

# Treatment pathways for patients with Multiple Myeloma: a real-life study based on the French national claim database from 2014 to 2019

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## **Disclosure of interest**

Aurore Perrot

#### **Disclosures of interest:**

Janssen, Amgen, BMS/Celgene, GSK, Takeda and Sanofi

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## Introduction

Context and objective



## Cohort of patients treated for a Multiple Myeloma (MM) in France

- Using French NHI database (SNDS)
- 40 747 patients from 2014 to 2019, and among them 36 241 for whom treatment history has been identified using an Al algorithm (ATLAS)
- The most extensive and exhaustive cohort of MM in France
- Methodology and 1<sup>st</sup> study results presented at EHA congress



Objective: describe treatment pathways and attrition rates across lines of treatments in MM patients



## **Methods**

Patients identification and statistics



#### Patients' identification

- Using MYLORD cohort
- Inclusion of patients who initiated a L1 in
   2014 and in 2015 to get enough follow-up
- Follow-up until December 31<sup>st</sup>, 2019 (or death)



#### **Statistical analyses**

- Attrition rate across lines of treatment
- Treatment sequences
- Survival using Kaplan Meier method



Cohort of patients



40,747

prevalent patients treated for a MM (2014 - 2019)



36,241

had lines identified through ATLAS algorithm

7,118

initiated L1 in 2014 or 2015

(3,557 from 2014 - 3,561 from 2015)

5,409
patients with a line 1
without transplant

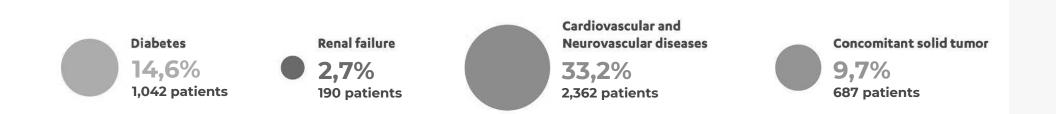
1,709
patients with a line 1
with transplant



