminary results point to the effectiveness and tolerability of the once a week bortezomib regimen, even in older myeloma patients with significant co-morbidities.

Efficacy and safety of bendamustine plus bortezomib in relapsed/refractory multiple myeloma: A phase I/II trial.

J.R. Berenson, O. Yellin, A. Bessudo, R. Boccia, S. Noga, D. Gravenor, D. Patel-Donnelly, R.S. Siegel, T. Kewalramani, E.J. Gorak, R. Swift, D. Bensen-Kennedy

J Clin Oncol 29: 2011 (suppl; abstr 8070)
Lymphoma and Plasma Cell Disorders

Abstract No.: 8070 **Type: General Poster Session**
Time: 1:00 PM - 5:00 PM **Location: McCormick Place Hall A**

This open-label, phase I/II study assesses the efficacy/safety of bendamustine plus bortezomib in relapsed/refractory myeloma. The authors find that bendamustine 90 mg/m2 plus bortezomib 1.0 mg/m2 is well tolerated with promising efficacy in this heavily pretreated population.

Impact of baseline characteristics on efficacy and safety after bortezomib-based induction and maintenance in newly diagnosed multiple myeloma (MM) patients ineligible for transplant in the phase IIIb UPFRONT study.

R. Niesvizky, I. W. Flinn, R. M. Rifkin, N. Gabrail, V. Charu, Y. Gaffar, R. Neuwirth, D. Corzo, J. Reeves

J Clin Oncol 29: 2011 (suppl; abstr 8072)
Lymphoma and Plasma Cell Disorders

Abstract No.: 8072 **Type: General Poster Session**
Time: 1:00 PM - 5:00 PM **Location: McCormick Place Hall A**

This multicenter, phase IIIb study compares the efficacy and safety of three bortezomib-based induction regimens – bortezomib-dexamethasone, bortezomib-thalidomide-dexamethasone and bortezomib-melphalan-prednisone – followed by weekly bortezomib maintenance, for newly diagnosed myeloma patients ineligible for HDT-SCT. The results suggest that bortezomib-containing regimens are active across various patient subgroups including gender, race, co-morbidity status, and ISS stage.

The impact of frontline risk-adapted strategy on the overall survival (OS) of patients with newly diagnosed multiple myeloma (MM): A population study in Singapore.

D. C. Tan, K. H. Ong, L. P. Koh, S. S. Wong, M. T. Khin, L. H. Lee, Y. T. Goh, W. J. Chng

J Clin Oncol 29: 2011 (suppl; abstr 8081)
Lymphoma and Plasma Cell Disorders

Abstract No.: 8081 **Type: General Poster Session**
Time: 1:00 PM - 5:00 PM **Location: McCormick Place Hall A**

The authors evaluate the survival data of myeloma patients managed in Singapore, overall, and with respect to treatment eras before and after the incorporation of bortezomib as frontline therapy for high-risk myeloma. Their findings suggest that bortezomib in frontline combination (rather than sequential use) may be better able to overcome adverse risk factors; upfront risk-adapted strategy may be vital for optimizing healthcare resources.

Long-term safety of lenalidomide (LEN) in relapsed/refractory multiple myeloma (RRMM) patients (Pts): Analysis of pooled data.

B.G.M. Durie, G. Morgan, J.F. San Miguel, R.Z. Orlowski, S. Lonial, R. Niesvizky, Z. Yu, K.C. Anderson

J Clin Oncol 29: 2011 (suppl; abstr 8086)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8086 **Type: General Poster Session**

Time: 1:00 PM - 5:00 PM **Location: McCormick Place Hall A**

The authors compare incidence of second primary malignancies (SPM) observed in lenalidomide studies with expected background incidence of all invasive cancers as reported from the U.S. Surveillance, Epidemiology, and End Results (SEER) Cancer Registries, 2003-2007. They find that treatment with lenalidomide-based therapy for relapsed/refractory myeloma, including treatment durations of ≥24 mos, shows clear clinical benefit and no significant increase in rate of SPM compared to incidence rates for invasive malignancies reported by SEER.

Phase I trial of elotuzumab, lenalidomide, and low-dose dexamethasone in patients with relapsed or refractory multiple myeloma.

