The Burden of Relapsed/Refractory Multiple Myeloma: An Indirect Comparison of Health-Related Quality of Life Burden Across Different Types of Advanced Cancers at Baseline and After Treatment Based on HORIZON (OP-106) Study of Melflufen Plus Dexamethasone

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BACKGROUND

Six studies with baseline EORTC QLQ-C30 HRQoL data, representing 2068 patients with RR-MM, were included in the indirect comparison (Table 1). We compared health-related quality of life (HRQoL) in RR-MM patients with that in patients with other advanced cancers (Table 2). The patients included were heavily pretreated, with a median of 5 prior lines of therapy, and ≥2 prior therapies had similar HRQoL (Table 1). Patients were heavily pretreated, with a median of 5 prior lines of therapy, and most (63%) were triple-class refractory. More than half (59%) of patients had International Staging System stage II/III disease at study entry. As of data cutoff (21 October 2019), 64 patients in HORIZON had baseline HRQoL evaluable patients data with Oncopeptides.

OBJECTIVES

The endpoint was to evaluate baseline HRQoL in the HORIZON study as well as other published studies in which HRQoL data were available. The results will help characterize the burden of relapsed/refractory disease across studies.

METHODS

In the HORIZON trial, HRQoL was assessed using the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30 (EORTC QLQ-C30) and the EQ-SD-5L, a questionnaire. HRQoL was assessed in patients with RR-MM and other advanced cancers. A comprehensive analysis approach was used in which baseline HRQoL was compared with other studies with similar patient populations with RR-MM, where HRQoL has been reported. This comparison was based on a newly used patient-weighted outcome measure (EORTC QLQ-C30).

RESULTS

As of data cutoff (21 October 2019), 64 patients in HORIZON had baseline HRQoL data. Of these patients, 26 (41%) had baseline EORTC QLQ-C30 HRQoL data, representing 614 patients in other advanced cancers. HRQoL improvements from baseline to post-treatment were observed across all domains, with EORTC QLQ-C30 global health status and quality of life and all EORTC QLQ-C30 functional scales showing statistically significant improvements (all P < 0.001) (Figure 1). The patients included were heavily pretreated, with a median of 5 prior lines of therapy, and most (63%) were triple-class refractory. More than half (59%) of patients had International Staging System stage II/III disease at study entry. As of data cutoff (21 October 2019), 64 patients in HORIZON had baseline HRQoL evaluable patients data with Oncopeptides.

CONCLUSIONS

• Despite limitations of this cross-study comparison, including differences in patient populations, patients with RR-MM and 32 prior therapies had similar HRQoL across studies.

Baseline HRQoL data from HORIZON confirm these patients are representative of the disease burden of other RR-MM populations described in the literature.

HRQoL data from HORIZON and RR-MM studies reported here are on the low-end of this range, from 0.69 to 0.76. Baseline health state VAS scores in RR-MM are lower than healthy populations at 53.6 to 65.3, exceeding the 0.70 minimally important difference which has been identified as a clinically meaningful impact on HRQoL in cancer.

Overall, this analysis indicates that RR-MM represents a high burden of disease, including among patients with advanced cancers.