

# **Clinical trials conducted by Spanish Myeloma Group in elderly MM patients**

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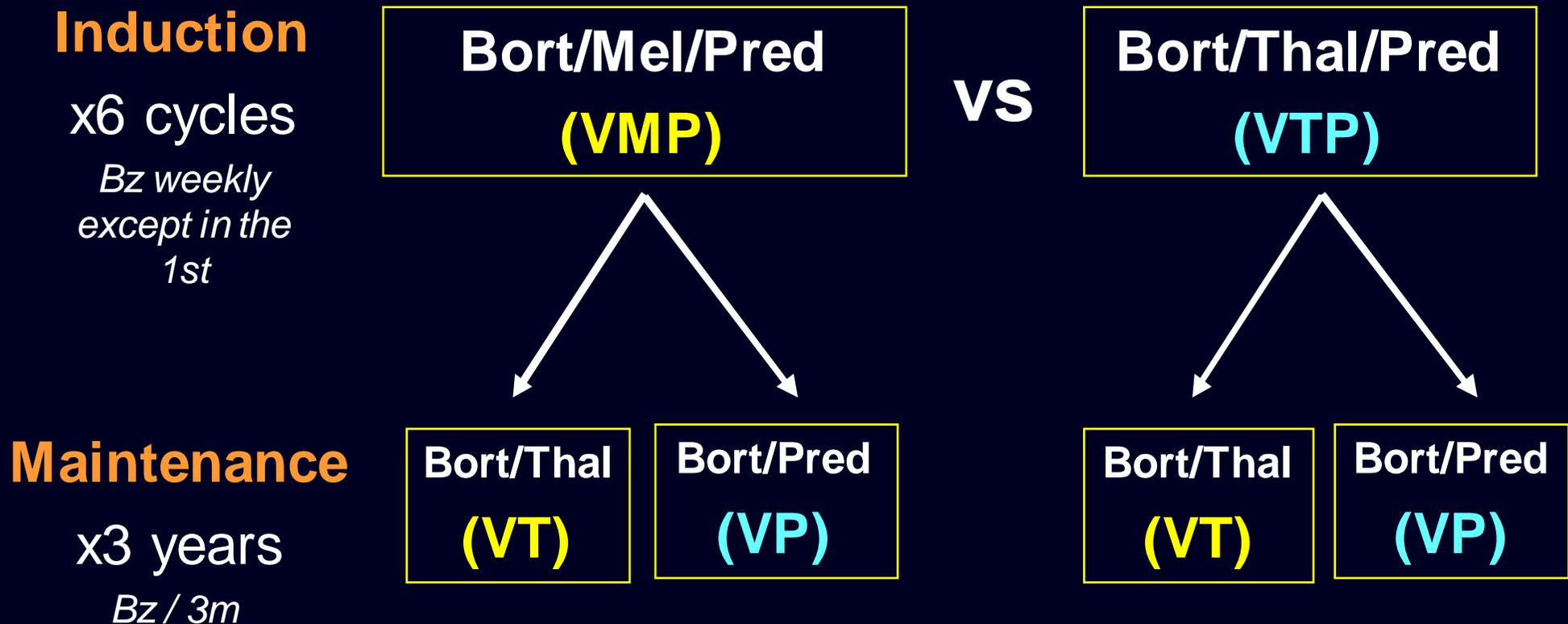
# VMP: Phase I/II study

- Our **phase I/II PETHEMA/GEM study** showed that bortezomib plus MP (VMP) resulted in rapid and durable responses
  - 89%  $\geq$ PR with **32% CR rate**
  - Median time to progression (TTP) was **27.2 months**
  - OS was 85% (vs 38% for historical MP) at 38 months
    - Median OS was not yet reached
  - VMP was well tolerated**; patients remained on therapy for a median of 9 months
- Rationale for the **VISTA** trial

# VISTA trial: Reference for improvement

	<b>VISTA (344pts)</b>	<b>GEM2005</b>
PR	75%	<b>Optimized approach</b>
CR	30%	
TTP	24 m	
OS (at 3 y)	67%	
Neuropathy (G3)	13%	
G-I (G3)	19%	
Discontinuations	17%	

