

Phase 2 randomised open label study of 2 modalities of Pomalidomide plus low-dose Dexamethasone in patients with Multiple Myeloma, refractory to both lenalidomide and bortezomib. IFM 2009-02.

Xavier Leleu, Michel Attal, Philippe Moreau, Alain Duhamel, Jean Paul Femand, Catherine Traulle, Mauricette Michalet, Gerald Marit, Claire Mathiot, Marie Odile Petillon, Margaret Macro, Murielle Roussel, Bertrand Arnulf, Brigitte Pegourie, Brigitte Kolb, Anne Marie Stoppa, Sabine Brechiniac, Laurent Garderet, Bruno Royer, Cyrille Hulin, Lotfi Benboubker, Olivier Decaux, Denis Caillot, Martine Escoffre-Barbe, Jean Luc Harousseau, Herve Avet-Loiseau, Thierry Facon

Service des Maladies du Sang
Hôpital Huriez, CHRU, Lille, France



Background

	Phase	Regimen	N	Schema	Doses	PR and better	PFS / DOR / OS, months (m)
Schey et al. JCO 2004	1	Poma	24	28/28	MTD 2 mg	54%	9.7 / - / 22.5
Streetly et al. BJH 2008	1	Poma	20	28/28	MTD 5 mg QOD	50%	10.5 / - / 33
Richardson et al. ASH 2009	1	Poma +/- Dex	32	21/28	2 to 5 mg	28%	- / - / -
Lacy et al. JCO 2009	1/2	Poma + Dex	60	28/28	2 mg	63%	11.6 / 97% at 6m / 94% at 6m
Lacy et al. Leuk 2010 *	2	Poma + Dex	34	28/28	2 mg 4mg (N=8)	32%	9.1 / 4.8 / 13.9
Lacy et al. ASCO 2010 \$	2	Poma + Dex	35	28/28	2 mg 4mg (N=9)	31%	TTP 8 m / - / 86% at 6m

* Lenalidomide refractory patients

\$ Refractory to both lenalidomide and bortezomib

Study Design

Arm A - Cycle 21 days

- Pomalidomide 4mg oral/d, 1-21
- Dexamethasone 40mg oral/w, 1, 8, 15, 22
- Aspirin/LMWH continue

Arm B - Cycle 28 days

- Pomalidomide 4mg oral/d, d 1-28
- Dexamethasone 40mg oral/w, 1, 8, 15, 22
- Aspirin/LMWH continue

6 pts per arm

STOP #1/DMC - TOLERANCE
Rule: acceptable

Simon stage 1
17 pts per arm

STOP #2 DMC - EFFICACY
Rule: 4 PR and better/arm

Simon stage 2
40 pts per arm

Until Progression
(relapse or refractory)

- Simon two stage design
- 22 IFM centres
- 92 pts included
- N=84 evaluable

Study Objectives

Primary objectives:

- Response rate (PR and better) according to IMWG in either arm

Secondary objectives: In either arm

- Safety of pomalidomide and dexamethasone
- Time to response and Response duration of pomalidomide and dexamethasone
- Time to disease progression and EFS to pomalidomide and dexamethasone
- Overall Survival of pomalidomide and dexamethasone
- Response with regards to cytogenetic of the BM tumor plasma cells

Key Eligibility Criteria

- Relapsed multiple myeloma with one or more prior therapies
- Refractory to at least 2 cycles of both lenalidomide and bortezomib
- Measurable disease: M protein of ≥ 1.0 g/dL in serum; ≥ 0.2 g in 24 hr urine collection sample; free light >100 mg/L (and abnormal K/L ratio)
- ECOG performance status = 0-2
- ANC $> 1 \times 10^9$ /L; Platelets $\geq 75 \times 10^9$ /L; Hb ≥ 8 g/dL
- Creatinine clearance ≥ 50 mL/min
- Known Intolerance of thalidomide or lenalidomide
- Neuropathy $<$ Grade 2

Assessments

- Patients continue to participate to the study until **Progression**
- Disease response was assessed according to **IWMG criteria**
 - Efficacy assessments included monthly M-protein measurements in serum and 24-hour urine, and bone marrow examination if CR
 - Assessments of M-protein were objective and performed by a **central laboratory**
- Adverse events (AEs), serious AEs and laboratory values were recorded
 - Toxicities were graded according to NCI-CTCAE version 3.0

