

Treatment of multiple myeloma in Germany – an update of a representative multicentre health care survey 2004-2011

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Objectives

The current survey was undertaken to gain insights into the changes of disease management of multiple myeloma (MM) over time and the implementation of new guidelines in clinical routine in Germany.

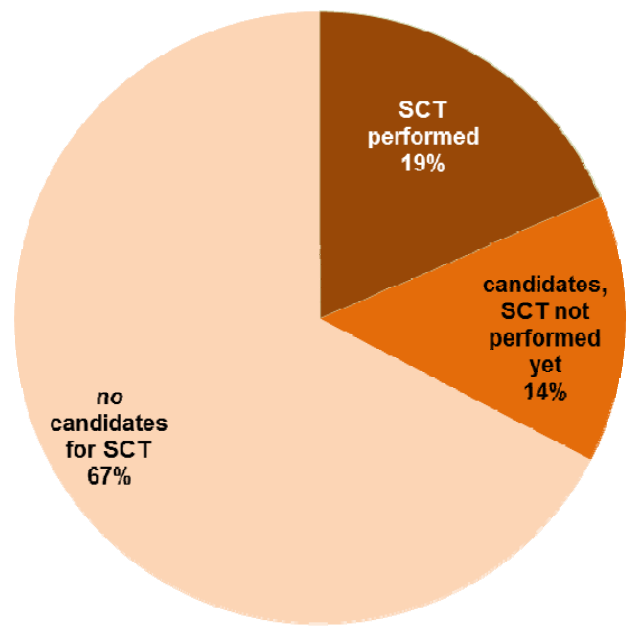
Patients and methods

817 centres involved in the treatment of MM including university hospitals (UH), community hospitals (CH), and oncologists in practice (OP) were contacted. 15 % of identified centres provided information on 1378 pts. corresponding to 13% of the expected national prevalence. Detailed data on 478 unselected patients with treatment decisions in the first and second quarters of 2011 (start, change or end of therapy) in 58 representative centres (10 UH, 27 CH, and 21 OP) were included in this analysis. The distribution of patients by institution was 20% UH, 40% CH and 40% OP. Data was verified by central monitoring. For all comparisons a p-value of less than 0.05 was considered statistically significant. The results were compared to similar published surveys in 2004, 2006 and 2009.

