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 (bendamustine mono or bendamustine/prednisone), 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 September 2008 and October 2011. Forty-four first line patients were thoroughly documented. The patient characteristics and the comorbidities are shown below:

Patient characteristics	First line patients
n	44
Gender m/f in %	55/45
Median age (range)	76 (57-88)
Median 4-weekly dose intensity 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 comorbidities 0/1/2/3+ in %	16/32/30/22

Comorbidities at diagnosis (n=44 Patients)

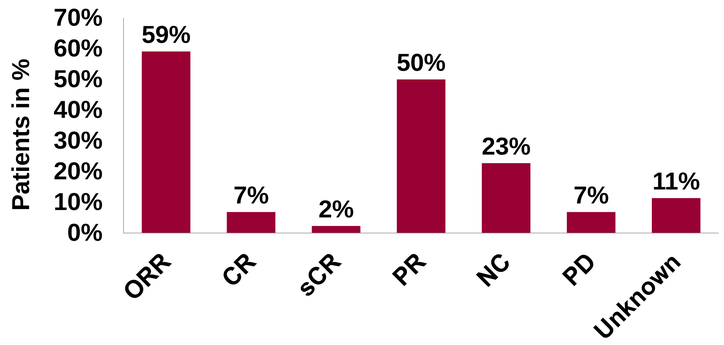
Comorbidities	Patients (in %*) *multiple selections possible
Hypertension	20 (45%)
Cardiovascular	12 (27%)
None	7 (16%)
Kidney	6 (14%)
Diabetes	4 (9%)
Neuropathy	3 (7%)
Others	26 (59%)

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.

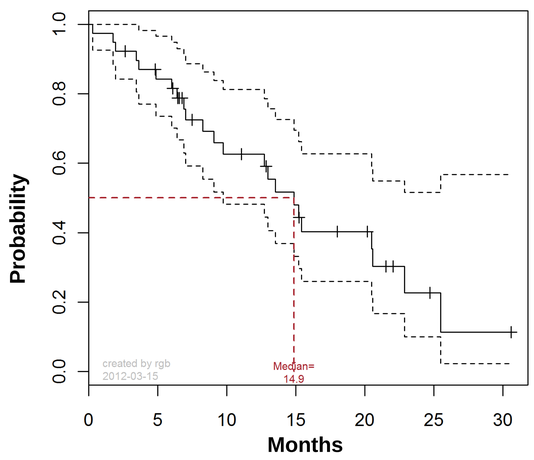
Efficacy

The response rate (CR/PR/sCR) was nearly 60%, with approx. 50% PR rate.



Median PFS for bendamustine-treated patients was 14.9 months. The OS (3yr survival) has not been reached yet.

PFS (n=39 pts) = 14.9 Months



Safety

Seven patients (16%) 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%).

Hematological toxicities	Patients (in %)
Grade 1+2	37 (84%)
Anemia	29 (66%)
Leucopenia	21 (48%)
Neutropenia	7 (16%)
Grade 3+4	12 (27%)
Anemia (grade 3 only)	2 (5%)
Leucopenia	10 (23%)
Neutropenia	3 (7%)

Highest NCI-CTC grade by patients was analyzed

Non hematological toxicities were in most cases of grade 1+2. No grade 4 toxicities were observed .

Non-Hematological toxicities	Patients (in %)
Grade 1+2	33 (75%)
Nausea	13 (30%)
Infections	10 (23%)
Fatigue	7 (16%)
Grade 3	9 (21%)
Nausea	1 (2%)
Infections	1 (2%)
Fatigue	2 (5%)

Highest NCI-CTC grade by patients was analyzed

Conclusion

The regimen 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.

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

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Disclosure of Potential conflict of Interest
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