A612
Six Years of Experience and Outcome with Maintenance Therapy with Very Low-Dose Thalidomide After AU
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New drug and high-dose therapy with autotransplantation (auto-SCT) has improved prognosis of multiple myeloma (MM). Thalidomide (thal) is an active drug is the treatment of MM, the limit of this drug is the toxicity-dependent dose. We used low dose of thal as maintenance after auto-SCT in patients with MM. From January 2002 to August 2008, 17 patients (8 male and 9 female) with MM have been treated in our institution. Median age was 59.5 years (range, 48-72 years). Ten were IgG; 3 IgA, 3 light chains and one plasma-cells leukemia. For all patients the treatment, prior maintenance was 4 cycles of VAD regimen followed by auto-SCT. Four of 17 patients performed double auto-SCT. Three months after last auto-SCT these patients has begun the maintenance treatment with thal 50 mg/die. To start thal maintenance 9 patients were in CR, 5 in PR, and 3 in stable disease and the median maintenance has been of 12 months (range, 3-24 months). Median follow-up from the beginning of maintenance therapy was 40 months (range, 6-78 months) with 11/17 (64%) patients in CR or stable disease, with progression-free survival (PFS) and overall survival (OS) projected at 75 months, respectively, of 53% and 51%. In our experience we have observed a neurologic toxicity (grade I-III) in 65% of the patients but only 4 have had to suspend the treatment, a hematologic toxicity of grade I in the 55% of the patients but any cases of suspension to treatment. In any case we have documented thrombotic episode and any patient have effected anti-trombotic prophilaxis. In conclusion, in 6 years of observation our experience has shown that, even if the number of patients is small, maintenance with low dose of thal, after auto-SCT, it not only has a good compliance but it improved the outcome in terms of PFS and OS versus historical group of patients with MM.

A616
Response to Thalidomide in Patients with MM Following Disease Progression with Pomalidomide
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Immunomodulatory drugs have now been in clinical use for patients with multiple myeloma (MM) for the past decade. Following the initial success observed with thalidomide, second generation immunomodulatory drugs, such as pomalidomide and lenalidomide, entered the clinics. We report response rates in 10 patients with multiple myeloma who received thalidomide following pomalidomide. Of these, 8 patients discontinued pomalidomide therapy because of progressive disease, 1 stopped because of deep-vein thrombosis (DVT), and 1 stopped because of recurrent neutropenia. Noteworthy, 3 of these 10 patients had previously received thalidomide. Following disease progression on pomalidomide, thalidomide was administered as monotherapy in 6 patients, as combination therapy with conventional dose dexamethasone in 1 patient, and as combination therapy with cyclophosphamide and conventional dose dexamethasone in 3 patients. Best response was very good partial response (VGPR) in 1 patient, partial response (PR) in 3 patients, minimal response (MR) in 2 patients, and stable disease (SD) in 4 patients, giving an overall response rate (ORR: PR or better) of 40%. Responses for the 3 patients who had previously received thalidomide were MR in 1 patient and SD in 2 patients. Median time on thalidomide therapy was 22 weeks (range, 4-291 weeks). These results suggest that patients may benefit from thalidomide post pomalidomide, supporting the notion of differential anti-myeloma property of the various immunomodulatory drugs.

A617
The Long-Term Use of Lenalidomide for the Management of Multiple Myeloma: Case-Based Studies
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Lenalidomide, an oral anti-angiogenic, anti-proliferative, IMiD immunomodulatory immunomodulatory drug, and has been in clinical use for the treatment of patients afflicted with a variety of haematological malignancies. The drug has been approved in combination with dexamethasone for the treatment of multiple myeloma (MM) in patients who have received at least 1 prior therapy. Though the efficacy and toxicity profile for short and medium term use is well established, there is a paucity of data on the drug's long-term use. We present the cases of three patients who were initially treated with pomalidomide, a related IMiD immunomodulatory compound, between 2001 and 2005. Following disease progression on pomalidomide, lenalidomide at a dose varying between 10 and 25 mg a day was initiated. Two of 3 patients currently remain on lenalidomide and are in a complete remission (non-stringent criteria). With the notable exception of mild myelosuppression (grade 2 neutropenia), which did not require medical intervention, all three patients have been on lenalidomide as a monotherapy continuously since 2005. None received prophylactic anticoagulation therapy. Response to lenalidomide in these 3 patients appears to be independent to prior exposure to pomalidomide or thalidomide. Clinical and biochemical details of our patients will be presented.

A618
Non-Frozen Autologous Peripheral Blood Stem Cells Transplantation in Multiple Myeloma
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The goal of the study was to assess hematologic recovery