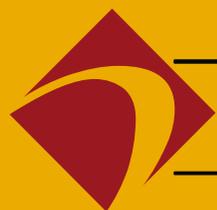


# Time Trends in Allogeneic Stem Cell Transplantation for Multiple Myeloma: A CIBMTR Analysis

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\*On behalf of the Plasma Cell Disorders Working Committee,  
Center for International Blood and Marrow Transplant Research



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# Background

- ◆ Autologous hematopoietic stem cell transplants (HCT) is a standard therapy for myeloma
- ◆ Allo-HCT associated with high TRM
- ◆ Continued use of allo-HCT due to
  - ★ Poor outcome in patients with aggressive disease
  - ★ Incurable nature of MM despite new drugs
- ◆ Not clear how use of allo-HCT has changed over years

# Objectives

- ◆ Examine the trends over time among patients undergoing allo-HCT for myeloma in terms of:
  - ★ Demographics
  - ★ Disease characteristics
  - ★ Rates of GVHD and treatment related mortality (TRM)
  - ★ Disease free and overall survival

# Patients

Allo-HCT for MM between 1989 and 2005,  
reported to the CIBMTR (n=**1211**)



1989-1994  
(n=**346**)

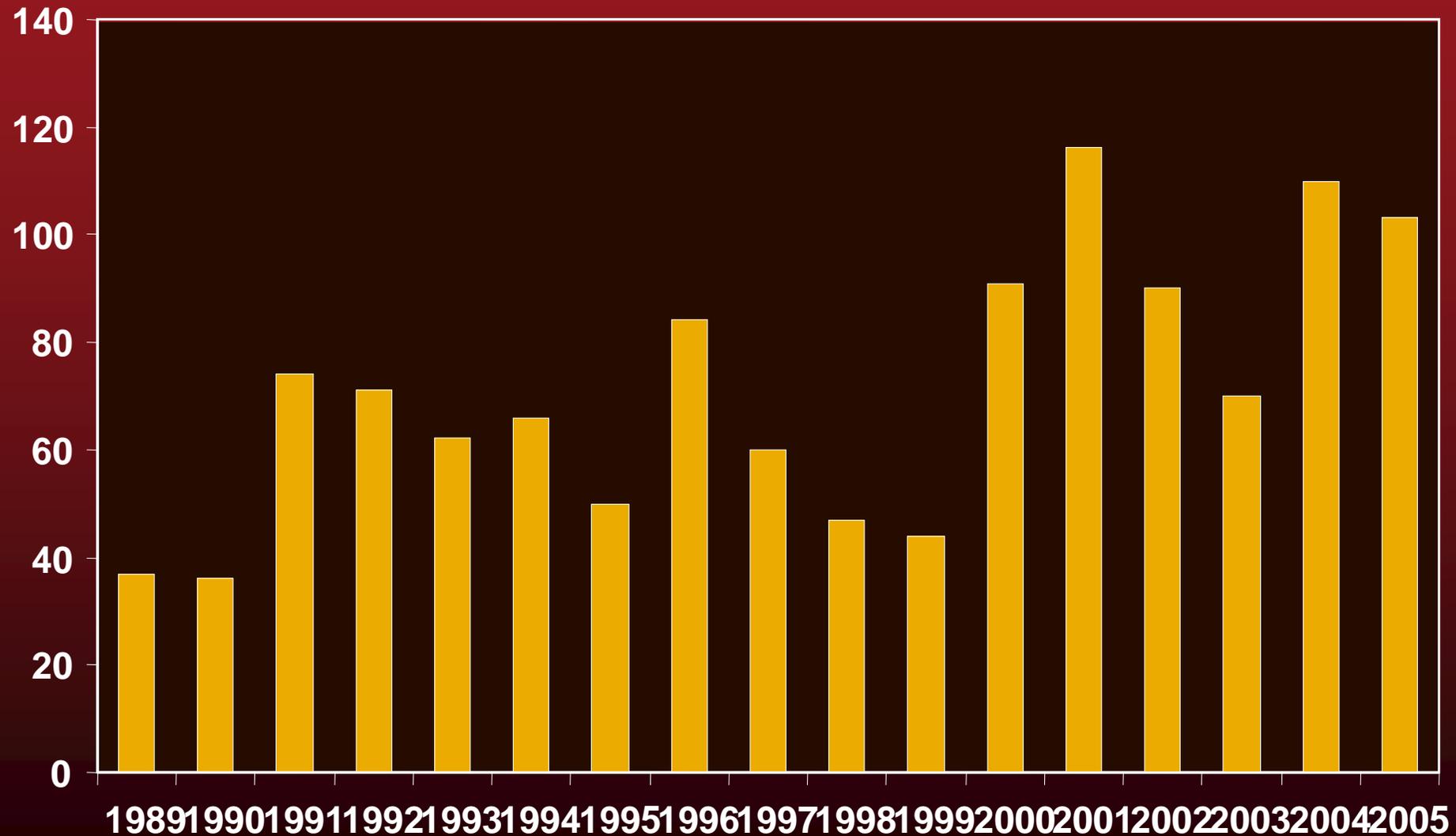
1995-2000  
(n=**285**)

2001-2005  
(n=**580**)

