

SUPPLEMENTARY MATERIAL

Treatment Regimens for Transplant-ineligible Patients with Newly Diagnosed Multiple Myeloma: A Systematic Literature Review and Network Meta-analysis

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Supplementary Table 1 Eligibility criteria used in the systematic literature review

Criteria	Inclusion criteria	Exclusion criteria	Brief rationale
Population	Patients with newly diagnosed multiple myeloma ineligible for autologous cell transplant (ASCT)	Indications other than MM; transplant-eligible population; relapsed/refractory MM	Only studies on newly diagnosed MM patients who are ASCT-ineligible are relevant for the purposes of this submission
Outcomes	Clinical outcomes, including OS, PFS, response (overall response, very good partial response, complete response etc.)	HRQoL, economic evaluation, other clinical outcomes, e.g. PFS2 etc.	Only studies that reported listed clinical outcomes, which will be used for indirect comparison, are regarded as relevant
Study design	Randomised controlled trials	Observational studies, single-arm trials, pharmacokinetic or pharmacodynamic studies	The study designs specified as eligible for inclusion were those considered most likely to report relevant data for this submission
Publication type	N/A	Editorials, reviews, letters	
Language restrictions	English	Any other language	The majority of the research in the field is published in English
Time	No time restriction for full-text publication; conference abstracts from 2018 onwards	N/A	Conference abstracts published 1 year ahead of search were included in Embase database. Manual search was conducted to ensure the latest publications were identified in the review

HRQoL, health-related quality of life; OS, overall survival; MM, multiple myeloma; N/A, not applicable; PFS, progression-free survival; PFS2, time from initial study randomization to second disease progression or death from any cause.

Supplementary Table 2 PFS and OS by age from the SWOG S0777 and ENDURANCE

trials

Trial	Age subgroup	PFS HR (95% CI)	OS HR (95% CI)
SWOG S0777 (VRd vs Rd)	≥65 years	0.77 (0.55–1.08)	0.77 (0.52–1.14)
	<65 years	0.68 (0.50–0.93)	0.64 (0.42–0.97)
ENDURANCE (KRd vs VRd)	≥65 years	1.18 (0.85–1.63)	Not reported
	<65 years	0.92 (0.66–1.27)	Not reported

CI, confidence interval; HR, hazard ratio; KRd, carfilzomib/lenalidomide/dexamethasone;

OS, overall survival; PFS, progression-free survival; Rd, lenalidomide/dexamethasone;

VRd, bortezomib/lenalidomide/dexamethasone.

Supplementary Table 3 Overview of identified studies and their patient baseline characteristics

Trials	Location	Treatment arms	N	Median Age (years)	Female (%)	MM type-IgG (%)	ISS-stage III (%)	High-risk cytogenetic abnormality (%)^a	ECOG \geq2 (%)
UPFRONT [1,2]	US	VD	168	74.5	40	62	33		
		VTD	167	73	58	58	32		
		VMP	167	72	46	62	36		
FIRST trial [3-14]	Multicountry; US, Canada, Asia Pacific, Europe	Rd continuous	535	73	45	62	40	17	22
		Rd18	541	73	50	61	40	20	21
		MPT	547	73	48	64	41	19	20
Palumbo et al. [15-21]	Italy; Europe	VMPT-VT ^b	254	71	49		19		
		VMP ^b	257	71	53		22		
		VMP-Lite ^c	191	71					
		VMP ^d	66	72					
San-Miguel et al. [22,23]	Multicountry; US, Europe, Asia Pacific	VMP-S	52	71		42	54	17	33
		VMP	54	70		68.5	54	10	24
VISTA trial [24-29]	Multicountry; US, Canada, Europe, Latin America, Asia Pacific	VMP	344	71	49	64	35		
		MP	338	71	51	62	34		
GEM05 [30-32]	Spain; Europe	VMP-Lite ^e	130	73	47	62	30	14	
		VTP	130	73	53	55	37	7	
		VT maintenance	91	71	47	62	29	17	
		VP maintenance	87	72	53	55	30	15	
MM-015 [33-38]	Multicountry; Asia Pacific, Europe	MPR-R	152	71	53.3		48.7		
		MPR	153	71	46.4		48.4		
		MP	154	72	51.3		50.6		
Sacchi et al. [39]	Italy; Europe	MP	54	79	52	63	30		9
		MPT	64	76	55	73	22		12

