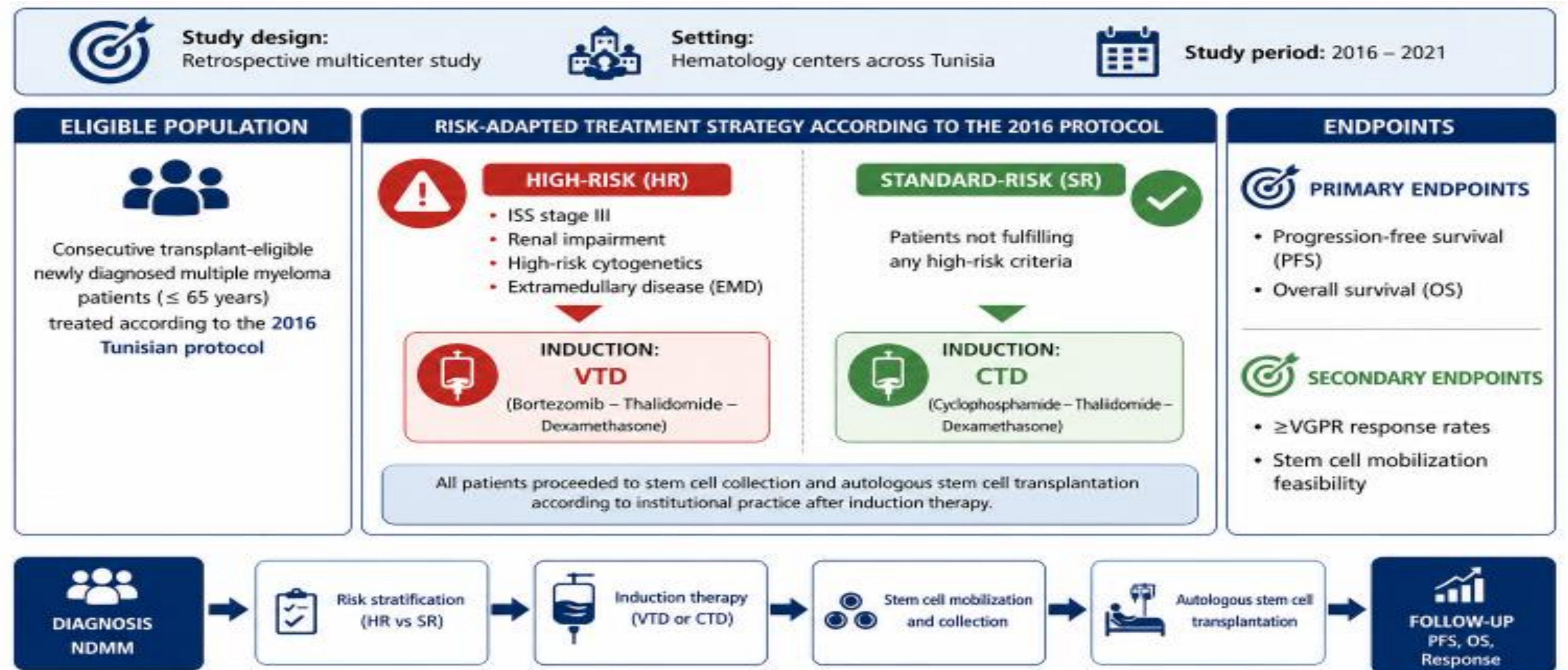


INTRODUCTION

In resource-limited settings, locally adapted treatment protocols are essential. Tunisia implemented a national, risk-adapted protocol for transplant-eligible newly diagnosed multiple myeloma (NDMM) in 2016 and conducted a nationwide evaluation after eight years later to inform the 2024 national guidelines.

AIMS AND METHODS

- To evaluate the real-world effectiveness and feasibility of the 2016 Tunisian protocol for TE NDMM.
- To identify its main limitations and inform the updated 2024 national recommendations.