# Modified VMP vs VTP followed by maintenance with VT or VP in newly diagnosed elderly patients with MM



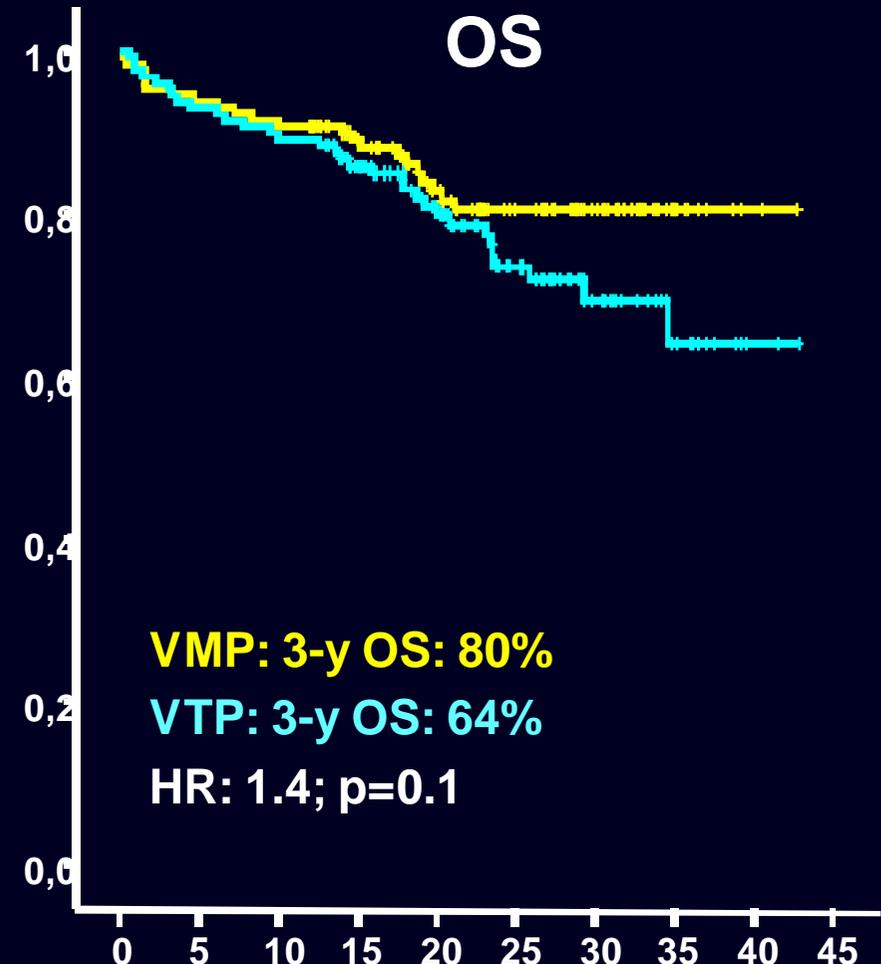
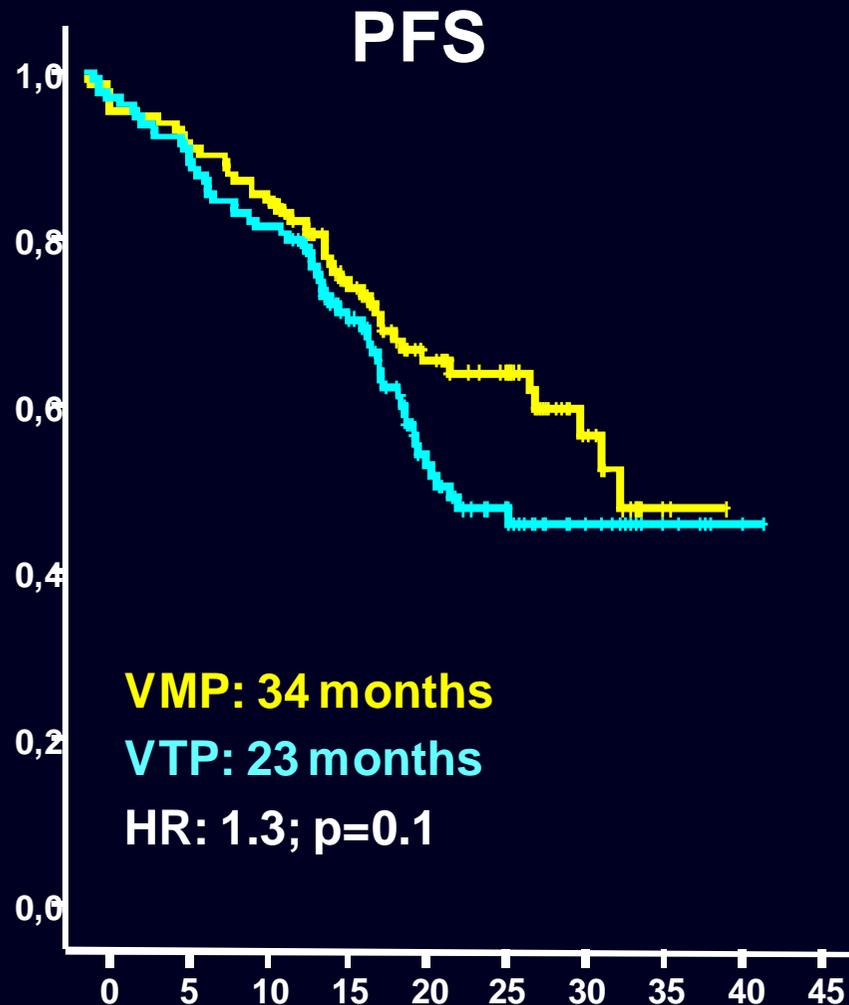
# Comparison between GEM 2005 and VISTA