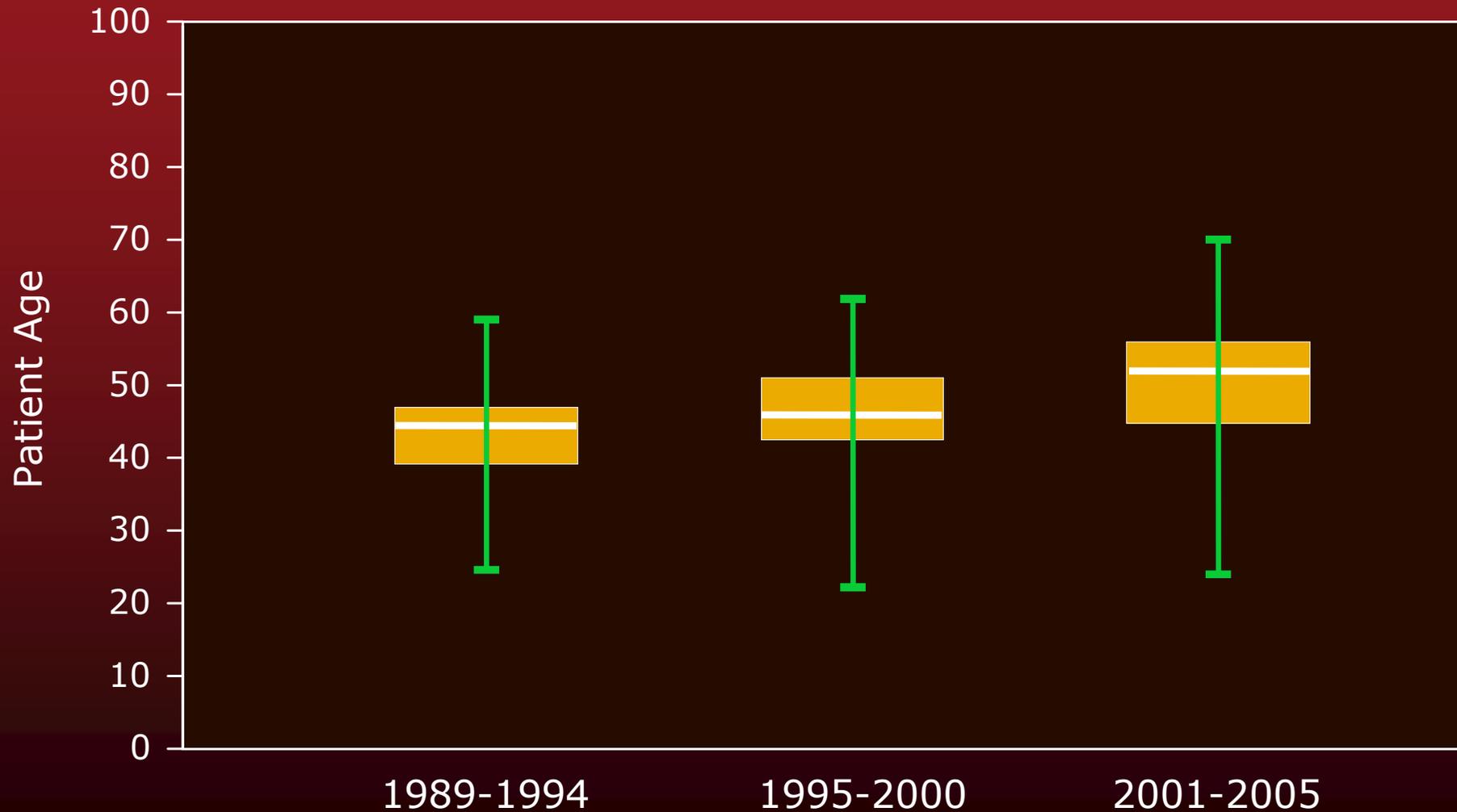
# Statistical Analysis

- ◆ Cumulative incidence of acute and chronic GVHD, TRM and relapse/progression
- ◆ Kaplan-Meier estimator for probabilities of progression-free survival and overall survival
- ◆ Univariate analyses of Relative Risks

# Patient Characteristics: Distribution by Year of Transplant



# Patient Characteristics: Patient Age at Transplant



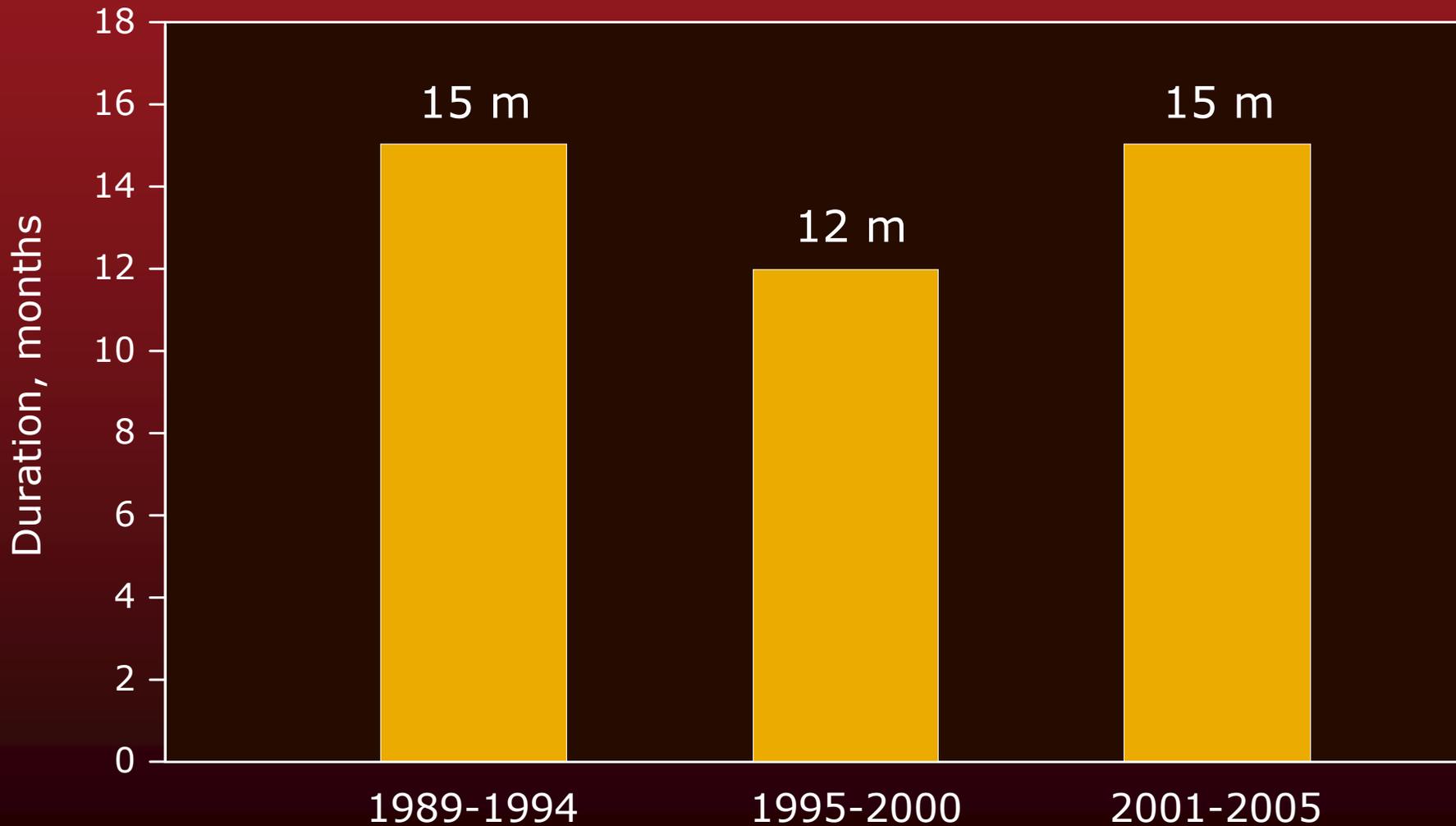
# Patient Characteristics

- ◆ Proportion of patients  $\geq 50$  yrs 12% in early cohort to 53% in latest
- ◆ Similar gender distribution across the three periods
- ◆ Performance score similar across the years with 62-64% of patients having a Karnofsky score  $\geq 90$

