Rate of complete response on weekly Bortezomib–Cyclophosphamide–Dexamethasone in newly diagnosed multiple myeloma: a 12-week: A Real-World Evidence

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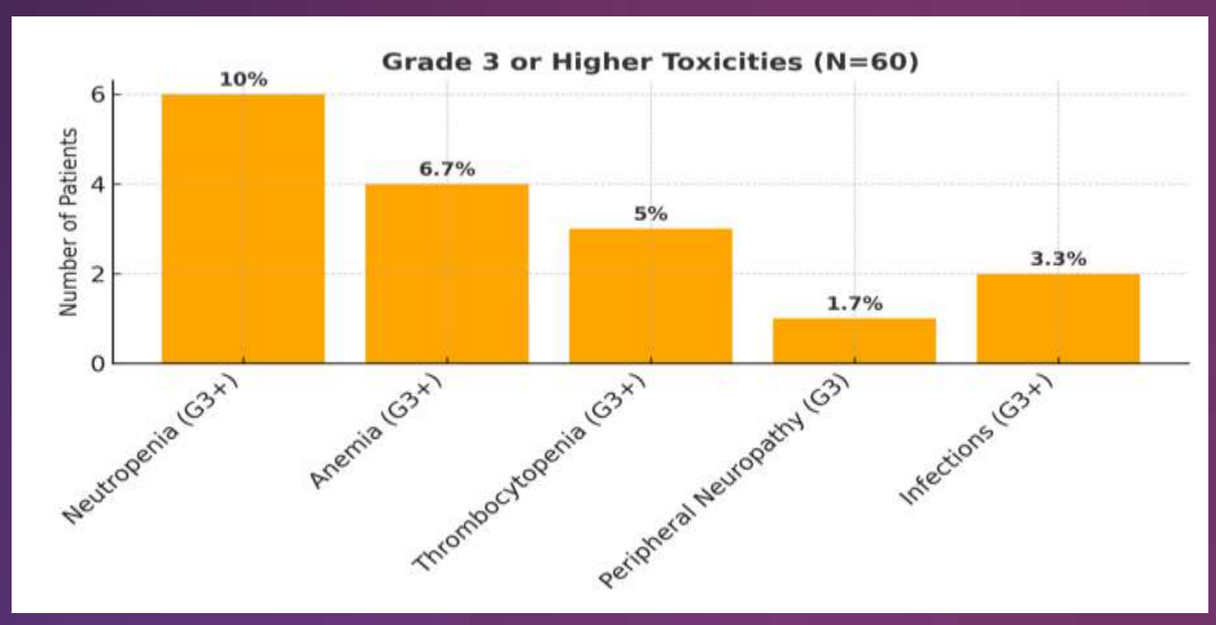
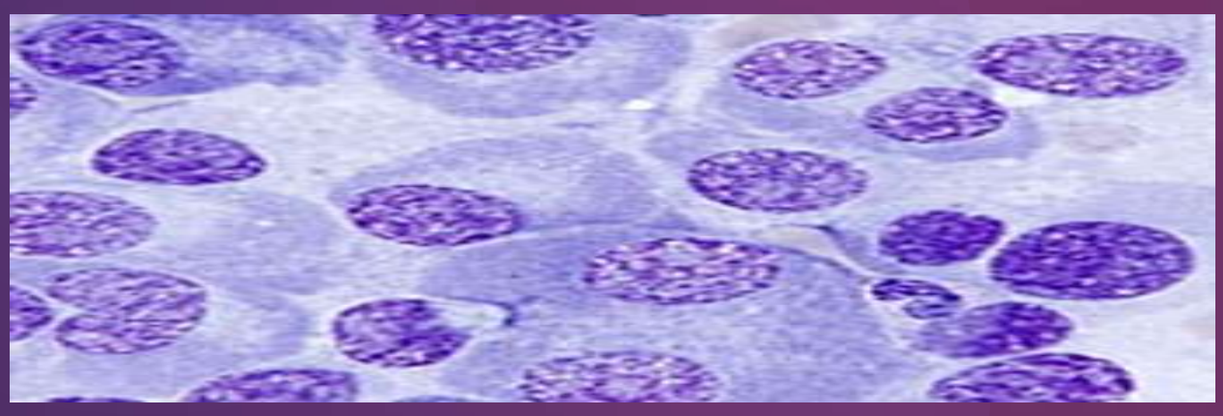
The objective of this study is to assess the percentage of patients achieving complete CR after 12 cycles of weekly BCD therapy in newly diagnosed cases of multiple myeloma.

Methods: Sixty newly diagnosed symptomatic MM patients received weekly VCD for three 28-day cycles. Bortezomib 1.3 mg/m² was administered subcutaneously on days 1, 8, and 15, cyclophosphamide 300 mg/m² orally on days 1, 8 , and 15, and dexamethasone 20 mg on days 1, 8, and 15. Responses were assessed at week 12 using International Myeloma Working Group (IMWG) criteria. Adverse events (AEs) were graded using CTCAE v5.0. The primary endpoint was the complete response (CR) rate. Secondary endpoints included overall response rate (ORR), very good partial response (VGPR) rate, and grade ≥3 toxicities.





Results: **The cohort (median age 60 years) comprised 33 men and 27 women. After 12 weeks, the ORR was 88.3 %. CR occurred in 10 patients (16.7 %), VGPR in 18 (30 %), partial response (PR) in 25 (41.7 %), minimal response (MR) in 3 (5 %), stable disease (SD) in 3 (5 %) and progressive disease (PD) in 1 (1.7 %). Grade ≥3 toxicities included neutropenia (10 %), anemia (6.7 %), thrombocytopenia (5 %), infections (3.3 %), and grade 3 peripheral neuropathy (1.7 %). There were no treatment-related deaths.**

Table 2. Response by the ISS stage at 12 weeks

Response	ISS I (n=20)	ISS II (n=18)	ISS III (n=22)	Overall (n=60)
CR	4 (20 %)	3 (16.7 %)	3 (13.6 %)	10 (16.7 %)
VGPR	7 (35 %)	5 (27.8 %)	6 (27.3 %)	18 (30 %)
PR	7 (35 %)	7 (38.9 %)	11 (50 %)	25 (41.7 %)
MR	1 (5 %)	2 (11.1 %)	0	3 (5 %)
SD	1 (5 %)	1 (5.6 %)	1 (4.5 %)	3 (5 %)
PD	0	0	1 (4.5 %)	1 (1.7 %)

Conclusions: Weekly VCD achieved a high ORR and acceptable safety at 12 weeks in this real-world cohort. The CR rate compares favorably with published data for weekly VCD in elderly patients. Weekly dosing may reduce treatment burden and toxicity, making it suitable for resource-limited settings. A longer follow-up will determine the durability of the response and survival.

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