Summary/Conclusion: Our findings indicate that maintaining a high WBC and neutrophil count makes Pd a safe regimen in real-life management of RRMM and it allows in many patients a disease control for more than 6 months that in turn is associated to long TNT and OS.

PB2129 PRETREATMENT D-DIMER LEVELS PROVIDE PROGNOSTIC INFORMATION IN PATIENTS WITH MULTIPLE MYELOMA

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Background: High D-dimer levels are associated with poor overall survival in patients with general cancer.
Aims: This retrospective study aimed to investigate the prognostic value of D-dimer levels in patients with multiple myeloma (MM).
Methods: A total of 214 patients newly diagnosed with MM were retrospectively enrolled. The correlation between pre-treatment plasma D-dimer levels and clinical factors was evaluated. The cut-off value of D-dimer for predicting survival was set as 0.8 mg/ml based on receiver operating curve analysis. Patients with a D-dimer level ≥ 0.8 mg/ml had more adverse clinical features, including advanced R-ISS stage, higher International Myeloma Working Group risk stratification, more abnormal chromosome, and increased serum creatinine level. The prognostic value of d-dimer levels was explored.
Results: Patients with a D-dimer level ≥ 0.8 mg/ml showed poor overall survival (OS) and progression-free survival (PFS). Multivariate analyses revealed that the D-dimer levels were independent predictors of OS and PFS (hazard ratio = 10.15 and 0.27, 95% confidence interval = 4.86–21.19 and 0.18–0.42, P < 0.001 and P < 0.001).
Summary/Conclusion: In conclusion, D-dimer levels might be considered as a simple and effective prognostic marker in patients with MM.

PB2130 REAL-WORLD ITALIAN EXPERIENCE OF POMALIDOMIDE IN RELAPSED-REFRACTORY MYELOMA: RETROSPECTIVE MULTICENTER STUDY BY THE RETE EMATOLOGICA PUGLIESE AND BASILICATA

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Background: The *POM+LoDEX* combination was approved for patients with RRMM who have received at least two prior therapies including lenalidomide and bortezomib.
Aims: We report here retrospective analysis of 94 patients with RRMM treated with *POM+LoDEX* as salvage therapy at 12 hematological centers in the Puglia and Basilicata Network to describe the outcomes and toxicities in a daily practice setting outside clinical trials.
Methods: From January 2016 to September 2018, 94 patients (60 F and 34 M) were treated in our haematogical Institutions. Sixty-three patients of them (67%) had relapsed MM and 31 patients (33%) MM refractory to two or more previous treatment lines. The median age was 73 years (range 42–86). Twenty-four patients (23,3%) had EMD. Patients received a median 3 previous lines of therapy. The last treatment received was bortezomib-based regimens in 29% of patients, lenalidomide-based regimens in 50% of patients, and bendamustine containing regimen in 18% of patients.
Results: The median number of cycles administered was 5 (range 1–27). The ORR was 51%. Higher ORR was recorded in the patient group with relapsed MM compared to those with refractory disease ($p < 0.05$). There were no statistically significant differences in terms of response between patients who had received two or more previous lines of therapy (p NS) and between patients aged over or under 70 years (p 0.25). After median follow-up of 9.5 months, median TTP and median OS in the ITT population were respectively, 10 months (range 7–17) and 16 months (range 11–24). The median TTP was significantly longer in patients who achieved the haematological response ($p < 0.001$) and in patients aged >70 years (p 0.03). The median OS was significantly longer for fit patients (p 0.03). The "disease status", the "prior exposure to lenalidomide-based strategies", the "number of previous lines of therapy" did not influence the TTP and the OS. Multivariate analysis of median TTP identified the "high LDH levels" as negative variable ($p < 0.001$) and the "age >70 years" as positive prognostic factor ($p < 0.001$). Multivariate analysis of median OS identified the "frailty score" and confirmed "high LDH levels" as statistically significant variables ($p < 0.001$). Median TTNT was 30 months (range 18–30). Neutropenia was the most common hematologic adverse event and occurred in 32% of patients. The most frequent grade 3–4 non-haematologic toxicities were fatigue (6%) and infections (4%).
Summary/Conclusion: *POM+LoDEX* resulted in a longer OS and TTP compared to data reported from clinical trials. This advantage was observed mainly in elderly patients and in those with haematologic response and the outcome benefit remained consistent regardless of number of prior and last therapy received. The good toxicity profile and the all-oral administration of *POM+LoDEX* make this combination a recommended therapeutic opportunity also in older patients and should be recommended mainly in patients living far from the hospital.

PB2131 CTDA VERSUS MPT FOR MULTIPLE MYELOMA: REAL WORLD DATA FROM THE WEST OF SCOTLAND CANCER NETWORK

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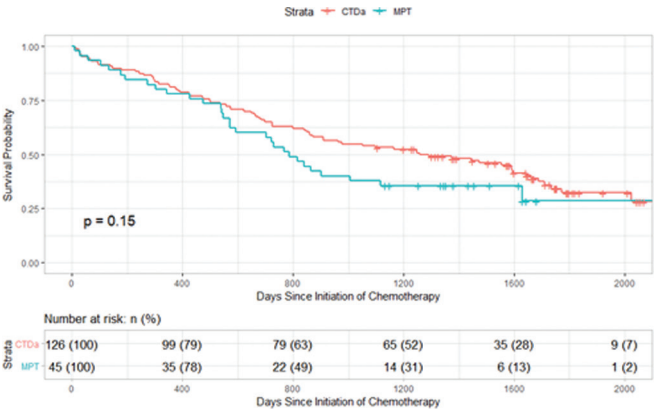
Background: Multiple myeloma has a median age at presentation of approximately 70 years and many patients are unsuitable for intensive induction chemotherapy and autologous stem cell transplant due to advanced age or co-morbidity. Current West of Scotland Cancer Network, BCSH and NICE Clinical Management Guidelines supports the use of either CTDa (attenuated Cyclophosphamide, Thalidomide and Dexamethasone) or MPT (Melphalan, Prednisolone, Thalidomide) as options for first line treatment in patients ineligible for high dose therapy. Despite these recommendations there are little reported data directly comparing the efficacy of these two commonly used chemotherapy regimens.
Aims: In order to determine whether the choice of either CTDa or MPT as first line therapy had any influence on survival among our patient population, we retrospectively analysed real-world data from patients treated initially with either CTDa or MPT in the West of Scotland Cancer Network between 1/1/2013 and 1/1/2016.



Methods: Patient data including demographics, details of treatment regimens, ECOG performance status, ISS and renal function at diagnosis were extracted, where available, from electronic prescribing records and electronic notes. Individual patient mortality data was collected for 6 years from initiation of their treatment. All data were analysed using "R" software (v3.5.2).
Results: In total 171 patients were treated with either CTDa (n = 126) or MPT (n = 45) first line for multiple myeloma between 1/1/13 and 1/1/2016. Patients received a similar number of cycles (median 6 CTDa vs 5 MPT). Mean age for patients treated with CTDa was 74 (72.8–75.2) and MPT 76.9 (75.4–78.4), male to female ratio was 1:1.06 for CTDa and 1:1.8 for MPT. Kaplan Meier curves were constructed and