

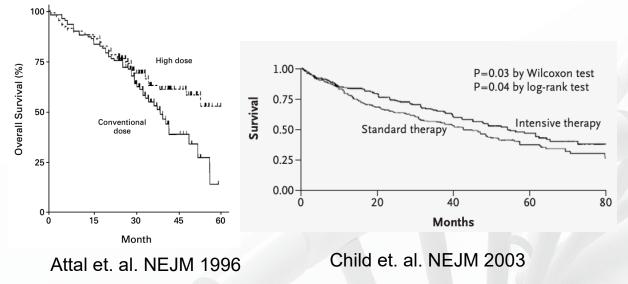
EARLY AUTO TRANSPLANT FOR MYELOMA

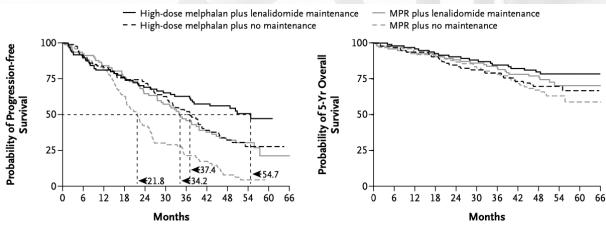
Vikas Gupta, MD, PhD Assistant Professor



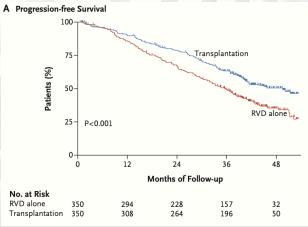


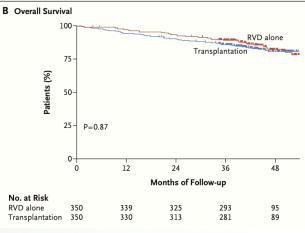
PREVIOUS EVIDENCE FOR THE ROLE OF TRANSPLANT



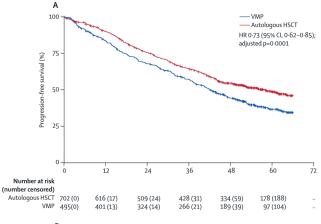


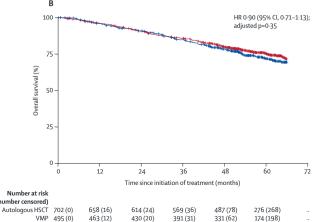
Palumbo et. al. NEJM 2014





Attal et. al. NEJM 2017





Cavo et. al. Lancet Hematology 2020



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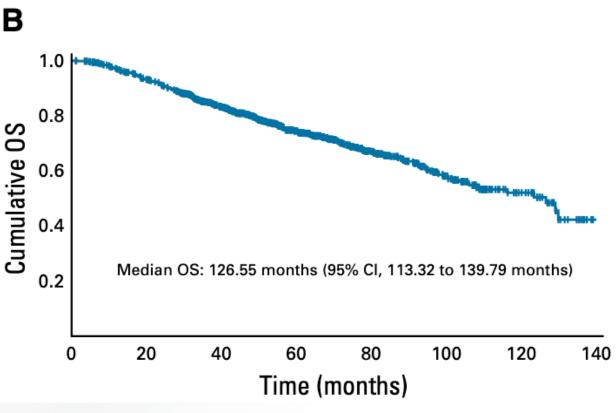
THE CASE FOR EARLY AUTO

- OS is not the right endpoint
- The PFS benefit is important to patients
- Transplant benefits high risk patients and is the best shot at a cure for standard risk
- Delaying transplant risks no transplant

OS IS NOT THE RIGHT ENDPOINT

- Overall survival was not the primary endpoint in DETERMINATION
- Median overall survival in our institutional experience with RVD and transplant is 10 years and NR for SR patients (mFU 88m)
- Need longer follow up to see OS benefit

