Efficacy and Safety of Pomalidomide Plus Low-Dose Dexamethasone in Advanced Multiple Myeloma: Results of Randomized Phase 2 and 3 Trials (MM-002/MM-003)

David S. Siegel\(^1\), Paul G. Richardson\(^1\), Melittos A. Dimopoulus\(^1\), Christine Chen\(^1\), Kevin Song\(^1\), Roy Vei\(^2\), Naveh Bahin\(^1\), Rachel Baur\(^1\), Craig Holmester\(^1\), Katja C. Weisel\(^1\), Simon Jagaran\(^1\), Sagar Lonial\(^1\), Michel DeBruge\(^1\), Misha Talpaz\(^1\), Philippe Moreau\(^2\), Jesus San Miguel\(^2\), Lorenzo Kurlin\(^1\), Hartmut Goldschmidt\(^1\), Anne Banos\(^1\)

\(^1\)John Thunier Cancer Center, Hackensack University Medical Center, Hackensack, NJ, USA; \(^2\)Dana-Farber Cancer Institute, Boston, MA, USA; \(^3\)Alessandra Hospitals, Athens, Greece; \(^4\)Kijowski Hospital, Toronto, Canada; \(^5\)American General Hospital, Warsaw, Canada; \(^6\)Washington University School of Medicine, St Louis, MO, USA; \(^7\)Southern Alberta Cancer Research Institute, University of Calgary, Calgary, Canada; \(^8\)University of Texas M.D. Anderson Cancer Center, Houston, TX, USA; \(^9\)Mayo Clinic Cancer Center, Rochester, MN, USA; \(^10\)Memorial Sloan Kettering Cancer Center, New York, NY, USA; \(^11\)University of Colorado Denver, Anschutz Medical Campus, Aurora, CO, USA; \(^12\)University of Minnesota Cancer Center, Minneapolis, MN, USA; \(^13\)University Hospital Vienna, Vienna, Austria; \(^14\)Walter Reed National Military Medical Center, Bethesda, MD, USA; \(^15\)Memorial Sloan Kettering Cancer Center, New York, NY, USA; \(^16\)University of Houston, Houston, TX, USA; \(^17\)University of California, San Francisco, CA, USA; \(^18\)University of Michigan Comprehensive Cancer Center, MI, USA; \(^19\)University of Wisconsin Comprehensive Cancer Center, Madison, WI, USA; \(^20\)University of Texas Southwestern Medical Center, Dallas, TX, USA; \(^21\)Baylor College of Medicine, Houston, TX, USA; \(^22\)University of Virginia Medical Center, Charlottesville, VA, USA; \(^23\)University of Southern California School of Medicine, Los Angeles, CA, USA; \(^24\)University of Illinois Hospital & Health Sciences System, Chicago, IL, USA

Methods

The immunomodulatory agent pomalidomide (POM) has demonstrated potent immunomodulatory properties including lenalidomide (LEN) and BORT, and have demonstrated disease-modifying activity in RRMM patients. In the current study, we present a side-by-side analysis of the current efficacy and safety outcomes from two completed, randomized phase 2 and 3 trials (MM-002 and MM-003) in RRMM patients who were refractory to high-dose DEX. The immunomodulatory agent pomalidomide (POM) has demonstrated potent immunomodulatory properties including lenalidomide (LEN) and BORT, and have demonstrated disease-modifying activity in RRMM patients. In the current study, we present a side-by-side analysis of the current efficacy and safety outcomes from two completed, randomized phase 2 and 3 trials (MM-002 and MM-003) in RRMM patients who were refractory to high-dose DEX.

Results

In MM-002, the intent-to-treat efficacy analysis included 112 pts in the POM + LoDEX group and 302 pts in the POM + LoDEX group. In MM-003, the intent-to-treat efficacy analysis included 108 pts in the POM + LoDEX group and 300 pts in the POM + LoDEX group. The most common TEAEs in MM-002 were neutropenia (97% vs 96%), followed by anemia (79% vs 74%), and thrombocytopenia (56% vs 52%). The most common TEAEs in MM-003 were neutropenia (97% vs 95%), followed by anemia (79% vs 72%), and thrombocytopenia (56% vs 53%). The median time to resolution of neutropenia was 4.6 months in MM-002 and 0.1 month in MM-003.

Conclusions

The most common grade 3/4 TEAEs for POM + LoDEX were neutropenia, anemia, thrombocytopenia, and pneumonia. The most common grade 3/4 TEAEs in MM-002 were neutropenia (97%) and anemia (79%), and in MM-003 were neutropenia (97%) and anemia (79%). The median time to resolution of neutropenia was 4.6 months in MM-002 and 0.1 month in MM-003.


disclosures

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