



# Australian and New Zealand (ANZ) and Asia-Pacific (APAC) Myeloma and Related Diseases Registry (MRDR)

## **Annual Data Report 2024**

Prepared by:  
The ANZ and APAC MRDR Study Team



## CONFIDENTIALITY

The contents of this report are for the ANZ and APAC MRDR Steering Committees. Distribution of this report at contributing centres will be at the discretion of individual steering committee members.

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## 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 treatment practices, summary of data relating to chemotherapy collected by the ANZ and APAC registries are reported from 1 January 2018 to 9 January 2025.

### Background

The ANZ MRDR and APAC MRDR are clinical registries of patients diagnosed with multiple myeloma, or a related disease.

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 the 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 Korea and Taiwan it is 20 years and in Singapore it is 21 years

### Report objective

Data for all countries/locations represented in the registries are compared (as maturity of data permits) to cultivate ideas for research and opportunities for collaboration between the two registries.

## SITE AND PATIENT ACCRUAL

Table 1. Site and Patient Accrual from 21 January 2013 to 9 January 2025

	TOTAL	AUSTRALIA	NEW ZEALAND	KOREA	SINGAPORE	MALAYSIA	TAIWAN	CHINA
Number of approved hospitals	85	49	10	12	3	6	2	2
Number of patients registered to date	10386	6313	1590	1515	227	214	46	481

Table 2. Patient Demographics from 21 January 2013 to 9 January 2025

Demographic and clinical statistics for MM patients at diagnosis by location and the total cohort.

	N	Median Age (IQR)^	Median BMI (IQR)	Median EQ5D Score at diagnosis* (IQR)	Age (>70 years)^	Gender - male (%)	Presence of comorbidity (%)	ECOG Score ≥ 2
TOTAL	6708	67 (60, 75)	26 (23, 29)	70 (60, 85)	41%	60%	58%	19%
AUSTRALIA	3740	68 (60, 76)	27 (24, 31)	70 (50, 85)	43%	62%	63%	16%
NEW ZEALAND	1119	70 (62, 77)	27 (24, 31)	70 (60, 80)	49%	60%	60%	23%
KOREA	1063	65 (58, 72)	24 (21, 26)	70 (55, 85)	29%	56%	42%	16%
SINGAPORE	185	67 (60, 72)	24 (22, 27)	73 (65, 80)	36%	57%	77%	16%
MALAYSIA	201	64 (57, 70)	24 (21, 26)	76 (60, 90)	24%	58%	59%	43%
TAIWAN	38	66 (57, 72)	24 (21, 26)	74 (60, 80)	32%	63%	18%	31%
CHINA	362	65 (57, 72)	22 (21, 24)	75 (65, 85)	34%	59%	56%	27%

Annotation: x/y (%) unless otherwise stated, where x = Number of patients; y = total number of patients. ^Age: For Singapore, Date of Birth unknown. Age estimated using 01 July "Year of Birth"; \*EQ5D VAS Score records the respondent's self-rated health on a 20cm vertical, visual analogue scale with endpoints labelled 'the best health you can imagine' (100) and 'the worst health you can imagine'

## TREATMENTS IN MM PATIENTS

Table 3. Most common chemotherapy regimens and patients who received an ASCT by location from 1 January 2018 to 9 January 2025

Frequency of the top three most common combinations for first-line therapy in MM patients. Note that due to rounding, percentages may not sum to 100%.

	AUSTRALIA	NEW ZEALAND	KOREA	SINGAPORE	MALAYSIA	TAIWAN	CHINA
Most common 1L	VRd (35%)	VCd (71%)	VTd (39%)	VRd (34%)	VTd (40%)	VRd (40%)	VRd (38%)
Most common 1L, no ASCT	VRd (26%)	VCd (68%)	MPV (34%)	VCd (26%)	VTd (53%)	VRd (78%)	VRd (46%)
Most Common 2L	DVd (28%)	VTd (22%)	KRd (32%)	VRd (13%)	Rd (31%)	VTd (27%)	VRd (12%)
Received ASCT	49%	37%	57%	44%	38%	25%	49%
Age < 70 years <sup>**^</sup>	76%	66%	79%	67%	48%	50%	68%
Age > 70 years <sup>**^</sup>	10	3.5%	1.1%	7.8%	0%	0%	0%

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

<sup>#</sup>The % of patients in this age group that received ASCT

<sup>\*</sup>Only patients with at least 1-year post-diagnosis and with some follow-up data post-registration were included.

