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Objective: Isatuximab (Isa, anti-CD38 monoclonal antibody) is approved in combination with carfilzomib (K) and dexamethasone (d), for relapsed multiple myeloma (MM) patients (pts) after ≥ 1 prior therapy. Final progression free survival (PFS) analysis after 2 years showed mPFS of 35.65 mo (Isa-Kd) vs 19.15 mo (Kd). Here, we report the final overall survival (OS) from IKEMA planned 3 years after the primary PFS analysis.

Methodology: Pts with 1–3 prior lines of therapy were randomized 3:2 to receive Isa-Kd (n=179) or Kd (n=123). Treatment (tx) was given until progressive disease, unacceptable toxicity, or pt wish. Safety was assessed in all treated pts. **Results:** As of 7 Feb 2023, 23.5% (Isa-Kd) and 5.7% (Kd) pts were on tx. Median follow-up: 56.61 mo. OS benefit was more in Isa-Kd pts (mOS was NR; [95% CI: 52.172–NR] vs 50.6 mo [95% CI: 38.932–NR]; HR: 0.855; nominal one-sided p=0.1836). Isa-Kd had longer TTNT vs Kd (median 43.99 vs 25.0 mo; nominal one-sided p=0.0002), as was PFS2 (median 47.18 vs 32.36 mo; nominal one-sided p=0.0035). The safety profiles were comparable to interim and final PFS analyses. Grade ≥ 3 TEAEs: 84.2% (Isa-Kd) vs 73.0% (Kd). **Conclusion:** This final OS analysis shows a meaningful trend for OS benefit with Isa-Kd vs Kd despite subsequent tx with anti-CD38 agents, introduction of tx with novel mechanism of action among further therapies, and the COVID-19 pandemic. Improvements in TTNT and PFS2 were observed and sustained PFS benefit still observed at PFS2. The Isa-Kd safety profile was consistent with previous analyses, supporting it as a standard-of-care therapy for relapsed MM pts.

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OP 05

REAL-WORLD (RW) TREATMENT PATTERNS AND OUTCOMES IN PATIENTS (PTS) WITH RELAPSED/REFRACTORY MULTIPLE MYELOMA (RRMM) WITH AT LEAST ONE PRIOR THERAPY IN TURKEY

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Objective: Data on RW treatment patterns and outcomes in RRMM Pts who received at least one prior line of therapy (LoT) are lacking outside the US and Europe. This study evaluated RW clinical characteristics, treatment patterns, and outcomes among Turkish Pts who received at least one prior MM-

specific therapy. **Methodology:** This retrospective chart review included RRMM Pts who had received at least one prior LoT and initiated a second-line (2L) or third-line (3L) MM-specific treatment regimen between 01-Jan-2015 and 31-Dec-2020. Patients' demographics and clinical characteristics, treatment patterns, and overall survival (OS) were evaluated. **Results:** Of the 107 RRMM Pts initiating 2L treatment, 91.6% experienced symptomatic disease [prominent symptoms: anemia (71.0%); bone lesions (53.3%)]. Table 1 presents other clinical and demographic characteristics. Bortezomib (BOR)-based regimens were most used in first-line (1L) regardless of stem-cell transplant (SCT) status (SCT induction: 68.7%; non-SCT: 79.5%), and lenalidomide (LEN)-based regimens were used as 1L maintenance (40.3%). LEN-free regimens were used in 58.1% (2L) and 35.6% (3L) of Pts, with DVd (29.5%) and DRd (19.5%) being the most utilized regimens in 2L and 3L, respectively (Fig. 1). In total, 53.1% were LEN-retreated and 30.8% were LEN-refractory. The median (interquartile range) duration of treatment on 2L [7.0 (6.0, 10.5) months] and 3L [7.1 (6.0, 14.0) months] was short (Table 2). After 2L and 3L initiation, 57.9% and 25.6% of Pts had disease progression; median OS was 10.4 and 12.8 months, respectively (Table 3). **Conclusion:** BOR-based regimens were commonly utilized in 1L. LEN-based regimens were used as maintenance therapy in 1L and as retreatment in RRMM Pts. Newer therapies (Daratumumab- or Carfilzomib-based regimens) were utilized in 2L and 3L. The short duration of therapy, high disease progression rate, high LEN retreatment, and refractoriness rates indicate the need for new LEN-free regimens for treating RRMM Pts in Turkey.

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OP 06

URETERAL AMYLOIDOSIS: A CASE REPORT OF SUCCESSFUL MANAGEMENT WITH SURGERY, RADIATION, AND CHEMOTHERAPY

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Background: Ureteral amyloidosis is a unique and infrequent form of amyloidosis characterized by the deposition of amyloid proteins within the ureters. These tubes, responsible for transporting urine from the kidneys to the bladder, can become obstructed due to this protein accumulation, potentially leading to renal complications. We are presenting a case ureteral amyloidosis. **Case Report:** A 48-year-old male with no known prior medical conditions presented with a three-month history of right-sided pain, frequent and painful urination, reduced urine output, and hematuria. Blood tests showed a hemoglobin level of 12.8 g/dL and MCV of 73. Urinalysis revealed pyuria and hematuria. An upright abdominal X-ray indicated hydronephrosis, and an abdominal CT scan