Background

- Epidemiology, clear age dependent increase in incidence rates
- Median age at diagnosis is about 70 years
- Aggressive treatment options for younger patients, “total therapy”, allogenic BMT
- But what are the options for elderly patients

Elderly Cancer Patients in Trials

Pub Med Analysis: 10/2012

- Multiple Myeloma = 35011
  + Elderly = 15540 44%
  + Frail = 7 0.02%
  + Frailty = 2 0.01%
  + Geriatric Assessment = 9 0.02%
  + CGA = 2 0.02%
  + Comorbidity = 113 0.3%
  + Palliative Care = 144 0.4%
  + Death = 1305 3%
  + Dying = 31 0.09%

Classical Standard

Melphalan + Prednisolon:
- Combination chemotherapy versus melphalan plus prednisone as treatment for multiple myeloma: an overview of 6,633 patients from 27 randomized trials. Myeloma Trialists’ Collaborative Group

Classical Standard + New Agents

Melphalan + Prednisolon:
+ Thalidomide
+ Bortecomb
+ Lenalidomide
MP + Thalidomide

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<tr>
<th></th>
<th>MPT = 807</th>
<th>MP = 873</th>
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<tr>
<td>Age-median</td>
<td>73</td>
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<td>&gt;= 75 yrs</td>
<td>39%</td>
<td>40%</td>
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<td>WHO-PS</td>
<td>34%</td>
<td>33%</td>
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Non-hematol. AE-Grad 3-4

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<td>40%</td>
<td>18%</td>
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Hematol. AE-Grad 3-4

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<td>32%</td>
<td>29%</td>
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Factors associated with
- Hematological Toxicity Grade 3-4: Gender (female) and MPT-treatment
- Non-Hematological Toxicity Grade 3-4: WHO-PS, and MPT-treatment
- PFS: WHO-PS, Creatinine > 176 µmol/L, ISS, MPT-treatment, non-hematol. toxicity grade 3-4
- OS: Age (>= 75 years, WHO-PS, ISS, MPT-treatment, non-hematol. Toxicity grade 3-4

Fayers et al. Blood 2011

Palumbo et al. Haematologica 2012 in press
**Conclusions**

- New treatment options in induction therapy and treatment in relapsed disease improved survival
- Role of maintenance treatment is open, improved PFS but not OS
- Patients selection is mainly based on age not (yet) on CGA
- Supportive care is paramount
- Most of the patients deserve palliative care service in their course of disease