|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TABLO-1: YENİ TANI ALMIŞ MULTİPL MYELOMDA YAYINLANMIŞ TEDAVİ PROTOKOLLERİ VE SONUÇLARI** | | | | | | | |
| **TABLO-1A: TRANSPLANTA UYGUN OLAN HASTALAR** | | | | | | | |
| **Kombinasyon** | **Klinik Çalışma** |  |  | **Genel Popülasyon Progresyonsuz Sağ Kalım** | | **PFS Risk Oranı (HR)** | **Kaynakça** |
| **YANIT** | **MRD (ÖKH)** | **Çalışma Kolu** | **Kontrol Kolu** |
| **Standart Risk** |  |  |  |  |  |  |  |
| **VTd vs. VCD** | IFM 2013-04 | %98.7 vs. %90.3 p=0,01 |  |  |  |  | 1 |
| **ASCT+ VRd vs VRd** | IFM 2009 | %59 vs. %48 (≥CR) p=0,03 | %29.8 vs. %20 p<0,001 | 47.3 ay | 35 ay | (HR (95CI) 0.70 [0.59-0.83] p<0.001 | 2 |
| **ASCT+ VRd vs. VRd** | DETERMINATION | %62 vs. %52 (≥CR) p = .006 | %54.4 vs. %39.8 p = .021 | 67.5 ay | 46.2 ay | HR 1.53, 95% CI [1.23, 1.91]; P < .0001 | 3 |
| **ASCT+VCd vs VCd+VMP** | EMN02 | %84 vs. %77 (VGPR) p=0·0021 | %64 vs. %36 | 56.7 ay | 41.9 ay | HR, 0.77; 95% CI, 0.65–0.91; p = 0.0017 | 4 |
| **ASCT+KCd vs KCd** | CARDAMON | %92.7 vs. %85.8 p=0·35 | %47.7 vs.%22.8 p=0·87 | 75% (2 yıllık) | 68% (2 yıllık) | HR 1·35 (70% CI 1·11 to 1·64); p=0·11 | 5 |
| **KRd-ASCT vs KRd(12) vs  KCd-ASCT** | FORTE | %46 vs. %44 vs. %32 (sCR) P=0.027 | %62 vs. %56 vs. %43 p=0.0032 | 75% (maintenance KR) | 65% (maintenance R alone) | HR 0·64 [95% CI 0·44–0·94], p=0·023 | 6 |
| **Dara-VTd vs VTd** | CASSIOPEIA | %29 vs. %20 (>CR) p=0.0010 | %64 vs. %44 p<0.0001 | 93% | 85% | 0.47 (0.33-0.67) | 7 |
| **Dara-VRd vs VRd** | GRIFFIN | %83 vs. %60 (≥CR) P = 0.0005 | %64 vs. %22 P = 0.2951/0.0070 | %87,2(4 yıl) | 70%(4 yıl) | HR, 0.45 (95% CI, 0.21-0.95) P = 0.0324a | 8 |
| **Dara-VRd vs VRd** | PERSEUS | %87.9 vs. %70.1 (≥CR) p<0.001 | %75.2 vs. %47.5 p<0.001 | %84.3 (48 ay) | %67.7 (48 ay) | HR, 0.42 (95% CI, 0.30-0.59; P <0.0001) | 9 |
| **Dara-VCd vs. VCd** | LYRA | %97 vs. %83 |  | 36 aylık takip: 69.3% (95% CI, 43.0-85.3) transplanta uygun hastalarda, | 72.6% (95% CI, 54.0-84.7) ise transplanta uygun olmayan hastalarda |  | 10 |
| **Isa-KRd vs KRd** | IsKia Trial |  | %77 vs. %67  p=0.049 | %95 (1 yıllık) | %95 (1 yıllık) |  | 11 |
| **Elo-VRd vs VRd** | GMMG-HD6 | %83 vs. %78 (≥VGPR) p=0·29 |  | 33.0 ay | 31.0 ay |  | 12 |
| **Isa-VRd vs VRd** | GMMG-HD7 | %90 vs. %84 p=0·049 | %50 vs. %36 p=0·00017 | henüz | ulaşılamadı |  | 13 |
|  |  |  |  |  |  |  |  |
| **Yüksek Risk** |  |  |  |  |  |  |  |