# Disease Characteristics

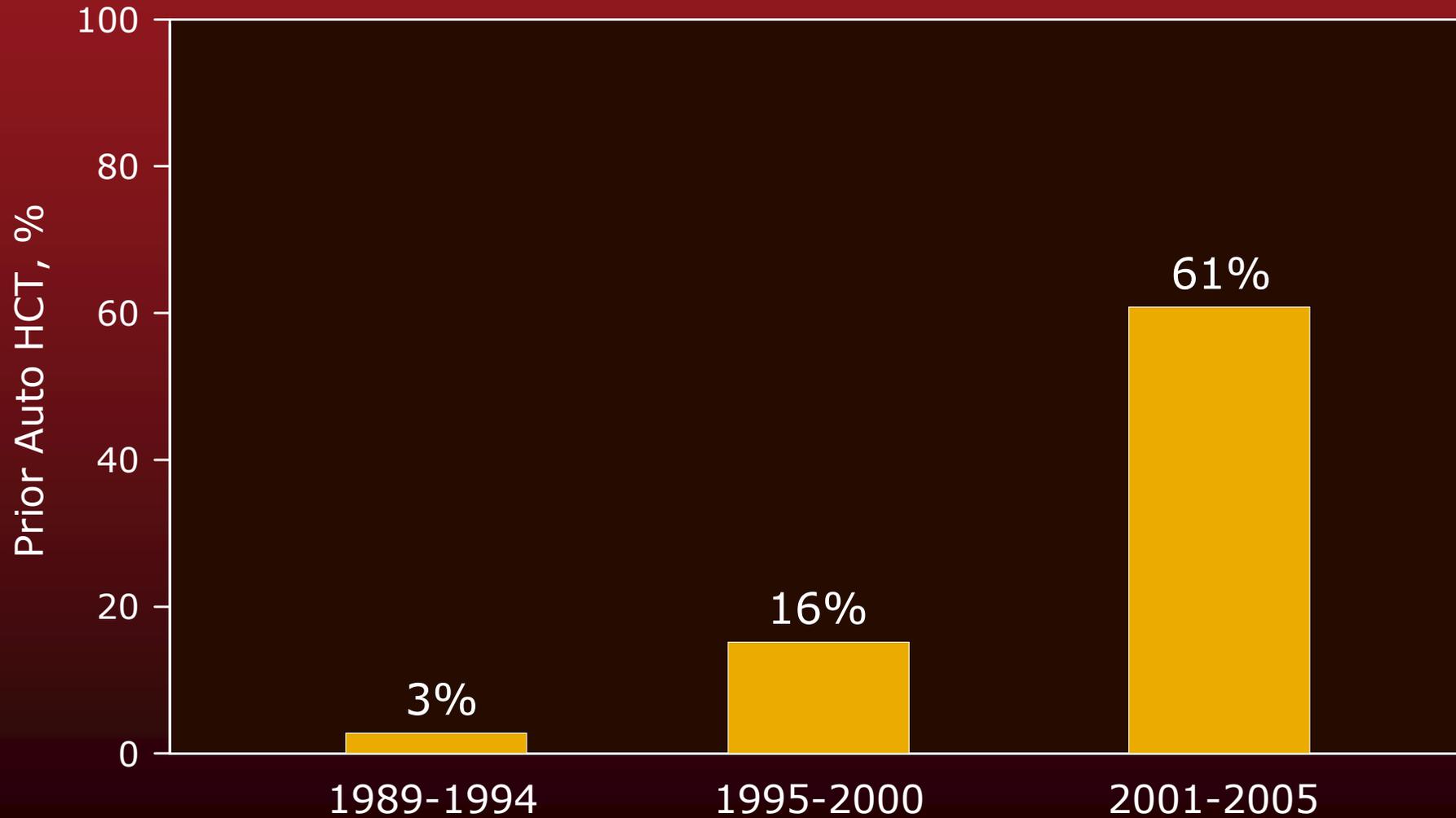
- ◆ Similar distribution of M protein type across the groups
- ◆ ISS data missing in a large proportion of patients
- ◆ The disease status at transplant and sensitivity to prior chemotherapy similar across the groups

