

The Chinese perspective: Ongoing research

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In China, we have established a Chinese Myeloma Working Group (CMWG) on 2011. Five guidelines or consensus have been published in Chinese: Guideline for the diagnosis and treatment of multiple myeloma in China (revised every two years); Consensus of diagnosis and treatment of multiple myeloma related bone events; Consensus of management of multiple myeloma related peripheral neuropathy; Consensus of PEG-doxorubicin for the treatment of lymphoma and multiple myeloma; The consensus of surgical management on multiple myeloma bone disease.

Bortezomib was available in China on 2005, it is sensitive for Chinese patients then west countries, even though $1.0\text{mg}/\text{m}^2$, the patients can achieve about 30% VGPR or better. A national wide ongoing study is to compare PAD vs TAD followed by auto-PBSCT, consolidated by PAD or TAD according to the inducing regime, maintained by thalidomide. The aims of this trial want to answer: which patient can receive the benefits (PFS, OS, QOL) from bortezomib: low risk or high risk or all patients?

Lenalidomide was available in China on 2013. MM021 trial for RRMM shown us that it was less sensitive then west countries, it may be that most of the patients received lenalidomide were at the end stage of disease in this trial. The ongoing study is to use Rd for first line relapsed patients, four cycles later, CTX will added if the patients is not achieved VGPR, till disease progression.

About 30% transplant candidate patients willing to accept Auto-PBSCT. Micro-Allogenic transplantation has been successfully used for the treatment of AML. My trial is to compare the effects of AUTO-PBSCT vs Micro-Allogenic transplantation for the treatment of transplant candidate myeloma.

In recent years, FDA has approved so many new drugs for the treatment of myeloma, but they could not available in China in recent years. In China, we have a new drug which target the Death receptor, named as Circularly Permuted TRAIL (CPT). CPT has longer half-life than wtTRAIL in rats. Phase I and II trials showed that CPT was safe and well tolerated up to $15\text{mg}/\text{kg}$ in advanced cancer patient, No DLT and MTD were found, CPT showed positive efficacy for Refractory/Relapsed MM even as a mono-therapy; CPT in combination with TD therapy may have significantly better efficacy over TD therapy alone (data from 71 patients, randomized and controlled experiments); the side effects is acceptable and manageable. Ongoing Phase 3 study is Circularly permuted TRAIL (CPT) or Placebo in Combination with Thalidomide and Dexamethasone in Subjects with Relapsed or Refractory Multiple Myeloma.