中文題目：多發性骨髓瘤患者經自體幹細胞移植後以 Bortezomib 為主之鞏固治療的回溯性分析

英文題目：A Real-world Experience of Post-transplant Consolidation Therapy with Bortezomib-Based Regimens in Patients with Multiple Myeloma

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**Background:** Autologous stem cell transplantation (ASCT) is a cornerstone of therapy in transplant eligible patients with multiple myeloma (MM). The depth of treatment response is prognostic for overall outcome. Post-transplant consolidation and maintenance are two strategies for the purposes of deepening responses and delaying progression. However, the optimal regimen and survival benefits of consolidation therapy remained controversial. In this study, we shared our single-center experience of post-ASCT consolidation therapy with bortezomib-based regimens in patients with MM.

**Method:** A retrospective chart review was conducted for all patients with MM receiving ASCT at Kaohsiung Medical University Hospital in Taiwan from January 2011 to January 2021. We aimed to compare the efficacy and safety of post-ASCT consolidation with bortezomib-based regimens plus maintenance versus maintenance alone in MM. Treatment responses, time to relapse, overall survival (OS) and adverse events were analyzed and compared.

**Results:** Of 45 patients enrolled, the median age was 57 years, men to women ratio was 3:2, 66.7% had ISS 2 and 3. With a median follow-up of 51 months, 91.1% patients reached at least very good partial response (VGPR) and 8.9% patients had solely partial response at completion of induction; the latter had the shortest median time to relapse of 21 months and OS of 31 months. All patients reached ≥VGPR after transplantation. Two groups were identified, including 6 treated with consolidation therapy (mostly VTd-ASCT-VTd plus thalidomide maintenance) and 39 treated with maintenance alone (mostly VTD-ASCT plus thalidomide maintenance). No patients in the consolidation group experienced relapse or death versus 35.9% relapse and 25.6% death in the maintenance group. However, there was no statistically significant difference between the two groups regarding time to relapse [P=0.122] and OS [P=0.258]. The incidence of peripheral neuropathy, herpes zoster and secondary primary malignancy were similar between the two groups.

**Conclusion:** Our real-world data suggest that patients with treatment response < VGPR after induction therapy showed poor prognosis. No relapse or death occurred in patients receiving post-ASCT consolidation using bortezomib-based regimens with tolerable adverse events, compared to maintenance therapy alone. Further prospective studies with large numbers of patients are warranted.