# Transplant Characteristics: Time from Diagnosis to Transplant



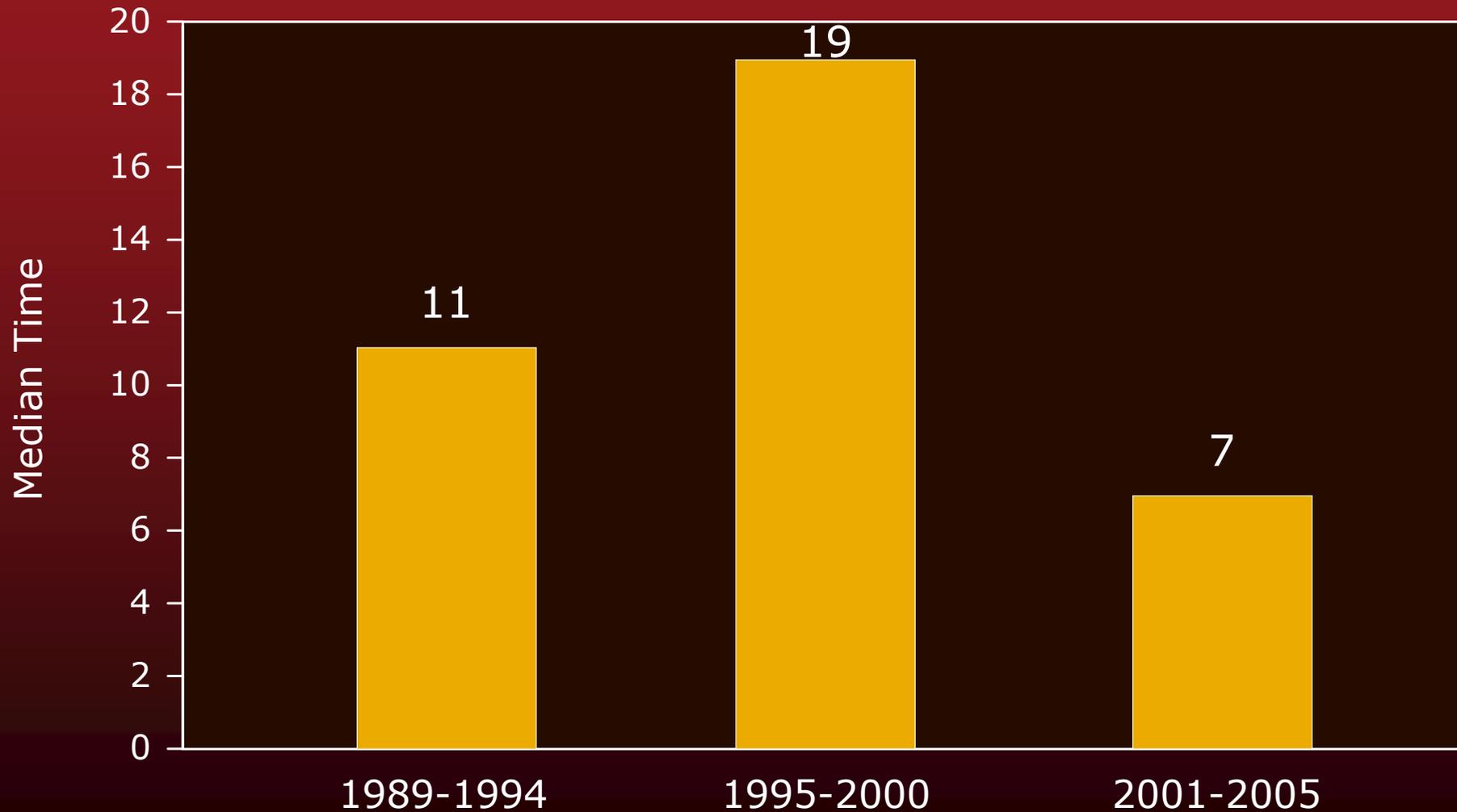
$p < 0.01$

# Transplant Characteristics: Prior Auto HCT



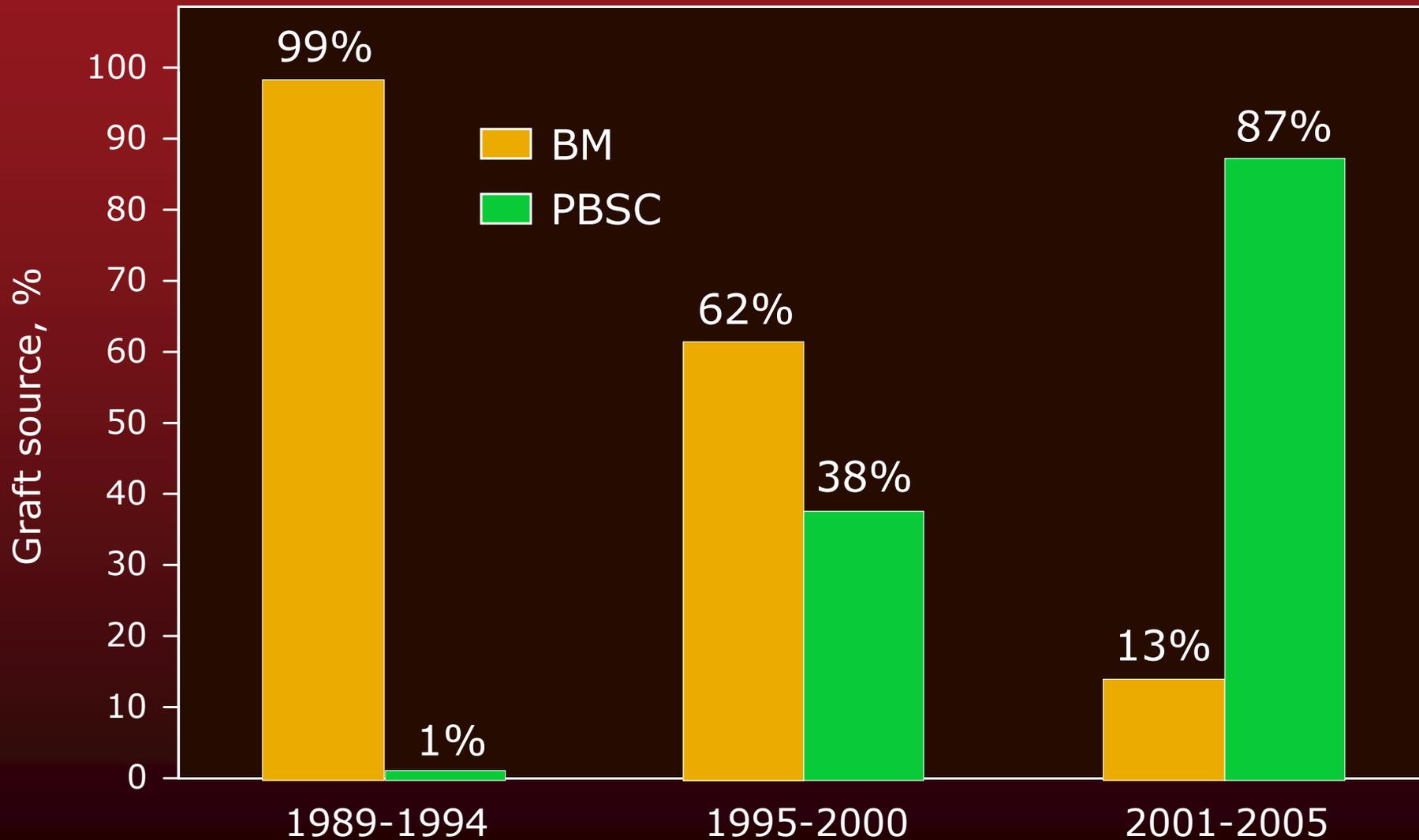
$p < 0.01$

# Transplant Characteristics: Median Time from Auto to Allo HCT



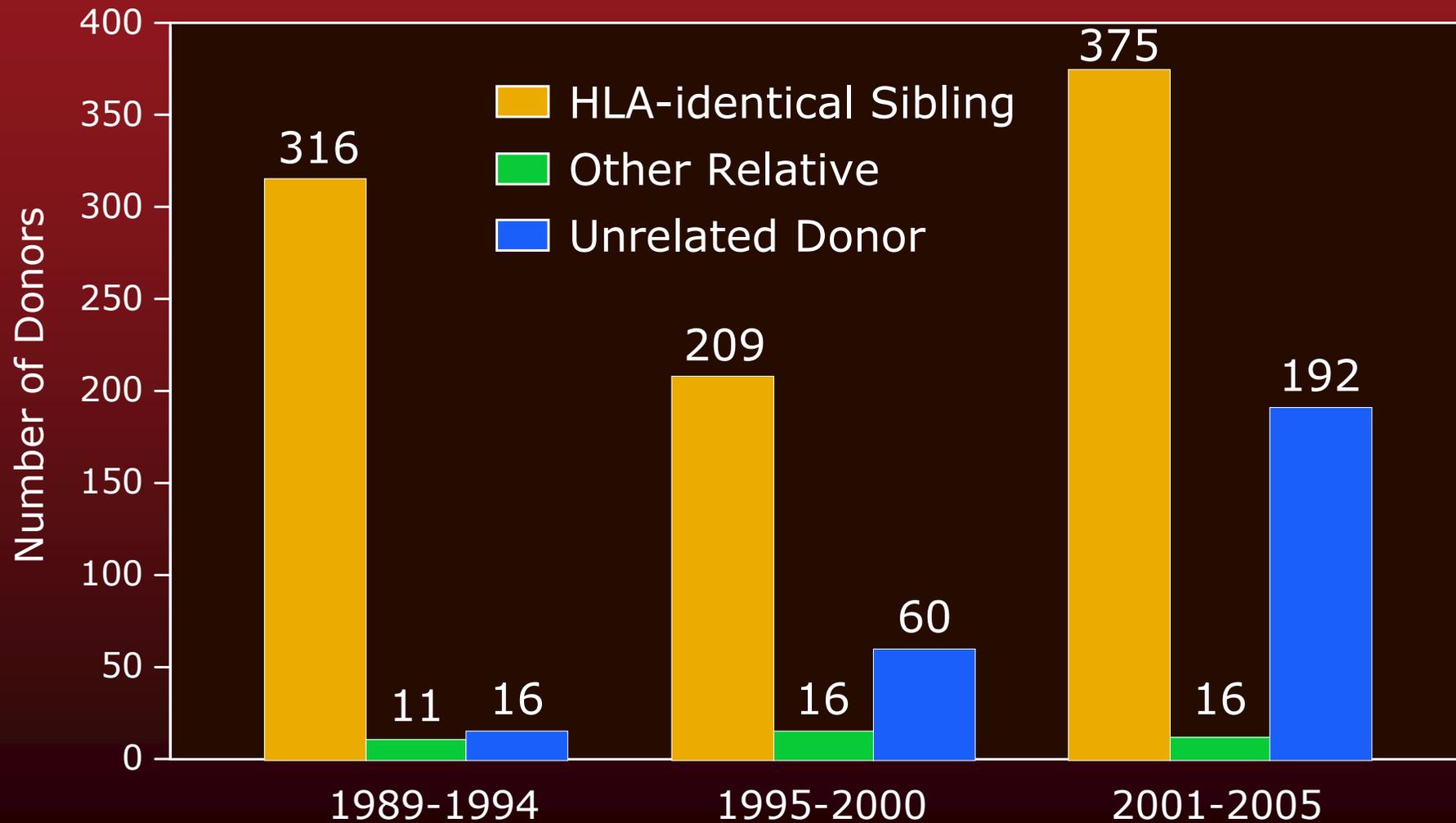
$p < 0.01$

# Transplant Characteristics: Graft source



$p < 0.01$

# Transplant Characteristics: Type of Donor



$p < 0.01$

# Transplant Characteristics: Conditioning Regimen

- ◆ There was decreasing use of myeloablative regimens (82% vs. 62% vs. 9%)
- ◆ Cy-TBI or Bu-Cy most common regimens in the earlier 2 cohorts (pre 2001)
- ◆ Melphalan < 150 mg/m<sup>2</sup> (22%), Fludarabine + 200 cGy TBI (16%) and TBI 200 cGy (10%) were the most common regimens in the latest cohort

# Transplant Characteristics: GVHD Prophylaxis

1989-1994 1995-2000 2001-

2005

<b>CSA/FK506 + MTX</b>	<b>69%</b>	<b>58%</b>	<b>37%</b>
CSA ± other*	12%	12%	43%
FK506 ± other*	1%	5%	12%
<b>T-cell depletion</b>	<b>17%</b>	<b>23%</b>	<b>5%</b>
Other	1%	2%	3%

\* includes mycophenolate (MMF)

# GVHD

**1989-1994 1995-2000 2001-2005 P**

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Acute 29 (25-34) 33 (28-39) 35 (31-40) 0.21