| **Dara-VRCd** | OPTIMUM/MUKnine | 93% post-ASCT | 82% post-ASCT | 18-aylık PFS: %81.7 30-aylık genişletilmiş PFS: %77.0 | Çalışmada kontrol  kolu bulunmamaktadır. | NA | 14 |
| **Elo-KRd vs KRd\*** | NCT03948035 | %49.8 vs %35.4 p=0.0005 | %49.8 vs %35.4 p=0.0005 | henüz bildirilmedi | henüz bildirilmedi |  | 15 |
| **Dara-KRd** | IFM 2018-04 | CR/sCR %81 |  | %80 (30 aylık takip) | Çalışmada kontrol kolu bulunmamaktadır. | - | 16 |
| **Isa-KRd TE vs. TNE** | GMMG-CONCEPT | %94.9 vs. %88.5 | %81.8 vs. %69.2 TE, P= 0.004; TNE, P=0.012 | 44 ay takip 68.9% (3Y, transplanta uygun popülasyon) | 33 ay takip 58.4% (3Y, transplanta uygun olmayan popülasyon) | 95% CI, 61.2 to 77.7), 95% CI, 41.7 to 81.9 | 17 |
| **Dara-KRd** | MASTER-1 |  | %76 %75 %58 CR an MRD (-) | %88 0 HRCA %79 1 HRCA %50 2 ve üstü HRCA |  | HR 2·03 (95% CI 0·80–5·16); p=0·14 HR 5·98 (95% CI 2·37–15·09); p<0·0001 | 18 |
| **Dara-VCd** | ANTARES | ≥CR: 45% | 38% | 20 ay |  |  | 19 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TABLO-1: YENİ TANI ALMIŞ MULTİPL MYELOMDA YAYINLANMIŞ TEDAVİ PROTOKOLLERİ VE SONUÇLARI** | | | | | | | |
| **TABLO-1B: TRANSPLANTA UYGUN OLMAYAN HASTALAR** | | | |  |  | | |
| **Kombinasyon** | **Klinik Çalışma** |  |  | **Genel Popülasyon Progresyonsuz Sağ Kalım** | | **PFS Risk Oranı (HR)** | **Kaynakça** |
| **YANIT** | **MRD (ÖKH)** | **Çalışma Kolu** | **Kontrol Kolu** |
| **Standart Risk** |  |  |  |  |  |  |  |
| **Dara-Rd vs Rd** | MAIA | %92.9 vs. %81.6 P<0.0001 | %32.1 vs. %11.1 P<0.0001 | 61.9 ay | 34.4 ay | HR, 0.55; 95% CI, 0.45-0.67; P <0.0001 | 20 |
| **Dara-VMP vs. VMP** | ALCYONE | %90.9 vs. %73.9 P<0.0001 | %28.3 vs. %7.0 P<0.0001 | 36.4 ay | 19.3 ay | HR, 0.43; 95% CI, 0.36-0.52; P <0.0001 | 21 |
| **Dara-Ixa-d** | HOVON 143 | 71% 95% (CI) 63–73 |  | 18.2 ay | Çalışmada kontrol kolu  bulunmamaktadır. | HR, 95% CI (10.5-28.1) | 22 |
| **VRd vs Vd** | SWOG S077 | %82.9 vs. %72.5 p=0.006 |  | 41 ay | 29 ay | HR, (96% CI), 0.742 (0.594, 0.928) | 23 |
|  |  |  |  |  |  |  |  |
| **Yüksek Risk** |  |  |  |  |  |  |  |
| **KRd vs VRd** | ENDURANCE | %87 vs. %84 (>PR) P=0.26 | %10 vs. %7 p=0.079 | 34.6 ay | 34.4 ay | HR 1·04, 95% CI 0·83–1·31; p=0·74; | 24 |
| **Elo KRd Faz 2** | NCT03948035 | sCR %58 | 92% | 3 yıllık %72 |  | HR, 0.06 (95% CI, 0.01-0.61) P=.02 | 25 |

**KAYNAKÇA:**

1. Moreau P., Hulin C, Macro M et al. VTD is superior to VCD prior to intensive therapy in multiple myeloma: results of the prospective IFM2013-04 trial. Blood 2016; 127(21): 2569–2574.
