Minimal residual disease (MRD) assessment using multiparameter flow cytometry (MFC) predicts outcome in both intensively and non-intensively treated patients: Results from the MRC Myeloma IX trial.

> A Rawstron, R de Tute, A Child, F Davies, W Gregory, S Bell, A Szubert, N Navarro-Coy, M Drayson, S Feyler, F Ross, G Cook, G Jackson, G Morgan & R Owen.



Disclosures

- The trial was funded by the Medical Research Council (UK).
- Support for the linked scientific investigational studies was received from Bayer-Schering, Celgene, Chugai, Novartis, Pharmion, and Ortho Biotech in the form of unrestricted educational grants.
- Dr RG Owen has received honoraria from Celgene and Ortho Biotech.



MRC Myeloma IX — Trial Design

N = 1,960



Flow cytometry in MM.

Report of the European Myeloma Network (EMN) on multiparametric flow cytometry in multiple myeloma and related disorders

Andy C. Rawstron, Alberto Orfao2*, Meral Beksac3, Ludmila Bezdickova4, Rik A. Brooimans5, Horia Bumbea6, Klara Dalva3, Gwenny Fuhler7, Jan Gratama5, Dirk Hose8, Lucie Kovarova9, Michael Lioznov10, Gema Mateo2, Ricardo Morilla11, Anne K. Mylin12, Paola Omede13, Catherine Pellat-Deceunynck14, Martin Perez Andres, Maria Petrucci15, Marina Ruggeri13, Grzegorz Rymkiewicz16, Alexander Schmitz17, Martin Schreder18, Carine Seynaeve19, Martin Spacek4, Ruth M. de Tute, Els Van Valckenborgh19, Nicky Weston-Bell20, Roger G. Owen1, Jesús San Miguel, Pieter Sonneveld21, Hans E. Johnsen22 on behalf of the European Myeloma Network23



EMN

- Minimum four colour method
- Gating using CD38, CD138 and CD45
- MRD+ defined by a minimum of 100 events (10⁶ total events acquired for a sensitivity of 0.01%)
- Clonality assessment suboptimal for MRD due to the presence of normal cells in post treatment samples
- Aberrant phenotype defined by CD19 and CD56
- Leeds CD138/CD38/CD45/CD19/CD56/CD27

MRD negativity: Superiority of CTD/CTDa.

	CVAD	CTD	
Post induction (n=774)	8%	16%	P=0.0029
Day 100 (n=526)	38%	53%	P=0.0009

	M & P	CTDa	
End of treatment (n=510)	2%	13%	P=0.000007



PFS: Day 100 MRD assessment.





PFS according to end of induction and day 100 MRD.

Progression-free survival by outcome for intensive pathway patients -1:IND+;HDM+ -2:IND+;HDM- -3:IND-;HDM+ -4:IND-;HDM-



Overall survival: Day 100 MRD status.



PFS: Non-intensive pathway (n=510).





OS: Non-intensive pathway.



Comparison of MRD and paraprotein responses at Day 100 post HDM.





MRD predicts outcome in patients in CR.



Outcome according to MRD status and conventional response.



What about maintenance?



Maintenance or consolidation?



N=158

Effect of cytogenetics.







Conclusions.

- MRD assessment by flow cytometry is highly predictive of outcome
 - PFS and OS
 - intensive and non-intensive therapies
 - favourable and adverse cytogenetics
- Complimentary to conventional response assessment
- Assessment of individual components of multicomponent treatment schedules and maintenance strategies