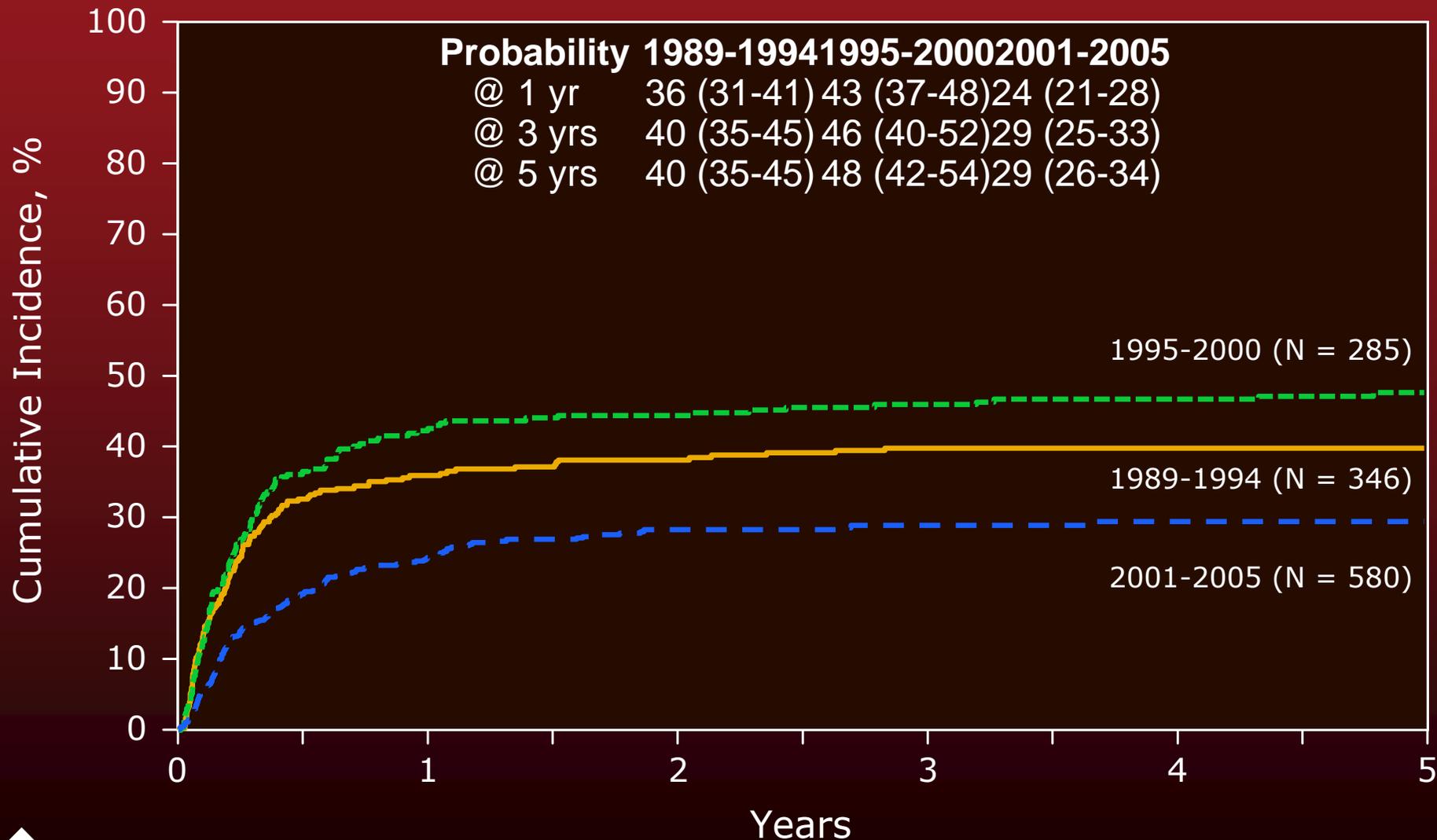
Chronic

@1yr 31 (27-36) 28 (23-34) 43 (38-47) <0.01

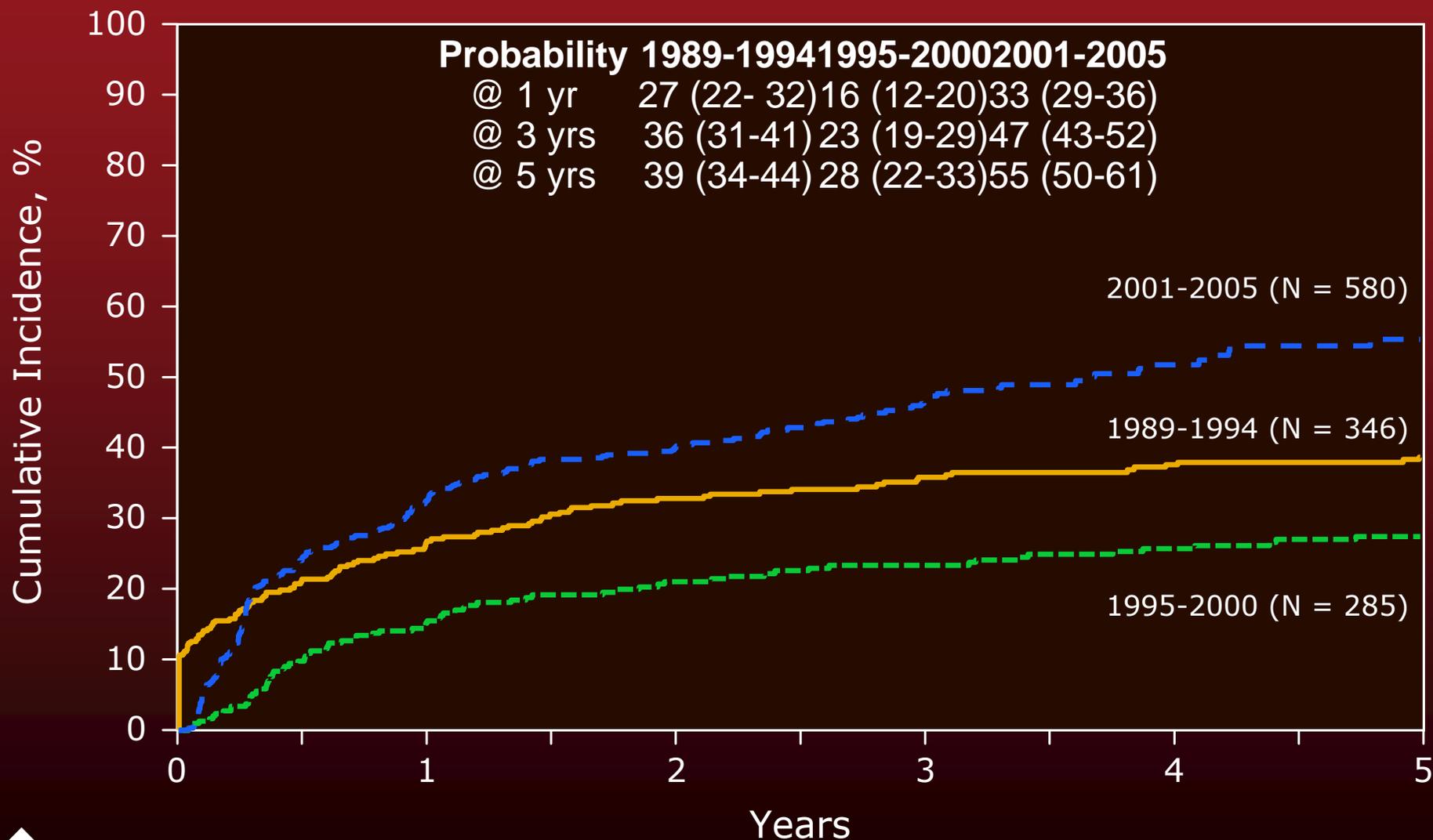
@3yrs 32 (28-37) 30 (25-36) 46 (41-50) <0.01

@5yrs 32 (28-37) 30 (25-36) 47 (42-51) <0.01

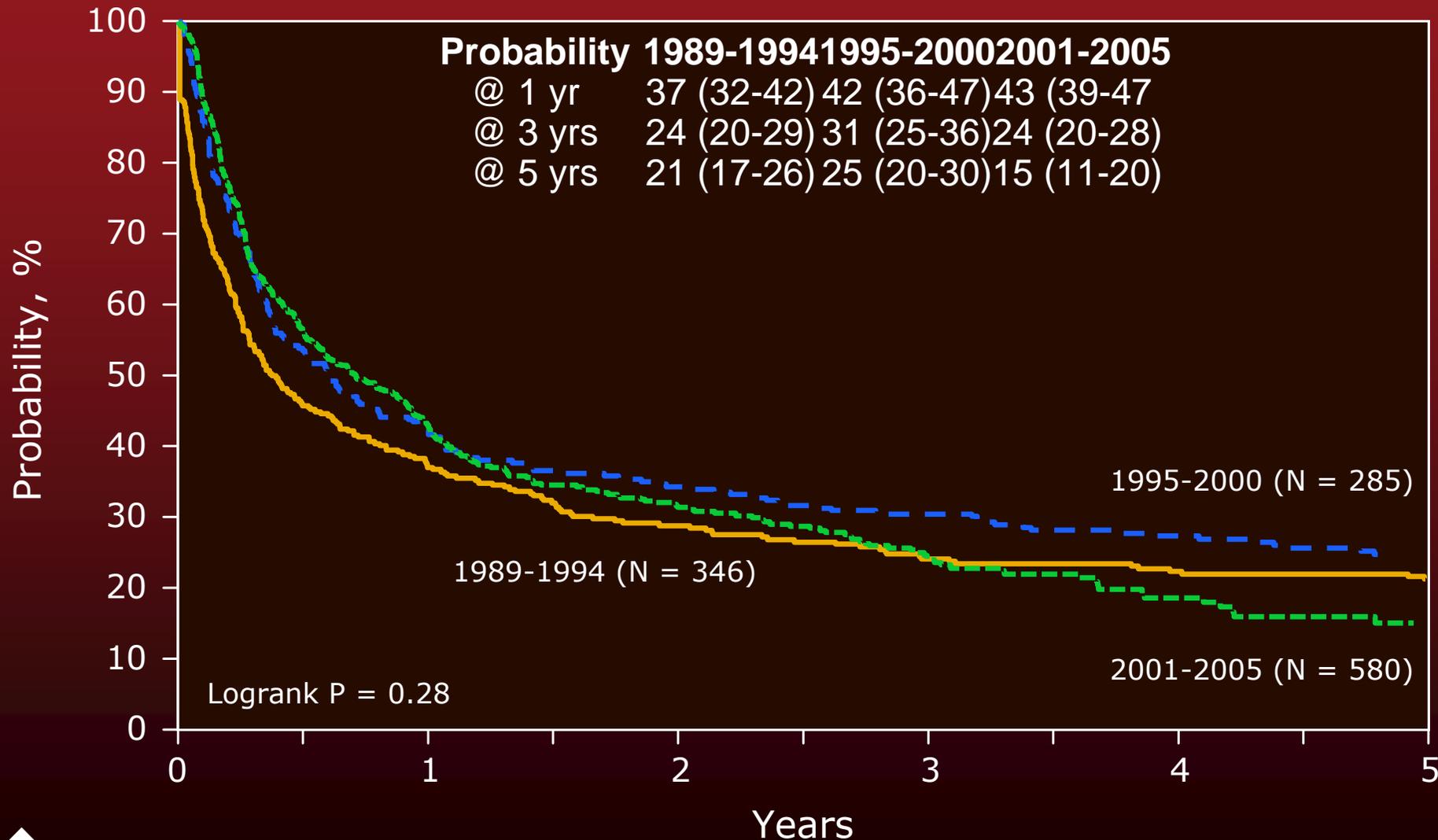
# Cumulative Incidence of Treatment-related Mortality for Allotransplant - by Year Group -