RVD1000



Joseph et. al., JCO 2020

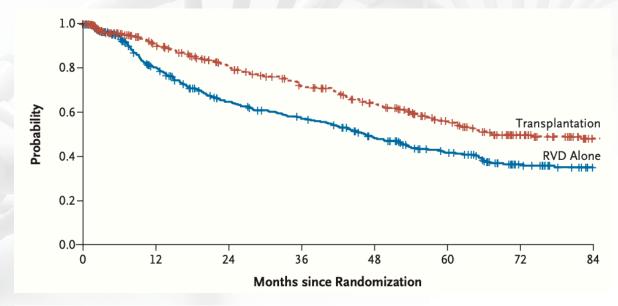
PFS BENEFIT IS IMPORTANT TO PATIENTS

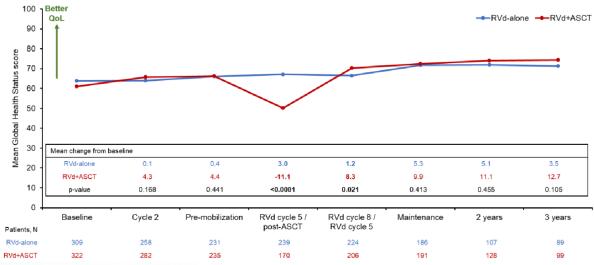
Median PFS was 67.5 mo (ASCT) vs. 46.2 mo (RVD alone)

PFS and OS decrease with each subsequent line of therapy

- PI and IMiD refractory OS = 13 months
- PI, IMiD, and MAb refractory OS = 9.2 months
- Penta-refractory OS = 5.6 months

Improved tolerance and quality of life



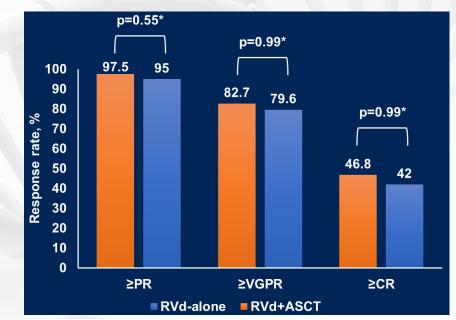


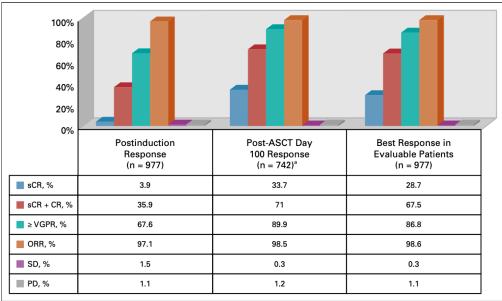
Richardson et. al., NEJM 2022

BENEFITS OF TRANSPLANT

HDT-ASCT has repeatedly shown to lead to improved DOR and higher MRD negativity rates

 In DETERMINATION, MRD negativity 54% vs 40% favoring ASCT



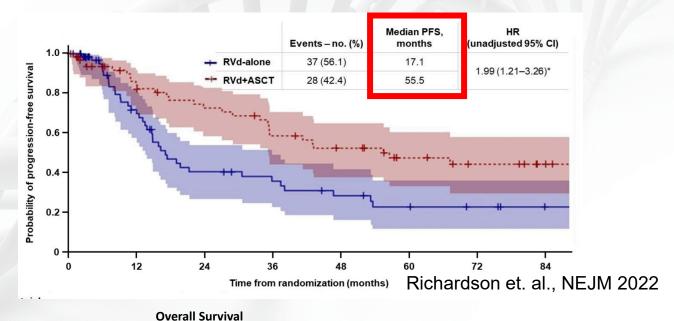


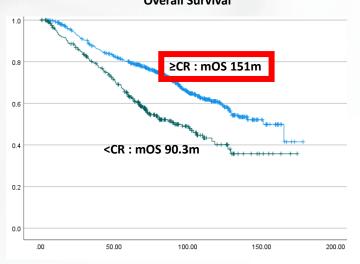
Richardson et al, ASCO 2022; Joseph et. al., JCO 2020

BENEFITS OF TRANSPLANT

High risk: Significant PFS benefit 55.5 months vs. 17.1 in RVD alone

Standard risk: Early transplant may be their best chance at cure

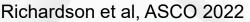




Joseph, unpublished data, please do not post

DELAYING TRANSPLANT RISKS NO TRANSPLANT

Only 28% of patients in the RVD alone arm subsequently received transplant



DELAYING TRANSPLANT RISKS HAVING TO LEARN A NEW EEMR

Dr. Kaufman

DR. KAUFMAN

Rosie



EARLY AUTO IS SAFE, EFFECTIVE AND SHOULD REMAIN THE STANDARD OF CARE



