

REAL-WORLD USE OF MELPHALAN FLUFENAMIDE IN RRMM

Preliminary results in 60 patients from the Spanish Registry



Largest Spanish real-world registry of Melf-dex in heavily pretreated RRMM, including prior BCMA/GPRC5D-exposed patients.

Adrián Alegre¹, Blanca Vegas¹, David Martínez-Campuzano², Brais Lamas³, Clara Sopeña³, Ana Gálvez³, María José Moreno⁴, Valentín Cabañas⁴, Dunia De Miguel⁵, María Sánchez⁶, Felipe de Arriba⁶, María Paula Chávez⁷, Xabier Gutiérrez López⁸, Clara Espinosa⁹, Adriana Gascón⁹, Juan José Gil¹⁰, Silvina Ríos¹¹, Pascual Fernández¹¹, María Esther Clavero¹², Alessandra Comai¹³, Albert Pérez¹⁴, Aránzazu Alonso¹⁵, Ana López¹⁶, Pablo Lorente¹⁷, Aida Calo¹⁸, Mario Montagud¹⁹, Julio Dávila-Valls²⁰, Paola Beneit²¹, Ricarda García²², Isabel García²³, Lucía Núñez²⁴, María Casanova²⁵, María Concepción Alaez²⁶, Ana María Dios²⁷, Gladys Virginia Ibarra²⁸, Marcos Lorenzo²⁹, María Jesús Blanchard³⁰, Alfonso García³¹, Natalia Tovar³², Yolanda González³³, Maribel Orts³⁴, Miguel Paricio³⁵, Amelia Martínez³⁶, Beatriz Aguado¹, Gonzalo Benzo¹, Mario Arnao³, Javier De La Rubia³

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INTRODUCTION

Melphalan flufenamide plus dexamethasone (Melf-dex) is approved for relapsed/refractory multiple myeloma (RRMM) after ≥ 3 prior lines of therapy, but real-world data, particularly after novel immunotherapies, remain scarce.

AIMS

To evaluate real-world outcomes of Melf-dex in the Spanish Registry.

METHODS

- Retrospective, multicenter study.
- Patients with RRMM from **35 Spanish centers**.
- Received at least one cycle of Melf-dex between **2021 and 2025**.
- Data collected through REDCap.

RESULTS

Table 1. Baseline Demographics and Clinical Characteristics of the Patients

	Overall population (n=60)	Prior anti-BCMA and/or GPRC5D therapy (n=33)
Median age, years	71 (40-95)	62 (40-85)
Female - n (%)	39 (65)	15 (45)
ECOG performance status - n (%)		
0-1	36 (60)	17 (52)
2	20 (33)	11 (33)
≥ 3	4 (7)	5 (15)
Type of measurable disease - n (%)		
IgG	35 (58)	13 (39)
IgA	16 (27)	12 (36)
Bence Jones	9 (15)	8 (24)
R-ISS disease stage - n (%)		
I	8 (13)	4 (12)
II	20 (33)	10 (30)
III	22 (37)	13 (40)
NA	10 (17)	6 (18)
Cytogenetics - n (%)		
High risk	21 (35)	14 (42)
≥ 2 high-risk abnormalities	9 (15)	3 (9)
Extramedullary disease - n (%)	22 (37)	14 (42)
Median time from diagnosis, months (range)	68 (12-249)	76 (12-249)
Median no. of prior lines of therapy (range)	4 (1-13)	5 (3-13)
Triple-class refractory - n (%)	57 (95)	32 (97)
Penta-class refractory - n (%)	34 (57)	23 (70)
Prior anti-BCMA therapy - n (%)	30 (50)	30 (91)
Belantamab	12 (20)	12 (36)
Teclistamab	7 (12)	7 (21)
CAR-T cells	5 (8)	5 (15)
> 1 anti-BCMA	5 (8)	5 (15)
CD3-BCMA-GPRC5D trispecific antibody	1 (2)	1 (3)
Prior anti-GPRC5D therapy (talquetamab) - n (%)	14 (23)	14 (42)
Both anti-BCMA and anti-GPRC5D exposure - n (%)	9 (15)	9 (27)
No. of prior autologous stem-cell transplant		
1	19 (32)	17 (52)
2	6 (10)	5 (15)