2. Perrot A. et al, Early Versus Late Autologous Stem Cell Transplant in Newly Diagnosed Multiple Myeloma: Long-Term Follow-up Analysis of the IFM 2009 Trial, Blood (2020) 136 (Supplement 1): 39
3. Attal M, Lauwers-Cances V, Hulin C, et al. Lenalidomide, bortezomib, and dexamethasone with transplantation for myeloma. N Engl J Med. 2017;376(14):1311-1320.
4. Cavo M, Gay F, Beksac M, et al. Autologous hematopoietic stem-cell transplantation versus bortezomib-melphalan-prednisone, with or without bortezomib-lenalidomide-dexamethasone consolidation therapy, and lenalidomide maintenance for newly diagnosed multiple myeloma (EMN02/HO95): a multicentre, randomized, open-label, phase 3 study. Lancet Haematol. 2020;e456-e468.
5. Yong K. et al, Upfront autologous haematopoietic stem-cell transplantation versus carfilzomib–cyclophosphamide– dexamethasone consolidation with carfilzomib maintenance in patients with newly diagnosed multiple myeloma in England and Wales (CARDAMON): a randomised, phase 2, non-inferiority trial, Lancet Haematol 2022, https://doi.org/10.1016/S2352-3026(22)00350-7.
6. Mina R, Gay F, et al. Carfilzomib induction, consolidation, and maintenance with or without autologous stem-cell transplantation in patients with newly diagnosed multiple myeloma: pre-planned cytogenetic subgroup analysis of the randomized, phase 2 FORTE trial, Lancet Oncol 2023; 24: 64–76.
7. Moreau P, Attal M, et al. Bortezomib, thalidomide, and dexamethasone with or without daratumumab before and after autologous stem-cell transplantation for newly diagnosed multiple myeloma (CASSIOPEIA): a randomised, open-label, phase 3 study, The Lancet, 2019, 6;394(10192):29-38. doi: 10.1016/S0140-6736(19)31240-1
8. Voorhees PM, Kaufman JL, Laubach J et al. Daratumumab, lenalidomide, bortezomib, and dexamethasone for transplant-eligible newly diagnosed multiple myeloma: the GRIFFIN trial Blood. 2020;136(8):936-945.
9. Sonneveld P, MA Dimopoulos, Boccadoro M et al. Daratumumab, Bortezomib, Lenalidomide, and Dexamethasone for Multiple Myeloma. N Engl J Med 2024;390:301-313.
10. Yimer H, Melear J, Faber E, et al. Daratumumab, cyclophosphamide, bortezomib, and dexamethasone for multiple myeloma: final results of the LYRA study. Leuk Lymphoma. 2022;63(10):2383-2392.
11. Gay F, et al. Results of the Phase III Randomized Iskia Trial: Isatuximab-Carfilzomib-Lenalidomide-Dexamethasone Vs Carfilzomib-Lenalidomide-Dexamethasone As Pre-Transplant Induction and Post-Transplant Consolidation in Newly Diagnosed Multiple Myeloma Patients Blood 2023;142(1): 4.
12. Mai EK, Goldschmidt H., Miah K et al, Elotuzumab in Combination with Lenalidomide, Bortezomib, Dexamethasone and Autologous Transplantation for Newly-Diagnosed Multiple Myeloma: Results from the Randomized Phase III GMMG-HD6 Trial, Lancet Haematol 2024 Feb;11(2):e101-e113.
13. Goldschmidt H, et al. Addition of isatuximab to lenalidomide, bortezomib, and dexamethasone as induction therapy for newly diagnosed, transplantation-eligible patients with multiple myeloma (GMMG-HD7): part 1 of an open-label, multicentre, randomized, active-controlled, phase 3 trial Lancet Haematol 2022;9:e810–21.
