

Treatment of 1st line Multiple Myeloma patients with Bendamustine in the office based setting

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Introduction: Bendamustine is commonly used in NHL, CLL and multiple myeloma. It has been shown previously that bendamustine/prednisone had a significant better outcome compared with melphalan/prednisone in multiple myeloma patients (1). Despite the clinical and hospital setting, bendamustine is prescribed frequently by office based physicians in Germany. A patient registry for multiple myeloma patients has been established. Efficacy and toxicity of bendamustine regimens in first line multiple myeloma patients are presented from these registry data.

Methods: The registry includes in total (all lines) 159 patients, from 39 office sites. Patients were treated between Sep 2008 and Oct 2011. Forty-four first line patients were thoroughly documented. The patient characteristics are:

	First line patients
n	44
Gender m/f in %	55/45
Median age (range)	76 (57-88)
Median 4-weekly dose intensity dose of bendamustine	227 mg/m ²
ECOG 0/1/2 in %	14/72/14
Stages I/II/III (Salmon-Durie) in %	20/25/55
Number of co-morbidities 0/1/2/3+ in %	16/32/30/22

Results: About 84% of the first line patients received the bendamustine/prednisone regime, on average for 4.3 cycles, with a median treatment duration of 122 days. Only 16% of patients stopped a therapy due to toxicity reasons. Severe hematological toxicity (grade 3/4) was seen in only 27% of patients, predominantly leucopenia (23%) and neutropenia (7%). Non hem toxicities were in most cases (>80%) of grade 1/2 with no grade 4 toxicities. The response rate (CR/PR/sCR) was nearly 60%. Median PFS for bendamustine-treated patients was 14.9 months. The OS (3yr survival) has not been reached yet.

Conclusions: Bendamustine/prednisone is commonly used by office based physicians in Germany for the treatment of 1st line multiple myeloma patients. The benefit of a bendamustine treatment, especially for older patients (>75y) is obvious and can be shown with acceptable toxicities and high activity/efficiency (response rate). The treatment results are comparable to results of clinical trials and underline the quality and feasibility of bendamustine in the office based setting.

¹ Pönisch et al. 2006 J Cancer Res Clinical Oncol, 132 (4), 205-12