treatment underscores the unmet need for improved access to more effective treatment options for pts with RRMM in Brazil.

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AVALIAÇÃO EPIDEMIOLÓGICA DOS PACIENTES COM MIELOMA MÚLTIPLO, NO HOSPITAL UNIVERSITÁRIO DE BRASÍLIA

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Introdução: O Mieloma Múltiplo (MM) corresponde a 1% de todos os cânceres e a aproximadamente 10% de todas as neoplasias hematológicas, com uma mediana de idade ao diagnóstico de 65 anos. Há poucos dados de estudos brasileiros. O presente estudo objetiva apresentar os resultados epidemiológicos e clínicos dos pacientes com MM tratados no Hospital Universitário de Brasília (HUB/UNB-EBSERH), desde a abertura da Unidade de Hematologia e Hemoterapia (UHH) em novembro de 2014 até julho de 2023. **Método:** Todos os pacientes que chegaram na UHH foram avaliados (n = 92). Foi feita coletados dados em prontuário eletrônico (AGHU) e sistema eletrônico de exames laboratoriais (COMPLAB). Foi feita a análise estatística dos dados utilizando-se o programa STATA® 12.0. **Resultados:** Foram excluídos pacientes que trataram em outro serviço e MM assintomático, resultando num N = 75 pacientes. Nesse houve 26 óbitos (34,7%). A mediana de idade ao diagnóstico foi 62,3 anos (27,7-87,2). Apesar de 78,7% dos pacientes serem elegíveis para transplante autólogo (ATMO) por idade, só 54/75 (72%) eram por comorbidades e idade, 61,3% eram homens. Ao diagnóstico 62,7% tinham Hb<10 g/dL, 24% hipercalcemia, 26,7% CR>2; 80% doença óssea detectável por imagem, 24% infiltração medular >60%, 21,3% eram maiores que 75 anos, 13,3% necessitaram hemodiálise, 9,3% DS I, 5,3% DSII e 85,3% DS III, ISS foi avaliável em 42 pacientes, sendo 14,3% I, 33,3% II e 52,38% III. Nos pacientes elegíveis 40/54 (74%) iniciaram CTd, 11/54 (20,4%) VCd, 2/54 (3,7%) VTd e 1/54 VRd. Nos pacientes inelegíveis 13/21 (61,9%) iniciaram VMP, 4/21 (19%) MP e 1/21 VCD, 2/21 VMP e 1/21 TD. Após a 1ªlinha 23/75 (30,7%) alcançaram ≥VGPR e 53/75 (70,7%) ≥RP. No elegível, as taxas de resposta foram 16/54 ≥VGPR (29,6%) e 38/54 (70,4%) ≥RP. No inelegível, as taxas de resposta foram 7/21 ≥VGPR (33,3%) e 15/21 ≥RP (71,4%). Nos 23 pacientes que realizaram TMO autólogo em 1ª linha as taxas de resposta foram 16/23 ≥VGPR (69,6%) e 18/23 ≥RP (78,3%). Demonstrando um aprofundamento da resposta de 40,3% ≥VGPR e 7,9% na RG. 20/75 pacientes fizeram manutenção. Dos 23 transplantados em 1L, 17 (73,9%) fizeram manutenção: 5,9% Lena, 58,8% BTZ e 35,3% tal; e 26% não fizeram manutenção. Dos 54 pacientes elegíveis ao ATMO, 23 em primeira linha (42,6%) e 7 (13%) realizaram após a 1L. No total, 55,5% fizeram ATMO em algum momento. A mediana de sobrevida global (SG) foi de 44,2 meses (SG 5 anos 49,4%), sendo 44,2 meses no não-elegível, 63,6meses no elegível, 42,7 meses no elegível que não fez ATMO em 1L e 63,6% no elegível que fez ATMO em 1L. A mediana de SG por quimioterapia de 1ªlinha foi MPT 71,6 meses, MP 29,6m, CTD 42,7 meses, VMP10,6 meses. A mediana de sobrevida livre de progressão para 1ª linha foi 23,4 meses, sendo 23,5 meses no elegível e 22,5 meses no e do não-elegível. Mediana de PFS1 no elegível que não fez ATMO foi de apenas 12,2 meses, enquanto que no que fez ATMO foi 33,9 meses. A mediana de PFS1 do CTd foi 33,9 meses para quem fez ATMO em 1L e 12,2 meses para quem não fez. **Conclusão:** Os resultados demonstram ainda um baixo uso de bortezomibe em 1ªlinha justificando resultados inferiroes que a literatura, pois a incorporação no SUS somente ocorreu em portaria em 2020 e no nosso serviço em agosto de 2021. Os resultados demonstram a importância no ATMO em prolongar a sobrevida e aprofundar resposta. A sobrevida livre de progressão do protocolo CTd foi compatível com a literatura.