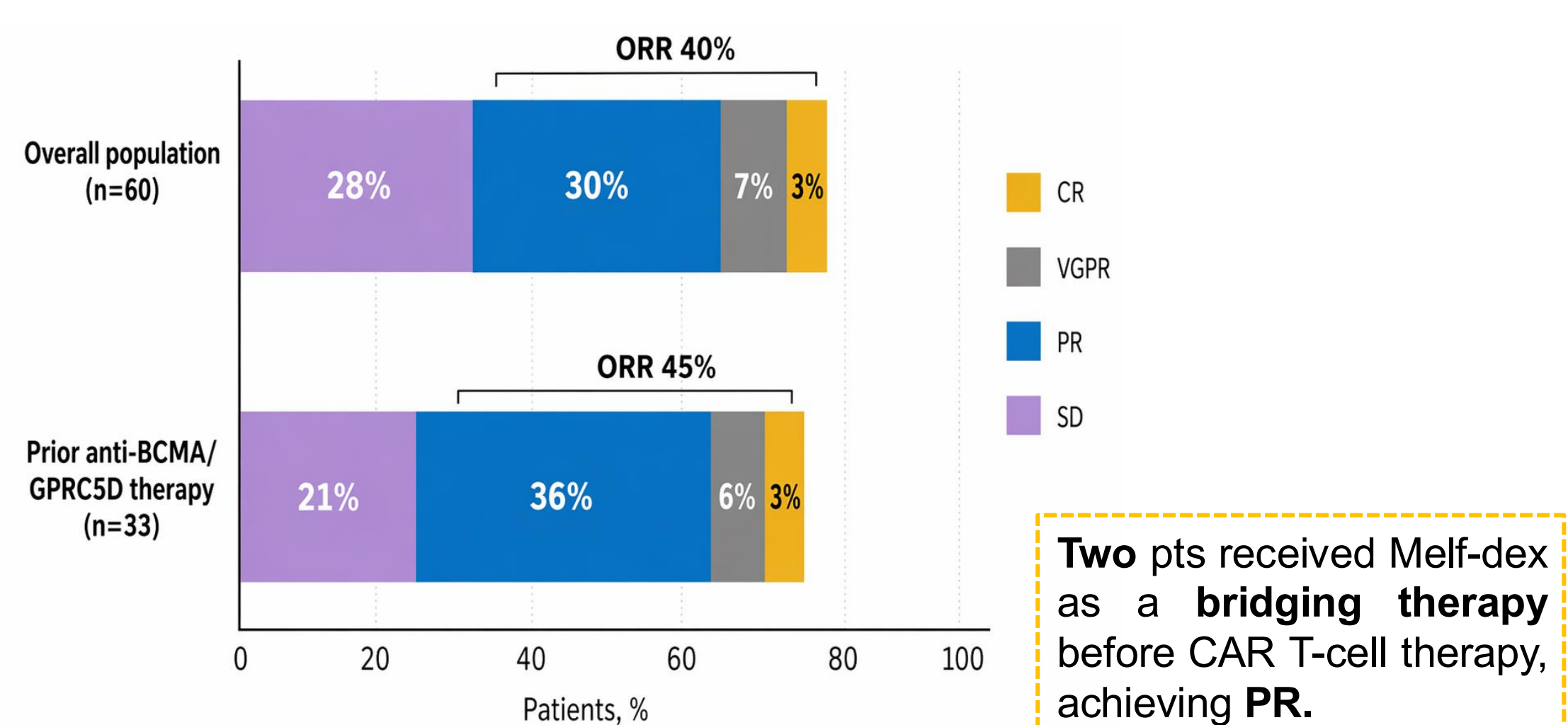


Figure 1. Summary of Response Rate.

