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Treatment delivery and outcomes in elderly myeloma patients at The Royal Bournemouth hospital; Real life data

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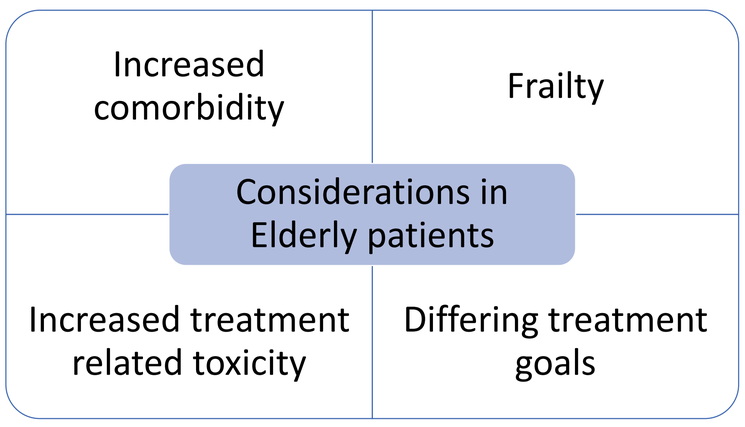
INTRODUCTION

Patients diagnosed with myeloma over the age of 75 years have been identified as a high-risk group. The added complexity of treating older patients with myeloma can restrict treatment options and impact upon overall survival.

The focus of care should be optimal frontline therapy with close attention to supportive care in this demographic.



AIM

We retrospectively evaluated treatment lines and outcomes in patients with myeloma over the age of 75 years at The Royal Bournemouth Hospital (RBH).

Using real world data, our aim was to assess how age can impact upon the delivery of treatment and outcomes in this elderly myeloma population.

METHOD

Data was collected using electronic records to identify all patients diagnosed with myeloma at RBH over a 5-year period, 2015 to 2019.

This included:

- Number of lines of therapy
- Regimens received by the patient
- Indication for discontinuation
- Number of infections requiring hospitalisation
- Overall survival

RESULTS

- 121 patients were diagnosed with symptomatic myeloma at RBH in this study period.
  - The average age at diagnosis was 73 years.
  - 53 patients (43.8%) were over 75 years old.
  - The average number of lines of therapy in the over 75 years group was 1.4.

- 10 patients (19%) had no systemic treatment and were managed with best supportive care; 23 patients (43%) received 1 line of therapy; 10 patients (19%) had 2 lines and 10 patients (19%) had 3 or more lines. This is demonstrated in **Figure 1**

- In the over 75 years group the commonest reason for discontinuation of therapy was completion of fixed duration treatment, followed by disease progression.
  - Other reasons included recurrent infection, frailty, cardiac events, patient choice and palliation. The average time from diagnosis to death was 18 months.

- The mean number of infections requiring hospitalisation per patient was 2. **Figure 2** shows that increasing lines of therapy is associated with a greater number of hospital admissions.

Figure 1: Number of lines of therapy completed by patients

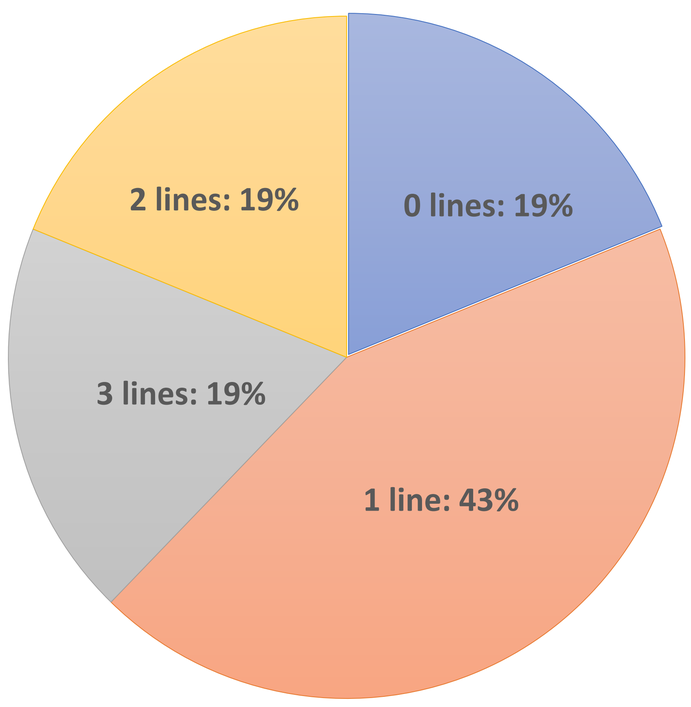


Figure 2

Lines of therapy	Average Hospital admissions
1	1.2
2	2
> 3	4.3

CONCLUSIONS

- These findings support the need for a personalised approach to treatment in the elderly. Rather than measuring success in terms of depth and duration of remission as with younger patients, factors such as tolerability and quality of life should have greater influence.
- With 62% of patients not going on to receive second line therapy, the choice of treatment at diagnosis should be the best possible for that individual.
- Good supportive care can reduce early treatment related toxicity and mortality. The early use of Levofloxacin is an example of this and is a particularly important addition in this vulnerable patient group.[1]
- Further randomised trial data is required to improve outcomes in older frail patients. Myeloma XIV (FiTNEss study) is an example of active progress made in trying to improve results amongst this group. [2]

REFERENCES

1) *Levofloxacin prophylaxis in patients with newly diagnosed myeloma (TEAMM): a multicentre, double-blind, placebo-controlled, randomised, phase 3 trial. Prof Mark T Drayson FRCPATH, Stella Bowcock FRCPATH, The Lancet, Publishe October 23, 2019DOI:https://doi.org/10.1016/S1470-2045(19)30506-6*

2) *Fitness, a UK Myeloma Research Alliance (UK-MRA) Frailty-Adjusted Therapy Study, Supports the Feasibility of Recruiting Frail Newly Diagnosed Myeloma Patients to Large Clinical Trials. Gordon Cook, Charlotte Pawlyn. Blood (2021) 138 (Supplement 1): 81. https://doi.org/10.1182/blood-2021-146650*

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