

Continuous therapy improves survival in multiple myeloma

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(HealthDay)—In patients with newly diagnosed multiple myeloma, novel agent-based continuous therapy (CT) significantly improves progression-free survival and overall survival (OS) compared with fixed duration of therapy (FDT), according to a study published online Aug. 17 in the *Journal of Clinical Oncology*.

Antonio Palumbo, M.D., from Azienda Ospedaliero-Universitaria Città della Salute e della Scienza di Torino in Italy, and colleagues analyzed data from patients with newly diagnosed myeloma enrolled in three phase III trials that randomly assigned patients to novel agent-based CT versus FDT.

The researchers found that over a median follow-up of 52 months, in the

intent-to treat CT population (417 patients) versus the FDT population (410 [patients](#)), there were significant improvements in progression-free survival 1 (time from random assignment until the first progression or death; median, 32 versus 16 months; hazard ratio [HR], 0.47), progression-free survival 2 (time from random assignment until the second progression or death; median, 55 versus 40 months; HR, 0.61), and OS (four-year OS, 69 versus 60 percent; HR, 0.69).

"The improvement in progression-free survival 2 suggests that the benefit reported during first remission is not canceled by a shorter second remission. Progression-free survival 2 is a valuable end point to estimate long-term clinical benefit and should be included in future trials," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including to funders of the phase III trials.

More information: [Abstract](#)
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