REAL-LIFE USE OF POMALIDOMIDE IN SECOND- AND THIRD-LINE (2L AND 3L) THERAPY OF RELAPSED AND REFRACTORY MULTIPLE MYELOMA (RRMM): EMMY STUDY (EPIDEMIOLOGY OF THERAPEUTIC MANAGEMENT OF MULTIPLE MYELOMA IN FRANCE)

DECAUX, Olivier¹; HULIN, Cyrille²; Perrot, Aurore³; MARIETTE, Clara⁴; Newinger-Porte, Muriel⁵; TEXIER, Nathalie⁶; WILLAIME, Marion⁶; GHEZAIL COHEN, Anaelle⁷; FEDCHUK, Larysa⁷; DEAL, Cécile⁸; MACRO, Margaret⁹

¹Clinical Hematology Department, C.H.U of Rennes, ²Hematology, Hôpital Haut-Lévêque, ³Hematology Department, Oncopole, ⁴Hematology Department, HOPITAL NORD - CHU GRENOBLE ALPES, ⁵Hematology Department, HOPITAL EMILE MULLER, ⁶Kappa santé, ⁷Celgene | Bristol Myers Squibb, ⁸IFM, Paris, ⁹Clinical Hematology Department, IHBN - Côte de Nacre Hospital

INTRODUCTION: Pomalidomide (POM) is an immunomodulator used in France for patients with RRMM. Real-life data on the use of POM are limited. This analysis describes patients' profiles, treatment management, and outcomes of patients who received POM in 2L or 3L in EMMY study.

METHODS: EMMY is a descriptive, multicenter, non-interventional study conducted in 72 IFM (Intergroupe Francophone du Myélome) centers in France. From 2017 to 2019, 2765 patients were enrolled, among these patients, 411 received POM-based treatment in 2L or 3L of RRMM.

RESULTS: By 03/16/2021, 97 patients received POM-based treatment in 2L, and 319 in 3L. The median age of patients who received POM-based treatment in 2L or 3L is 68 and 72y, respectively, with 27.8% of patients in 2L aged ≥75y and 20.4% of patients in 3L aged ≥80y. 27.9% and 24.1% had ECOG-PS ≥2 in 2L and 3L, respectively. 23.7% and 24.5% of POM-treated patients in 2L and 3L have renal failure. 21 different POM-based treatments are listed. The 4 most prescribed combinations are daratumumab-POM-dexamethasone (27.8%), POM-dexamethasone (17.5%), POM-cyclophosphamide-dexamethasone (11.3%) and POM-bortezomib-dexamethasone (10.3%) in 2L; and POM-dexamethasone (26.6%), daratumumab-POM-dexamethasone (23.5%), POM-cyclophosphamide-dexamethasone (16.9%) and isatuximab-POM-dexamethasone (9.4%) for 3L. The mTNTT is 14.1 and 12 months among respectively 2L and 3L patients who received POM-based treatment; mPFS is 11.1 and 10.4 months for 2L and 3L patients who received POM-based treatment, respectively. For patients with renal failure, in 2L and 3L, the mTTNT is 18.3 and 11.9 months and the mPFS is 13.1 and 10.8 months, respectively.

CONCLUSION: This real-life analysis confirms the value of POM-based treatments for RRMM management especially in 2L/3L. The previously reported efficacy of POM combinations in clinical trials is also confirmed. Update of EMMY will open the perspective for new analyses in this RRMM population treated with POM. EMMY has the potential to better qualify POM outcomes in a real-life setting.