Treatment for advanced multiple myeloma in Korea

Chang-Ki Min

The Catholic University of Korea College of Medicine, Korea

The use of the proteasome inhibitor (PI), bortezomib and immunomodulator (IMiD), thalidomide or lenalidomide for the treatment of multiple myeloma (MM) has contributed to significant improvements in patient outcomes over the last 2 decades. Bortezomib and 2nd generation IMiD lenalidomide form the backbone of many preferred regimens in the frontline or relapsed settings, and they have contributed to a doubling in the average life expectancy for MM patients. However, despite these novel therapies, MM remains an incurable disease, and resistance to both agents is increasingly on the rise. Several phase 2 and phase 3 trials have demonstrated the efficacy of approved agents for the patients who failed bortezomib and lenalidomide treatment. IMiD pomalidomide, the histone deacetylase inhibitor panobinostat and the PIs carfilzomib and ixazomib, as well as the monoclonal antibodies daratumumab and elotuzumab, and new classes of agents in early-stage development may add to the treatment strategies available for patients with advanced MM. With each drug with differing mechanisms of action and efficacy and safety profiles, it can be difficult for physicians to decide upon the most appropriate agent to use. While there is no standard treatment for these patients, improving the outcomes of patients in this setting represents a significant clinical challenge, and is an area of intense research focus.

In Korea, carfilzomib and dexamethasone (Kd) and pomalidomide and dexamethasone with or without cyclophosphamide (Pd or PCd) are options for treatment of double failed MM. Daratumumab is indicated as a single agent. In preliminary analyses including Korean MM patients, significant differences in terms of overall response, progression-free survival or overall survival were not observed between Kd and Pd/PCd regimens. Acceptable outcomes of daratumumab monotherapy on advanced MM patients were also observed despite relatively frequent infectious adverse events. Investigations are underway on the latest treatment experiences for Korean patients using KMMWP registry and the results will be provided.