Patient Characteristics at diagnosis

	Arm	21/28 N = 43	28/28 N = 41
Time from Diag-Screening, months (range)		61 (11-224)	78 (8.8-334)
Median b2m, mg/L (range)		3.9 (1.2-15.7)	2.7 (1.3-6.4)
Median albumin, g/L (range)		37 (25-49)	38 (28-47)
ISS Stage II / III (%)		50 / 18	46 / 11
Bone lesion, presence (%)		60	53
Measurable M component, N (%)			
Serum M spike		36 (84)	33 (82)
Bence Jones		4 (9)	4 (10)
sFLC		3 (7)	3 (8)

Patient Characteristics at entry into IFM2009-02

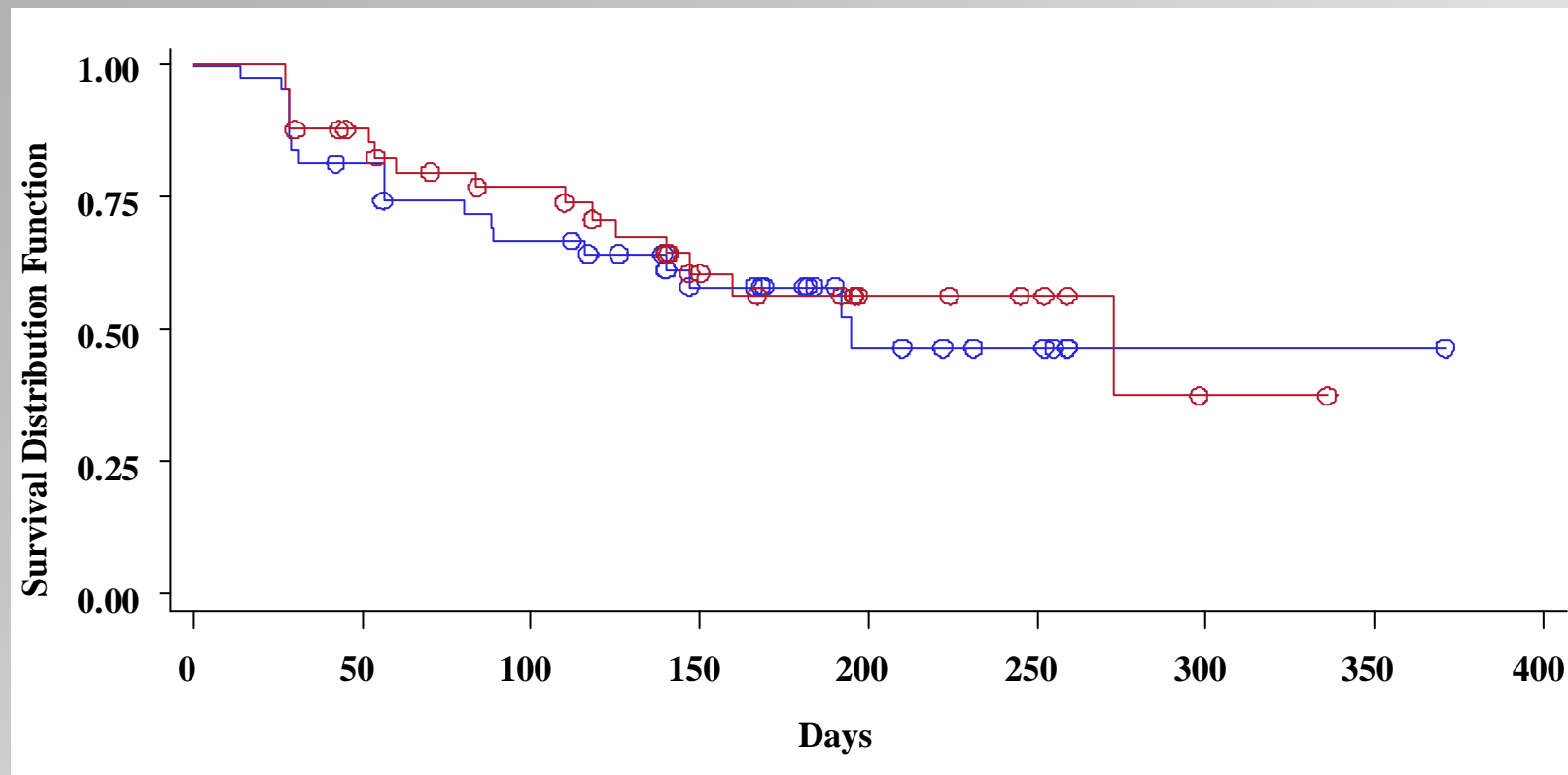
	Arm	21/28 N = 43	28/28 N = 41
Median age, years (range)		54 (39-78)	53 (36-69)
Gender ratio (M/F)		2	2
Neuropathy (all grades), N (%)		34 (79)	25 (61)
DVT/PE prophylaxis, N (%)	LWMH	10 (23)	8 (19.5)
	VKA	7 (16)	4 (10)
Median Hb, g/dL (range)		11 (7-14)	13 (6-14)
Median PNn, x10 ⁹ /L (range)		2.6 (1.0-10)	2.8 (0.9-8)
Median Plat, x10 ⁹ /L (range)		168 (51-366)	142 (63-269)
T(4;14), N(%)		0	3 (7)
Del17p, N(%)		5 (12)	4 (10)
Prior line of therapy, N (range)		4 (1-8)	4 (1-8)
Thalidomide, N (%)		20 (46.5)	24 (58.5)
Revlimid, N (%)		(100)	(100)
Velcade, N (%)		(100)	(100)