	<b>GEM 2005</b> (260pts)	<b>VISTA</b> (344pts)
Neuropathy (G3)	5%	13%
G-I (G3)	7%	19%
Discontinuations	11%	17%
PR	80%	75%
CR	23% - 42%	30%
PFS	31 <sup>1</sup>	21 m
OS (at 3 y)	70%	67%

1. The value of Maintenance: Increase in CR and proplonged TTP/PFS (bordeline superior for VT > VP : p O,05).

# Influence of induction regimens: **VMP** vs **VTP**

*Survival from 1st randomization*



*More discontinuations with VTP (17%) and more SAEs (15%VMP/30%VTP).*

Median follow-up: 24 m (12-43)

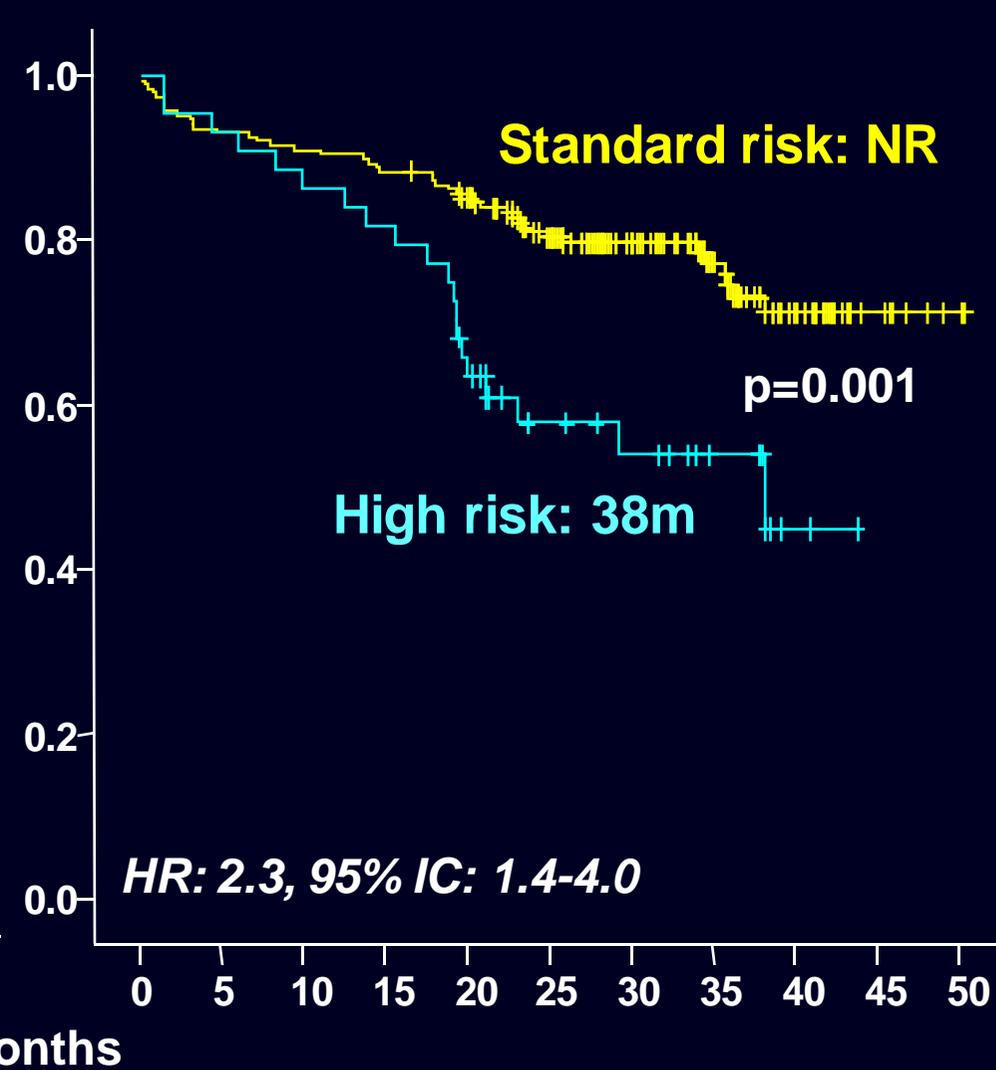
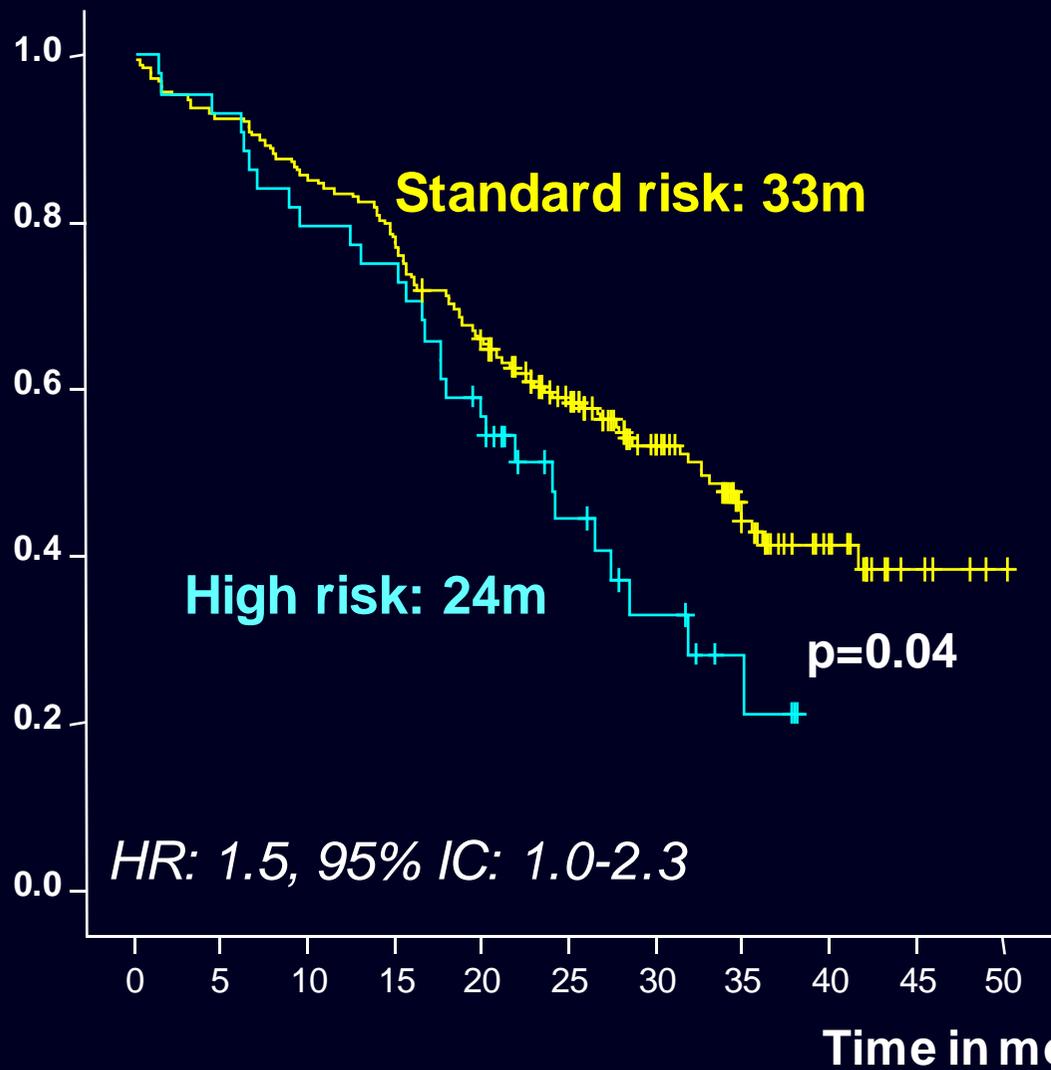
Mateos *et al.* Lancet Oncology 2010; 10(11): 934-41

