Submitted by:
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Dear NCCN Multiple Myeloma Guidelines Panel Members,

In follow-up to a request submitted by Celgene Corporation, we respectfully request the NCCN Guidelines Panel for Multiple Myeloma review two recently published studies for Pomalyst® (pomalidomide) in patients with relapsed multiple myeloma who were refractory to their last myeloma therapy and had received lenalidomide and bortezomib.

Specific Changes : Update page MS-31 of the discussion section to reference and include additional results from the published Phase III, randomized, open-label MM-003 study (San Miguel et al. 2013) published in Lancet Oncology and the pivotal, randomized, open-label Phase II MM-002 study (Richardson et al. 2014) published in Blood.

FDA Clearance: POMALYST is indicated for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib and have demonstrated disease progression on or within 60 days of completion of the last therapy. Approval is based on response rate. Clinical benefit, such as improvement in survival or symptoms, has not been verified.

Rationale: The enclosed publications for the Phase II and III studies of pomalidomide in patients with relapsed, refractory MM represent the final analyses and include both the primary endpoint of progression free survival (PFS) as well as the secondary endpoint analyses of overall survival (OS), as described below.

- In the randomized, open-label, Phase III (MM-003) study of pomalidomide plus low-dose dexamethasone (Pom+LoDex; n=302) vs. high-dose dexamethasone (HiDex; n=153), the median PFS was significantly longer with POM+LoDex vs. HiDex regardless of prior treatment subgroup. At a median follow up of 10 months for the intention to treat (ITT) population, the median PFS was 4.0 months for POM+LoDex vs. 1.9 months for HiDex, representing a 52% decreased risk of progression relative to HiDEX (hazard ratio [HR]=.48; P<.0001). The median OS for the ITT population was significantly longer in the POM+LoDex group compared to the HiDex group (12.7 months vs. 8.1 months; HR=.74; P=.0285).

- In the open-label, randomized Phase II (MM-002) study which compared pomalidomide plus low-dose dexamethasone (Pom+LoDex; n=113) vs. pomalidomide alone (Pom alone; n=108), the median PFS was 4.2 and 2.7 months, respectively (HR =0.68, P =.003) including overall response rates (ORRs) of 33% and 18% (P = .013) with median response duration of 8.3 and 10.7 months; median OS was 16.5 and 13.6 months, respectively. Refractoriness to lenalidomide, or resistance to both lenalidomide and bortezomib, did not affect outcomes with POM+ LoDex or POM alone.

The publications by Richardson et al and San Miguel et al have been enclosed for your convenience.

References

1. Pomalyst (pomalidomide) Prescribing Information. Summit, NJ: Celgene Corporation. http://www.pomalyst.com/
2. Richardson PG, Siegel DS, Vij R, et al. Pomalidomide alone or in combination with low-dose dexamethasone in relapsed and refractory multiple myeloma: A randomized Phase 2 study [published online ahead of print, January 13, 2014]. Blood 2014; 123(12):1826-32. http://www.pubmed.gov/24421329
3. San Miguel J, Weisel K, Moreau P, et al. Pomalidomide plus low-dose dexamethasone versus high-dose dexamethasone alone for patients with relapsed and refractory multiple myeloma (MM-003): A randomised, open-label, Phase 3 trial. Lancet Oncology 2013; 14(11): 1055-66. http://www.pubmed.gov/24007748

Your consideration is greatly appreciated.

Sincerely,

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