AUSTRALIAN AND NEW ZEALAND (ANZ)

and

ASIA-PACIFIC (APAC)

MYELOMA AND RELATED DISEASES REGISTRY (MRDR)

Annual Data Report

(2018-2022 Snapshot)

Prepared by:
The ANZ and APAC MRDR Study Team

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CONTACT INFORMATION

For any queries regarding this report, please contact:

- ANZ MRDR Project Manager (sphpm-myeloma@monash.edu); or
- APAC MRDR Project Manager (sphpm.apacmrdr@monash.edu).

INTRODUCTION

Reporting period

Data collection by the ANZ MRDR registry began in January 2013, and for the APAC MRDR registry from 2018. To better reflect current practice, this report includes a summary of the data collected by the ANZ and APAC MRDR registries between 1 January 2018 – 03 January 2023.

Background

The ANZ MRDR and APAC MRDR are clinical registries of patients diagnosed with multiple myeloma (MM), or a related disease. The ANZ MRDR registry was established in 2012 and the APAC MRDR was established in 2018.

The aims and overall methodology of the two registries are the same. Prospective data on newly diagnosed patients are collected at baseline and then approximately every 4 or 12 months (diagnosis-dependent) to monitor patients' treatment and outcomes. Data collection is undertaken by clinical research coordinators or research staff under the supervision of the Local Investigators at participating hospitals. Data are entered via customised web-based data entry portals and stored on servers managed by Monash University.

To accommodate for relevant international laws and regulations in countries where data originate, there are some operational differences between the two registries, including:

- Patient consent:
    - In the APAC MRDR, written patient consent is required before data collection commences.
    - In the ANZ MRDR, an opt-off model of consent is utilised. Patients are informed about the registry and provided information on how their routine health data will be collected and that they can withdraw their participation at any time.
- Age:
    - Minimum age in ANZ MRDR and Malaysia is 18 years, in Singapore it is 21 years, and in Korea and Taiwan it is 20 years.

The ANZ and APAC MRDR registries will provide real-world evidence that will contribute to our understanding on current myeloma treatment strategies and patient outcomes in the ANZ and APAC regions. As the registries grow and mature, they will also provide opportunities for regional benchmarking and collaborative research.

SITE AND PATIENT ACCRUAL

Table 1. Site and Patient Accrual as of the 03 January 2023

	TOTAL	AUSTRALIA	NEW ZEALAND	KOREA	SINGAPORE	MALAYSIA	TAIWAN
Number of active hospitals	73	43	8	11	3	6	2
Number of patients registered to date	7109	4560	1221	1068	165	77	18
Number of patients with complete data treated between January 2018 and January 2023	3793	2112	720	753	131	73	16

PATIENT CHARACTERISTICS

Table 2. Patient Characteristics

Demographic and clinical statistics for MM patients at diagnosis, and with complete data, who received treatment between 1 January 2018 to 3 January 2023, inclusive.

	TOTAL	AUSTRALIA	NEW ZEALAND	KOREA	SINGAPORE	MALAYSIA	TAIWAN
N	3793	2112	720	753	131	73	16
AGE AT DIAGNOSIS (YEARS), MEDIAN (IQR)^	67 (59, 74)	68 (59, 75)	69 (61, 76)	65 (58, 72)	67 (60, 73)	64 (59, 70)	72 (64, 77)
AGE >70 YEARS^	39%	41%	45%	29%	40%	26%	63%
GENDER (MALE)	60%	62%	60%	57%	53%	59%	56%
ISS STAGE 3	32%	29%	32%	35%	43%	47%	33%
ECOG >= 2	19%	17%	23%	17%	19%	47%	25%

^Age: For Singapore, Date of Birth unknown. Age estimated using 01 July "Year of Birth".

TREATMENT IN MM PATIENTS

Table 3. Most common chemotherapy regimens and patients who received an ASCT by location from 1 January 2018 – 3 January 2023

	AUSTRALIA	NEW ZEALAND	KOREA	SINGAPORE	MALAYSIA	TAIWAN
Most common 1L	VCd (34%)	VCd (70%)	VTd (50%)	VRd (23%)	VCd (45%)	N/A
Most common 1L, no ASCT	VCd (30%)	VCd (66%)	MPV (42%)	VCd (25%)	VCd (63%)	N/A
Most common 2L	DVd (19%)	VTd (26%)	KRd (39%)	RdD (16%)	VRd (30%)	N/A
Received ASCT	54%	40%	55%	42%	39%	N/A
AGE <70 years^*	81%	69%	77%	64%	48%	N/A
Age >70 years^*	12%	4.2%	0.85%	5.3%	0%	N/A

1L: first-line therapy, 2L: second-line therapy, ASCT: Autologous stem cell transplant.