# Outcome according to cytogenetic abnormalities

Median follow-up: 32 m

PFS

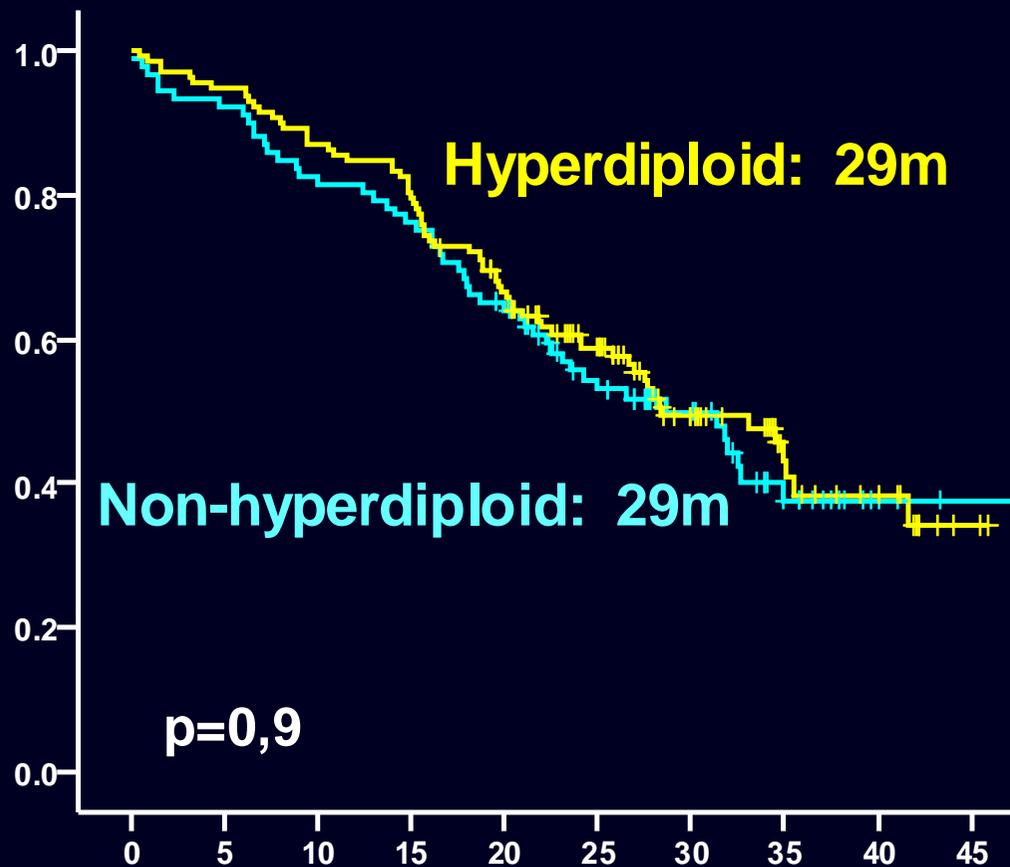
OS



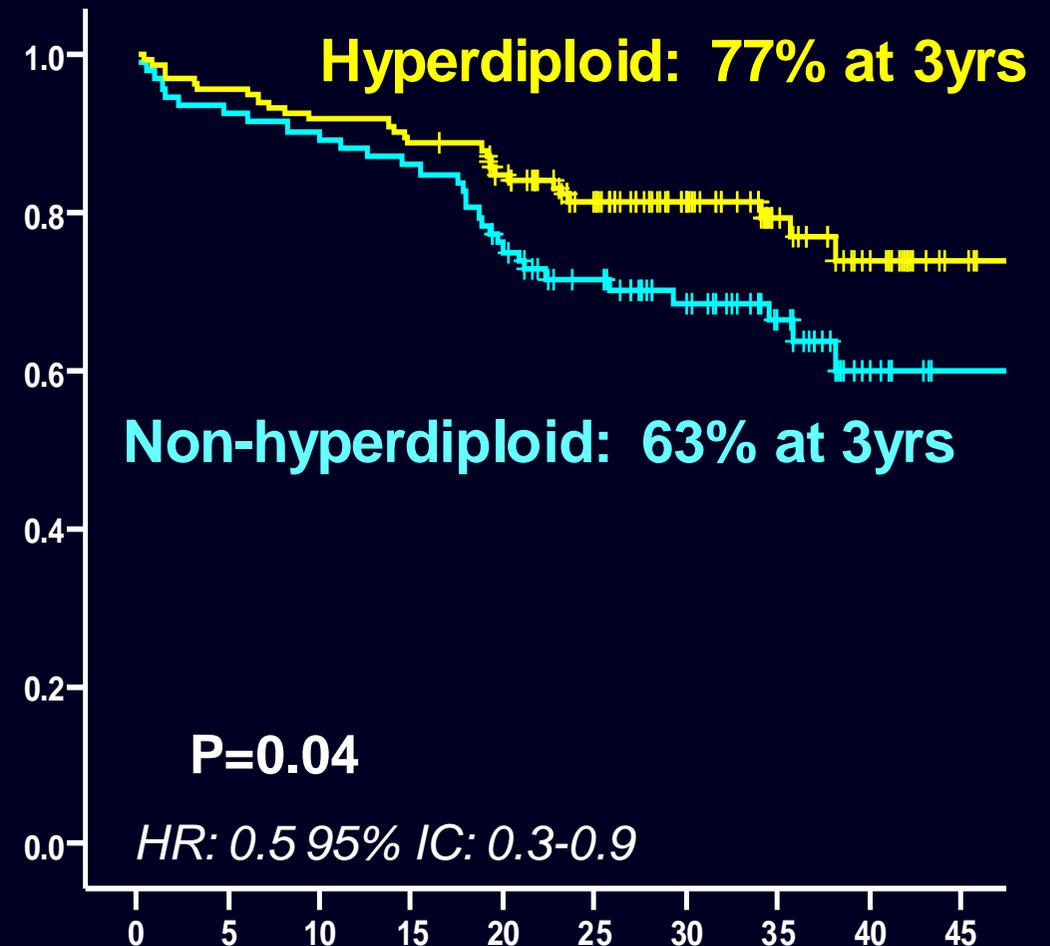
# Outcome according to DNA ploidy

Median follow-up: 32 m

PFS



OS



The negative effect of OS for non-hyperdiploid patients especially observed for **VTP arm** vs VMP

# GEM2010MAS65

National, Multicenter, Phase II, randomized trial in newly diagnosed multiple myeloma patients **older than 65 years** with VMP and Ld



# Schedule of therapy

Symptomatic newly diagnosed MM pt > 65 y



Nie można obecnie wyświetlić tego obrazu.

