# 高齢者または移植非対象若年患者に対する初期治療

- MP療法　vs　MPT療法→ MP療法　<　MPT療法

  (Lancet 2006, 367: 825-831,
  Lancet 2007, 370: 1209-1218)

- MP療法　vs　MPV療法→　**今回の論文**

- MP療法　vs　MPR療法→　　現在進行中

今後

- MPT療法　vs　MPV療法　vs　MPR療法;　？

# MPV療法　VS　MP療法

対象　新たにMMと診断された移植非対象の
682例

方法　無作為割り付け比較試験
　　第Ⅲ相試験
　　MPV療344例　　MP療法338例
　　22ヶ国（ヨーロッパ、アジア、南北アメリカ）
　　155施設が参加
　　2004年12月～2006年9月に登録

エンドポイント　無増悪生存期間

副次的エンドポイント　生存期間

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ORIGINAL ARTICLE

## Bortezomib plus Melphalan and Prednisone for Initial Treatment of Multiple Myeloma

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ABSTRACT

BACKGROUND

The standard treatment for patients with multiple myeloma who are not candidates for high-dose therapy is melphalan and prednisone. This phase 3 study compared the use of melphalan and prednisone with or without bortezomib in previously untreated patients with multiple myeloma who were ineligible for high-dose therapy.

METHODS

We randomly assigned 682 patients to receive nine 6-week cycles of melphalan (at a dose of 9 mg per square meter of body-surface area) and prednisone (at a dose of 60 mg per square meter) on days 1 to 4, either alone or with bortezomib (at a dose of 1.3 mg per square meter) on days 1, 4, 8, 11, 22, 25, 29, and 32 during cycles 1 to 4 and on days 1, 8, 22, and 29 during cycles 5 to 9. The primary end point was the time to disease progression.

RESULTS

The time to progression among patients receiving bortezomib plus melphalan–prednisone (bortezomib group) was 24.0 months, as compared with 16.6 months among those receiving melphalan–prednisone alone (control group) (hazard ratio for the bortezomib group, 0.48; P<0.001). The proportions of patients with a partial response or better were 71% in the bortezomib group and 35% in the control group; complete-response rates were 30% and 4%, respectively (P<0.001). The median duration of the response was 19.9 months in the bortezomib group and 13.1 months in the control group. The hazard ratio for overall survival was 0.61 for the bortezomib group (P=0.008). Adverse events were consistent with established profiles of toxic events associated with bortezomib and melphalan–prednisone. Grade 3 events occurred in a higher proportion of patients in the bortezomib group than in the control group (53% vs. 44%, P=0.02), but there were no significant differences in grade 4 events (28% and 27%, respectively) or treatment-related deaths (1% and 2%).

