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Lenalidomide-dexamethasone vs bortezomib-melphalan-prednisone in transplant ineligible myeloma

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Background/Aims: Although lenalidomide-dexamethasone (RD) has been recently covered by public insurance in Korea for patients with transplant ineligible multiple myeloma (TIMM), a comparative study of RD and bortezomib-melphalan-prednisolone (VMP) is lacking; VMP has been regarded as a standard first treatment option for TIMM in era that RD was not available. **Methods:** VMP (23 cases) and RD (29 cases) were retrospectively investigated to identify the treatment outcomes for TIMM from January 1, 2018 to December 31, 2018 in our center. Our center established rough criteria for selection of RD (not VMP) in patients with age older than 75 years or absence of end-organ damage related to high-burden of myeloma such as hypercalcemia, renal failure, extensive bony lesion, plasmacytoma, and hyperviscosity syndrome. Since these criteria were not applied as an absolute one, the selection of treatment could be confirmed according to clinician's discretion and/or patient's preference. **Results:** Baseline characteristics were well-balanced between the two groups except for higher β_2 -microglobulin level ($p=0.018$) and advanced renal failure ($p=0.017$) in VMP group than those in RD group. Overall response rate (93.1% in RD vs. 82.6% in VMP, $p=0.387$) were similar in both group: VGPR or better response rates of 65.5% in RD and 60.9% in VGPR ($p=0.778$); CR rates of 27.6% in RD and 39.1% in VMP ($p=0.562$). The 1 year-progression-free survivals were also comparable: 81.9% in RD and 68.6% with VMP ($p=0.439$). **Conclusions:** Despite given limitations of retrospective study design and selection of treatment option that bias can be inherited, either RD and VMP showed acceptable and similar outcomes for TIMM.