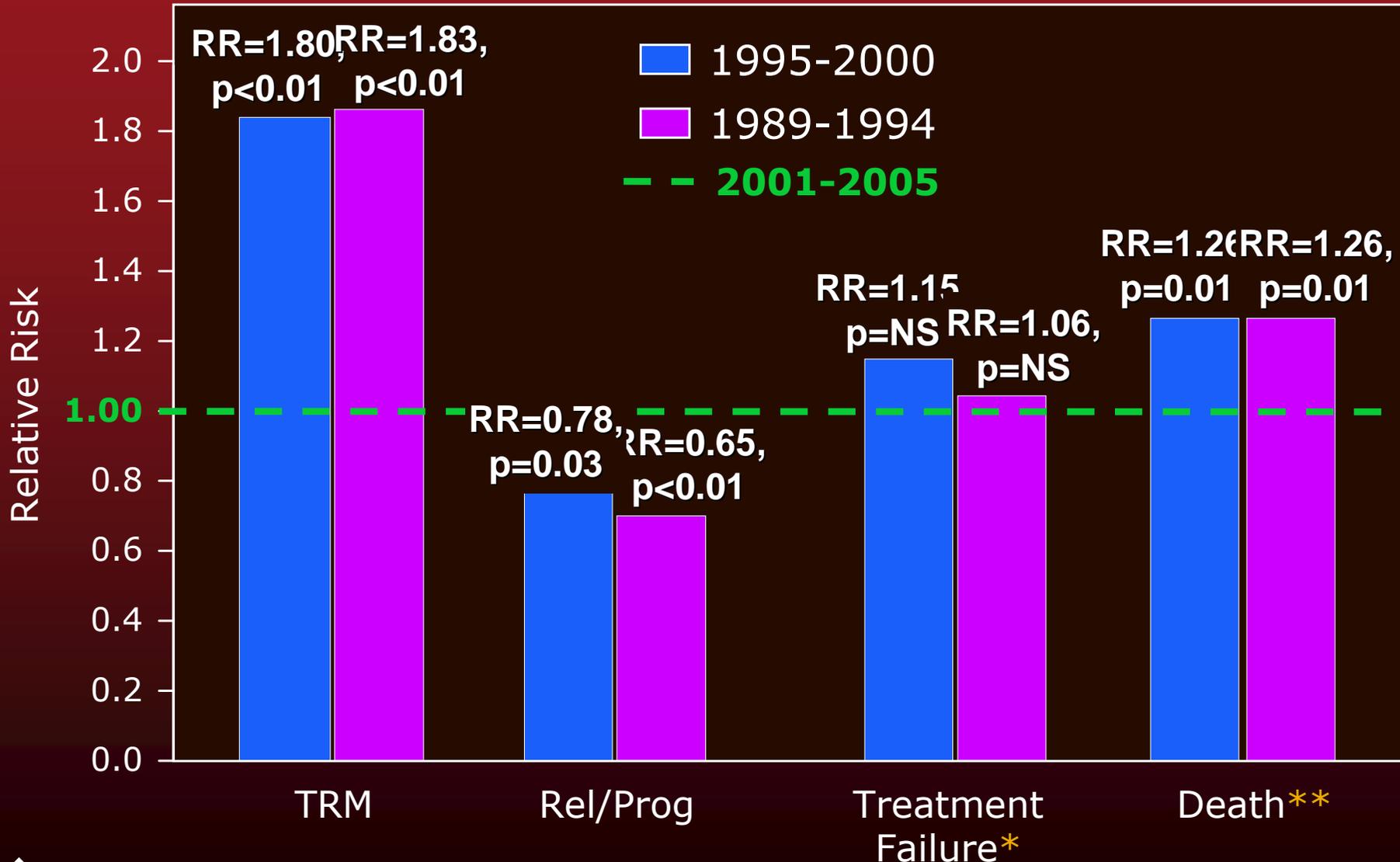
# Cumulative Incidence of Relapse for Allotransplant - by Year Group -