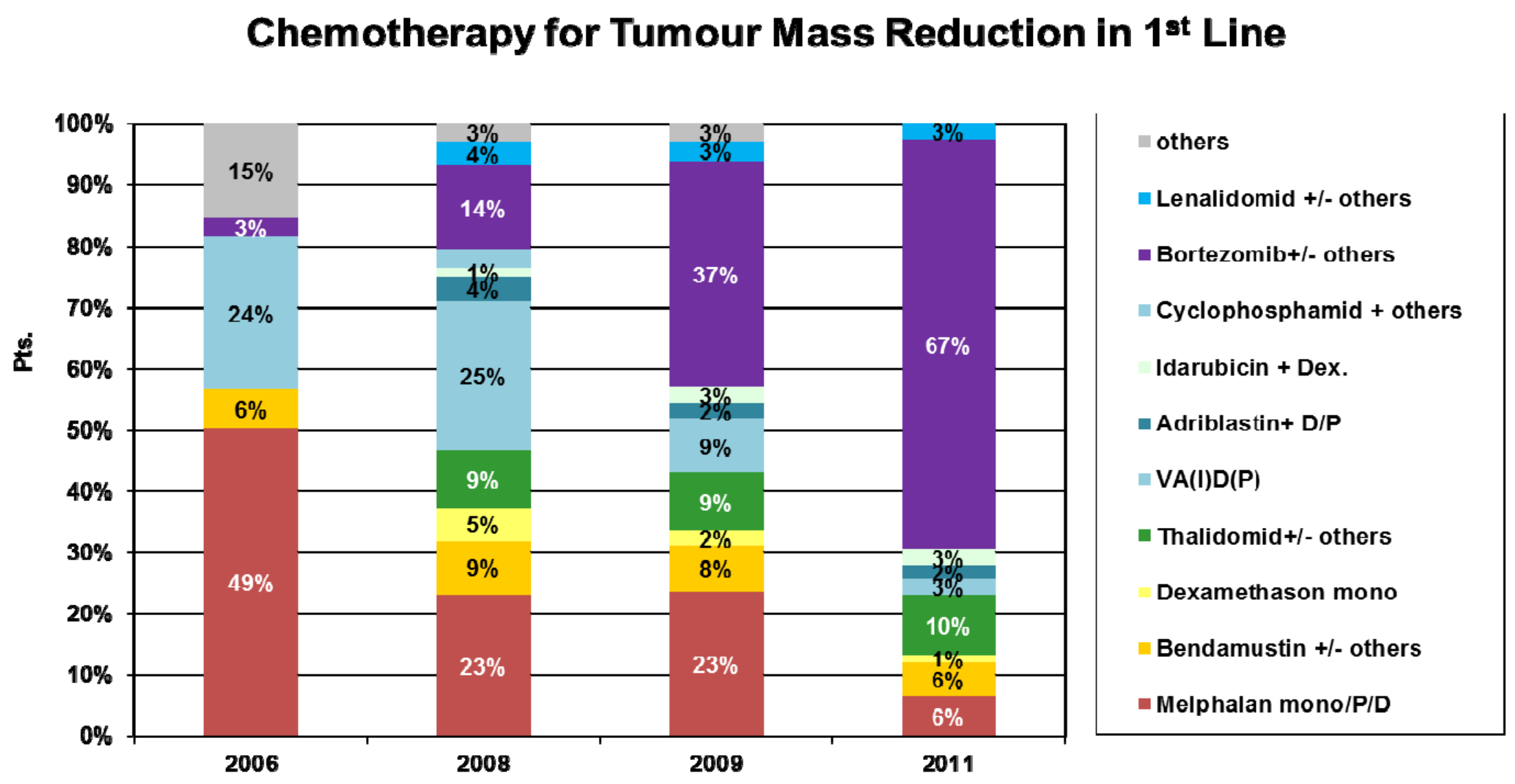
Results

The Durie-Salmon-Staging System has been used for more than 30 years. At the time of first diagnosis most patients (~60%) were already in stage III (Durie-Salmon). A simpler staging system, the *International Staging System (ISS)*, has been shown to be very sensitive in predicting prognosis and, therefore, guiding treatment of multiple myeloma. The risk assessment has become well established (75% in 2011 vs. 19% in 2009).

