

## EFFECT OF THE COMBINATION OF PEGYLATED LIPOSOMAL DOXORUBICIN AND BORTEZOMIB ON TIME TO PROGRESSION (TTP) AND OVERALL SURVIVAL OF PATIENTS WITH RELAPSED/REFRACTORY MULTIPLE MYELOMA COMPARED WITH BORTEZOMIB ALONE

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### Background

Proteasome inhibition with bortezomib is a standard of care for patients with relapsed/refractory multiple myeloma (MM). Recently, we reported the results of an interim analysis for the DOXIL-MMY-3001 study, a large multi-national, phase III, randomized study of patients with previously treated MM demonstrating that the combination of pegylated liposomal doxorubicin (PLD; DOXIL®) and bortezomib resulted in a 45% risk reduction of experiencing disease progression over bortezomib alone (Orlowski et al, 2006 ASH Meeting, Abstract #404). The improvement in TTP was associated with an overall survival (OS) trend favoring the combination therapy ( $P=0.113$ ; hazard ratio [HR], 1.48, 95% Confidence Interval [CI], 0.91 to 2.41).

We now present an updated survival analysis with a median follow up of 11 months.

### Methods

646 patients at 123 centers in 18 countries received either intravenous bortezomib, 1.3 mg/m<sup>2</sup>, on days 1, 4, 8, and 11 of every 21-day cycle, or the same bortezomib regimen with PLD, 30 mg/m<sup>2</sup>, on day 4.

### Results

As previously reported, median TTP was improved from 6.5 months for bortezomib alone to 9.3 months for the PLD+bortezomib combination ( $P=0.000004$ ; HR, 1.82; 95% CI, 1.41 to 2.35). The complete+partial response rate was 43% for bortezomib and 48% for PLD+bortezomib ( $P=0.251$ ). Median duration of response was increased from 7.0 months

(95% CI, 5.9 to 8.3) to 10.2 months (95% CI, 10.2 to 12.9) with combination therapy ( $p=0.0008$ ). Updated OS analysis showed PLD+bortezomib significantly improved OS ( $p<0.05$ ; HR, 1.41, 95% CI, 1.002 to 1.97). Both groups received a median of 5 cycles of treatment. The safety profile of the combination was consistent with the known toxicities of the two agents. Grade 3/4 adverse events were more frequent in the combination group primarily due to increase in myelosuppression and GI toxicities.

### Conclusions

PLD with bortezomib is superior to bortezomib monotherapy for the treatment of patients with relapsed/refractory MM. ★

## SCIENTIFIC SPECIAL SESSION: DOCETAXEL ADDED TO INDUCTION THERAPY IN HEAD AND NECK CANCER

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### Background

The use of IC as treatment for locally advanced SCCHN is controversial although meta-analysis shows a survival benefit with PF regimens. Docetaxel has single agent activity and, in combination with PF improves survival in unresectable disease. This study compared overall survival (OS)

after sequential therapy with IC treatment with TPF or PF followed by CRT in locally advanced SCCHN.

### Methods

Patients were stratified by: Primary site, N stage and institution. Patients with Stage III or IV tumors considered unresectable, low

surgical cure or organ preservation were eligible.

### Treatment

*TPF:* Docetaxel 75 mg/m<sup>2</sup>, cisplatin 100 mg/m<sup>2</sup> and 5-FU 1000 mg/m<sup>2</sup>/days 1-4; *PF:* Cisplatin 100 mg/m<sup>2</sup> and 5-FU 1000 mg/m<sup>2</sup>/

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