Median follow-up: **8.97 months**

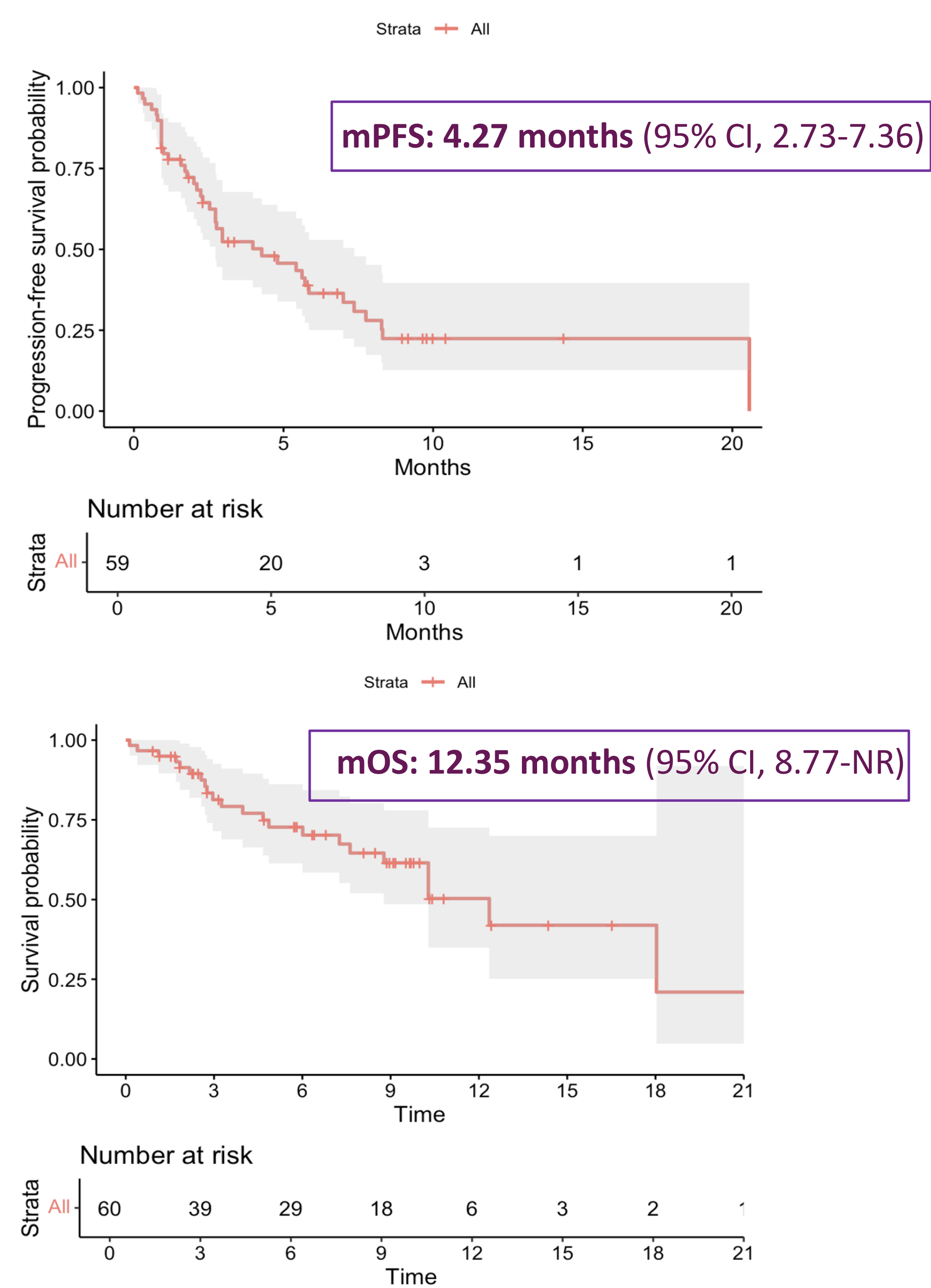