Patients characteristics

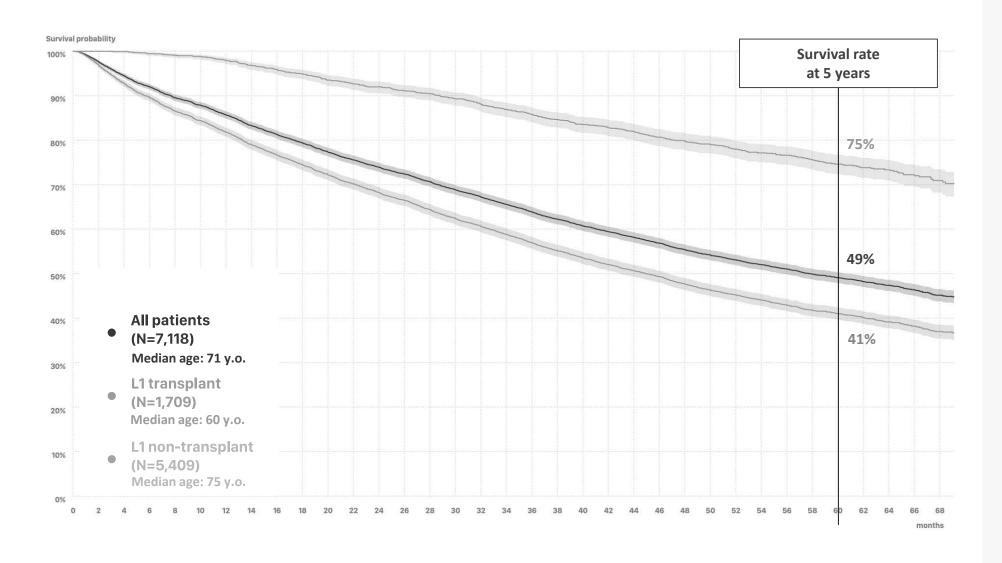
N=7 118







#### Survival curves



Median age are computed at L1 initiation IMW - 8 to 11 September 2021

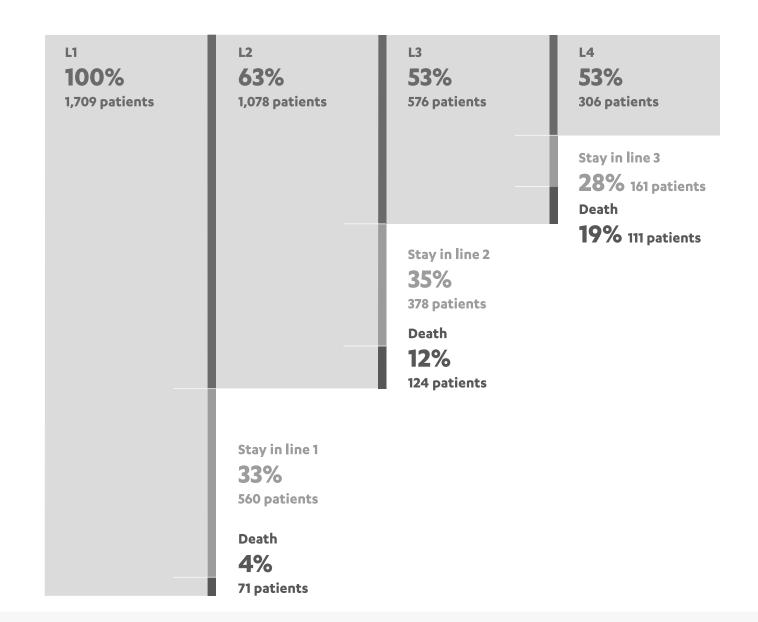


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## **Results**

Treatment lines flow for patients with a line

1 with transplant

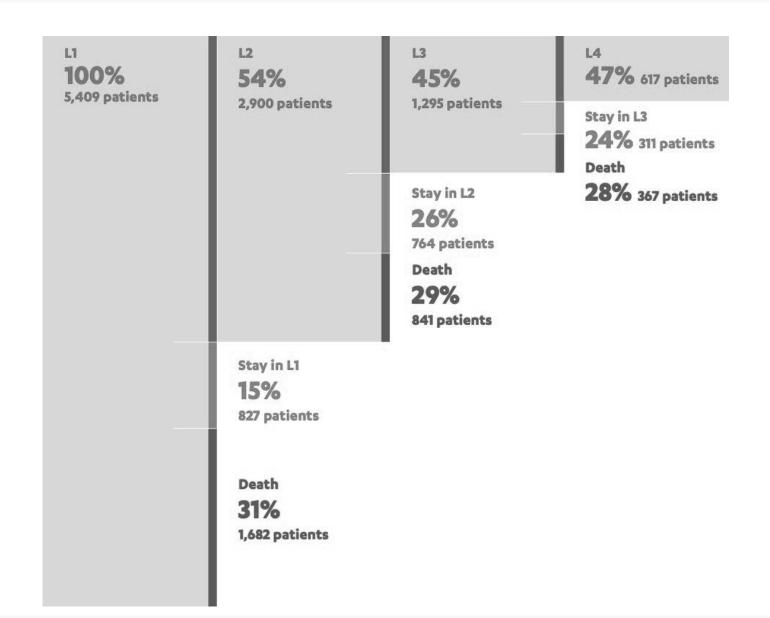


All-cause of deaths are considered in this study



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Treatment lines flow for patients with a line 1 without transplant