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REAL-WORLD TREATMENT PATTERNS AND OUTCOMES IN PATIENTS WITH RELAPSED/ REFRACTORY MULTIPLE MYELOMA WITH AT LEAST TWO PRIOR THERAPIES IN BRAZIL

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Objectives: The treatment landscape for relapsed/refractory multiple myeloma (RRMM) has evolved over the last decade, and several therapeutic options are now available in Brazil. However, approval and access to new treatments may be delayed, potentially impacting patient (pt) outcomes. This study assessed real-world (RW) treatment patterns and outcomes in pts with RRMM to understand the current treatment landscape and unmet needs in Brazil. **Material and methods:** This retrospective, cross-sectional chart review included pts with RRMM who initiated a third-line (3L) MM-specific treatment regimen between 01-Jan-2015 and 31-Dec-2020 and had received at least two prior lines of therapies, including lenalidomide (LEN) and at least one proteasome inhibitor. Physicians (n = 50; mean practice duration: 11 months [m]; spent at least 60.0% of their time in pt care; practiced in the private sector: 56.0%; practiced in private and public sectors: 42.0%; practiced in the public sector: 2.0%) managing at least 10 MM pts for past 12 m contributed data from pt charts via a structured data collection form. The International Centralized Institutional Review Board approved the study. Data on demographics, clinical characteristics, treatment patterns and overall survival (OS) were collected and analyzed. **Results:** Of the included 100 pts (mean [SD] age at first RRMM diagnosis:

58.7 [14.3] years; male: 58.0%), most had moderate-to-good performance status based on Eastern Cooperative Oncology Group scores (Grade 1: 70.0%; Grade 2: 21.0%) and reported Stage 2 (38.9%) and Stage 3 (51.9%) disease based on the International Staging System. Anemia (60.0%) was reported as the most common MM-related comorbidity. Bortezomib (BOR) and LEN-based regimens were the most used first-line (1L) treatment options irrespective of stem-cell transplant (SCT) status (SCT induction: BOR+cyclophosphamide+dexamethasone [VCd, 33.3%], BOR [22.2%]; SCT maintenance: BOR [66.7%], LEN [11.1%], BOR+thalidomide [VT, 11.1%]; non-SCT: VCd [14.3%], BOR [9.9%], LEN [9.9%]). LEN-based regimens were commonly used in second-line (2L) pts (LEN+d [Rd, 32.3%], LEN [17.7%]), and daratumumab (DARA)- and carfilzomib (CARF)-based regimens (DARA [25.3%], DARA+BOR+d [DVd, 11.6%], CARF+d [Kd, 7.4%]) were commonly used in 3L pts. Among pts with private health insurance, 37.0% were LEN-refractory. Median (interquartile range [IQR]) duration of treatment for 1L (SCT induction), 2L and 3L were 5.0 (3.7–6.2), 11.0 (4.6–14.3) and 5.7 (3.0–10.0) m, respectively. After the initiation of 2L and 3L, 75.0% and 18.8% of pts, respectively, experienced disease progression. The majority of pts who initiated 3L (72.0%) were alive at the time of the study; among pts who had died after initiating 3L (25.0%; *n* /*N* =24/96), the median OS was 12.9 m. **Discussion:** Treatment patterns observed were consistent with previous RW studies, with significant use of BOR- and LEN-based regimens noted in 1L and 2L, whereas newer therapies (DARA- and CARF-based regimens) were utilized in 3L. The generalizability of study findings may be limited due to the small sample size. **Conclusion:** A high proportion of patients with lenalidomide refractoriness and short duration of treatment underscore the need for improved access to more effective treatments for patients with RRMM in Brazil.