## Sequential scheme

MPV x 9cycles

Lendex x 9 cycles

## Alternating scheme\*



- Hypothesis:
- Higher efficacy for the alternating scheme
  - Less probability of cell scape
  - Lower cumulative toxicity

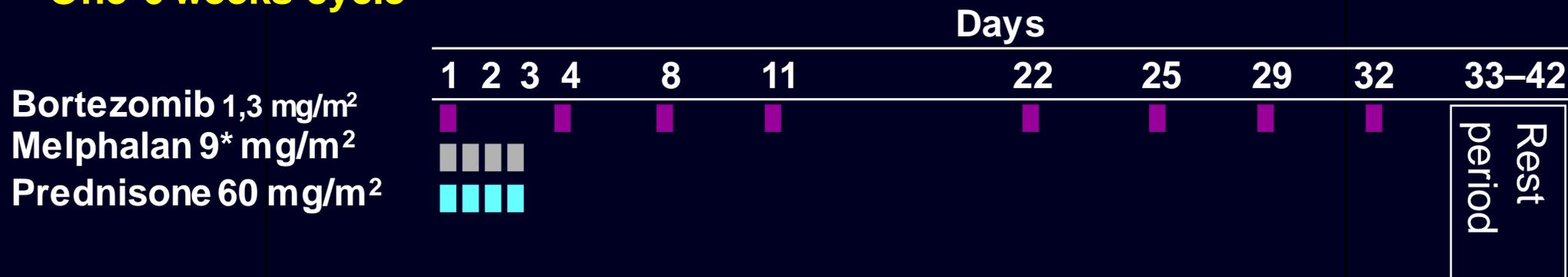
**74 weeks**

\* Half of the patients will start by VMP and half by Rd

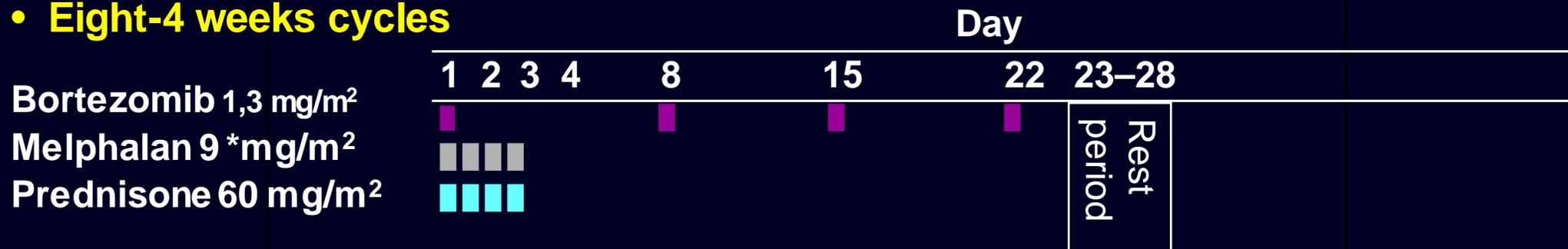
**N: 240 pts**

# VMP scheme

- One-6 weeks cycle



- Eight-4 weeks cycles



\* >75a: 6mg/m<sup>2</sup>

# Len-dex scheme

✘ Nie można obecnie wyświetlić tego obrazu.

- Cycles of 4 weeks of duration

**Lenalidomide oral: 25 mg/day**



**Dexamethasone, 40 mg**



# Primary efficacy objectives

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- **Progression Free Survival (PFS)** of MPV and Rd given as a sequential vs alternating schedule
- **Efficacy** in terms of **responses, OS, TTP, TNT.**
- **Safety and tolerability** of both treatment schedules proposed
- **Biologic studies (including genomic study)** to identify biologic characteristics in responders and/or refractory patients to the treatment schemes proposed

*Planned enrollment: 240*

# Acknowledgments



**Investigators including patients in the Spanish Myeloma Group's trials, and most of all, the patients!**