Trials	Location	Treatment arms	N	Median Age (years)	Female (%)	MM type-IgG (%)	ISS-stage III (%)	High-risk cytogenetic abnormality (%) ^a	ECOG ≥2 (%)
MRC Myeloma IX [40]	Multicountry; Asia Pacific, Africa, Europe	MP	423	73	45.4	60.8	39	41.9	
		CTD	426	73	43.2	58.2	39.4	42.7	
TMSG study [41]	Turkey; Europe	MPT-T	58	69	39.7	83			
		MP	57	72	52.6	71.4			
HOVON 49 [42]	Netherlands; Europe	MP	168	73	45.2	61.3	17.3		
		MPT-T	165	72	43	58.8	19.4		
NMSG [43]	Multicountry; Europe	MPT-T	182	74.6	49		36		
		MP	175	74.1	39		30		
IFM 01/01 [44]	Multicountry; Europe	MP	116	78.5	47		30		
		MPT	113		62		35		
GIMEMA [45,46]	Italy; Europe	MPT-T	167	72		65	29		
		MP	164	72		63	29		
Ludwig et al. [47]	Multicountry; Europe	VMC(P) with conv.(P) ^f	144	66.5	54	63	67		
		VMCP with cont.(P) ^g	148	67.5	49	62	68		
HOVON87/NMSG18 [48-50]	Multicountry; Europe	MPT-T	318	72	49	64	26		
		MPR-R	319	73	42	63	26		
IFM 95-01 [51]	Multicountry; Europe	MP	122	70	43	58			
		M-DEX	118	69	53	60			
		DEX	127	70	50	65			
		DEX-IFN	121	69	50	57			
Magarotto et al. [52-57]	Multicountry; Europe	MPR	218	74	50		27	17	
		CPR	222	73	52		27	22	
		Rd-9	222	74	51		27	25	
		RP maintenance	198	73	47		23	19	
		R maintenance	204	73	58		23	18	
Hungria et al. [58]	Multicountry; Latin America	MPT	32	72.2	53.1	51.7	46.7		53.4
		CTD	32	70	65.6	55.2	41.9		50.4
		TD	18	71.6	44.4	55.6	27.8		44.4
GEM10 [59,60]	Spain; Europe	Seq. VMP-Lite ^{h+}	118	75		44	30	16	
		Rd	115	73		47	25	11	

Trials	Location	Treatment arms	N	Median Age (years)	Female (%)	MM type-IgG (%)	ISS-stage III (%)	High-risk cytogenetic abnormality (%) ^a	ECOG ≥2 (%)
		Alt. VMP-Lite ^{h+} Rd							
E1A06 [61,62]	Multicountry; US, Asia Pacific	MPT-T	154	75.8	44.2	71.3	32.2		18.8
		MPR-R	152	76.6	46.7	72.6	30.3		19.1
Song et al. [63] ⁱ	Korea; Asia Pacific	MPT	74	69	45.9	47.3	52.7		
		CTD	83	69	39.8	51.8	55.4		
Ludwig et al. [64]	Multicountry; Europe	TD	145	72	49	62.7			
		MP	143	72	51	65.7			
IFM 99-06 [65] ^j	Multicountry; Europe	MP	196		44		30		
		MPT	125		50		29		
Dimopoulos et al. [66-69]	Multicountry; Asia Pacific, Europe, US	ICD-300	36	72.5	58	58			17
		ICD-400	34	75.5	47	53			21
Takezako et al. [70,71]	Japan; Asia Pacific	ERd	40	72	57.5	78	20	3	
		Rd continuous	42	73	47.6	69	21	0	
CLARION trial [72,73]	Multicountry; Asia Pacific, Europe, Latin America, North America	VMP	477	72	49.9		37.7	14	21.2
		CMP	478	72	49.2		38.1	11.3	18.6
KEYNOTE 185 trial [74,75]	NA	Pembro-Rd	151	74	54		29	16	0
		Rd continuous	150	74	53		21	7	1
ALCYONE trial [76-82]	Multicountry; Asia Pacific, Europe, Latin America, North America	D-VMP	350	71	54	40.9	40.6	16.9	25.7
		VMP-lite ^k	356		53	39.3	36.2	14.9	23.6
IMPROVE MPB-study [83]	Japan; Asia Pacific	modified PETHEMA-VMP ^l	45	72	46.7	62	20		
		JCOG-VMP ^m	46	72	37	63	15		
MAIA [84-87] ⁿ	Multicountry; North America, Europe, Asia Pacific	D-Rd	368	73	48.6	61.1	29.1	15	17.1
		Rd continuous	369	74	47.2	62.6	29.8	13.6	16
RV-MM-PI-0752 [88-90]	Italy; Europe	Rd9-R	101	75			21	13	11