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LONG-TERM OUTCOMES WITH ISATUXIMAB-CARFILZOMIB-DEXAMETHASONE IN RELAPSED MULTIPLE MYELOMA PATIENTS WITH 1Q21+ STATUS: UPDATED RESULTS FROM THE PHASE 3 IKEMA STUDY

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Objectives: Gain or amplification of 1q21 (1q21+, ≥3 copies), a chromosomal abnormality frequently observed in multiple myeloma (MM), has a negative impact on prognosis due to its potential involvement in resistance to MM therapy and disease progression. In this subgroup analysis of IKEMA, we evaluated efficacy of isatuximab-carfilzomib-dexamethasone (Isa-Kd) in patients (pts) with 1q21+ status (with or without high-risk chromosomal abnormalities [HRCA]) and related subgroups – isolated 1q21+ (≥ 3 copies without HRCA), gain(1q21), amp(1q21) – at long-term follow-up (44.2 months). **Methods:** Pts with 1–3 prior lines of therapy were randomized to Isa-Kd (n = 179) or Kd (n = 123). Assessment was prespecified (at 30% cutoff by FISH) for 1q21 + status as ≥3 copies, gain(1q21) as 3 copies, and amp(1q21) as ≥4 copies. **Results:** In the Isa-Kd and Kd arms, 41.9% and 42.3% of pts had 1q21+ status, 26.3% and 25.2% isolated 1q21 +, 24.0% and 30.1% gain(1q21), 17.9% and 12.2% amp(1q21) respectively. Greater progression-free survival (PFS) benefit was achieved with Isa-Kd vs Kd in pts with 1q21+ status (hazard ratio [HR] 0.58, 95% CI 0.37–0.92) and in pts with isolated 1q21+, gain(1q21), or amp(1q21). Responses deepened by adding Isa to Kd, with increased rates of very good partial response or better (≥VGPR), complete response or better (≥CR), minimal residual disease negativity (MRD-), and MRD- ≥CR. **Discussion:** In the prespecified, long-term analysis of the Phase 3 IKEMA trial in relapsed MM pts, treatment with Isa-Kd showed continued, significant improvement in PFS compared to Kd (HR 0.58; 95.4% CI 0.42–0.79). There was a meaningful increase in the depth of response (≥CR 44.1% vs 28.5%; MRD- 33.5% vs 15.4%, MRD- ≥CR 26.3% vs 12.2%), and a manageable safety profile. The present study demonstrated that Isa-Kd led to deeper responses, with higher ≥VGPR rates, MRD-, and MRD- ≥CR rates in 1q21+ patients (with or without HRCA), isolated 1q21+, gain(1q21), or amp (1q21) compared to Kd. These long-term findings support Isa-Kd as an effective treatment option for patients with relapsed MM, including 1q21+ abnormalities and a higher risk of progression. **Conclusions:** 1q21 abnormalities may affect PFS in MM pts. Our results at long-term follow-up of pts with 1q21+ status (with or without HRCA) in the IKEMA study continue to show greater PFS benefit and deeper responses with Isa-Kd than Kd, consistent with the overall population and earlier 1q21+ subgroup interim analyses. Thus, they support Isa-Kd as an effective treatment option also for difficult-to-treat, 1q21+ pts with relapsed MM.

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