

P952 THE ROLE OF AGE IN THE LONG-TERM TREATMENT OF MULTIPLE MYELOMA - A LONGITUDINAL ANALYSIS OF REGULAR CARE DATA

Topic: 14. Myeloma and other monoclonal gammopathies - Clinical

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Background: Recently, we demonstrated in a longitudinal approach that the percentage of multiple myeloma (MM) patients reaching consecutive treatment lines in regular care is much higher than presumed, i.e. 88%, 66%, 44%, and 30% in 2nd, 3rd, 4th, and 5th line, respectively (Oncol Res Treat 44, 662-71).

Aims: As the annual risk of death generally increases with age, we investigated here the impact of age on the course of MM treatment.

Methods: MM patients treated in our outpatient clinic in Germany over 8 years were assigned to three groups of equal size according to age at diagnosis. Resulting subgroups were analyzed regarding their outcome and the probabilities of reaching consecutive therapy lines using a linear statistical model, as previously described for the analysis of the whole cohort.

Results: Age groups were <65, 65-74, and ≥75 years. As compared to the two remaining groups, the proportion of male patients and of those with ISS 1 was considerably higher in the youngest age group while the median observation time was on average 7 months shorter in the oldest age group (Tab.).

	Age <65 years		Age 65-74 years		Age ≥75 years	
Patients ^b	50 (34.5%)		46 (31.7%)		49 (33.8%)	
women ^b	18 (36.0%)		25 (54.3%)		23 (46.9%)	
Time observed [month] ^a	40.5 (0-198)		40 (2-152)		33 (0-197)	
Stage at diagnosis ^b	ISS	R-ISS	ISS	R-ISS	ISS	R-ISS
I	19 (38%)	11 (22%)	6 (13%)	9 (20%)	10 (20%)	3 (6%)
II	11 (22%)	13 (26%)	21 (46%)	17 (37%)	17 (35%)	16 (33%)
III	11 (22%)	6 (12%)	13 (28%)	2 (4%)	16 (33%)	6 (12%)

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Unknown	9 (18%)	20 (40%)	6 (13%)	18 (39%)	6 (12%)	24 (49%)
Death ^b	12 (24.0%)		8 (17.4%)		27 (55.1%)	
Cause of death ^b						
MM	3 (25.0%)		1 (12.5%)		10 (37.0%)	
Other	5 (41.7%)		6 (75.0%)		13 (48.1%)	
Unknown	4 (33.3%)		1 (12.5%)		4 (14.8%)	

^a median (range); ^b N (%)

The probability of reaching consecutive treatment lines decreased in all age groups, but most strikingly in that of the oldest patients (Fig.). Age does not appear to play a major role for reaching subsequent lines at ages up to 75 years though. Up to this age, patients were thus even more likely to reach subsequent lines than previously shown for the total cohort, increasing to about a 50% chance for the 5th line of therapy. The mean age at death was 83 (SD 4.8) years in the oldest age group, but in none of the age groups, the leading cause of death was MM.

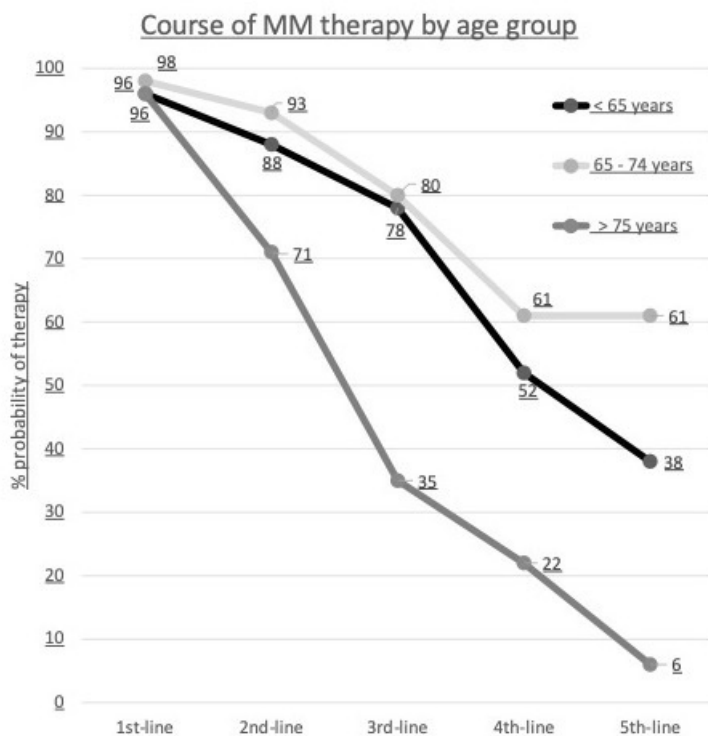
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Summary/Conclusion: Only age beyond 75 years at baseline significantly reduces the probability of reaching 2nd or higher lines of MM therapy.

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