Trials	Location	Treatment arms	N	Median Age (years)	Female (%)	MM type-IgG (%)	ISS-stage III (%)	High-risk cytogenetic abnormality (%)^a	ECOG ≥2 (%)
		Rd continuous	98	76			26	16	10
SWOG S0777 [91,92] ^o	Multicountry; North America, Asia Pacific	VRd Rd continuous	91 106						
Myeloma XI [93-96] ^p	Multicountry; Europe	CTDa ^q	924	74	42	63.5	35.9	37.3	
		CRDa ^q	926	75	44.9	62.5	35.2	35.2	
		CVD ^r	106						
		No active treatment ^t	110						
		CTDa-R ^s	194	73.5	40.7	64.9	34.5	43.2	
		CTDa ^s	150	73.5	36	56.7	28.7	46	
CRDa-R ^s	213	74	42.7	63.4	31.5	31.7			
CRDa ^s	166	73	37.3	62.7	28.9	43.1			
Suzuki et al. [97]	Japan; Asia Pacific	MPT	52	78	46.2	67.3	23.1		13.5
		MP	51	76	51	51	23.5		7.8
GERMAIN [98]	Germany; Europe	VMP-R	19	73	37	53	37		
		VMP-placebo	21	76	29	48	5		
ENDURANCE [99,100]	Multicountry; North America	VRd	542	64	42		26	28	11
		KRd	545	65	40		29	28	10
GEM-CLARIDEX [101,102]	Spain; Europe	CRd	143	76				15.6	
		Rd	143						
UNITO-EMN10 [103,104]	Italy; Europe	Id	41	74					
		ICd	59						
		ITd	60						
		IBd	11						
Кирилл Белоусов et al. [105]	Russia; Europe	VMP	45						
		VRP	38						
AGMT MM-02 [99,106]	Austria, Germany	KTd KRd	87						
TOURMALINE-MM2 [107]	Multicountry	IRd	351	73			16		
		Placebo-Rd	354	74			17		
HOVON126 [108]	Europe	ITd-I	39	72			21	18	
		ITd-placebo	39	73			28	18	

Trials	Location	Treatment arms	N	Median Age (years)	Female (%)	MM type-IgG (%)	ISS-stage III (%)	High-risk cytogenetic abnormality (%)^a	ECOG \geq2 (%)
SWOG 1211 [109]	US	VRd-Elo VRd	48 52	62 66	40 40		31 27		
TOURMALINE-MM4 [110] ^t	Multicountry; Africa, Asia, Europe, North America, Asia Pacific	Ixazomib Placebo	425 281	72 73			35 36	17 17	

ADL, activity of daily living; ASCT, autologous stem cell transplant; BMP, bortezomib/melphalan/prednisone; BMPS, BMP plus siltuximab; BMPT-VT, bortezomib/melphalan/prednisone/thalidomide followed by maintenance with bortezomib plus thalidomide; CMP, carfilzomib/melphalan/prednisone; cont., continuous; conv., conventional; CPR, cyclophosphamide/prednisone/lenalidomide; CRd, cyclophosphamide/lenalidomide/dexamethasone; CRDa, attenuated cyclophosphamide/lenalidomide/dexamethasone; CTDa, attenuated cyclophosphamide/thalidomide/dexamethasone; CTDa-L/CRDa-L, CTDa/CRDa plus lenalidomide maintenance; DBMP, daratumumab plus BMP; DEX-IFN, dexamethasone-Interferon alpha; DRd, daratumumab plus Rd; ERd, elotuzumab plus Rd; ICd, ixazomib/cyclophosphamide/dexamethasone; IADL, instrumental ADL; Id, ixazomib/dexamethasone; IRd, ixazomib/lenalidomide/dexamethasone; ITd, ixazomib/thalidomide/dexamethasone; ITd-I, ITd plus ixazomib maintenance; IVD, ixazomib/bortezomib/dexamethasone; JCOG, Japan Clinical Oncology Group; KRd, carfilzomib/lenalidomide/dexamethasone M-DEX, melphalan/dexamethasone; MM, multiple myeloma; MP, melphalan/prednisone; MPR, melphalan/prednisone/lenalidomide; MPR-R, MPR plus lenalidomide

