

DIFFERENCE BETWEEN US AND EUROPE

- In the US the proportion of patients treated in private practice is higher
- Off-Label use is possible
- All three novel agents (Thal, Bort, Len) are approved
- High-dose Dexamethasone is considered a standard for both newly diagnosed patients and relapsed/refractory MM
- IV therapy is less a limiting factor than in Europe

EUROPE

- Most patients are treated in public hospitals
- Proportion of newly diagnosed patients included into clinical trials is currently higher
- Cooperative groups are well organized (IFM, MRC, PETHEMA, HOVON, Italian, Nordel ...)
- Off-label use is not allowed in many countries
- Thalidomide is not yet registered and Lenalidomide has just been approved
- Dexamethasone alone is not considered a standard
- ASCT is still the standard of care for younger patients
- Cost is a serious concern
- Evaluating a combination of two non licensed drugs is uneasy

Current strategies in Europe Younger Patients

- ASCT is still considered the standard of care
- Cooperative groups are evaluating novel agents in addition to ASCT
 - Prior to ASCT (Thal, BTZ)
 - As maintenance (Thal, BTZ, Rev)

OLDER PATIENTS

- MPT is considered the standard of care but is not yet widely used due to practical reasons (registration, cost ...)
- MPV vs MP recently completed
- MPR vs MP
- Other combination to be tested (for instance LD DEX/RV vs MP)

RELAPSED PATIENT

- NO standard of care
- Revlimid currently used as 3rd line after Tha/BTZ failure (or adverse event)
- Thal and BTZ used mostly in combination (at least with Dex)
- Limited number of reference centers participate in Phase I / II trials
- Large number of centers participate in corporate-expressed Phase III trials