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OUTCOME OF MULTIPLE MYELOMA PATIENTS TREATED WITH DIFFERENT CHEMOTHERAPY REGIMENS IN A SAMPLE OF THE LEBANESE POPULATION (CHU-NDS)

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Context • Multiple myeloma (MM) is the second most common hematological malignancy. In MM, many regimens are being used based on the doctor's choice, age and comorbidities. However, no specific guidelines have been established to favor one regimen over the others.
Method • This is a retrospective single center based study. The data were collected from the medical records of the patients at CHU-NDS between 2008 and 2013 involving both males and females. After the application of the inclusion and exclusion criteria, we collected 41 patients diagnosed with multiple myeloma and we obtained their status through the medical records or by contacting them through the phone after a brief explanation of the study.
Results • A total number of 41 patients were enrolled in the study, who were receiving different chemotherapy regimens (VAD; BTD; MPT) depending on the patient's status, the response to the treatment and the doctor's choice. Twenty-nine patients (70.8%) were between 60 and 70 years old, with a median age of 68. The response and relapse criteria were based on the consensus recommendations of the 2013 international Myeloma Working Group. Eight patients (19.5%) achieved complete response (CR), 18 (43.9%) very good partial response (VGPR), 15 (36.6%) a partial response versus 21 patients (51%) and 12 patients (29%) who developed a progression of the disease and a relapse respectively. However, eight patients didn't show evidence of progression or relapse since our last collection of data. Thus, after the analysis of the response rate, we were keen to show the regimens on which the patients were maintained and in case of progression or relapse, what was the second line treatment used for the patients. Sixteen patients (39%) were maintained on bortezomib, 15 (36.6%) on lenalidomide and 10 patients (24.4%) on thalidomide. For the 33 patients who developed a relapse or progression of the disease, the second line treatment was based on lenalidomide regimen in 18 patients (54.5%) versus 15 patients (45.5%) on bortezomib.
The median progression free survival (PFS), obtained was of 28 months, the median time to progression (TTP) was 24 months and the survival rate for this sample of the Lebanese population is determined to be of 39 months with a hazard rate of 0.015. Adding to this the 5-year survival rate calculated was of 7%.
Conclusion • Many chemotherapies regimens exist for MM treatment. No gold standard guidelines are defined for this disease. Our descriptive-retrospective study was determined to show the efficacy of these therapies in general in a sample of the Lebanese population at CHU-NDS. The results were well correlated to those findings in the literature but with one disappointing result concerning the 5-year survival rate of 7% versus 30% in literature. However, this finding might be a turning point for the MM patient's evaluation, and putting some focus on the genetic evaluation and other exams to achieve better outcome. Finally, we can conclude that every treatment should be given based on the patient's needs and response.

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