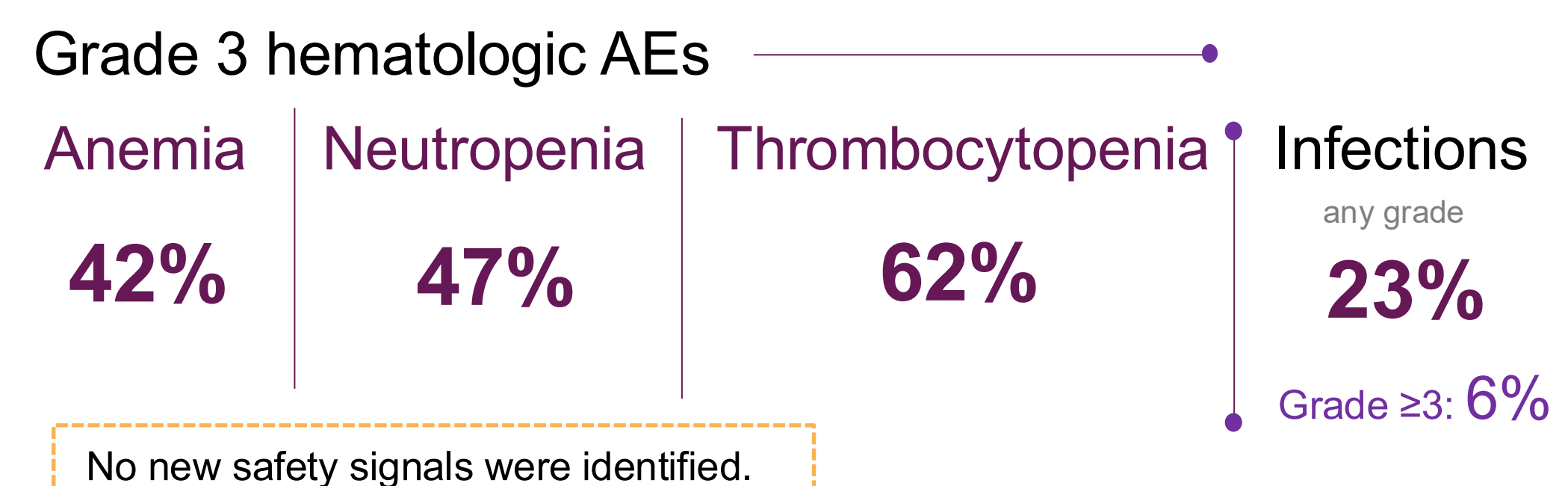