RESULTS

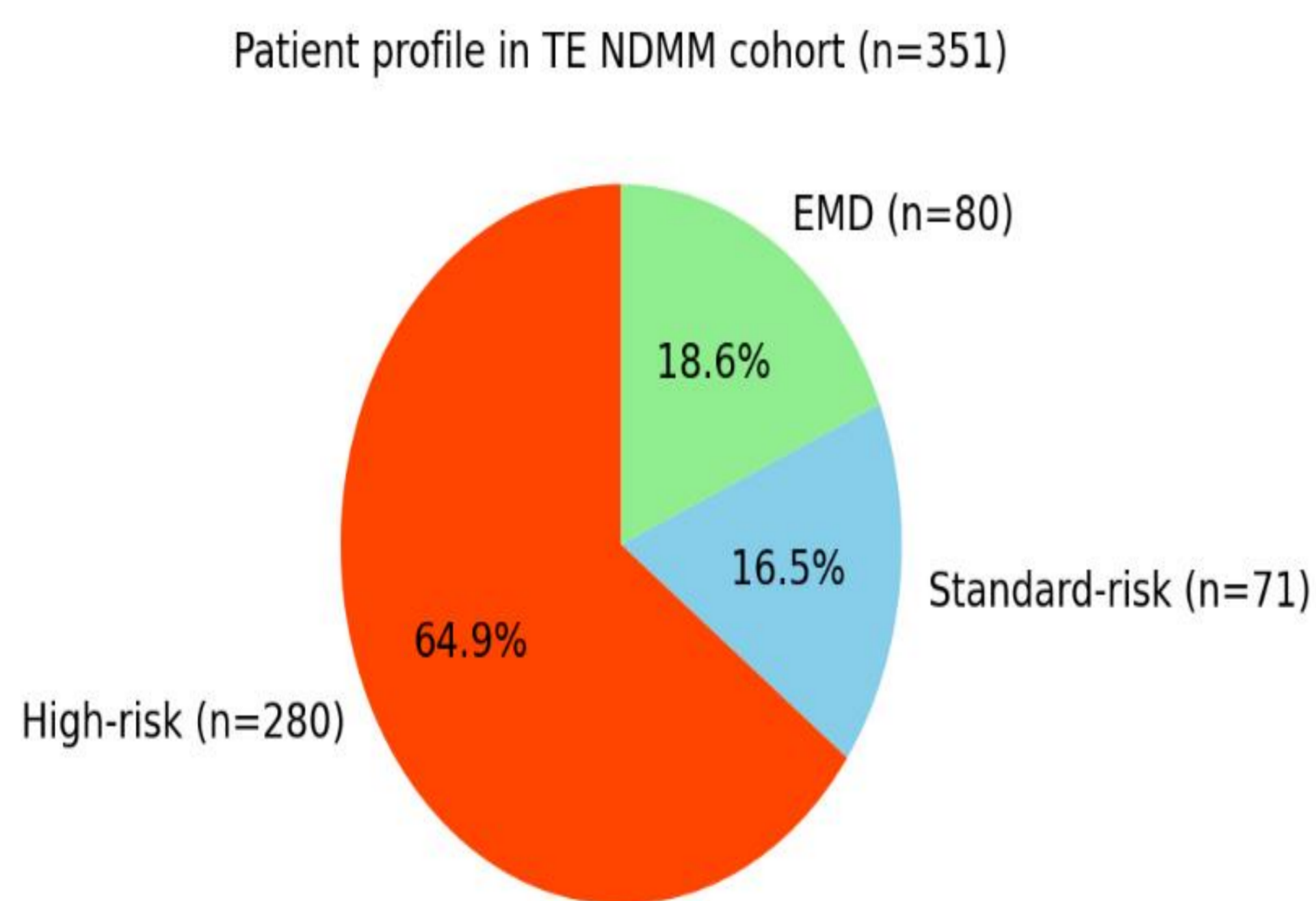
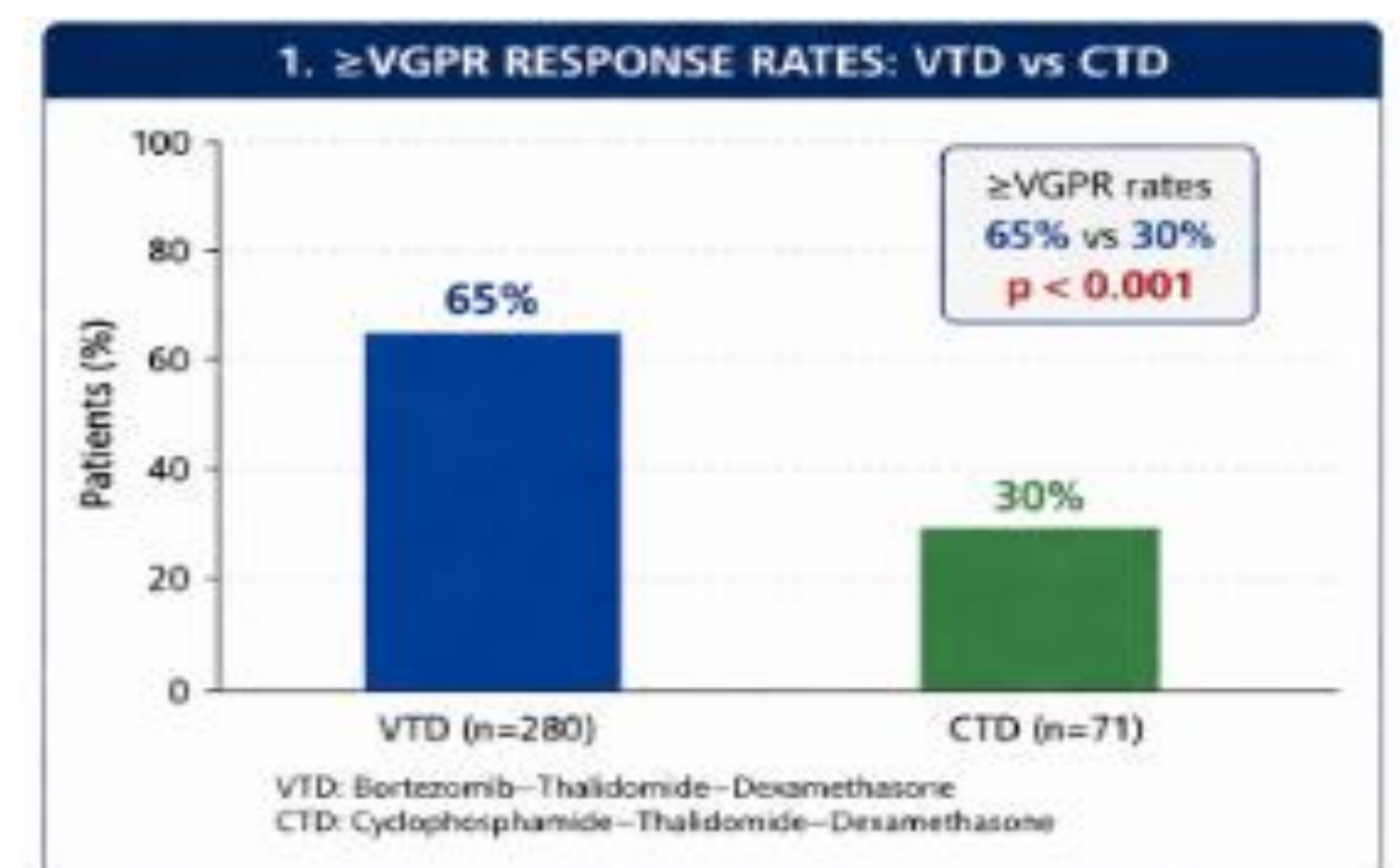


Figure 2. Patient profile in TE NDMM cohort (n=351)

Figure 1. VGPR rates by induction regimen



Feature	Result
Stem cell mobilization failure	20.7% of attempts
ASCT performed	56.5%
Treatment-related mortality	1.7%
5-year PFS (median follow-up: 49 months)	63.9%
Independent predictors of worse PFS	ISS ≥2, EMD, no ≥VGPR post-ASCT

Table 1. Treatment outcomes and prognostic factors in TE NDMM (n=351)

CONCLUSION

This real-world national study supports the feasibility of a risk-adapted strategy in a resource-limited country and directly informed the 2024 Tunisian guidelines, including universal VTD induction, response-adapted intensification with daratumumab, and optimized stem cell mobilization strategies.

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