# Probability of Progression-free Survival - by Year Group -



# Relative Risk of Outcomes



# Causes of Death

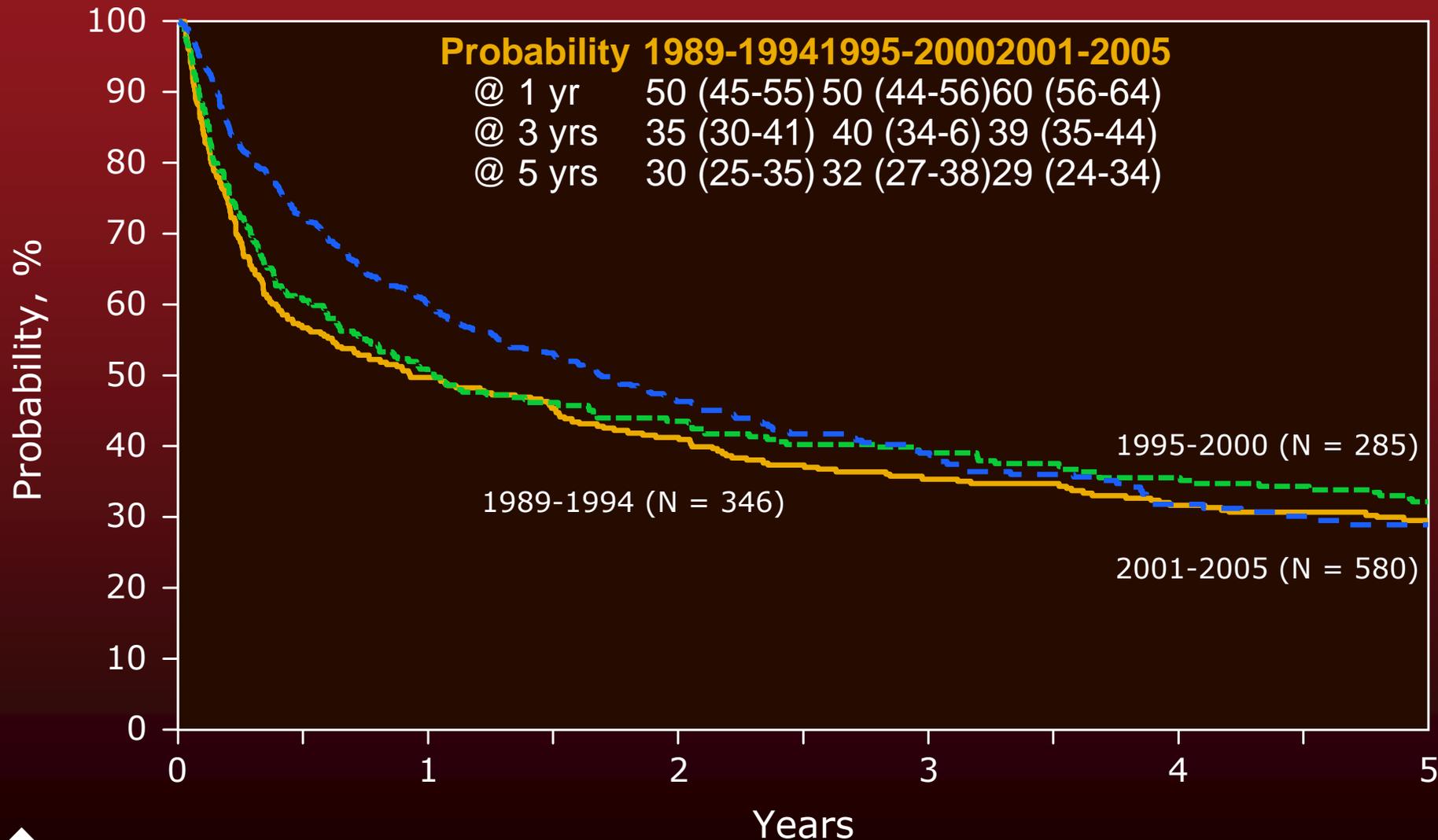
**1989-1994 1995-2000 2001-**

**2005**

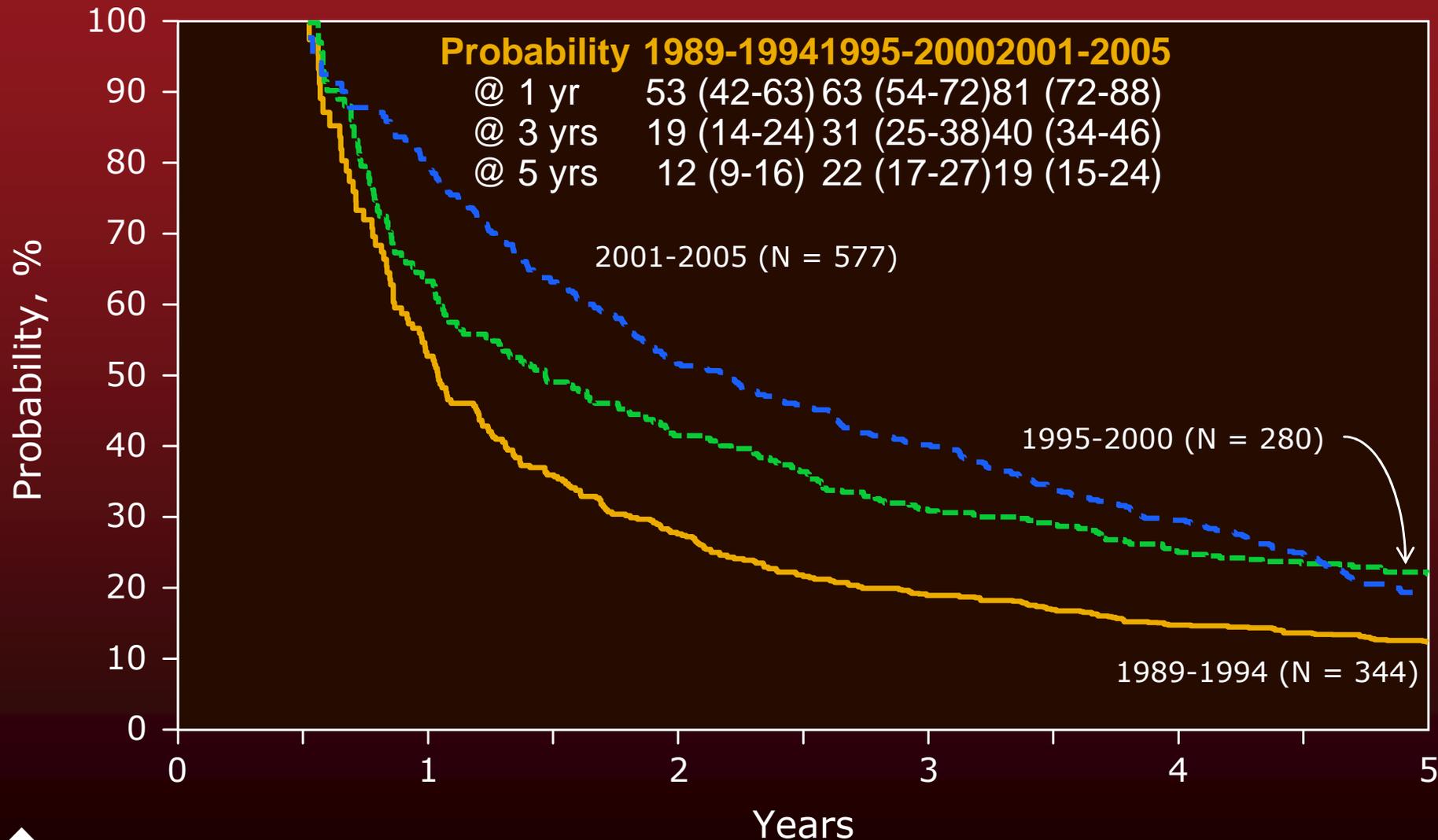
	1989-1994	1995-2000	2001-
Number of deaths	252/346	204/285	342/580
Progressive myeloma	45%	26%	41%
Infection	15%	17%	17%
Pulmonary syndrome	7%	4%	3%
Organ failure	8%	15%	9%
GVHD	6%	10%	5%
Other/unknown	19%	28%	25%

# Probability of Overall Survival after HCT

## - From Date of HCT -



# Probability of Overall Survival after HCT - From Date of Diagnosis -



# Conclusion

- ◆ Clear trend towards more of:
  - ★ Reduced intensity conditioning
  - ★ Unrelated donor SCT
  - ★ Use of PBSC grafts
  - ★ Selection of older patients
  - ★ Tandem auto-allo and patients with prior auto-HCT
- ◆ While TRM has decreased this did not translate into an improvement in survival because of increased risk of relapse

# Acknowledgements

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on behalf of the Working Committee,  
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