Acknowledgements

HMDS, Leeds

AC Rawstron

RG Owen

R de Tute

M Dewar

S Denman

ICR, London

FE Davies

M Jenner

B Walker

D Johnson

D Gonzalez

N Dickens

K Boyd

P Leone

Chief Investigators

JA Child **GJ** Morgan

GH Jackson

CTRU, Leeds

K Cocks W Gregory A Szubert S Bell

N Navarro Coy

F Heatley

P Best

J Carder

M Matouk

D Emsell

A Davies

D Phillips

A Gillman

L Flanagan

C Tyas and others



University of Birmingham MT Drayson K Walker A Adkins N Newnham

Wessex Regional Genetics Laboratory, Salisbury

F Ross L Chieccio

LTHT, Leeds

G Cook

S Feyler

D Bowen

UNIVERSITY OF LEEDS

L Brito A Avridromou

The Institute

MRC Leukaemia Trial Steering Committee

MRC Leukaemia Data Monitoring and **Ethics Committee**

NCRI Haematological Oncology **Clinical Studies Group**

NIHR, through the National Cancer **Research Network**

UK Myeloma Forum Clinical Trials Committee

Myeloma UK

Funding

Medical Research Council

Pharmion

Novartis

Chugai Pharma

Bayer Schering Pharma

OrthoBiotech

Celgene

Kay Kendall Leukaemia Fund



Mecloal Research MRC Courcil





Acknowledgements

Patients and staff from 121 participating institutions in the UK

Nottingham City Hospital Leeds General Infirmary Hull Roval Infirmary Ninewells Hospital, Dundee Addenbrooke's Hospital. Cambridge St James's University Hospital, Leeds Christie Hospital, Manchester Blackpool Victoria Hospital Glan Clwvd Hospital James Paget Hospital, Great Yarmouth The Great Western Hospital Swindon New Cross Hospital, Wolverhampton Eastbourne District General Hospital Hillingdon Hospital, Uxbridge Kings Mill Hospital, Sutton-in-Ashfield University Hospital Aintree, Liverpool Western Infirmary Glasgow Glascow Roval Infirmary Stepping Hill Hospital, Stockport Good Hope Hospital. Sutton Coldfield Darlington Memorial Hospital Diana Princess of Wales Hospital, Grimsby Bradford Royal Infirmary Manchester Royal Infirmary Stoke Mandeville Hospital, Aylesbury Scarborough General Hospital Hope Hospital. Manchester Poole Hospital Barnsley District Hospital Roval Alexandra Hospital, Paislev City Hospital, Birmingham Pilgrim Hospital, Boston Royal Surrey County Hospital Southport and Formby District General Hospital Grantham and District Hospital Doncaster Royal Infirmary Queen Mary's Hospital, Sidcup Royal Bolton Hospital Arrowe Park Hospital Mid Staffordshire General Hospita

Western General Hospital, Edinburgh Birmingham Heartlands Hospital Roval Liverpool University Hospital University Hospital of Wales, Cardiff Aberdeen Roval Infirmarv Russells Hall Hospital, Dudley Roval Cornwall Hospital, Truro James Cook University Hospital Medway Maritime Hospital, Gillingham Royal United Hospital, Bath Gloucestershire Roval Hospital Ysbyty Gwynedd, Bandor Sandwell General Hospital Lincoln County Hospital Que en Elizabeth Hospital Kings Lvnn St Bartholomew's Hospital, London Southern General Hospital, Glasgow Darent Valley Hospital Trafford General Hospital, Manchester St Richard's Hospital. Chichester Pembury Hospital Warwick Hospital Southend General Hospital Whiston Hospital. Prescot Que en Eliza beth Hospital, Gateshead Countess of Chester Hospital Victoria Infirmary, Glascow Princess Royal University Hospital North Devon District Hospital Borders General Hospital King George Hospital, Ilford Dorset County Hospital University Hospital of North Tees North Tyneside General Hospital Harrogate District Hospital Roval Marsden Hospital, Sutton Prince Charles Hospital, Merthyr Tydfil Central Middlesex Hospital Ipswich Hospital Mayday Hospital

Roval Devon and Exeter Hospital Royal Hallamshire Hospital, Sheffield Mid Yorkshire NHS Trust Torbay Hospital, Torquay Worcester Roval Infirmary Derbyshire Royal Infirmary Southampton General Hospital Colchester General Hospital Norfolk and Norwich University Hospital St Helier Hospital, Carshalton Singleton Hospital. Swanse a Monklands General Hospital, Airdrie Wycombe General Hospital Chesterfield & N Derbyshire Royal Kent and Canterbury Hospital Cheltenham General Hospital Hereford County Hospital Salisbury District Hospital Bristol Haematology & Oncology Centre Oldchurch Hospital, Romford Taunton and Somerset Hospital Walsorave Hospital The Royal Bournemouth Hospital Derriford Hospital Worthing Hospital Royal Victoria Infirmary, Newcastle Rotherham General Hospital Milton Keynes General Hospital Kingston Hospital Queen Elizabeth Hospital, Birmingham Conquest Hospital. St Leonard's on Sea Southmead Hospital, Bristol George Eliot Hospital Epsom General Hospital Basildon Hospital Nevill Hall Hospital, Abergavenny Prince Philip Hospital Northwick Park Hospital, Harrow South Tyneside District Hospital Forth Valley