Managing Myeloma

IRd in Newly Diagnosed MM Patients

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Welcome to *Managing Myeloma*. My name is Noopur Raje, and I am a Professor of Medicine at Harvard Medical School and the Director of the Center for Multiple Myeloma at Massachusetts General Hospital in Boston, Massachusetts. Today, I will be reviewing the data from a study looking at twice-weekly ixazomib plus lenalidomide-dexamethasone (IRd) in patients with newly diagnosed multiple myeloma. This is data which is going to be presented here at EHA, which is long-term follow-up data of patients who did not undergo stem cell transplant. This is a triplet regimen which is being investigated in both transplant-eligible as well as ineligible patients. There were close to a little over 60 patients included in this study. Patients received lenalidomide and dexamethasone at the recommended dosage with the addition of ixazomib which was the phase 1 dose escalation. This was given on days 1, 4, 8, and 11, and the recommended phase 2 dose of ixazomib based on this trial result was 3 mg given twice weekly. What we saw in this patient population, whether they got transplanted or not, was a complete response rate of close to 30% with an overall response rate in excess of 90%. We saw a very good partial response rate of close to 70% in these patients. What was reassuring to see was a progression-free survival of nearly 24 months in the transplant-ineligible patient population.

Looking at the toxicity of this combination of an all-oral drug regimen, the toxicities were pretty expected. You saw some myelosuppression with both lenalidomide and ixazomib in combination with the dexamethasone. There was a little bit of neuropathy seen, and there were some skin-related toxicities. Importantly, patients did not really have to alter or modify doses of these except in about 26% to 27% of patients. What we also saw over time was an improvement in response rates in these patients, so that as patients went on to maintenance, which included only ixazomib maintenance, we saw that overall response rate continued to improve in about 25% of patients. The overall survival of these patients is nearly 90%. Very importantly, when we looked at quality of life in this all-oral regimen in a transplant-ineligible patient population, we found that the quality of life in these patients was much improved, specifically when they were on an all-oral regimen. This data demonstrates that the combination of ixazomib with lenalidomide and dexamethasone should be further studied in the newly diagnosed patient population. There are several ongoing phase 2 and phase 3 trials combining IRd, either on a twice-weekly regimen or on a once-weekly regimen, in combination with other monoclonal antibodies (such as daratumumab) to see whether or not we can improve response rates and translate into even better progression-free survivals. Thank you for viewing this activity.