COMy
The 12th World Congress on
CONTROVERSIES IN MULTIPLE
MYELOMA (COMy)

RESPONSES INDUCED BY CYBORD IN MULTIPLE MYELOMA: OUTCOMES IN THE ABSENCE OF ASCT IN KOSOVA

Dr. Aferdita Ukimeraj1 Dr. Edlira Gashi Batiu1 Dr. Arberore Nallbani1

1 Hematology specialist, Hematology Clinic, University Clinical Center of Kosova

ABSTRACT

Background: Autologous stem cell transplantation is a standard consolidation strategy in transplant-eligible multiple myeloma, significantly improving progression-free survival and depth of response. In low-resource healthcare systems such as Kosova, ASCT is not available, necessitating reliance on effective frontline induction regimens. The (CyBorD) regimen represents a practical and accessible therapeutic option in this context..

Aims: To evaluate treatment responses and short-term clinical outcomes in MM patients treated with CyBorD in a single-center setting without access to ASCT.

Methods: We conducted a prospective observational study including consecutive MM patients treated with CyBorD during 2024-25. Patient demographics, immunoglobulin subtype distribution, and treatment responses were assessed according to (IMWG) criteria. Response categories included complete remission, partial remission, and progressive disease.

RESULTS

41 patients received CyBorD induction therapy. The cohort included 25 males (61.0%) and 16 females (39.0%), aged 60-70 years. 29 patients (70.73%) had IgG kappa, while 12 patients (29.26%) had IgA lambda subtype. 25 patients (61%) achieved complete remission. 13 patients (31.7%) achieved partial remission and were subsequently switched to alternative regimens, predominantly VRD, due to suboptimal depth of response. 3 patients (7.3%) developed progressive disease and died during follow-up. The overall response rate (ORR) was 95.2%. No patients underwent ASCT due to lack of availability.

CONCLUSION

In the absence of ASCT, frontline CyBorD induction therapy achieved a high overall response rate and a substantial complete remission rate in MM patients. These findings support CyBorD as an effective and feasible treatment strategy in resource-limited settings. However, the absence of transplant consolidation may impact long-term survival outcomes, highlighting the need to expand access to comprehensive myeloma care, including SCT.

REFERENCES

Kropff M, et al.
Cyclophosphamide, bortezomib and dexamethasone (CyBorD) induction therapy in newly diagnosed multiple myeloma.
Blood. 2008;112(4):1044–1050.
Richardson PG, et al.
Bortezomib in the treatment of multiple myeloma.
New England Journal of Medicine. 2005;352:2487–2498.
Rajkumar SV, et al.
International Myeloma Working Group updated recommendations on the diagnosis and management of multiple myeloma.
Leukemia. 2014;28:981–992.

ACKNOWLEDGEMENT

Special thanks to the working team of this abstract, Dr. Edlira Gashi and Dr. Arbrore, for their dedication and collaboration in its preparation.