

# Maturing data from the Australia and New Zealand Myeloma and Related Diseases Registry

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## Background

Multiple myeloma (MM) is associated with a high community burden of disease. The Australia and New Zealand Myeloma and Related Diseases Registry was established in 2012 to explore epidemiology, practice variation in diagnosis and management, and clinical outcomes.

## Methods

All patients registered from 21 Jan 2013 to 31 Dec 2016 were included. Patient baseline characteristics, diagnosis, therapy and outcomes were assessed. Time to survival and disease progression were estimated using survival analysis. Relapsed patients were defined as those that had completed at least one line of therapy and had then progressed.

## Results

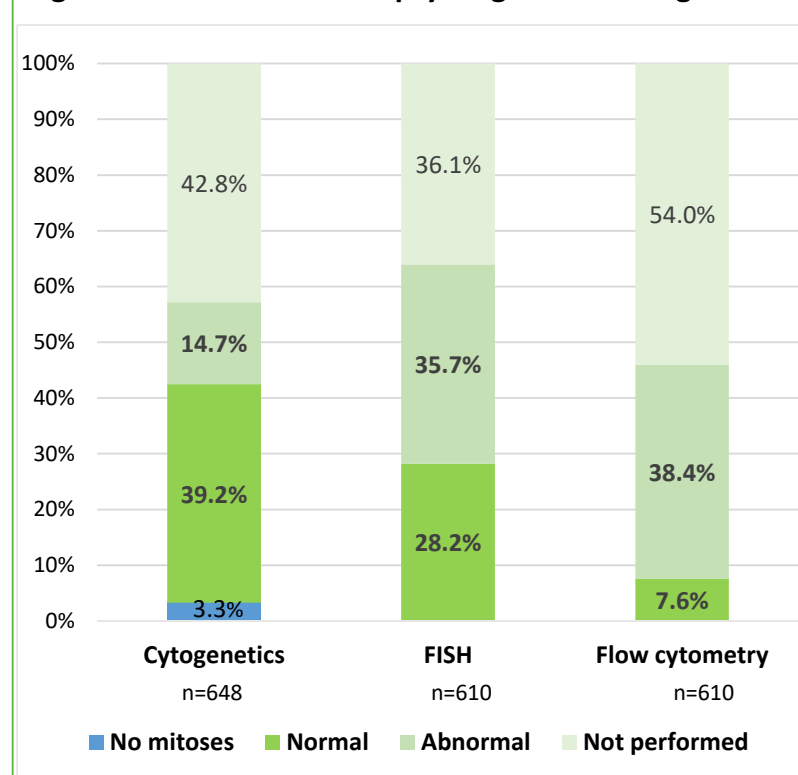
In total, 1422 patients were registered. Fewer than 10 patients have opted off the registry since its inception. Of 1254 pts with diagnosis, 865 patients (68%) had MM and 61% were male. Mean age at diagnosis was 66y, with 35% over 70y. Table 1, 2 and Figure 1 explore patient characteristics, outcomes, treatment and response.

Table 1.

Diagnosis: all patients (n=1254)	% of n, median	
Multiple myeloma	68.3%	
Plasmacytoma	0.6%	
Plasma cell leukaemia	0.7%	
MGUS	30.4%	
MM patient characteristics (n=865)	% of n, mean	
Male	61%	
Age > 70y	35%	
Mean age	66y	
High risk*	34%	
CRAB: any combination	67%	
- Bone lesions	55%	
- Anaemia	23%	
- Renal impairment	8%	
- Hypercalcaemia	6%	
ECOG ≥ grade 2	22%	n=568
ISS=3	30%	n=578
Clinical trial participants	7%	n=722
≤ 70y with ASCT	61%	n=443
> 70y with ASCT	2%	n=306
ASCT not planned due to age	24%	n=533
MM outcomes	median	
Progression free survival	30.1 m	n=514
Survival	75% alive at 3y	n=531
Time: diagnosis to Rx	21 d (9-39)	n=722
Time: diagnosis to ASCT	6.4 m (5.2-8.2)	n=277

\*taking into account FISH, ISS, LDH, cytogenetics

Figure 1. Bone marrow biopsy diagnostic testing results



## Conclusion

'Real world' myeloma data are scarce internationally and in Australia and New Zealand (ANZ). Most patients are treated with bortezomib-based first-line therapy and immunomodulatory drugs for second-line therapy in ANZ. Few patients were enrolled in clinical trials. Maturing registry data can describe the epidemiology, treatment, and outcomes in MM and help inform future clinical management and research.

Table 2.

Treatment & response	% of N	N
<b>First-line chemotherapy</b>		
Bortezomib-based	86%	772
Immunomodulatory drug	10%	772
Both Bz' & 'Imid'	1%	772
Pts not for ASCT, Bz-based	94%	54
Overall response rate (ORR, ≥PR)	84%	514
<b>2nd-line chemotherapy</b>		
Bz-based	39%	228
Immunomodulatory drug	68%	228
Both	25%	228
<b>Relapsed &amp; refractory patients</b>		
1 <sup>st</sup> line Bz-based	87%	145
1 <sup>st</sup> line immunomodulatory drug	10%	145
2 <sup>nd</sup> line Bz-based	19%	103
2 <sup>nd</sup> line immunomodulatory drug	74%	103

\*Bz=bortezomib, PR= partial response

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