Response (ITT - Central lab)

Arm	21/28 N=43	28/28 N=41
Number of cycle, median	5	5
ORR (PR and better), N(%)	18 (42)	16 (39)
sCR	0	0
CR	1 (2)	0
VGPR	3 (7)	2 (5)
PR	14 (32.5)	14 (34)
Stable disease, N(%)	20 (46.5)	21 (51)
Progression, N(%)	5 (12)	1.7 (10)
Time to best response, months (range)	2 (1-9)	1.7 (1-9)

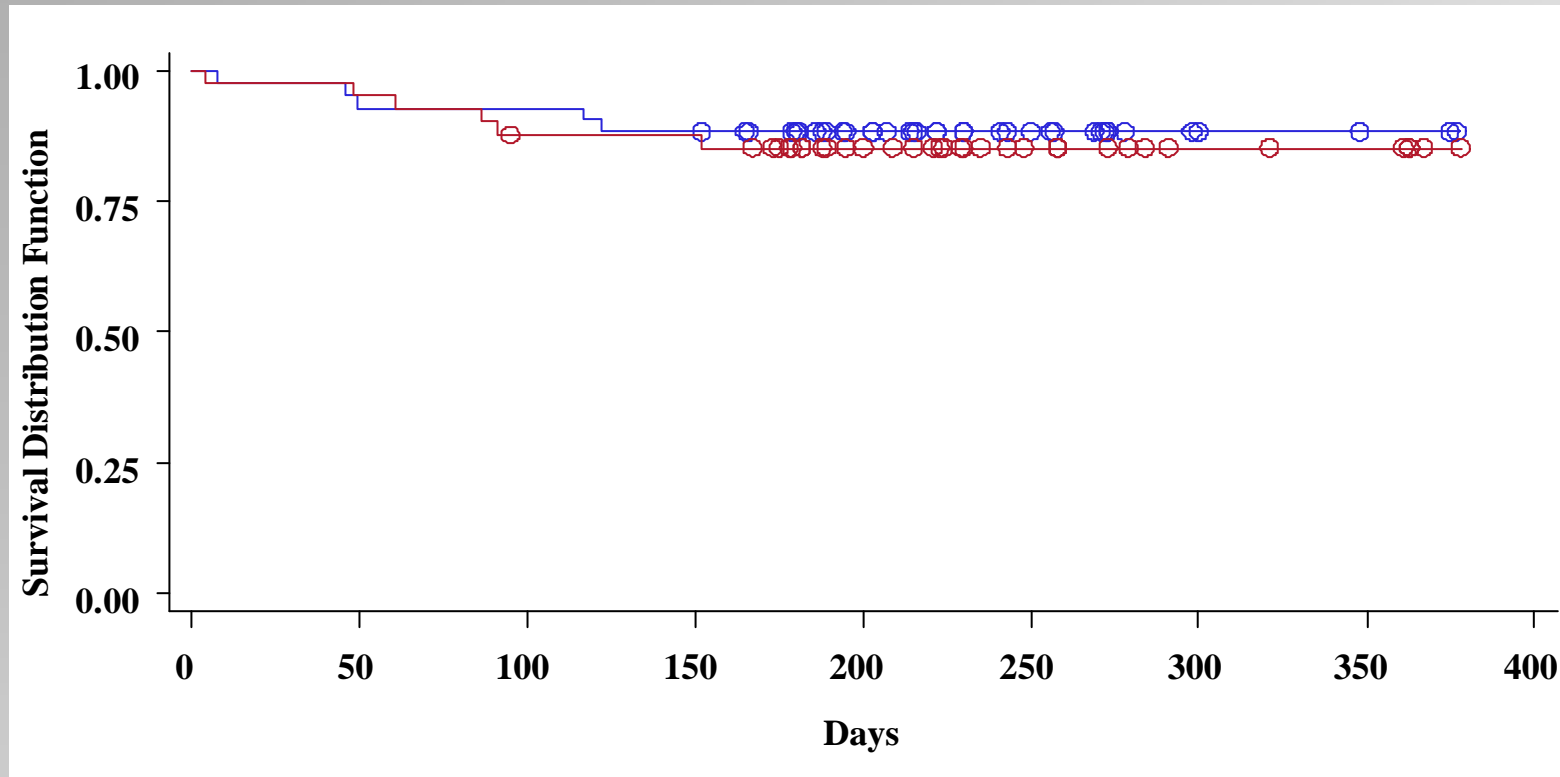
Time To Progression (TTP)


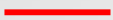
Median follow-up is 6.5 months (arm A 21/28) and 7 months (arm B 28/28)



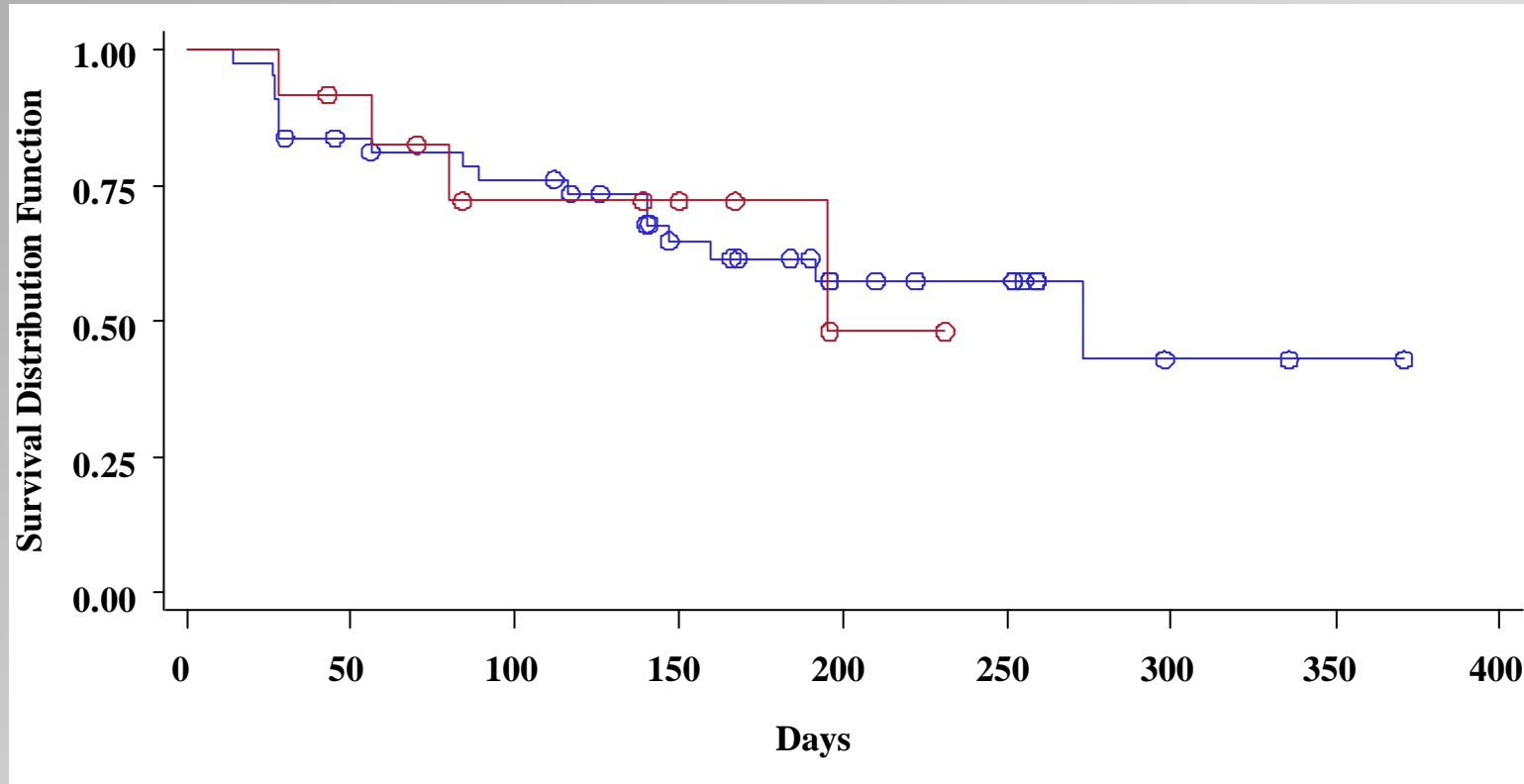
	Arm	O/N	Median, months	Range
—	21/28	19/43	7	(4 -)
—	28/28	16/41	9.7	(4 -)