*Only patients with at least 1-year post-diagnosis and with some follow-up data post-registration were included

^Age: at Diagnosis; for Singapore, Date of Birth unknown. Age estimated using 01 July "Year of Birth".

N/A: not available/insufficient data.

PATIENT OUTCOMES (TOTAL ANZ AND APAC)

Figure 1: Time to disease progression (PFS)

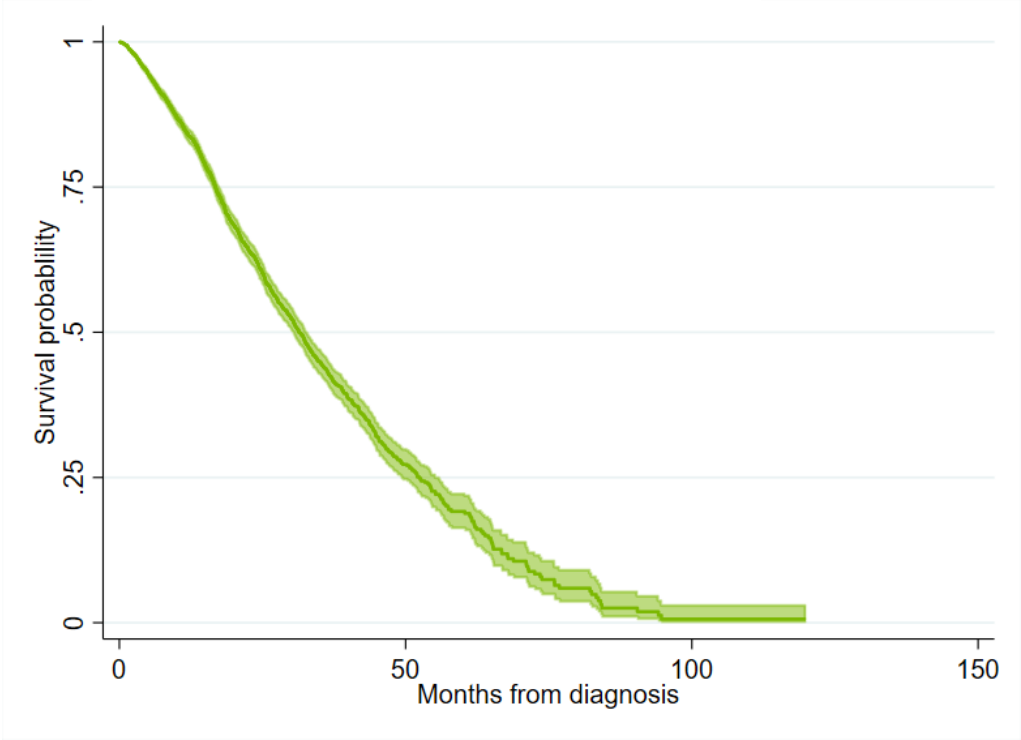
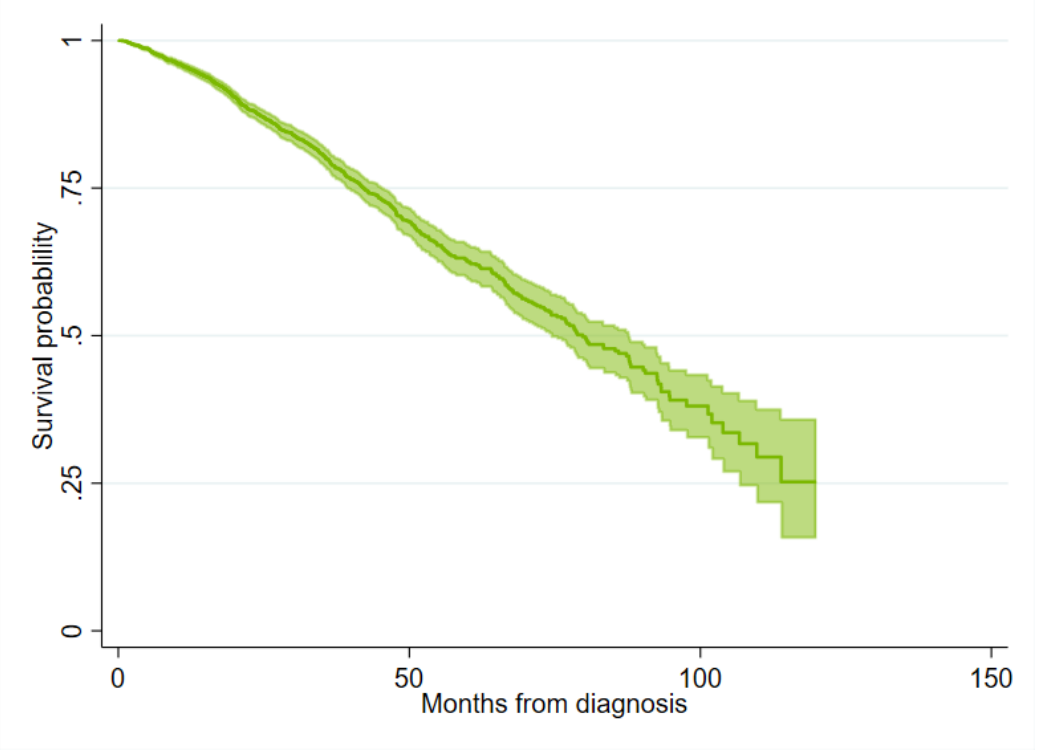


