AUSTRALIAN AND NEW ZEALAND (ANZ)

and

ASIA-PACIFIC (APAC)

MYELOMA AND RELATED DISEASES REGISTRY (MRDR)

Annual Data Report

(2018-2023 Snapshot)

Prepared by:
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MONASH University

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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 practice, this report includes a summary of the data collected by the ANZ and APAC MRDR registries between 1 January 2018 – 9 January 2024.

Background

The ANZ MRDR and APAC MRDR are clinical registries of patients diagnosed with multiple myeloma (MM), 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

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 9 January 2024

	TOTAL	AUSTRALIA	NEW ZEALAND	KOREA	SINGAPORE	MALAYSIA	TAIWAN
Number of active hospitals	81	49	10	11	3	6	2
Number of patients registered to date	8409	5335	1395	1302	191	152	34

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 9 January 2024, inclusive.

	TOTAL	AUSTRALIA	NEW ZEALAND	KOREA	SINGAPORE	MALAYSIA	TAIWAN
N	5175	2945	955	950	154	141	30
AGE AT DIAGNOSIS (YEARS), MEDIAN (IQR)^	67 (60, 75)	68 (60, 76)	70 (61, 77)	65 (58, 72)	67 (59, 72)	63 (56, 69)	67 (60, 74)
AGE >70 YEARS^	2111/5175 (41%)	1267/2945 (43%)	463/956 (48%)	283/950 (30%)	56/154 (36%)	30/141 (21%)	12/30 (40%)
GENDER (MALE)	3110/5159 (60%)	1812/2930 (62%)	570/954 (60%)	537/950 (57%)	87/154 (56%)	84/141 (60%)	20/30 (67%)
ISS STAGE 3	1023/3281 (31%)	506/1787 (28%)	185/603 (31%)	255/723 (35%)	37/87 (43%)	32/67 (48%)	8/14 (57%)
ECOG >= 2	758/3973 (19%)	320/1899 (17%)	199/855 (23%)	154/927 (17%)	21/127 (17%)	58/138 (42%)	6/27 (22%)

^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 – 9 January 2024

	AUSTRALIA	NEW ZEALAND	KOREA	SINGAPORE	MALAYSIA	TAIWAN
Most common 1L	VCd (30%)	VCd (72%)	VTd (43%)	VRd (28%)	VTd (47%)	VTd; VRd (36%)
Most common 1L, no ASCT	Rd (27%)	VCd (68%)	MPV (38%)	VCd (27%)	VTd (45%)	N/A
Most common 2L	DVd (24%)	VTd (23%)	KRd (36%)	DRd (14%)	VRd (29%)	N/A
Received ASCT	50%	37%	57%	44%	38%	N/A
AGE <70 years^*	77%	67%	79%	70%	48%	N/A
Age >70 years^*	11%	3.5%	0.6%	6.7%	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: Progression-free survival (PFS)

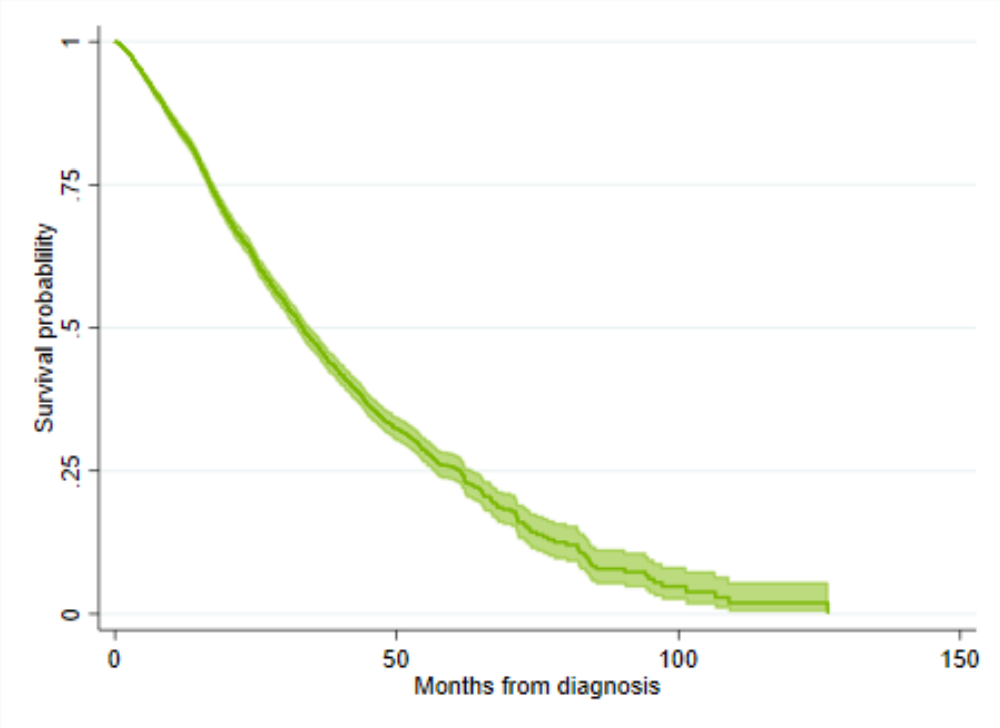
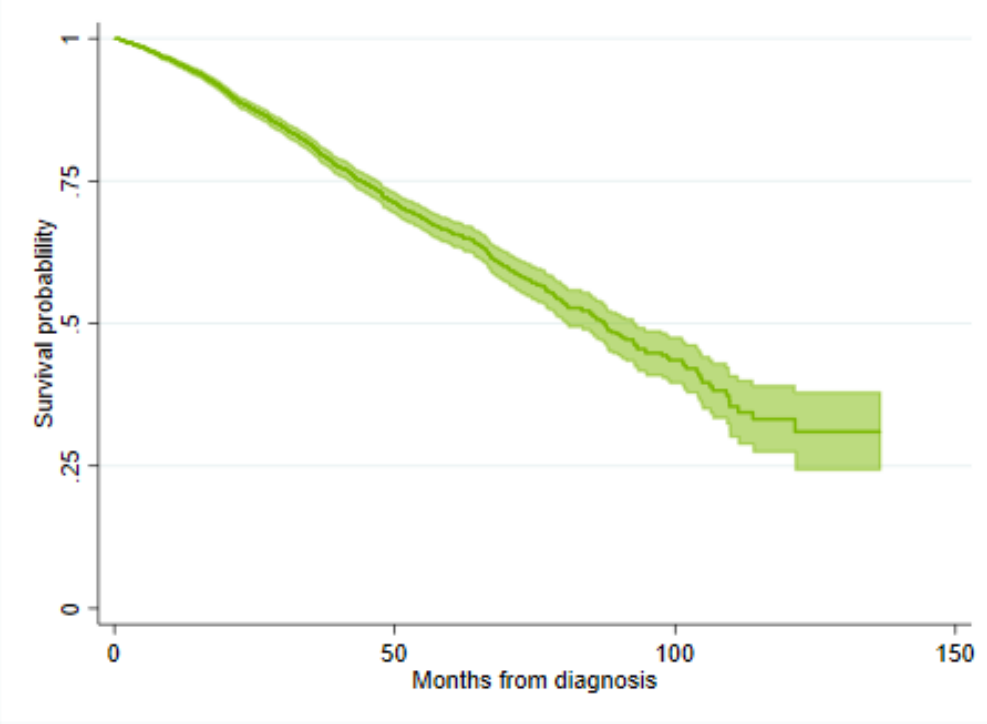


Figure 2: Survival time (OS)



Chemotherapy Codes

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

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Industry Funding

ANZ MRDR:

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

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