maintenance; MPT, melphalan/prednisone/thalidomide; MPT-T, MPT plus thalidomide maintenance; placebo-Rd, placebo followed with Rd maintenance; Rd, lenalidomide/dexamethasone; NDMM, newly diagnosed MM; Rd 18, lenalidomide/dexamethasone 18 months; Rd 9, lenalidomide/dexamethasone 9 months; Rd 9-R, Rd 9 with lenalidomide maintenance; Rd continuous, lenalidomide/dexamethasone continuous; SLR, systematic literature review; TIE, transplant ineligible; VD, bortezomib/dexamethasone; VMCP, vincristine/melphalan/cyclophosphamide and prednisolone; VMP-S, bortezomib/melphalan/prednisone/siltuximab; VRd, bortezomib/lenalidomide/dexamethasone; VRd-Elo, VRd plus elotuzumab; VTD, bortezomib/thalidomide/dexamethasone.

^aDefined as translocations (4;14) or (14;16) or deletion 17p in the trials; (gain(1q), t(4;14), 71t(14;20), t(14;16), and del(17p) in MRC Myeloma IX study).

^bNo distinction between patients who received bortezomib with 9 once-weekly cycles/4 twice-weekly and 5 once-weekly cycles.

^cSubgroup of the VMP arm ($N = 257$), patients who received the modified VMP schedule; 9 once-weekly cycles.

^dSubgroup of the VMP arm ($N = 257$), patients who received the original VMP schedule; 4 twice-weekly and 5 once-weekly cycles.

^eBortezomib twice weekly during cycle 1, once weekly during cycles 2-6.

^f14 days of prednisolone treatment in the induction phase per cycle.

^g28 days of prednisolone treatment in the induction phase per cycle.

^hBortezomib twice weekly during cycle 1, once weekly during cycles 2–9.

ⁱMM patients with renal impairment; outcomes relating to different subgroups of patients (as determined by glomerular filtration rate cut-off levels) per treatment arm were reported, thus outcome variables haven't been presented in this report.

^jMEL100 arm not reported.

^kBortezomib is administered twice weekly at weeks 1, 2, 4, and 5 in cycle 1 followed by once weekly at weeks 1, 2, 4, and 5 in cycles 2 to 9

^lBortezomib is administered twice weekly in cycle 1 (6-week cycle) followed by 4 weekly doses in cycles 2 to 9; 5-week cycles.

^mBortezomib is administered in 3 weekly doses in cycles 1 to 9; 4-week cycles.

ⁿIntermediate-fit NDMM patients, with a total frailty score (age, Charlson Index, ADL and IADL) of 1. To better approximate a real-world older population, patients usually excluded from clinical trials or with abnormal laboratory values could be included in the trial.

^oPatients without an intent for immediate ASCT were included. A subgroup analysis of patients 65–75 and >75 years old is provided and outcomes of these subgroups are included in this SLR as ASCT-ineligible patients.

^pOutcomes related to TIE patients are included in this SLR. Patients considered ineligible for transplantation at trial entry were randomly assigned (1:1) to induction with either attenuated CTD or attenuated CRD. Patients with a suboptimal response to induction treatment were randomly assigned (1:1) to cyclophosphamide, bortezomib, and dexamethasone (CVD) or no CVD. Patients completing induction and intensification treatment (where applicable) and eligible were randomly assigned (1:1) to lenalidomide maintenance or observation.

^qRepresents patients who entered the induction randomisation.

^rRepresents patients who entered the maintenance randomisation.

^sRepresents TIE patients who entered the consolidation randomisation.

^tThe TOURMALINE-MM4 trial is designed to compare single-agent ixazomib maintenance to placebo for patients who received a major positive response to initial therapy and have not undergone SCT.

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