Results

Baseline demographics

- The majority of patients in North America (US and Canada) (n=381) and Europe (n=778) were male (59% vs 57%, respectively).
- The median age at diagnosis was 61 years (range 29–88) in North America and 65 years (range 29–88) in Europe.

Statistical comparisons were made using Kaplan-Meier (K-M) methods, log-rank tests, and multivariate Cox regression (adjusted from covariates selected using stepwise regression including treatment option, disease status, age at MM diagnosis, sex, International Staging System (ISS) scoring, number of prior therapies, and baseline characteristics of cardiac and gastrointestinal disorders).

Treatment patterns after enrollment

- A greater proportion of patients in North America than Europe withdrew from the study due to death (68% vs 48%, p<0.001) and fewer patients in North America received IMiDs (63% vs 56%, p<0.001).
- Patients in North America had a survival advantage over those in Europe (hazard ratio 0.67, 95% confidence interval [0.56, 0.81], p<0.001) for the entire follow-up period (0–48 months).

Sexual analyses

- The proportion of patients in North America who received PIs, PI + IMiDs, and newer agents was significantly higher compared with those in Europe (94% vs 89%, p<0.001) (Figure 1).

Treatment patterns at enrollment

- A greater proportion of patients in North America than Europe received PIs + IMiDs (29% vs 16%, p<0.001) and newer agents (3% vs 1%, p<0.001) (Figure 2).

Survival analysis

- There was no difference in OS across the entire follow-up period (p=0.470). However, from 18 months onwards, patients in North America had a survival advantage over those in Europe (hazard ratio 0.52, 95% confidence interval [0.38, 0.71], p<0.001) (Figure 3).

References


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