S. Lonial, R. Vij, T. Facon, P. Moreau, X. Leleu, A. Mazumder, J.L. Kaufman, C. Westland, C. Tsao, A.K. Singhal, S. Jagannath

J Clin Oncol 29: 2011 (suppl; abstr 8076)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8076 **Type: General Poster Session**

Time: 1:00 PM - 5:00 PM **Location: McCormick Place Hall A**

This phase I study assesses the maximum tolerated dose (MTD), safety, and efficacy of elotuzumab with lenalidomide plus low-dose dexamethasone in patients with relapsed/refractory myeloma. During the dose escalation phase, there were no dose limiting toxicities, and the MTD was not reached. A phase II trial of elotuzumab (10 vs. 20 mg/kg) with lenalidomide/dexamethasone is ongoing.

A phase Ib study of oral panobinostat and IV bortezomib in relapsed or relapsed and refractory multiple myeloma.

J.F. San Miguel, P.G.G. Richardson, O. Sezer, A. Guenther, D. S. D. Siegel, J. Bladé, R. LeBlanc, H.J. Sutherland, M. Mateos, M. Gramatzki, K.M. Hazell, B. Bengoudifa, P.M. Bourquelot, K.C. Anderson

J Clin Oncol 29: 2011 (suppl; abstr 8075)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8075 **Type: General Poster Session**

Time: 1:00 PM - 5:00 PM **Location: McCormick Place Hall A**

This phase Ib study finds that the combination of panobinostat and bortezomib has a predictable and manageable safety profile with promising activity in advanced myeloma, including those patients with bortezomib-refractory myeloma.

A phase II study of pegylated liposomal doxorubicin, bortezomib, dexamethasone, and lenalidomide (DVD-R) for patients with relapsed/refractory (R/R) multiple myeloma (MM).

O. Yellin, J.R. Berenson, T. Kazamel, C. Chen, A. Cartmel, T.B.S. Woliver, M.S. Flam, E.N. Bravin, Y. Nassir, R.A. Vescio, R. Swift

J Clin Oncol 29: 2011 (suppl; abstr 8082)
Lymphoma and Plasma Cell Disorders

Abstract No.: 8082 **Type: General Poster Session**
Time: 1:00 PM - 5:00 PM **Location: McCormick Place Hall A**

This ongoing, single-arm, multi center phase II study for relapsed/refractory myeloma patients finds that the pegylated liposomal doxorubicin, bortezomib, dexamethasone, and lenalidomide regimen is a well-tolerated treatment that produces high response rates for heavily pretreated myeloma patients with relapsed/refractory disease.

Single-agent lenalidomide for newly diagnosed myeloma with on-demand dexamethasone: A phase II trial.

F. Buadi, M. Lacy, A. Dispenzieri, B. LaPlant, K. M. Laumann, G.S. Nowakowski, S. R. Hayman, K. Detweiler Short, D. Dingli, M.A. Gertz, P. R. Greipp, J. A. Lust, T.E. Witzig, S.R. Zeldenrust, S.J. Russell, V. Rajkumar, S. Kumar

J Clin Oncol 29: 2011 (suppl; abstr 8080)
Lymphoma and Plasma Cell Disorders

Abstract No.: 8080 **Type: General Poster Session**
Time: 1:00 PM - 5:00 PM **Location: McCormick Place Hall A**

The authors design a trial of single agent lenalidomide, with dexamethasone added based on response, for newly diagnosed myeloma patients. They find that this is a feasible strategy that will allow avoidance of dexamethasone-related side effects, especially in patients where other coexisting illnesses make steroid side effects difficult to manage; the responses are slower than seen with lenalidomide with dexamethasone, and neutropenia and fatigue are the main toxicities.
Abstract Only

Are out-of-pocket payments for oral oncologic therapies too high? Updated results from a U.S. claims data analysis.

M.L. Raborn, E.M. Pelletier, D.B. Smith, C.M. Reyes

J Clin Oncol 29: 2011 (suppl; abstr e16512)
Abstract No.: e16512

This study evaluated out-of-pocket payments (OOPP) for oral oncologics (including lenalidomide and thalidomide) in U.S. managed care plans. The authors find that OOPP in the U.S. differ among oral oncologic options; as costs for therapy become a greater part of treatment decisions, an understanding of patient cost burden will be critical in informing choices.

Bortezomib (BZB)-associated adverse events (AE) in patients with multiple myeloma (MM).

L. Katragadda, N. Sanathkumar, M. Veeraputhiran, A. Restrepo, S. Haider, J. Muzaffar, B. Barlogie, E.J. Anaissie

J Clin Oncol 29: 2011 (suppl; abstr e18565)

Abstract No.: e18565

The authors conduct a retrospective case control study of 5 patients, with patients serving as their own control. They find that high dose bortezomib therapy is associated with otherwise unexplained, but transient, orthostatic hypotension, pyrexia and severe diarrhea and constipation. These findings are classically observed in autonomic nervous system (ANS) disorders, suggesting that some bortezomib-related adverse events may be caused by transient ANS dysfunction.

