3.4], P = 0.54). For fatigue, these changes were −4.7 (−8.6, −0.7) for DVRd and −5.4 (−9.6, −1.2) for VRd (difference 0.7 [−4.9, 6.3], P = 0.80). For pain, reduction from BL was numerically higher with DVRd (−14.8) vs VRd (−8.7; difference −6.1 [−12.7, 0.5], P = 0.06). LS mean change from BL in EORTC QLQ-MY20 disease symptoms score at C36 was −8.4 for DVRd and −9 for VRd (difference 0.6 [−3.5, 4.7], P = 0.78). For EQ-5D-5L visual analogue scale (VAS) score, these changes were 7.3 () in DVRd and 5.6 () in VRd (difference 1.7 [−2.4, 5.7], P = 0.41). For all scales, a similar median time to worsening and time to improvement were observed across arms. PROs of the TIE subgroup had similar results. **Discussion and conclusion:** DVRd-treated pts in CEPHEUS had improved HRQoL and physical functioning as well as symptom (pain, fatigue, overall disease symptoms) reduction from BL. Improvements were similar vs VRd with no apparent differences between arms, indicating no detriment to HRQoL with addition of daratumumab. **Funding:** This study was funded by Johnson & Johnson. Medical writing support was provided by Shuang Li, PhD, of Eloquent Scientific Solutions, and funded by Johnson & Johnson.

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IMPACT OF BORTEZOMIB MAINTENANCE ON MULTIPLE MYELOMA PATIENT'S SURVIVAL

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Introduction: Lenalidomide improves survival in multiple myeloma (MM) but is unavailable in the Brazilian public health system (SUS). Bortezomib (BTZ) was incorporated into SUS only in September 2020. Before that, transplant-eligible patients were mainly treated with CTd, and ineligible patients with MPT. Currently, VCd/VTd and VMP are the most used first-line regimens in our public hospital, with biweekly BTZ maintenance. We present 10-year updated data focusing on the impact of BTZ. **Objectives:** To evaluate the impact of BTZ on progression-free survival (PFS) and overall survival (OS) in the overall population, in both induction and maintenance settings, and in subgroups by treatment regimen and autologous stem cell transplantation (ASCT) status. **Material and methods:** In this single-center, retrospective study, patients with newly diagnosed MM were consecutively enrolled from November 2014 to August 2025. Of 133 patients, 17 were excluded (4 due to incomplete data, 10 with asymptomatic MM, 1 with primary amyloidosis, 1 with MM-like post-transplant lymphoproliferative disorder, and 1 who had already received first-line therapy elsewhere). At the data cut-off (August 6, 2025), 100 of 116 patients (86.2%) had ≥1 year of follow-up and were analyzed. PFS was defined as the time from first-line therapy to progression, death, or last follow-up, and OS as the time from diagnosis to death or last follow-up. **Results:** Median age was 63.3 years (range, 28.5–85.8), 60% were male, and 57% had the IgG subtype. The most common induction regimens were CTd (42.4%), VCd (22.2%), MPT (15.2%), VMP (6.1%), VTd (5.1%), and MP (4%). ISS stage II/III was observed in 32.8%/51.7%, and 67% were ASCT-eligible. ASCT was performed in 42.4% (42/99), 73.8% in first line. BTZ was used in induction in 36.8% (32/87), and 43.8% (14/32) of these also received BTZ maintenance; overall, BTZ maintenance was given to 40.3% (35/87). Four-year PFS was: CTd 15.2%, MPT 11.1%, VCd/VTd 48.7%, VMP not mature; median PFS for all patients was 1.6 years (95% CI 1.1–2.0). Five-year OS was: CTd 45.5%, MPT 42.1%, VCd/VTd 63.5%, VMP not mature; median OS for all patients was 3.5 years (95% CI 2.5 –6.0). First-line VCd/VTd + ASCT (N = 10) achieved a 10-year OS of 100% versus a median OS of 3 years and a 2-year OS of 66.7% without ASCT (N = 3; p = 0.09). For CTd, 5-year OS was similar with or without ASCT (56.4% vs 71.4%; p = 0.296). In both regimens, first-line ASCT significantly improved PFS (VCd/VTd: p = 0.0008; CTd: p = 0.003). BTZ induction did not significantly improve 10-year OS (58.9% vs 22.7%, p = 0.74) but trended toward better 5-year PFS (42.5% vs 14.3%, p = 0.06; HR 0.94). In patients without BTZ induction, BTZ maintenance trended toward improved 4- year PFS (30.6% vs 4.24%, p = 0.07) and 4-year OS (62.9% vs 33.65%, p = 0.0546). After BTZ induction, BTZ maintenance significantly improved 2-year PFS (56.25% vs 23.9%; p = 0.0339; HR 0.371, 95% CI 0.139–0.988) and 2-year OS (82.5% vs 36.1%; p = 0.0012; HR 0.467, 95% CI 0.02–0.55). **Discussion and conclusion:** In HOVON-65/GMMG-HD4, BTZ induction plus maintenance significantly improved PFS and OS compared with non-BTZ regimens, with greater benefit in high-risk subsets, despite BTZ maintenance not being routine practice. In our resource-limited setting, BTZ induction improved 5-year OS by 21.4% versus CTd, and BTZ maintenance after BTZ induction significantly improved both PFS and OS. Where lenalidomide is unavailable, BTZ may be a viable maintenance option.

