

ASH 2007 HIGHLIGHTS

DECEMBER 8-11, 2007

ATLANTA, GA

THE FOLLOWING ABSTRACTS WERE PRESENTED AT THE AMERICAN SOCIETY OF HEMATOLOGY 49TH ANNUAL MEETING AND EXPOSITION IN ATLANTA.

The following abstracts were taken from Blood, Volume 110, issue 11, November 16, 2007

[76] MMY-3002: A PHASE 3 STUDY COMPARING BORTEZOMIB MELPHALAN PREDNISONE (VMP) WITH MELPHALAN PREDNISONE (MP) IN NEWLY DIAGNOSED MULTIPLE MYELOMA

J.F. San Miguel, R. Schlag, N. Khuageva, O. Shpilberg, M. Dimopoulos, M. Kropff, I. Spicka, M. Petrucci, O. Samoilova, A. Dmoszynska, K. Abdulkadyrov, R. Schots, B. Jiang, A. Palumbo, M. Mateos, K. Liu, A. Cakana, H. Van de Velde, P. Richardson Hospital Universitario de Salamanca, Spain; Praxisklinik Dr. Schlag, Würzburg, Germany; SP Botkin Moscow City Clinical Hospital, Russian Federation; Rabin Medical Center, Petah-Tiqva, Israel; University of Athens School of Medicine, Greece; University of Münster, Germany; University Hospital Prague, Czech Republic; University La Sapienza, Rome, Italy; Nizhnii Novgorod Region Clinical Hospital, Russian Federation; Medical University of Lublin, Poland; St Petersburg Clinical Research Institute of Hematology & Transfusiology, Russian Federation; Myelome Study Group Belgian Hematological Society, Belgium; People's Hospital, Peking University, China; Università di Torino, Italy; Johnson & Johnson PRD, Raritan, USA; Johnson & Johnson PRD, Beerse, Belgium; Dana-Farber Cancer Institute, Boston, USA

Background

In a phase 1/2 trial of VMP in 60 newly diagnosed MM patients (median age 75 years), the CR/nCR rate was 43%, with 32% CR; the 3-year survival was 85% (Mateos *et al*, Blood 2006; Mateos *et al*, EHA/IMW 2007). MMY-3002 is a phase 3 study comparing VMP with standard MP in patients with previously untreated MM who are not candidates for high-dose chemotherapy/stem-cell transplant.

Methods

Approximately 680 patients were randomized to VMP or MP and stratified according to baseline β_2 -microglobulin and albumin, and geographic region. Eligibility criteria required the presence of measurable disease, KPS \geq 60% and hematology/chemistry laboratory values meeting predefined criteria. Patients in the VMP arm received intravenous bortezomib 1.3mg/m² twice weekly (weeks 1, 2, 4, 5) for four 6-week cycles

(8 doses per cycle), followed by once weekly (weeks 1, 2, 4, 5) for five 6-week cycles (4 doses per cycle) in combination with oral melphalan 9mg/m² and prednisone 60mg/m² once daily on days 1-4 of each cycle. Patients in the MP arm received 9 6-week cycles of MP once daily on days 1-4. For both groups, treatment continued for a maximum of 9 cycles (54 weeks) unless disease progression or unacceptable treatment-related toxicity occurred. The primary endpoint was time to progression (TTP), and secondary endpoints included progression-free survival (PFS), overall survival (OS), overall response rate, time to and duration of response, and safety.

Results

Between December 2004 and September 2006, 682 patients from 151 centers in 22 countries across Europe, North and South America, and Asia were randomized. The median age was 71 years with 30% of

patients aged \geq 75 years. Fifty percent were male and 88% were of Caucasian origin. Median KPS was 80%, and 34% of patients had KPS \leq 70%. Sixty-three percent had IgG myeloma, 25% had IgA myeloma, and 8% had light-chain disease. Bone involvement with $>$ 10 lytic bone lesions was reported in 27% of patients, 33% had β_2 -microglobulin $>$ 5.5mg/L, and 60% had albumin $<$ 35g/L. The study population therefore included a high proportion of patients with advanced disease and high-risk factors. The Independent Data Monitoring Committee is scheduled to review data from a pre-planned interim analysis to determine whether TTP was significantly longer with VMP vs MP and therefore whether the protocol-specified statistical boundary for the primary endpoint has been reached.

Conclusion

Efficacy and safety analyses will be reported at the meeting. ✨