14. Kaiser MF, Hall M, Walker K, et al. Daratumumab, Cyclophosphamide, Bortezomib, Lenalidomide, and Dexamethasone as Induction and Extended Consolidation Improves Outcome in Ultra-High-Risk Multiple Myeloma, Journal of Clinical Oncology.2023;41(23):3945-3955.
15. Knop et al Carfilzomib, lenalidomide, and dexamethasone (KRd) versus elotuzumab and KRd in transplant-eligible patients with newly diagnosed multiple myeloma: Post-induction response and MRD results from an open-label randomized phase 3 study. ASCO 2023 oral abstract #8000
16. Touezeau C, Perrot A, Hulin C et al, Daratumumab, Carfilzomib, Lenalidomide, and Dexamethasone Induction and Consolidation with Tandem Transplant in High-Risk Newly Diagnosed Myeloma Patients: Final Results of the Phase 2 Study IFM 2018-04. Blood 2023;142 (Supplement 1): 207.
17. Leypoldt LB, Tichy D, Besemer B, et al. Isatuximab, Carfilzomib, Lenalidomide, and Dexamethasone for the Treatment of High-Risk Newly Diagnosed Multiple Myeloma. J Clin Oncol. 2024;42(1):26-37.
18. Costa LJ, Chhabra S, Medvedova E, et al. Daratumumab, Carfilzomib, Lenalidomide, and Dexamethasone With Minimal Residual Disease Response-Adapted Therapy in Newly Diagnosed Multiple Myeloma. J Clin Oncol 2022;40(25):2901-2912.
19. Beksac M, Tuglular T, Gay F, et al. Treatment with Daratumumab Plus Bortezomib, Cyclophosphamide, and Dexamethasone May Result in Both Hematologic and Metabolic Complete Response to Achieve Long-Term Progression Free Survival Among Patients Presenting with Extra-Medullary Disease: A European Myeloma Network Study (EMN19). Blood 2023;142(1):1-5.
20. Facon T, Kumar SK, Plesner T, et al. Daratumumab, lenalidomide, and dexamethasone versus lenalidomide and dexamethasone alone in newly diagnosed multiple myeloma (MAIA): overall survival results from a randomized, open-label, phase 3 trial. Lancet Oncol 2021;22(11):1582-1596.
21. Mateos M-V, et al. Daratumumab Plus Bortezomib, Melphalan, and Prednisone (D-VMP) Versus Bortezomib, Melphalan, and Prednisone (VMP) Alone in Transplant-Ineligible Patients with Newly Diagnosed Multiple Myeloma (NDMM): Updated Analysis of the Phase 3 Alcyone Study Blood 2022;140(1): 10157–10159.
22. Groen K, Stege CAM, Nasserinejad K, et al. Ixazomib, daratumumab and low dose dexamethasone in intermediate-fit patients with newly diagnosed multiple myeloma: an open-label phase 2 trial. EClinicalMedicine 2023:63:102167.
23. Durie BGM, Hoering A, Sexton R et al. Longer term follow-up of the randomized phase III trial SWOG S0777: bortezomib, lenalidomide, and dexamethasone vs. lenalidomide and dexamethasone in patients (Pts) with previously untreated multiple myeloma without an intent for immediate autologous stem cell transplant (ASCT). Blood Cancer Journal (2020) 10(5):53.
24. Kumar S, et al. Carfilzomib or bortezomib in combination with lenalidomide and dexamethasone for patients with newly diagnosed multiple myeloma without intention for immediate autologous stem-cell transplantation (ENDURANCE): a multicentre, open-label, phase 3, randomized, controlled trial, Lancet Oncology, The.2020;21(10):1317-1330.