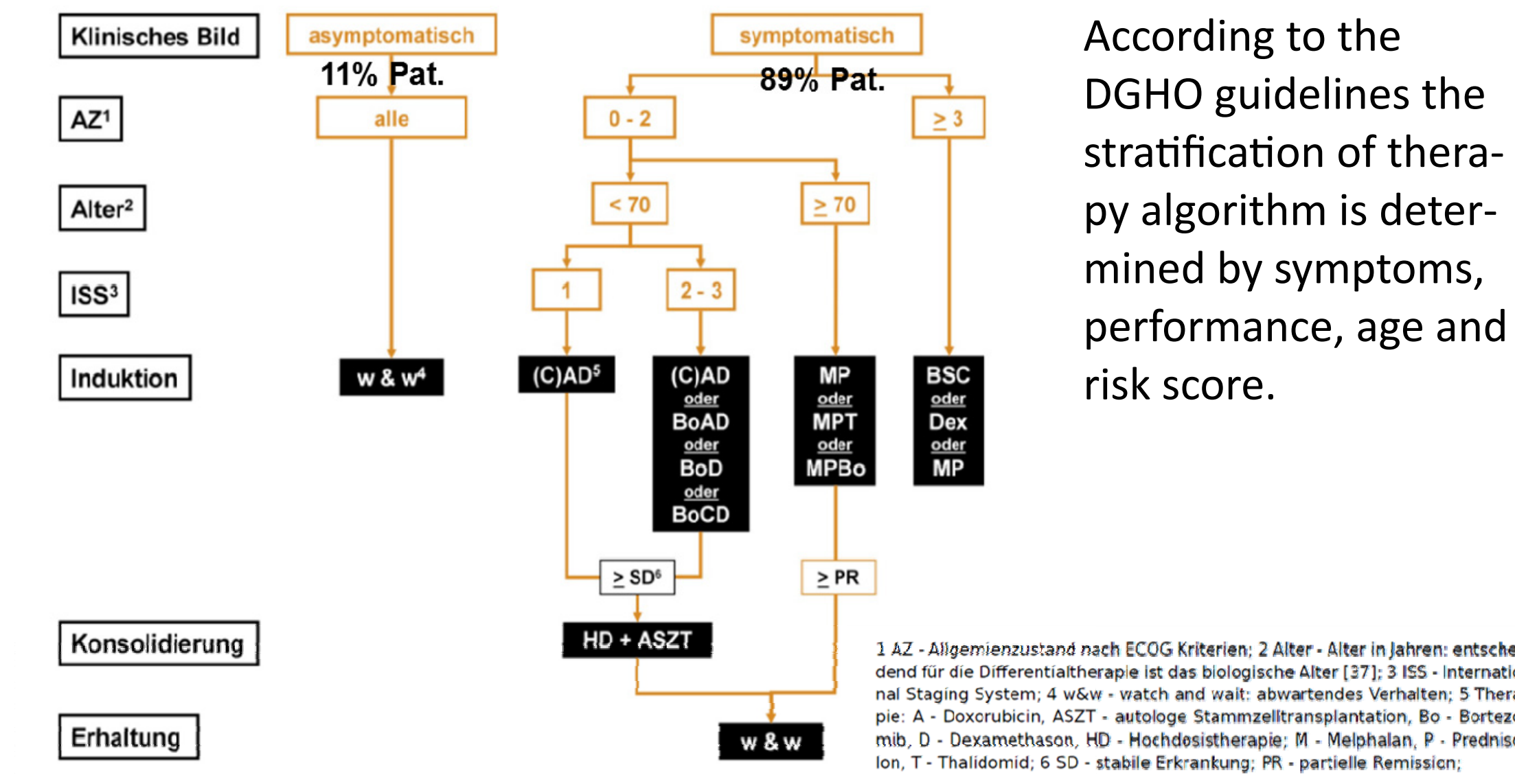
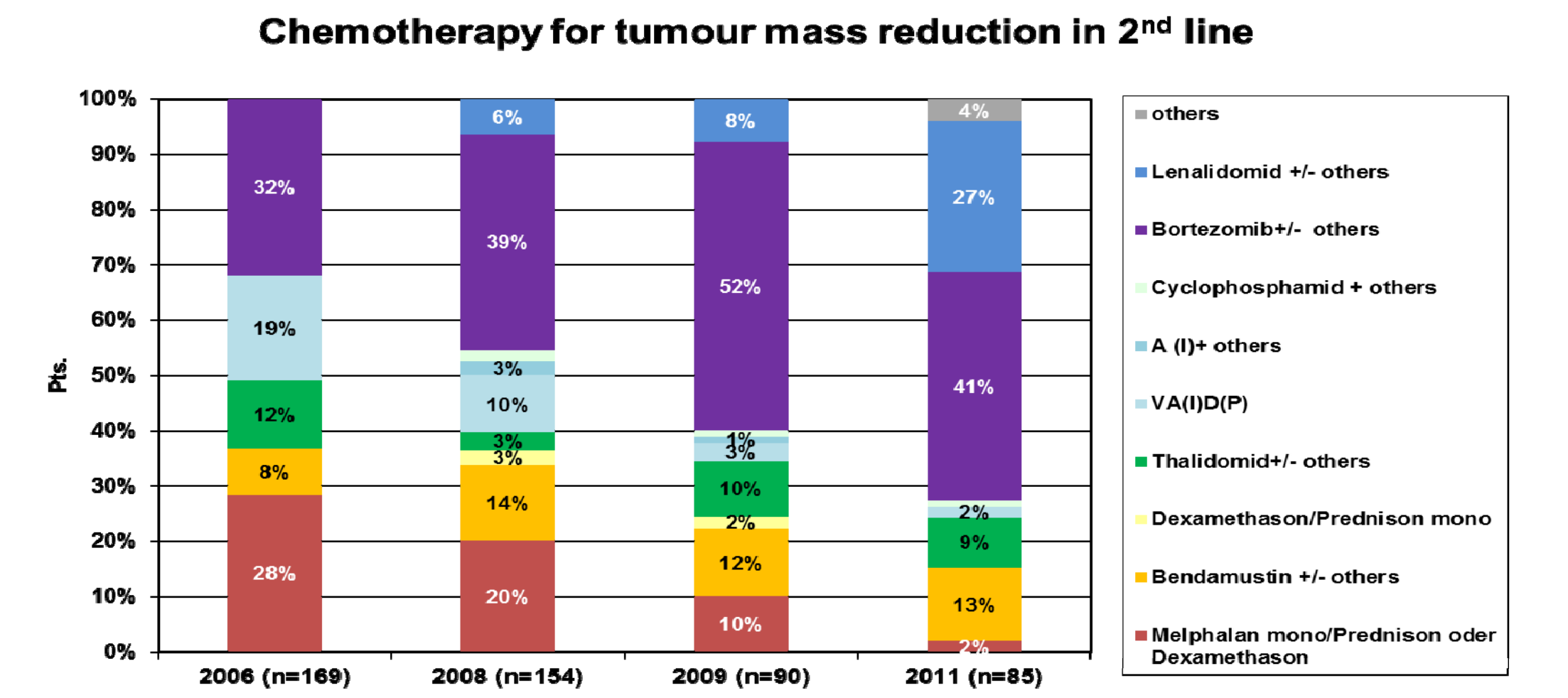
In 2011 33% of patients were considered as candidates for stem cell transplantation, a SCT was performed on 19% of the pts. and a SCT was scheduled as the next treatment course for 9% of the pts.