Overall Survival



	Arm	O/N	Median
	21/28	5/43	88% at 6 months
	28/28	6/41	85% at 6 months

TTP according to Presence of del17p or t(4;14)



Del17p or t(4;14)	O/N	Median, Months	Range
— No	17/4 3	9.7	(5.2-)
— Yes	4/12	7	(2-)

Hematological Adverse Events

Arm	21/28 N = 43	28/28 N = 41
Grade 3 and more, % \geq Grade 3 AE out of all AE	23.5	26.5
% hematological AE out of \geq grade 3 AE	66	76
Hb \leq 8 g/dL, %	11	14
PNn \leq 1 $\times 10^9$ /L, %	34	33.5
Plat \leq 50 $\times 10^9$ /L, %	18	21
Support (at least once per patient), %		
EPO	32.5	34
G-CSF	30	44
Red cell transfusion	28	34
Platelet transfusion	16	17

Non Hematological Adverse Events of special interest

Arm	21/28 N = 43	28/28 N = 41
Grade 3 and more		
% non hematological AE out of all AE	12	9
Neuropathy, N	0	0
DVT (with DVT prophylaxis), N	0	0
Asthénia, N	4	2
Cramps, N	0	2
Diarrhea, N	0	2
Hyperglycemia, N	1	0
Bronchitis, N	1	1
Pneumonia, N	1	1

Reduced doses of study treatment

Arm	21/28 N = 43	28/28 N = 41
Reduced dose of Pomalidomide, N (%)	21 (49)	17 (41)
3 mg	7	5
2 mg	2	4
1 mg	0	1
Dose interruption / discontinuation	12	7
Reduced dose of Dexamethasone, N (%)	21 (49)	22 (54)
20 mg	6	9
10 mg	1	1
Dose interruption / discontinuation	14	12

Conclusions

- The association of Pomalidomide and Dexamethasone is safe and provide responses in patients with advanced and refractory myeloma to bortezomib and lenalidomide
- Pomalidomide 4mg per day is well tolerated
- Pomalidomide 4mg /day 21 days out of 28 days-cycle does not appear inferior to pomalidomide 4mg /day continuous on 28 days-cycle

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