25. Derman BA, Kansagra A, et al. Elotuzumab and Weekly Carfilzomib, Lenalidomide, and Dexamethasone in Patients With Newly Diagnosed Multiple Myeloma Without Transplant Intent, JAMA Oncol. 2022 Sep; 8(9): 1278–1286.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TABLO-2: NÜKS VE DİRENÇLİ MULTİPL MYELOMDA TEDAVİ SEÇENEKLERİ VE SONUÇLARI** | | | | | | | | | | | | |
| **Kombinasyon** | **Klinik Çalışma** | **Medyan Tedavi Basamağı** |  |  | **Genel Popülasyon Progresyonsuz Sağ Kalım** | | **Risk Oranı (HR)** | **Genel Popülasyon Ortalama Sağ Kalım** | | **Risk Oranı (HR)** | **Kaynakça** | |
| **Çalışma Kolu** | **YANIT** | **MRD** | **Çalışma Kolu** | **Kontrol Kolu** | **Çalışma Kolu** | **Kontrol Kolu** |  | |  |
| **Ixa-Rd vs Rd** | Tourmaline MM1 | 1 (1-3) | %78.3 vs. %71.5 p=0.004 |  | 20.6 ay | 14.7 ay | HR (95% CI): 0.742 (0.587-0.939)P = .012 | 53.6 ay | 51.6 ay | (HR, 0.939; 95% CI, 0.784 to 1.125; P 5 .495) | | 26 |
| **Elo-Rd vs Rd** | ELOQUENT 2 | 2 (1-3) | %79 vs. %66 OR: 1.9; 95% CI, 1.4–2.8; P < 0.001) |  | 19.4 ay | 14.4 ay | [HR], 0.70; 95% [CI], 0.57–0.85; P < 0.001) | 48.3 ay | 39.6 ay | HR, 0.82 [95.4% Cl, 0.68–1.00]; P = 0.0408 | | 27 |
| **KRd vs Rd** | ASPIRE | 2 (1-3) | %87.1 vs. %66.7 (95% CI, 83.4 to 90.3) , (95% CI, 61.8 to 71.3), (P<0.001) |  | 26.3 ay | 17.6 ay | HR, 0.69 (0.57- 0.83) P 0.0001 | 48.3 ay | 40.4 ay | HR, 0794 (0667 to 0.945) P0.0045 | | 28 |
| **Dara-Rd vs Rd** | POLLUX | 1 (1-11) | %93 vs. %82  P <0,0001 | %33 vs. %7 P <0,0001 | 45 ay | 17.5 ay | HR, 0.44; %95 GA, 0.35-0.54;P <0.0001 | 67.6 ay | 51.8 ay | HR, 0.73; %95 GA, 0.58-0.91;P = 0.0044 | | 29 |
| **Pano-Vd vs Vd** | PANORAMA 1 | 1 (1-3) | %61 vs. %55 P<0,0001 |  | 12 ay | 8.1 ay | (P < .0001; HR 0,63, %95 CI [0,52, 0,76]) | 40.3 ay | 35.8 ay | HR 0.94 [95% CI, 0.78-1.14], P = .5435 | | 30 |
| **Vd vs Kd** | ENDEAVOR | 2 (1-2) | %78.5 vs. %69.5 OR (95% CI) 1.602 (0.997-2.574) |  | 18.7 ay | 9.4 ay |  | 47.6 ay | 40.0 ay |  | | 31 |
| **Dara-Vd vs Vd** | CASTOR | 2 (1-10) | %85 vs. %63 P <0,0001 | %15.1 vs. %1.6 P<0,0001 | 16.7 ay | 7.1 ay | HR, 0.31;95% CI,0.24-0.39;P <0.0001 | 49.6 ay | 38.5 ay | HR, 0.74; 95% CI, 0.59-0.92;P = 0.0075 | | 32 |
| **PVd vs Vd** | OPTIMISMM | 2 (1-2) | %82.2 vs. %50 P<0,0001 |  | 11.2 ay | 7.1 ay | 0.61 (0.49-0.77) P< .0001 | 35.5 ay | 31.6 ay | HR, 0.94; 95% CI, 0.77-1.15; P = .571 | | 33 |
| **Seli-Vd vs Vd** | BOSTON | 1 (1-3) | %80 vs. %50 P<0,0001 |  | 12.91 ay | 9.91 ay | HR, 0.73; 95% CI, 0.47–1.14; one‐sided p = 0.083 | ulaşılamadı | ulaşılamadı | HR 0·84 [0·57–1·23], p=0·1852) | | 34 |
| **Seli-Pd** | STOMP | 2 | ≥VGPR  SPd-60: 30% SPd-40 25% |  | SPd-60 ve 40: NR |  |  |  |  |  | | 35 |