There was a remarkable shift in the treatment of first and second line patients. Bortezomib was increasingly administered in the first line and has replaced Melphalan+P/D or VA(I)D almost completely.



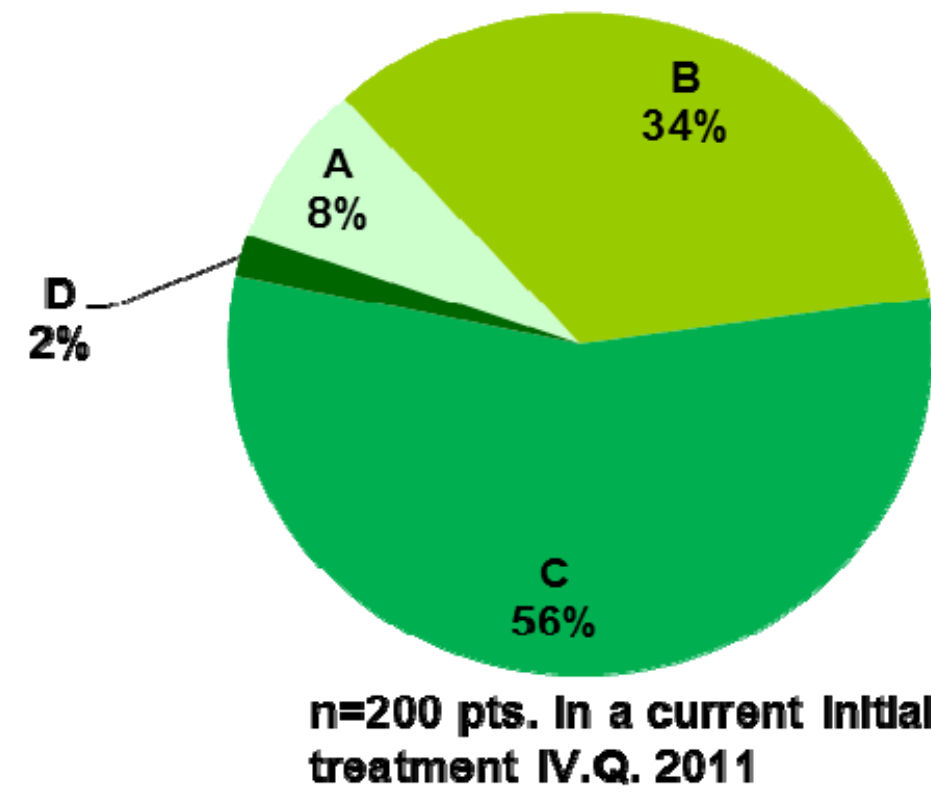
Since Bortezomib was approved for first line treatment, the number of patients treated with Bortezomib in the second line has decreased. Lenalidomid has been administered to an increasing number of patients in the second line. Melphalan +P/D or VA(I)D have almost disappeared from the second line, too.