Figure 2: Survival time (OS)



Chemotherapy Codes

CODE	Chemotherapy Regimen
DVd	Daratumumab, Bortezomib, Dexamethasone
KRd	Carfilzomib, Lenalidomide, Dexamethasone
MPV	Melphalan, Prednisolone, Bortezomib
RdD	Lenalidomide, Dexamethasone, Daratumumab
VCd	Bortezomib, Cyclophosphamide, Dexamethasone
VRd	Bortezomib, Lenalidomide, Dexamethasone
VTd	Bortezomib, Thalidomide, Dexamethasone

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ANZ MRDR Steering Committee

Andrew Spencer: Alfred Hospital / Monash
Bradley Augustson: Sir Charles Gairdner Hospital
Krystal Bergin: Alfred Hospital
Simon Harrison: Peter Mac/Royal Melbourne
Joy Ho: Royal Prince Alfred Hospital
Tracy King: Royal Prince Alfred Hospital
Zoe McQuilten: Monash University
Peter Mollee: Princess Alexandra Hospital
Hang Quach: St Vincent's Hospital, Melbourne
Rajeev Rajagopal: Middlemore Hospital
Brian Rosengarten: Myeloma Australia
Craig Wallington-Gates: Flinders Medical Centre
Erica Wood: Monash University

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Andrew Spencer: Alfred Hospital / Monash
Wen-Ming Chen: Beijing Chaoyang Hospital
Wee Joo Chng: National University Hospital
Gin Gin Gan: University Malaya Medical Centre
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Jian Hou: Renji Hospital, Shanghai
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Jin Lu: Peking University People's Hospital
Chang Ki Min: The Catholic University of Korea Seoul, St. Mary's Hospital
Su-Peng Yeh: China Medical University Hospital
Zoe McQuilten: Monash University
Elizabeth Moore: Monash University
Neil Waters: Monash University
Erica Wood: Monash University

ANZ and APAC MRDR Study Team

Coordinating Principal Investigator: Andrew Spencer
Head of TRU: Erica Wood
Associate Investigator: Zoe McQuilten
Research Fellow/ANZ MRDR Project Manager: Elizabeth Moore
Data Manager: Cameron Wellard
Data Officer: Fiona Chen
Deputy Director Operations: Neil Waters
ANZ MRDR Research Officer: Laura Sellick
APAC MRDR Project Manager: Naomi Aoki
APAC MRDR Research Officer: Laura Oliver

Industry Funding

ANZ MRDR:

AbbVie
Amgen
Antengene
Bristol-Myers Squibb
Celgene
Gilead
GlaxoSmithKline
Janssen-Cilag
Novartis
Sanofi
Takeda

APAC MRDR:

Janssen-Cilag