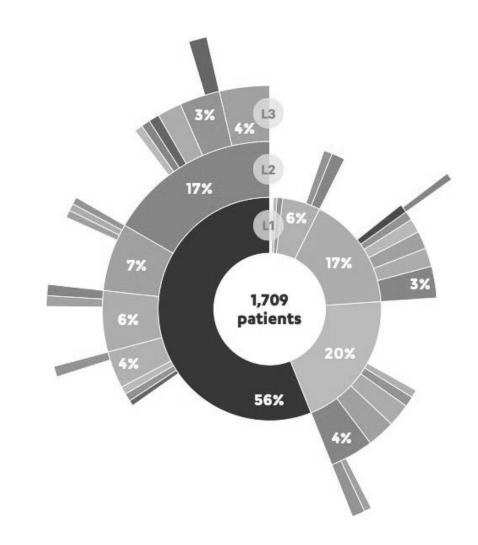




Treatment sequences for patients with a line 1 with transplant



- MP, MPT
- VMP
- V
- Pd
- D mono
- VTd
- Rd
- VRd
- Triplets
- Others

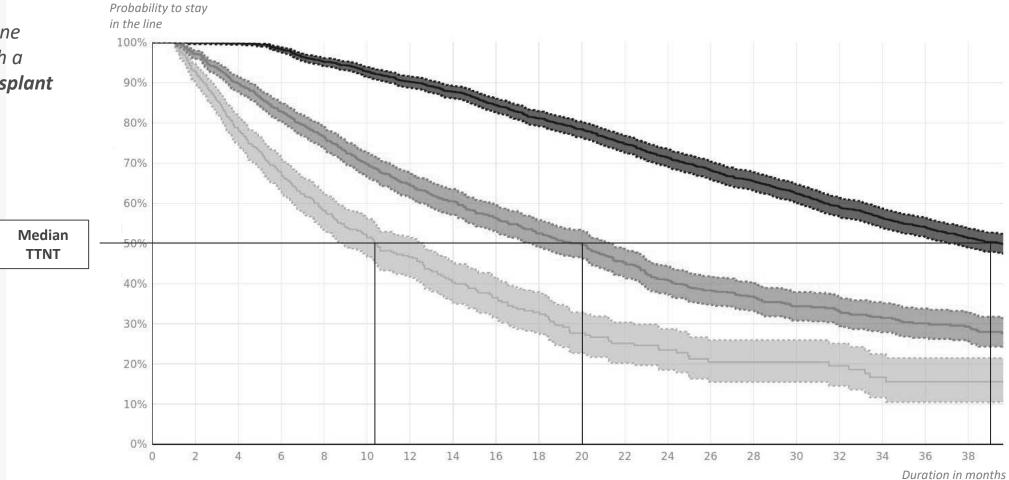


#### Main course:

- L1: VTd
- L2: Rd
- L3: Pd
- L4: D mono



TTNT for each line for patients with a line 1 with transplant



- Line 1
- Line 2
- Line 3

TTNT: Time to Next Treatment

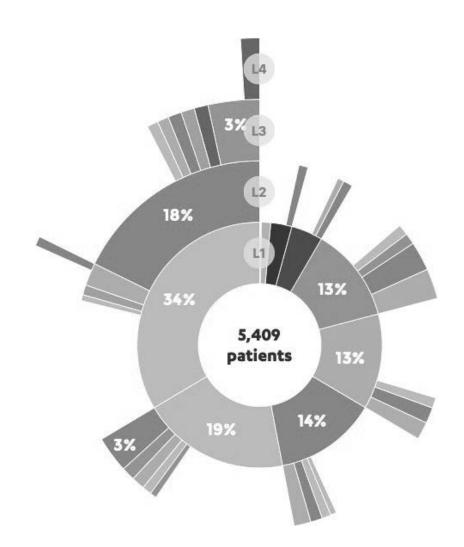
(from the start of the line)



Treatment sequences for patients with a line 1 without transplant



- MP, MPT
- VMP
- \
- Pd
- D mono
- VTd
- Rd
- VRd
- Triplets
- Others

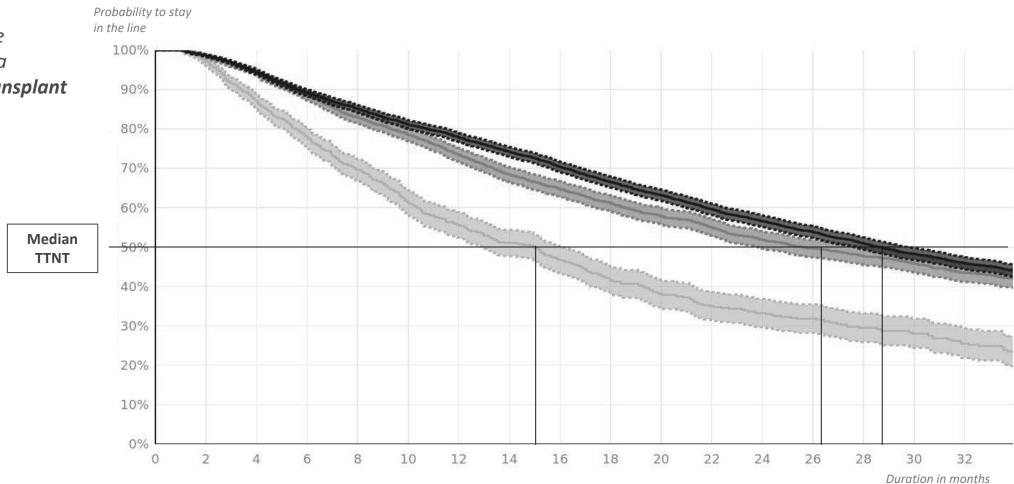


#### Main course:

- L1: VMP
- ▶ L2: Rd
- L3: Pd
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TTNT for each line for patients with a line 1 without transplant



- Line 1
- Line 2
- Line 3

(from the start of the line)



## Conclusion

• **High attrition rate,** especially in older patients

57% in another cohort

Fonseca et al, BMC Cancer 2020

Many patients would not have the opportunity to be treated with several lines

- → Initiate new treatments as early as possible
- Fast evolving therapeutic landscape
  - → Important role of RWE studies to describe changes and could be used to compare treatment sequences in terms of effectiveness but also in a pharmacoeconomic perspective
- Ongoing cohort