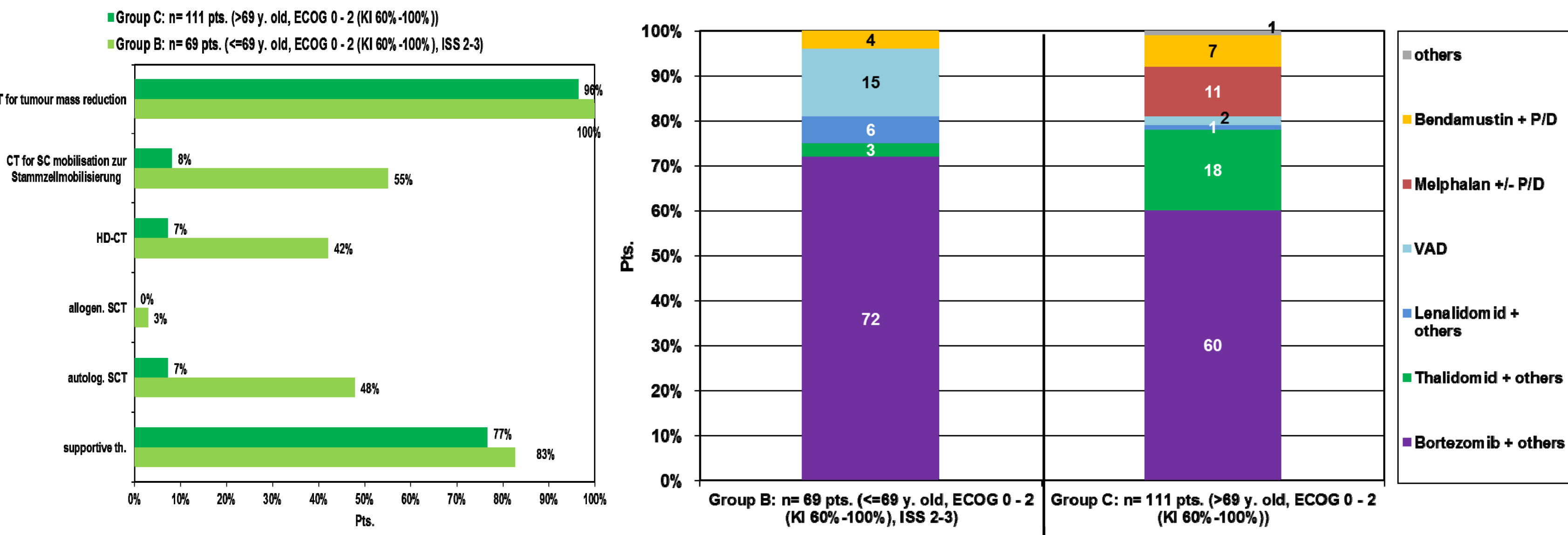
According to the DGHO guidelines the stratification of therapy algorithm is determined by symptoms, performance, age and risk score.

Subgroups

Subgroup	Performance*	Age	ISS	N Pts.
A		< 70	ISS 1	16
B	ECOG 0 - 2 (KI 60%-100%)		ISS 2-3	69
C		≥ 70		111
D	ECOG ≥ 3 (KI 0% - 50%)			4



The real treatment for defined subgroups was compared with the suggested therapy algorithm in the guidelines. The majority (56%) of symptomatic pts. are 70 years or older and have an ECOG 0 – 2, only 7% were assessed as candidates for a SCT, 60% of this subgroup were treated with Bortezomib as recommended in the guidelines. 34% of symptomatic pts. are younger than 70 yrs, with an ECOG 0 – 2 and with ISS 2-3. 48% of this group received a treatment according to guideline recommendations outlined in the DGHO guidelines and were candidates for a SCT, 72% of them received BoAD, BoD, BoCD or (C)AD .



Conclusions

Over time, diagnostic procedures as well as therapeutic interventions have been used according to guideline recommendations in an increasing number of patients. Nevertheless, stem cell transplantation has not been performed in all patients considered eligible. Novel agents, however, have been integrated rapidly into the treatment of newly diagnosed patients with Multiple Myeloma. In older patients (>75 y.) the use of drugs could be increased on the basis of more study results.

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