<sup>^</sup>Age at Diagnosis: for Singapore, Date of Birth unknown. Age estimated using 01 July "Year of Birth"

## PATIENT OUTCOMES FROM 21 JANUARY 2013 TO 9 JANUARY 2025 (TOTAL ANZ AND APAC)

Figure 1: Progression-free survival (PFS)

Shaded region = 95% CI

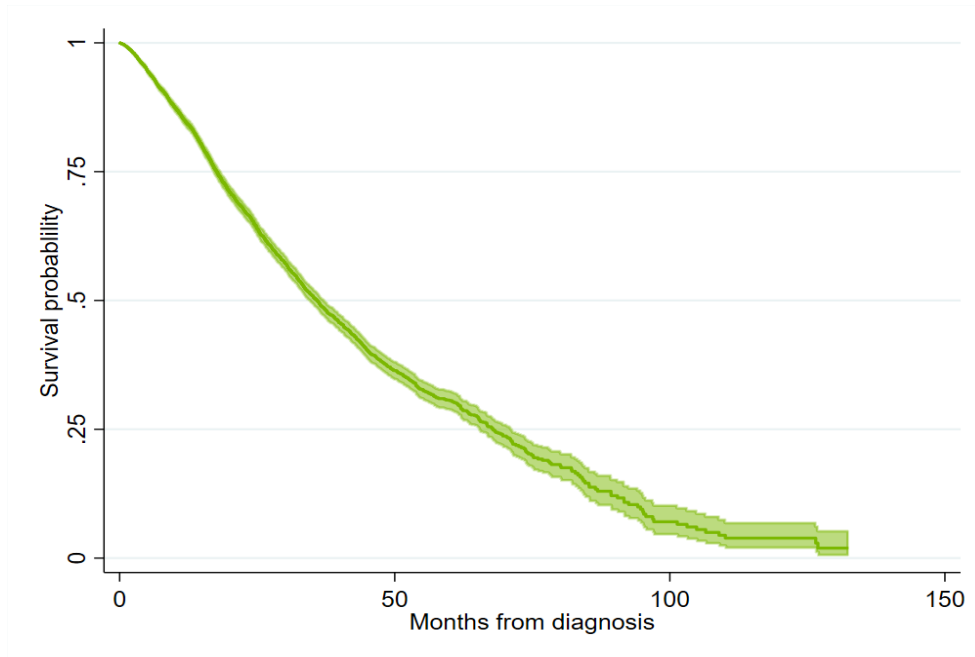
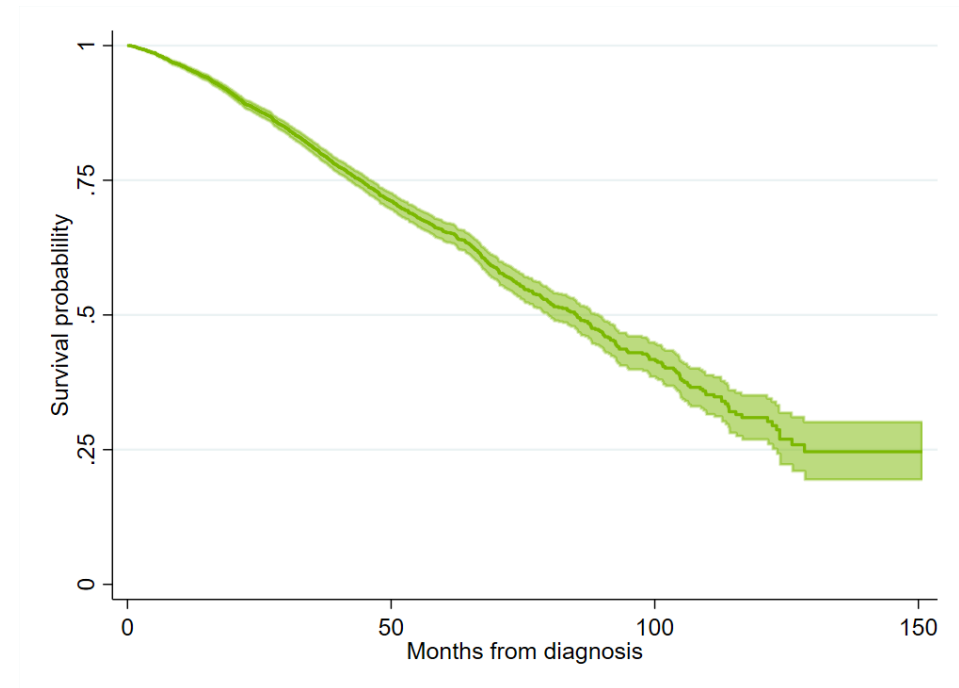


