EXTRAMEDULLARY MULTIPLE MYELOMA:CLINICAL EXPERIENCE FROM A SINGLE CENTER

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Introduction :

Multiple myeloma (MM) is a plasma cell malignancy characterized by bone marrow infiltration and CRAB features [1].
Extramedullary disease (EMD) corresponds to the dissemination of plasma cells outside the bone marrow microenvironment, leading to the formation of soft-tissue plasmacytomas [2,5].
EMD represents a highly aggressive form of MM [4,5].
It remains uncommon, occurring in 0.5–4.8% at diagnosis and up to 14% in relapsed/refractory disease [5].
It is associated with:

- High-risk cytogenetic abnormalities [4,5]
- Resistance to standard therapies [2,4]
- Frequent relapse [4]
- Poor prognosis (median OS: 8–36 months) [4,5]

Despite therapeutic advances, available data remain limited and are mainly derived from retrospective studies [5].

Purpose of this study:

Aim 1: Describe clinical, biological, and therapeutic characteristics of patients with MM and extramedullary disease
Aim 2: Evaluate treatment outcomes and compare with literature data
To achieve these objectives, we conducted a retrospective study of patients with MM and EMD treated at Mohammed VI University Hospital, Tangier (2022–2024).

Results :

A total of **thirteen patients** with multiple myeloma and extramedullary disease were included in the analysis.

Table 1. Patient Characteristics

Patients characteristic	Overall (N=13)
Patients	13
Median age at diagnosis (years)	63
Male (%)	38.5%
Female (%)	61.5%

The most Common Comorbidities :
Hypertension and diabetes 38.5%

Initial Symptoms (Figure 1)
Bone pain 46.2%
Palpable masses 30.8%
Bulky disease 38.5%

Figure 1 . Initial symptoms

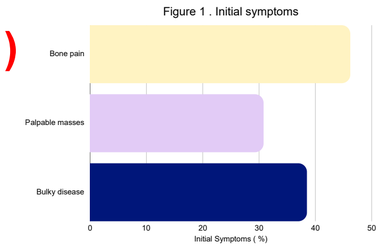
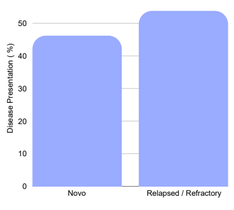


Figure 2. Disease presentation

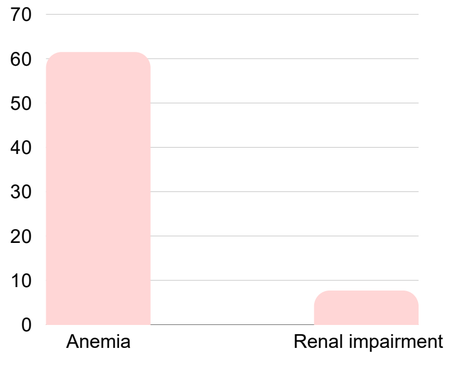


Disease presentation (Figure 2)
Novo 46.2%
Relapsed/Refractory disease 53.8%

The most frequent site of extramedullary involvement was bone-related soft-tissue lesions 23.1%

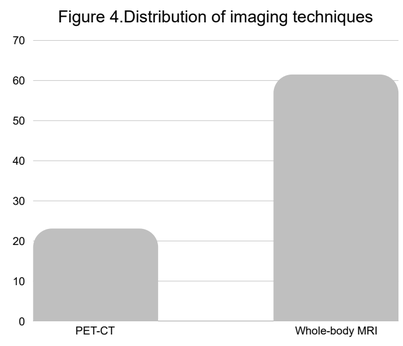
18% of patients had high-risk cytogenetics, predominantly del(17p) and t(4;14).

Figure 3. SLiM-CRAB criteria



Anemia was the most frequent CRAB feature (61.5%), whereas renal impairment was less common (7.7%).(Figure 3)

Figure 4.Distribution of imaging techniques



Whole-body MRI most used (61.5%); PET-CT (23.1%). (Figure 4)

Table 2. Distribution of prior lines of therapy

Lines	*n* (%)
0	4 (30.8%)
1	4 (30.8%)
≥2	5 (38.5%)

38.5% of patients had ≥2 prior lines of therapy. (Table 2)

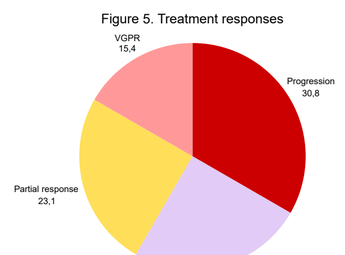
Table 3. Prior treatment regimens

Regimen	*n* (%)
CTD (Cyclophosphamide, Thalidomide, Dexamethasone)	4 (30.8%)
RD (Lenalidomide, Dexamethasone)	3 (23.1%)
VCD (Bortezomib, Cyclophosphamide, Dexamethasone)	3 (23.1%)
MP (Melphalan, Prednisone)	2 (15.4%)
VRD (Bortezomib, Lenalidomide, Dexamethasone)	2 (15.4%)
Others*	1 (7.7.7%) each

*Includes VTD, PACE, D-VD, MPT, DRD, Bendamustine

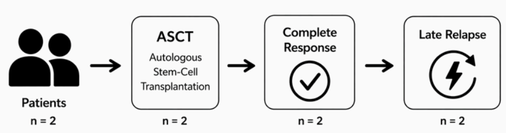
CTD was the most commonly used regimen (30.8%), followed by RD-based and VCD regimens (23.1% each).(Table 3)

Figure 5. Treatment responses



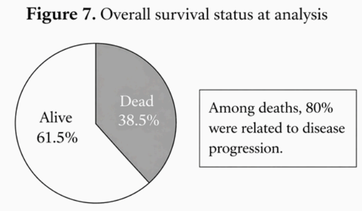
Treatment responses (Figure 5)
Progression 30.8%
Relapse 23.1%
Partial response 23.1%
VGPR 15.4%

Figure 6. Autologous stem-cell transplantation and outcomes



Two patients underwent autologous stem-cell transplantation with complete response followed by late relapse.

Figure 7. Overall survival status at analysis



At analysis, 61.5% of patients were alive, while 38.5% had died, mainly due to disease progression (80%).

Conclusion :

This study highlights:
➢ A rare and aggressive high-risk disease
➢ The critical role of early imaging diagnosis
➢ The importance of cytogenetic abnormalities in risk stratification and prognosis
➢ The need for personalized multidisciplinary care
➢ The importance of future prospective studies

References:

1. Rajkumar SV. Multiple myeloma: 2022 update on diagnosis, risk-stratification, and management. Am J Hematol. 2022.
2. Touzeau C, Moreau P. How I treat extramedullary myeloma. Blood. 2016;127:971–6.
3. Dimopoulos MA, Cavo M, et al. Role of PET/CT in multiple myeloma: IMWG consensus. Lancet Oncol. 2017;18:e206–17.
4. Usmani SZ, et al. Extramedullary disease portends poor prognosis in multiple myeloma. Haematologica. 2012;97:1761–7.
5. Bladé J, Beksac M, Caers J, et al. Extramedullary disease in multiple myeloma: a systematic literature review. Blood Cancer J. 2022;12:45.

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