| **Ven-Vd vs Vd** | BELLINI | 1 (1-3) | %82 vs. %68 P 0·0081 | %13 vs. %1 10⁻⁵ 0·00066 | 22.4 ay | 18.7 ay | HR=0,630, p=0,01 | ulaşılamadı | ulaşılamadı | HR 1.474, %95 CI=0.870-2.498 | | 36 |
| **VenKd** |  | 1 (1-3) | %80 P<0,0001 | %12 <10−5 95% CI, 2.7-46.3 | 22,8 ay |  | 95% CI, 12.4–not estimable [NE] |  |  |  | | 37 |
| **Dara-Kd vs Kd** | CANDOR | 1 (1-3) | %84 vs. %73 OR 1·11 [0·50–2·45 | %27.9 vs. %9.1 OR 4.222 (2.277-7.829) | 28.6 ay | 15.2 ay | HR, 0.59 (%95 Cl: 0.45-0.78) | 50.8 ay | 43.2 ay | HR, 0,78 [0,60-1,03]; P = .042) | | 38 |
| **Isa-Kd vs Kd†** | IKEMA | 2 (1-2) | %86.6 vs. %83.7  OR 2.09 (1.26-3.48) | %33.5 VS. %15.4 OR 2.78 (1.55-4.99) | 35.7 ay | 19.2 ay | HR, 0.58 (95.4% CI: 0.42–0.79) | ulaşılamadı | 50.6 ay | HR=0.855 (95% CI: 0.608; 1.202); P=0.1836 | | 39 |
| **Isa-Pd vs Pd** | ICARIA | 3 (2-4) | %60.4 vs. %35.3 p<0,0001 | %5 vs. %0 | 12.4 ay | 6.9 ay | HR = 0.596, 95% CI = 0.44–0.8, P=0.0010). | 24.6 ay | 17.7 ay | HR = 0.76, 95% CI = 0.57–1.01, P = . 028 | | 40 |
| **Dara-Pd vs Pd** | APOLLO | 2 (2–3; 1–5) | %69 vs. %46 p<0,0001 | %9 vs. %2 p<0,01 | 12.4 ay | 6.9 ay | [HR], 0.63; 95% CI, 0.47-0.85; P=0.0018 | 34.4 ay | 23.7 ay | [HR] 0·82 [95% CI 0·61-1·11]; p=0·20) | | 41 |
| **KCd** | MM-313 | 6 (3-10) | 52% p<0,0001 |  | 4 ay |  | %95 GA: 3,27-7,97 | 11,9 ay |  | %95 GA: 6,97 -ulaşılmadı | | 42 |
| **KPd** | EMN011 |  | 92% |  | 18 ay |  | HR 0.68, 95%CI 0.41-1.13, p=0.14 | ulaşılamadı |  |  | | 43 |
| **PCd vs Pd** | AMN Study | 3 (1-6) | %55.4 vs. %32   p = 0.007 |  | 10.9 ay | 5.8 ay | HR, 0.43, 95% CI, 0.27-0.69); p < 0.001 | 41.5 ay | 27.5 ay | 95% CI, 24.5, 27.5, ulaşılamadı | | 44 |
| **Melflufen-d vs. Pd** | OCEAN | 3 (2-3) | %33 vs. %27 p=0·16 |  | 6.8 ay | 4.9 ay | HR 0·79 (95% CI 0·64–0·98) | 19.8 ay | 25.0 ay | HR 1·10 (95% CI 0·85–1·44) | | 45 |
| **Melflufen-d** | HORIZON | 5 (2-12) | 29% |  | 4.2 ay |  | (95% CI), 4.2 (3.4-4.9) | 11.6 ay |  | (95% CI), 11.6 (9.3-15.4) | | 46 |
| **Belamaf-Vd vs Dara-Vd** | DREAMM-7 | 1 (1->4) | ORR: %82,7 vs %71,3 CR: %20,6 vs. %12 | %38,7 vs %17,1 p<0.00001 (VGPR içinde) | 36,6 ay | 13,4 ay | HR 0,41 (%95 CI 0,31-0,53; p<00001 | ulaşılamadı | ulaşılamadı | HR 0,57 (%95 CI, 0,40-0,80); p<0.0005 | | 47 |
| **Teclistamab-Dara-Len** | MajesTEC-2 | 2 (1-3) | %93.5 ORR p<0,0001 |  |  |  |  |  |  |  | | 48 |
| **Talqutemab 0.4 mg/kg vs. 0.8 mg/kg** | MonumenTAL-1 | 5 (2-13) | %74.1 vs. %71.7 p<0,0001 |  | 7.5 ay | 11.9 ay |  |  |  |  | | 49 |
| **Elranatamab** | MagnetisMM-3 | 5 (2-22) | 61% (95% CI: 51.8–69.6 |  | %50.9 (15 ay) |  | (95% CI: 40.9–60.0 | %56.7 (15 ay) |  | 95% CI: 13.9 months to not estimable | | 50 |

