Abstract Submission

14. Myeloma and other monoclonal gammopathies - Clinical

MULTIPLE MYELOMA BRAZILIAN REGISTER- HOW ABOUT THE TRANSPLANT ELIGIBLE PATIENTS?

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Background: The Brazilian Multiple Myeloma Group (GBRAM) developed an electronic database platform with the intention of prospectively registering the multiple myeloma (MM) cases diagnosed in the Brazilian healthcare system and analyzing the disease characteristics, treatments patterns and the outcomes.

Aims: Describe characteristics , treatment and outcomes from MM transplant eligible patients belonging to GBRAM prospective database plataform.

Methods: This is a prospective, multicenter data-based platform. This analysis was focused on the MM transplant eligible patients (TE). The MM patients diagnosed after January 1, 2018 have been included. The eligibility criteria were: intent-to-treat (ITT) MM patients, aged over 18 years and under care in any healthcare system (private and public). All clinical and laboratory data, prognostic profiling, treatment patterns and responses, adverse events and survival were compiled. The data were analyzed with the NCSS® 2020 software. This project is registered in the Brazilian study platform (CAAE-05340918.3.1001.8098).

Results: A total of 915 patients were registered with transplant intent-to-treat. The median age was 59 (25 - 80) years and 475 (51.9%) were male. A total of 413 (45.1%) of the patients were nonwhite. According to the (ECOG) rating at diagnosis: 0 = 217 (32.9%), 1 = 222 (33.7%), 2 = 110 (17.6%), 3 = 71 (10.85%) and 4 = 39 (5.9%). The ISS 1, 2, and 3 were 209 (25.7%), 228 (28.1%) and 303 (37.2%), respectively, and 72 (8.9%) not available (NA). The respective isotypes were: 466 (52.5%) IgG, 168 (18.9%) IgA, 158 (17.8%) free-light chain, 15(1.7%) non-secretor and 68 (7.7%) NA. Stratifying the intent-to-treat TE patients according to healthcare system, 178 (19.5%) and 737 (80.5%) were from the private and public systems, respectively. Among the patients who underwent the transplant, 89 (66.4%) belonged to the private system and 154 (32.6%), the public. The induction chemotherapy treatments in the public system were: 366

(59%) based on thalidomide, 226 (36.5%) based on bortezomib and 21 (3.4%) based on daratumumab. In the private system the induction treatments were: 7 (4.2%) based on thalidomide, 135 (75.8%) based on bortezomib and 31 (18.8%) based on daratumumab. After a median follow-up of 18.4 months, the complete response (RC) rate after transplant was 13.5% for the public and 28.7% for the private system, respectively (p < 0.01).

Summary/Conclusion: This prospective register enrolled patients diagnosed since January 2018 and is of a nationwide scope. Ourregister, in addition to identifying the epidemiological characteristics of the Brazilian multiple myeloma patients, demonstrates the treatment standards at the public and private institutions. Patients eligible for transplant have greater access to the procedure at private institutions than at public ones (p < 0.001), as well as to better chemotherapy induction protocols. The complete remission (CR) rate following transplant was greater in the private system than in the public and, with a better follow-up, it will be possible to demonstrate the impact of the treatments on the survival in patients eligible for transplant.