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IMPACTO DO ESTADIAMENTO ISS E DAS MANIFESTAÇÕES CLÍNICAS NA SOBREVIDA DO MIELOMA MÚLTIPLO: EVIDÊNCIAS REAIS DE UM CENTRO PÚBLICO

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Introdução: Mieloma Múltiplo (MM) é uma neoplasia hematológica caracterizada pela proliferação de clone de plasmócitos que encontram microambiente favorável na medula óssea com síntese de proteína monoclonal e danos a órgãos-alvo. O estadiamento é feito por meio do International Staging System (ISS), que tem relação indireta com a sobrevida. **Objetivos:** Estudar a correlação do estadiamento do MM de acordo com ISS e características clínicas ao diagnóstico com sobrevida global e sobrevida livre de progressão em um centro de referência em Feira de Santana-BA (UNACON). **Material e métodos:** Estudo de coorte retrospectiva, por análise de 80 prontuários, selecionados ao acaso em um total de 247, no período de 2018 a 2025, da UNACON. Dados coletados foram: sexo, cidade de origem, idade, estadiamento ISS e grau de doença baseado nas características da doença ao diagnóstico (lesão óssea, anemia e disfunção renal) que foram caracterizados como doença leve, moderada e grave na presença de uma, duas ou três alterações. Os cálculos estatísticos foram realizados pelo software SPSS (versão 8) considerando o valor de significância ($p < 0,05$). A relação entre ISS e sobrevida foi avaliada por meio de ANOVA e coeficiente de correlação de Pearson. **Resultados:** Dos 80 pacientes, 59% eram do sexo masculino e 41% do sexo feminino, com idade média ao diagnóstico de 64,5 anos para homens e 66,6 anos para mulheres. A cidade com maior número de casos foi Feira de Santana, com 53%, seguido de 5% de Amélia Rodrigues. Quanto ao estadiamento ISS 51% dos pacientes tinham esse dado no prontuário, 9% eram ISS 1, 14% ISS 2 e 29% ISS 3; em 49% dos casos, essa informação não fora disponibilizada em prontuário mostrando a dificuldade de acesso aos exames ao diagnóstico especialmente tratando-se de um serviço público. A análise de Pearson demonstrou uma correlação forte e negativa entre ISS e tempo de sobrevida ($r=-0.75$), indicando uma proporcionalidade inversa. Além disso, a análise de Pearson entre ISS e sobrevida livre de progressão (SLP) apresentou correlação moderada e negativa ($r = -0,48$), o que demonstra que quanto maior o ISS, menor a SLP. Em relação ao grau de doença e sobrevida, a análise por ANOVA mostrou diferença significativa quando comparados o grupo com grau de doença 1 e o grupo com grau 3 ($p = 0,04$), demonstrando que quanto maior o grau de doença pior é a evolução clínica. **Discussão e conclusão:** Os dados deste estudo reforçam o ISS como importante preditor prognóstico no MM, evidenciado pela correlação com tempo de sobrevida e SLP. Estágios mais avançados associam-se a piores desfechos, em concordância com os achados de Palumbo et al. (2015). A idade observada nesta pesquisa seguiu o padrão encontrado na literatura, de 65 a 70 anos, com predomínio masculino (55-60%) (Kyle & Rajkumar, 2008; Fonseca et al. 2004). A diferença significativa entre pacientes com doença em grau 1 e 3 ($p = 0,04$) foram destacados também no estudode D'Agostinho et al. 2022. A ausência de registro em 49% dos prontuários é uma limitação para este estudo, mas a análise em grupos de risco está em concordância com o que temos na literatura e no cenário de dificuldade para realização do ISS pode ser uma ferramenta de avaliação de risco. A análise reforça que uma documentação clínica completa é essencial para uma melhor estratificação de risco e que, mesmo sem o ISS, marcadores clínicos no diagnóstico podem ajudar a prever o desfecho do paciente.

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IMPROVING THROMBOTIC EVENT PROPHYLAXIS IN MULTIPLE MYELOMA THROUGH PHARMACEUTICAL CARE: EXPERIENCE WITH IMPEDE-VTE IN A BRAZILIAN COHORT

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Introduction: Multiple myeloma (MM) patients face elevated venous thromboembolism (VTE) risks, particularly with immunomodulatory drugs (IMiDs). In the Myeloma XI trial, 11.8% of IMiD-treated patients developed VTE despite 87.7% receiving thromboprophylaxis at the time of the event (Leclerc et al., 2022). Given this context, risk assessment strategies are crucial for selecting patiets that would benefit for prophylaxis. In a 10-year retrospective cohort of Brazilian patients, IMPEDE-VTE was found accurate for assessing VTE risk during IMiD therapy, but nearly 98% of the cohort received thalidomide-based regimens (da Costa et al., 2023). **Objectives:** This study evaluates IMPEDE-VTE's application and documented thrombotic events in a Brazilian lenalidomide-treated MM cohort. **Material and methods:** We conducted a prospective analysis of all first-line MM patients at a private cancer center between February 2024 and July 2025. A clinical pharmacist calculated IMPEDE-VTE at treatment initiation, and proceeded with interventions with the prescriber for implementation or adjustment of prophylactic therapies if necessary, per institutional protocol. Although IMPEDE-VTE was not designed to measure specific myeloma-driven thrombosis, as it considers IMiD use and VTE prophylaxis on its calculus, a score disregarding the newly prescribed medications was also obtained to explore correlations with pretreatment thrombotic events. Statistical analysis employed Pearson's χ^2 tests for categorical variables and Welch's t-tests for continuous variables (α=0.05). **Results:** Sixty patients (mean age 71.8 years) were included in this preliminary analysis. The median follow-up duration was 26.42. Most patients were treated with VRd (80.0%), followed by IsaVRd (10.0%), DRd (3.3%), Rd (3.3%), and DVRd (3.3%). Following treatment, 45.0% of patients were classified as intermediate, 43.3% as low (due to proper use of prophylaxis) and 11.7% as high risk.