Figure 2. Progression-free survival (upper panel) and overall survival (lower panel).

Safety – most common AEs



CONCLUSION

The largest real-world series to date supports Melf-dex as a feasible and active option in heavily pretreated RRMM, including patients previously exposed to novel immunotherapies.

REFERENCES

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ACKNOWLEDGEMENTS

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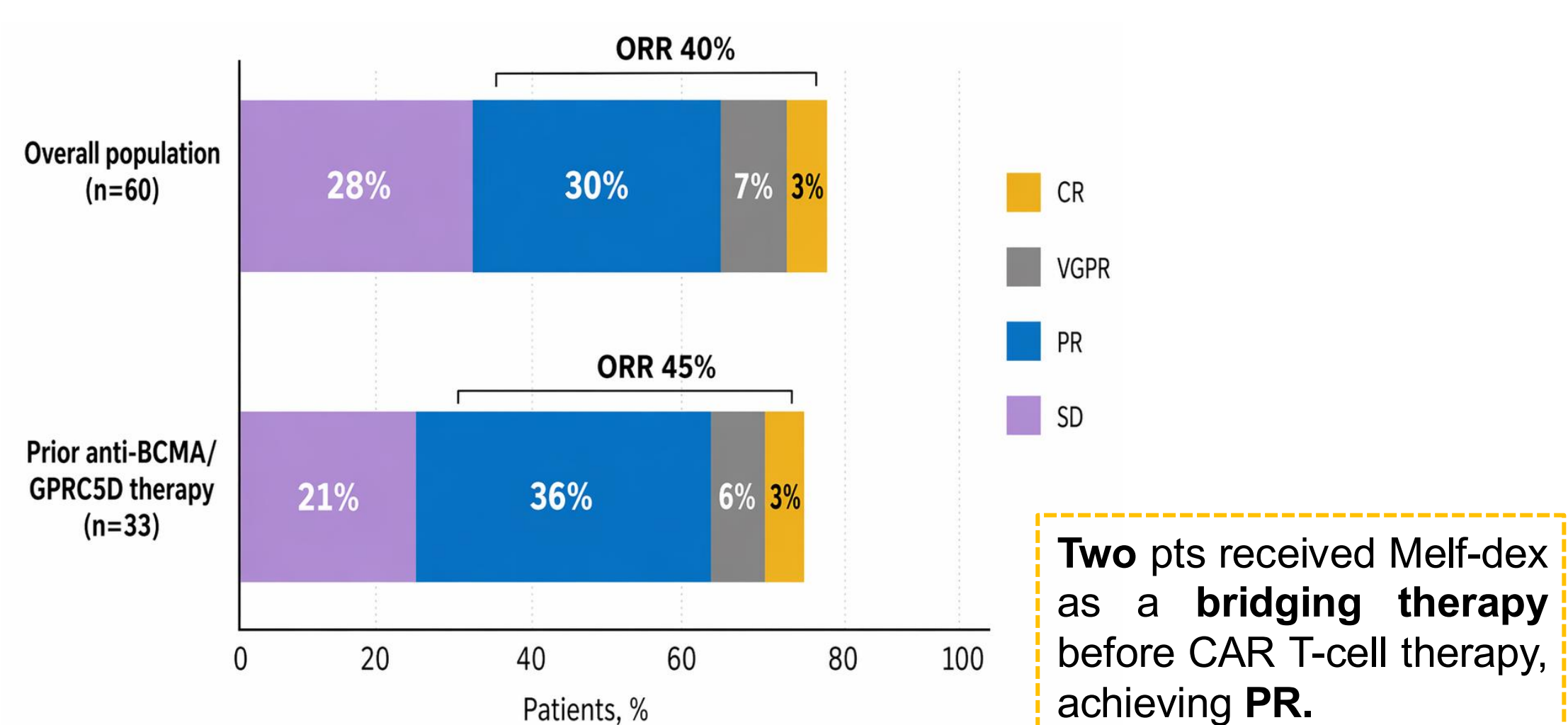