**KAYNAKÇA:**

1. Richardson PG, Kumar SK, Masszi T et al. Final Overall Survival Analysis of the TOURMALINE-MM1 Phase III Trial of Ixazomib, Lenalidomide, and Dexamethasone in Patients With Relapsed or Refractory Multiple Myeloma. J Clin Oncol 2021;39(22):2430-2442.
2. Dimopoulos MA; Lonial S, White D et al. Elotuzumab, lenalidomide, and dexamethasone in RRMM: final overall survival results from the phase 3 randomized ELOQUENT-2 study, Blood Cancer J. 2020 Sep; 10(9): 91.
3. Stewart et al. Carfilzomib, Lenalidomide, and Dexamethasone for Relapsed Multiple Myeloma, N Engl J Med 2015;372:142-52.
4. Dimopoulos MA; Oriol A, Nahi H et al Overall Survival With Daratumumab, Lenalidomide, and Dexamethasone in Previously Treated Multiple Myeloma (POLLUX): A Randomized, Open-Label, Phase III Trial. J Clin Oncol 2023; 41 (8): 1590-1599.
5. San-Miguel et al. Final Analysis of Overall Survival from the Phase 3 Panorama 1 Trial of Panobinostat Plus Bortezomib and Dexamethasone Versus Placebo Plus Bortezomib and Dexamethasone in Patients with Relapsed or Relapsed and Refractory Multiple Myeloma Blood 2015:126 (23): 3026.
6. Dimopoulos et al. Carfilzomib or bortezomib in relapsed or refractory multiple myeloma (ENDEAVOR): an interim overall survival analysis of an open-label, randomised, phase 3 trial Lancet Oncol 2017; 18: 1327–37
7. Sonneveld P, Chanan-Khana A, Weiser K et al. Overall Survival With Daratumumab, Bortezomib, and Dexamethasone in Previously Treated Multiple Myeloma (CASTOR): A Randomized, Open-Label, Phase III Trial. J Clin Oncol 2023;41(8):1600-1609.
8. Beksac M, Richardson PR, Oriol A, et al. Pomalidomide, bortezomib, and dexamethasone versuss bortezomib and dexamethasone in relapsed or refractory multiple myeloma (OPTIMISMM): final survival outcomes from a randomized, open-label, phase 3 trial. Presented at: 2023 International Myeloma Society Annual Meeting; September 27-30, 2023; Athens, Greece. Abstract OA-44.
9. Grosicki S, Simonova M, Spicka I et al. Once-per-week selinexor, bortezomib, and dexamethasone versus twice-per-week bortezomib and dexamethasone in patients with multiple myeloma (BOSTON): a randomised, open-label, phase 3 trial. Lancet 202;396(10262):1563-1573.
10. Babar A, Babar M, et al. Selinexor for the treatment of patients with relapsed or refractory multiple myeloma. J Oncol Pharm Pract. 2024:10781552241235902.
11. Kumar S, et al. Venetoclax or placebo in combination with bortezomib and dexamethasone in patients with relapsed or refractory multiple myeloma (BELLINI): a randomised, double-blind, multicentre, phase 3 trial, Lancet Oncol 2020;21(12):1630-1642.