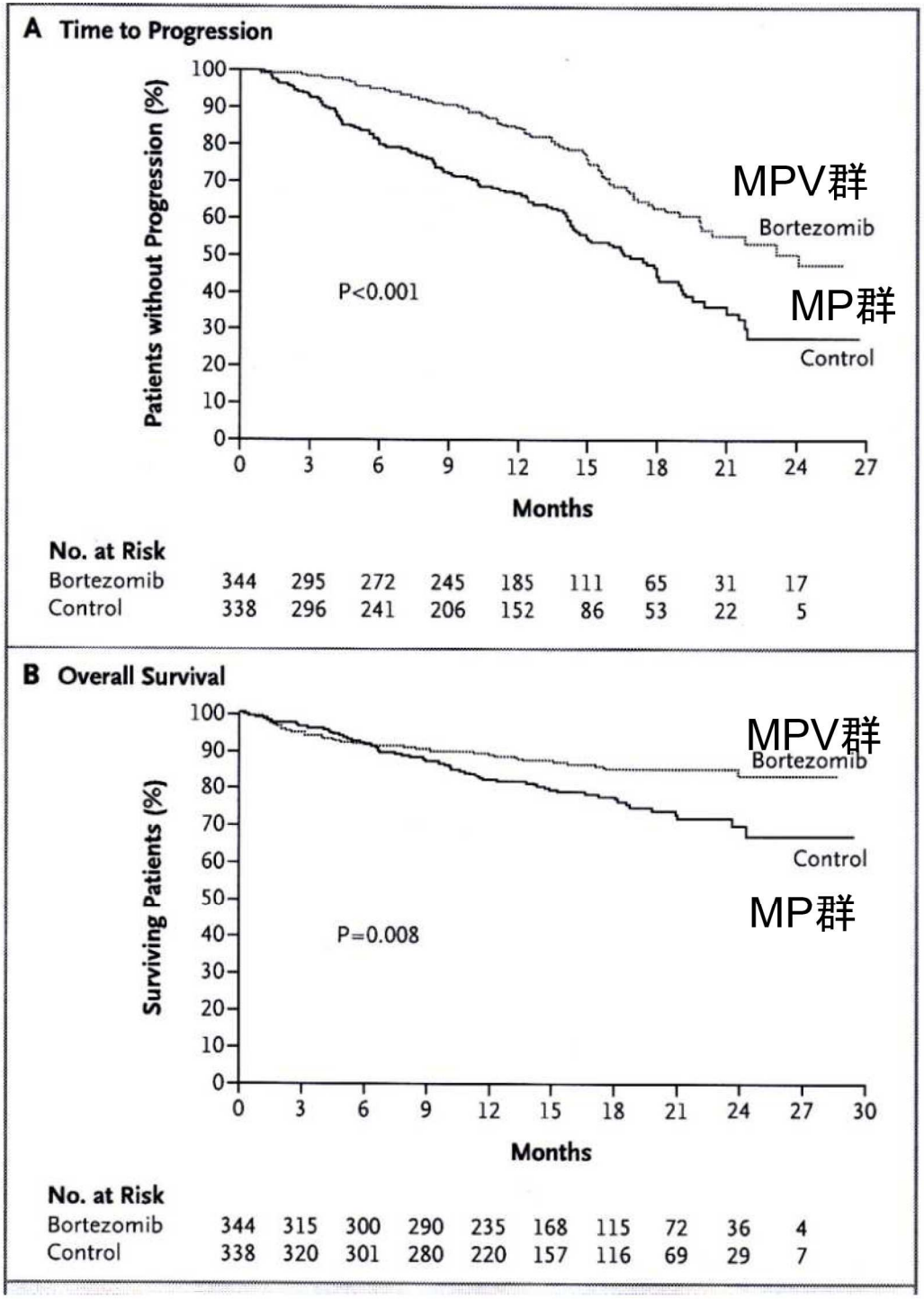
CONCLUSIONS

Bortezomib plus melphalan–prednisone was superior to melphalan–prednisone alone in patients with newly diagnosed myeloma who were ineligible for high-dose therapy. (ClinicalTrials.gov number, NCT00111319.)

無増悪生存期間（中央値）
MPV療法　24.0ヶ月
MP療法　　16.6ヶ月

全生存期間
（観察期間中央値16.3ヶ月）
MPV療法
MP療法
］両群とも到達せず

MPV療法　　45名（13%）死亡
MP療法　　76名（22%）死亡



## 最良効果と奏効期間

部分寛解以上
MPV療法　71%
MP療法　　35%

完全寛解率
MPV療法　30%
MP療法　　4%

奏効期間中央値
MPV療法　19.9ヶ月
MP療法　　13.1ヶ月

## サブグループ解析

年齢、性別、人種、B2MG、Alb、地域、ISS stage、CrCLに関係なくMPV>MP

## 有害事象

グレード3の事象が生じた割合
MPV療法　53%
MP療法　　43%

グレード4の事象が生じた割合
MPV療法　28%
MP療法　　27%

治療に関する死亡率
MPV療法　1%
MP療法　　2%

MPV療法で多い有害事象
末梢感覚神経障害
消化器症状（悪心・嘔吐、便秘、下痢）
感染症（帯状疱疹）

MPV療法の有害事象は、MP療法で確立されている有害事象のプロファイルと一致。

# 結語

MPV療法は、従来の標準療法であるMP療法と比較して、無増悪生存期間の改善を示し、有害事象も許容でき、今後の標準療法になりうる治療法である。