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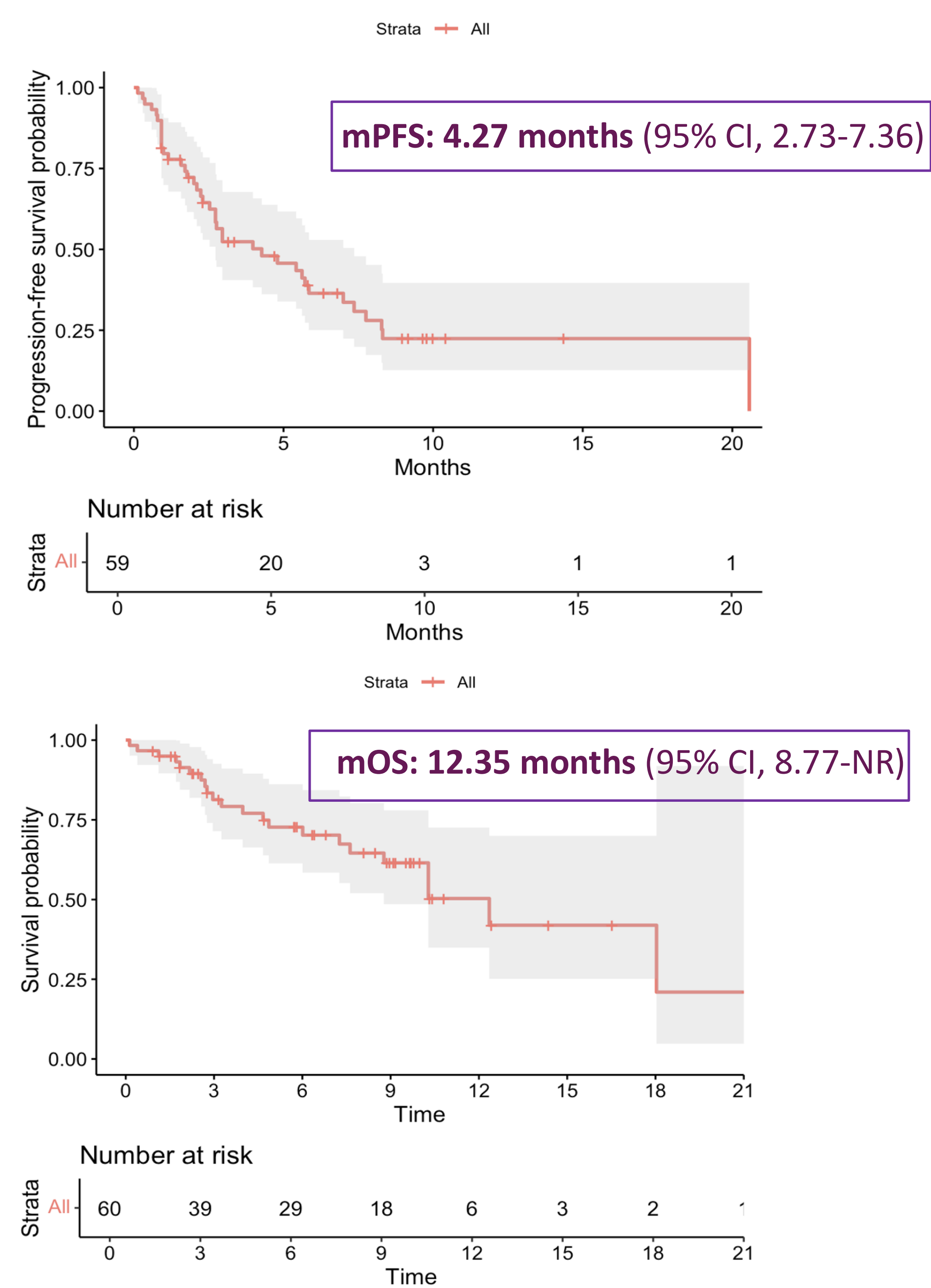
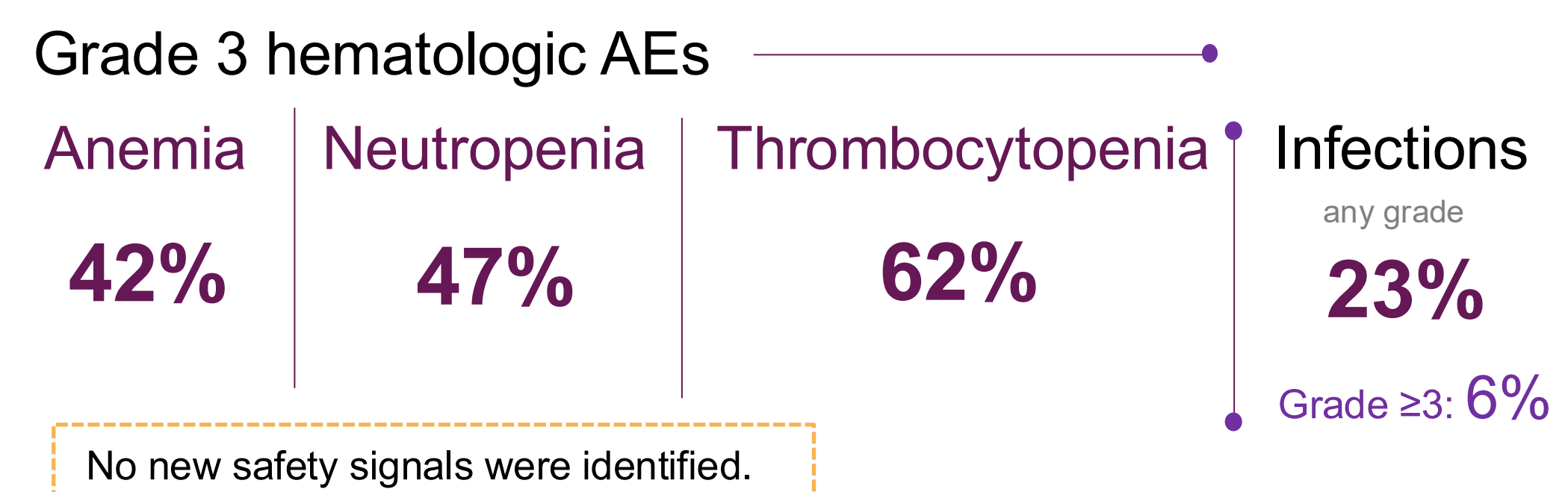


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