12. Costa LJ, Stadtmauer EA, Morgan G, et al. Phase 2 study of venetoclax plus carfilzomib and dexamethasone in patients with relapsed/refractory multiple myeloma. Blood Adv 2021;5(19): 3748–3759.
13. Usmani SZ, Quach H, Mateos MV et al Final analysis of carfilzomib, dexamethasone, and daratumumab vs carfilzomib and dexamethasone in the CANDOR study Blood Adv. 2023;7(14):3739-3748.
14. Martin T, Dimopoulos MA, Mikhael J et al. Isatuximab, carfilzomib, and dexamethasone in patients with relapsed multiple myeloma: updated results from IKEMA, a randomized Phase 3 study. Blood Cancer J 2023;13(1):72.
15. Richardson PG, Perrot A, San Miguel J et al. Isatuximab plus pomalidomide and low-dose dexamethasone versus pomalidomide and low-dose dexamethasone in patients with relapsed and refractory multiple myeloma (ICARIA-MM): follow-up analysis of a randomised, phase 3 study. The Lancet Oncology 2022;23(3):416-427.
16. Dimopoulos MA, Terpos E, Boccadoro M, et al. Subcutaneous daratumumab plus pomalidomide and dexamethasone versus pomalidomide and dexamethasone in patients with relapsed or refractory multiple myeloma (APOLLO): extended follow up of an open-label, randomised, multicentre, phase 3 trial. Lancet Haematol. 2023 Oct;10(10):e813-e824.
17. Pennipede, D., Mohyuddin, G. R., Hawkins, R., Ganguly, S., Shune, L., Ahmed, N., ... & Abdallah, A. O. (2021). Carfilzomib, cyclophosphamide, and dexamethasone (KCd) for the treatment of triple‐class relapsed/refractory multiple myeloma (RRMM). European Journal of Haematology, 107(6), 602-608.
18. Sonneveld P, Zweegman, S, Cavo M et al. Carfilzomib, Pomalidomide, and Dexamethasone (KPd) in Patients with First Progression of Multiple Myeloma Refractory to Bortezomib and Lenalidomide. Final Report of the EMN011/HOVON114 Trial. Blood 2021, 138, 1664.
19. Song Y, Kim JS, Chim CS, et al. Randomized Phase 3 Study of Pomalidomide Cyclophosphamide Dexamethasone (PCD) Versus Pomalidomide Dexamethasone (PD) in Relapse or Refractory Myeloma: An Asian Myeloma Network (AMN) Study. Blood 2023;142(1):1009-1009.
20. Schjesvold FH, Dimopoulos MA, Delimpasi S, et al. Melflufen or pomalidomide plus dexamethasone for patients with multiple myeloma refractory to lenalidomide (OCEAN): a randomised, head-to-head, open-label, phase 3 study, Lancet Haematology, The.2022;9(2):e98-e110.
21. Richardson PG, Oriol A, Larocca A, et al. Melflufen and dexamethasone in heavily pretreated relapsed and refractory multiple myeloma. J Clin Oncol 2020;39(7)-OP-106.
22. Mateos MV, Robak P, Hus M, et al. Results from the randomized phase III DREAMM-7 study of belantamab mafodotin (belamaf) + bortezomib, and dexamethasone (BVd) vs daratumumab, bortezomib, and dexamethasone (DVd) in relapsed/refractory multiple myeloma (RRMM). J Clin Oncol 2024;42(36):suppl. 439572.
23. Saerle E, Quach H, Wong WS et al, Teclistamab in Combination with Subcutaneous Daratumumab and Lenalidomide in Patients with Multiple Myeloma: Results from One Cohort of MajesTEC-2, a Phase1b, Multicohort Study. Blood 2022;140(1):394-396.
24. Chari A, Minnema MC, Berdeja JG et al., Talquetamab, a T-Cell–Redirecting GPRC5D Bispecific Antibody for Multiple Myeloma. N Engl J Med 2022;387:2232-2244.
25. Lesokhin AM, Tomasson MH, Arnulf B et al, Elranatamab in relapsed or refractory multiple myeloma: phase 2 MagnetisMM-3 trial results, Nature Medicine 2023;29:2259-2267.