



Prospective Evaluation of MRI and PET-CT at Diagnosis and before Maintenance Therapy in Symptomatic Patients with Multiple Myeloma Included in the IFM/DFCI 2009 Trial

P.Moreau, M.Attal, L.Karlin, L.Garderet, T.Facon, L.Benboubker, M.Macro, D.Caillot, M.Escoffre-Barbe, A.M.Stoppa, K.Laribi, C.Hulin, G.Marit, J.R.Eveillard, F.Caillon, C.Bodet-Millin, J.M.Nguyen, B.Pégourié, V.Dorvaux, C.Chaleteix, K.Anderson, P.Richardson, H.Avet-Loiseau, A.Gaultier, J.M.Nguyen, B.Dupas and F.Bodéré

Rationale

MRI and PET-CT are important imaging techniques to detect bone lesions in multiple myeloma at diagnosis

Both MRI and PET-CT have been described to have pronostic value for PFS and/or OS (at diagnosis, during follow-up)

AT DIAGNOSIS



Bartel et al. Blood 2009;114:2068-2076

AT DIAGNOSIS



Bartel et al. Blood 2009;114:2068-2076

FOLLOW-UP / DYNAMIC



Bartel et al. Blood 2009;114:2068-2076

FOLLOW-UP / DYNAMIC



Zamagni et al, Blood 2011;118:5989-5995

Few trials have compared prospectively

MRI and PET-CT

in the setting of **<u>recent</u>** frontline intensive therapy programs



IFM/DFCI 2009 Study Newly Diagnosed MM Pts (SCT candidates)



IFM 2009: PFS, 700 patients

Attal et al. ASH 2015







ASCT at relapse













ASCT at relapse

Primary end-point : DIAGNOSIS / STAGING

Compare MRI (spine and pelvis) vs PET-CT regarding the **number of bone lesions at diagnosis**

Secondary end-points : PROGNOSTIC IMPACT

Evaluate prognostic impact of PET-CT vs MRI
after 3 cycles of induction therapy with RVD
(PFS / OS → PET negativity / MRI negativity)

Evaluate prognostic impact of PET-CT vs MRI
before maintenance
(PFS / OS → PET negativity / MRI negativity)

Secondary end-points : PROGNOSTIC IMPACT

Evaluate prognostic impact of PET-CT vs MRI
after 3 cycles of induction therapy with RVD
(PFS / OS → PET negativity / MRI negativity)

Evaluate prognostic impact of PET-CT vs MRI
before maintenance
(PFS / OS → PET negativity / MRI negativity)

All 134 x 3 MRI and 134 x 3 PET-CT were centrally reviewed by 2 x 2 experts, blinded to treatment arm (2 radiologists / 2 nuclear medicine physicians)

Patients characteristics

	n = 134
Median age (range)	59 (37-65)
Male / female	83 / 51(62% / 38%)
ISS1	41 (31%)
ISS2	74 (55%)
ISS3	19 (14%)
Median Calcium mM/L (range)	2.28 (2.04-2.95)
Median LDH UI (range)	211 (71-843)
Median Hb g/dL (range)	10.9 (8-14.6)
Median creatinine µM/L (range)	78 (39-162)
t(4;14) yes/no	6 / 129
del17p	5 / 129
Arm A, n (%)	71 (53%)
Arm B, n (%)	63 (47%)

Primary end-point : DIAGNOSIS / STAGING

Compare MRI (spine and pelvis) vs PET-CT regarding the **number of bone lesions at diagnosis**

• At diagnosis,

MRI was positive in 127/134 (94.7%), and PET-CT in 122/134 (91%) patients, (McNemar test = 0.94, p-value = 0.33).

 MRI of the spine and pelvis and wholebody PET-CT are <u>equally</u> effective to detect bone involvement in symptomatic patients at diagnosis.

• MRI patterns of marrow involvement were the following:

- normal in 7 cases (5%)
- focal lesions (FL) in 46 cases (34%);
- homogeneous diffuse infiltration in 41 cases (31%)
- combined diffuse infiltration and FL in 35 cases (26%)
- variegated or "salt-and-pepper" pattern with inhomogeneous bone marrow in 5 cases (4%)

• PET-CT patterns were the following:

- normal in 12 cases (9%);
- FL in 44 cases (33%);
- diffuse infiltration in 12 cases (9%);
- combined diffuse infiltration and FL in 66 cases (49%)
- extramedullary disease in 10 cases (7.5%).
- The median number of FL assessed by PET-CT was 3 (0 to >10), with a median SUVmax of 4.1 (range 1.5-28.4).

Secondary end-point : PROGNOSTIC IMPACT

PET-CT vs MRI

after 3 cycles of induction therapy with RVD



MRI normalisation following 3 cycles of RVD Impact on PFS (3% normalised)





MRI normalisation following 3 cycles of RVD Impact on OS (3% normalised)





PET-CT normalisation following 3 cycles of RVD Impact on PFS (32% normalised)





PET-CT normalisation following 3 cycles of RVD Impact on OS (32% normalised)



Secondary end-point : PROGNOSTIC IMPACT

PET-CT vs MRI

before maintenance



MRI normalisation before maintenance Impact on PFS (11% normalised)





MRI normalisation before maintenance Impact on OS (11% normalised)





PET-CT normalisation before maintenance Impact on PFS (62% normalised)





PET-CT normalisation before maintenance Impact on OS (62% normalised)



Univariate analysis for PFS / 134 patients

Variables tested:

Gender, age, Ca, creatinine, ISS, response after 3 cycles of induction, response pre-maintenance, cytogenetics, MRI after 3 cycles, PET-CT after 3 cycles, MRI pre-maintenance, PET-CT premaintenance

- PET-CT after 3 cycles, p = 0.04
- PET-CT pre-maintenance, p < 0.001
- Response after 3 cycles (> VGPR), p = 0.04

Univariate analysis for OS / 134 patients

Variables tested:

Gender, age, Ca, creatinine, ISS, response after 3 cycles of induction, response pre-maintenance, cytogenetics, MRI after 3 cycles, PET-CT after 3 cycles, MRI pre-maintenance, PET-CT premaintenance

- PET-CT pre-maintenance, p = 0.003

PET-CT pre-maintenance is a prognostic factor for PFS in Arm A: RVD x 8 cycles

Adjusted on other prognostic factors p = 0.009 Univariate log-rank, p = 0.027



PET-CT pre-maintenance is a prognostic factor for PFS in Arm B: frontline ASCT

Adjusted on other prognostic factors p = 0.01 Univariate log-rank, p = 0.01



PET-CT pre-maintenance is a prognostic factor for OS in Arm B: frontline ASCT

Adjusted on other prognostic factors p = 0.008 Univariate log-rank, p < 0.001



86 / 134 patients had also MRD evaluation pre-maintenance by CMF*

	PET-CT	PET-CT
	pos	neg
MRD	11	20
pos		
MRD	14	41
neg		

Fisher exact test: p = 0.33McNemmar test: p = 0.39

* Avet-Loiseau et al. ASH 2015

PFS for patients with negative PET-CT and negative MRD by flow (47.7% of patients) pre-maintenance vs others





Conclusions

- PET-CT and MRI are equally effective to detect bone involvement in symptomatic patients at diagnosis.

- MRI is not a good imaging method during follow-up
- PET-CT after 3 cycles of RVD and pre-maintenance is a powerful prognostic marker for PFS

- PET-CT pre-maintenance is a powerful prognostic marker for OS

- PET-CT and CMF are complementary tools to evaluate minimal residual disease



CASSIOPEIA trial









Intergroupe Francophone du Myélome