OBJECTIVE
To evaluate the survival of 33,397 patients with MM at various stages of treatment in France. This was achieved by describing the OS of patients with MM from:

- Start of therapy for patients enrolled in a clinical trial or a registry (TCE)
- Start of subsequent treatments
- Start of subsequent treatment after TCE (TCE and LOT5+)

METHODS
Study Design and Setting
This was a retrospective observational study using data when available in the SNDS database covering patients of reimbursed claims for patients affiliated with one of the French health care insurers, encompassing inpatient, outpatient, and medical device and drug treatment and death of patients enrolled in the time between 1 January 2013 and 31 December 2019 (index date).

Study Population (Patients)
The analysis included patients (aged ≥18 years) who had ≥2 records of an MM diagnosis (ICD-10 C90) recorded between 01-JAN-2013 and 31-DEC-2019.

Patient Population
Of the 33,397 patients with a diagnosis of MM identified in the SNDS database, a final sample of 14,490 patients who were diagnosed with MM between 2013 and 2017 were included in the analysis.

Patient Demographics and Clinical Characteristics
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total patients (N=14,490)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at index date, median (yrs)</td>
<td>71</td>
</tr>
</tbody>
</table>

RESULTS
Patient Population
Of the 14,490 patients, 5,353 patients had 2 records of an MM diagnosis after 01-JUL-2019. The analysis included patients (aged ≥18 years) who had ≥2 records of an MM diagnosis (ICD-10 C90) recorded between 01-JAN-2013 and 31-DEC-2019.

Patient Demographics and Clinical Characteristics
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<tr>
<td>Age at index date, median (yrs)</td>
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</tr>
<tr>
<td>Sex, n (%)</td>
<td>Male 5,353 (37)</td>
</tr>
<tr>
<td>Start of LOT4 before:</td>
<td>01-JUL-2019</td>
</tr>
<tr>
<td>Start of TCE before:</td>
<td>01-JAN-2015</td>
</tr>
<tr>
<td>Last treatment before:</td>
<td>01-JUL-2019</td>
</tr>
<tr>
<td>Patients diagnoses before:</td>
<td>01-JAN-2015, 01-JAN-2017, 01-JAN-2018, 01-JAN-2019</td>
</tr>
<tr>
<td>Median age at index date, n (%):</td>
<td>51%</td>
</tr>
<tr>
<td>20-39: 1,622 (11)</td>
<td></td>
</tr>
<tr>
<td>40-54: 2,821 (20)</td>
<td></td>
</tr>
<tr>
<td>55-69: 4,111 (29)</td>
<td></td>
</tr>
<tr>
<td>70-84: 2,961 (21)</td>
<td></td>
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<tr>
<td>≥85: 2,835 (20)</td>
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</tbody>
</table>

Death Rates and OS From Time of Diagnosis
Death rates gradually increased from time of diagnosis from 1% at 1 month to 24% at 24 months (Figure 6).

OS From the Start of TCE
TCE patients with at least 4 LOTs and without any subsequent treatment or treatment received before the 1st of July 2019 (at least 6 months of potential follow-up).

OS From the Start of TCE and LOT4+
TCE patients with or without any subsequent treatment with or without any subsequent treatment received before the 1st of July 2019 (at least 4 months of potential follow-up).

OS From TCE and LOT5+
TCE patients with or without any subsequent treatment had better survival outcomes with a median overall survival of 9.4 mos compared to TCE patients with any subsequent treatment of 6 mos.

OS From TCE and LOT5+ patients with or without any subsequent treatment and/or treatment received before the 1st of July 2019 (at least 6 months of potential follow-up).

Survival Outcomes of Patients With Multiple Myeloma in France: A Cohort Study Using the French National Healthcare Database (SNDS)
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REFERENCES

CONCLUSIONS
- Patients with MM experience worsening survival outcomes with increasing time from diagnosis and with subsequent line of therapies (LOT).
- Median OS was better among TCE patients with subsequent treatment (6 mos) compared to TCE patients with LOT4+ (4 mos). TCE patients with LOT4+ had a lower 6-month death rate of 35% (n=200) compared to TCE patients without any subsequent treatment of 44% (n=677).
- Increased age, presence of comorbidities, and non-LOT ciclosporin, shorter time between TCE and subsequent treatment were associated with worse survival outcomes and may be associated with more aggressive disease.

Overall, this study provides evidence of unmet needs in the management of patients with MM in France, which may be addressed by updating real-world practices with regimes shown to improve patients’ overall survival in clinical trials.

Despite therapeutic advances an unmet need for improved access to treatment with unique mechanisms of action remains, especially in these TCE patients.