Figure 2: Survival time (OS)

Shaded region = 95% CI



## Chemotherapy Codes

CODE	Chemotherapy Regimen
<b>CTd</b>	Cyclophosphamide, Thalidomide, Dexamethasone
<b>DVd</b>	Daratumumab, Bortezomib, Dexamethasone
<b>IRd</b>	Ixazomib, Cyclophosphamide, Dexamethasone
<b>KRd</b>	Carfilzomib, Lenalidomide, Dexamethasone
<b>MPV</b>	Melphalan, Prednisolone, Bortezomib
<b>Rd</b>	Lenalidomide, Dexamethasone
<b>VCd</b>	Bortezomib, Cyclophosphamide, Dexamethasone
<b>VRd</b>	Bortezomib, Lenalidomide, Dexamethasone
<b>VTd</b>	Bortezomib, Thalidomide, Dexamethasone
<b>VRdD</b>	Bortezomib, Lenalidomide, Dexamethasone, Daratumumab

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 Lyell McEwin Hospital: Stanley Cheung  
 Middlemore Hospital: Rajeev Rajagopal  
 Monash Medical Centre: Michael Low  
 Nelson Hospital: Luke Merriman  
 Nepean Cancer Centre: Anita Shetty  
 Northern Hospital: Rachel Cooke  
 North Shore Hospital: Anna Elinder-Camburn  
 Orange Health Service: Charmaine Wong  
 Palmerston North Hospital: Bart Baker  
 Peter Mac / Royal Melbourne: Amit Khot  
 Princess Alexandra Hospital: Peter Mollee  
 Royal Adelaide Hospital: Noemi Horvath  
 Royal Brisbane & Women's Hospital: Nicholas Weber  
 Royal Darwin Hospital: Tina Noutsos  
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 Royal North Shore Hospital: Ian Kerridge  
 Royal Prince Alfred Hospital: P Joy Ho  
 Sale: Central Gippsland Health: Amanda Ormerod  
 Sir Charles Gairdner Hospital: Bradley Augustson  
 St George Hospital: Sundra Ramanathan  
 St Vincent's Hospital, Melbourne: Hang Quach  
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## ACKNOWLEDGEMENTS

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 Bairnsdale Hospital: Amanda Ormerod  
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 Epworth Freemasons Hospital: Miles Prince  
 Fiona Stanley Hospital: Stephanie Lam  
 Flinders Medical Centre: TBC  
 Frankston Hospital: Patricia Walker  
 Geelong Hospital: Philip Campbell  
 Griffith Hospital: Nada Hamad  
 Hollywood Private Hospital: Bradley Augustson  
 ICON Cancer Care: Ian Irving  
 Latrobe Regional Hospital: Tricia Wright  
 Launceston General Hospital: Jessica Heenan  
 Lismore Hospital: Louise Imlay

Tamworth: Israfil Baluwala  
 Tauranga Hospital: Marie Hughes  
 Toowoomba Hospital: Howard Mutsando  
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 Hallym University Sacred Heart Hospital: Hyo Jung Kim  
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 Kosin University Gospel Hospital: Hosup Lee  
 Kyungpook National University Hospital: Joonho Moon  
 Pusan National University Hospital: Hojin Shin  
 Samsung Medical Center: Kihyun Kim  
 Seoul National University Bundang Hospital: Soo-Mee Bang  
 Seoul St Mary's Hospital: Chang Ki Min  
 Yonsei University Severance Hospital: Jinseok Kim

#### SINGAPORE

National University Hospital: Wee Joo Chng  
 Singapore General Hospital: Yeow Tee Goh

Tan Tock Seng Hospital: Allison Tso

**MALAYSIA**

Ampang Hospital: Sen Mui Tan

Hospital Universiti Kebangsaan Malaysia: Nor Saaidah Binti Rodin

Penang General Hospital: Ai Sim Goh

Subang Jaya Medical Centre: Soo Chin Ng

Sunway Medical Centre: Chieh Lee Wong

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**TAIWAN**

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**Industry Funding**

**ANZ MRDR:**

AbbVie

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