Cost differences among treatment options for patients with refractory myeloma previously treated with high-dose chemotherapy and autologous stem-cell transplantation: An analysis from the U.S. and Swiss perspectives.

P.R. Blank, R. Levin, B.C. Pestalozzi, T.D. Szucs

J Clin Oncol 29: 2011 (suppl; abstr e16569)

Abstract No.: e16569

The authors study costs of various treatment options (including use of thalidomide, lenalidomide and bortezomib) for patients with refractory myeloma previously treated with high-dose chemotherapy and autologous stem-cell transplantation. The study finds that costs for refractory myeloma patients vary considerably for the various treatment regimens, especially when overall response rates are taken into account. Analyses of drug costs provide important information for clinicians, patients, and health policy makers involved in treatment decisions.

The effect of selective inhibition of HDAC6 with ACY1215 on bortezomib activity in multiple myeloma (MM).

L. Santo, T. Hideshima, A.L. Kung, M. Yang, D. Tamang, M. Jarpe, J.H. van Duzer, R. Mazitschek, D. Cirstea, K. Patel, J. Tseng, S. Rodig, S. Pozzi, J. Bradner, K.C. Anderson, S.S. Jones, N.S. Raje

J Clin Oncol 29: 2011 (suppl; abstr e18569)

Abstract No.: e18569

The authors investigate the preclinical activity of an HDAC6 selective inhibitor ACY1215 in myeloma, alone and in combination with bortezomib. They conclude that their results provide the rationale for clinical evaluation of ACY1215, alone and together with bortezomib, in the treatment of myeloma.

Improvement of painful bortezomib-induced peripheral neuropathy following acupuncture treatment in a case series of patients with multiple myeloma.

T. Bao, M. Medeiros, R. Zhang, L. Lao, A. Z. Badros

J Clin Oncol 29: 2011 (suppl; abstr e19569)

Abstract No.: e19569

The authors report a retrospective case series of five myeloma patients using acupuncture to relieve painful bortezomib-induced peripheral neuropathy. They conclude that acupuncture is a viable option for patients experiencing this side effect.

Lenalidomide plus low-dose dexamethasone compared with thalidomide plus low-dose dexamethasone in the treatment of newly diagnosed multiple myeloma: Results of an ongoing prospective randomized phase III trial.

A. Mookerjee, A. Sharma, R. Gupta, L. Kumar

J Clin Oncol 29: 2011 (suppl; abstr e18572)

Abstract No.: e18572

The authors compare the efficacy and safety and assess quality of life (QOL) of both thalidomide and lenalidomide in combination with dexamethasone. They find that for newly diagnosed myeloma patients, induction treatment with lenalidomide-dexamethasone is associated with better toxicity profile and improved QOL compared to thalidomide-dexamethasone.

The potential of the human CD38-specific antibody daratumumab to improve the antimyeloma effect of novel multidrug therapies including patients refractory to lenalidomide or bortezomib.

T. Mutis, M. de Weers, M.S. van der Veer, B. v. Kessel, J.M. Bakker, S. Wittebol, P. Parren, H.M. Lokhorst

J Clin Oncol 29: 2011 (suppl; abstr e18571)

Abstract No.: e18571

The authors explore the possibility of combining novel myeloma therapeutics with daratumumab (DARA). Their results illustrate that treatment of myeloma with DARA in combination with novel multidrug therapies, particularly lenalidomide+bortezomib, shows great promise.

A randomized, multicenter, phase (Ph) III study comparing carfilzomib (CFZ), lenalidomide (LEN), and dexamethasone (Dex) to LEN and Dex in patients (Pts) with relapsed multiple myeloma (MM).

P. Moreau, A.P. Palumbo, A. K. Stewart, V. Rajkumar, A. J. Jakubowiak, K. Halka, S. Goranov, H. Bumbea, K.B. Pendergrass, A. Lupu, A. Dimopoulos, A.O. Rocafiguera, J.G. Gandhi, G. Mihaylov, T. Masszi, J. Matous, G. Fonseca, R. Bryce, D.S.D. Siegel

J Clin Oncol 29: 2011 (suppl; abstr TPS225)

Abstract No.: TPS225

This phase 3, randomized, open-label, multicenter study compares carfilzomib-lenalidomide to lenalidomide alone in the treatment of patients with relapsed myeloma. Enrollment was initiated in July 2010, with a final accrual goal of 700 patients.

(800) 452-CURE (2873)

myeloma.org