Not for publication or presentation

MINUTES AND OVERVIEW PLAN
CIBMTR WORKING COMMITTEE FOR PLASMA CELL DISORDERS
Salt Lake City, UT
Monday, April 25, 2022, 12:15 pm – 1:45 PM MDT

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1. Introduction

The Plasma Cell Disorders Working Committee (PCDWC) met on Monday, April 25, 2022, at 12:15 p.m. The chairs, scientific director and statisticians were all present at the meeting. Attendees were asked to have their name badges scanned at the front gate for attendance purpose and expressed that those members attending the meeting virtually will be part the committee membership roster.
As scientific director of the PCDWC, Dr. Anita D'Souza welcomed the attendees on behalf of the working committee leadership and started the welcome presentation by introducing each member of the working committee leadership, then explained how to gain and maintain membership, the goals, and expectations of the working committee. Dr. D'Souza acknowledged Dr. Shaji Kumar, for all his effort during the past years as Co-Chair and introduced Dr. Heather Landau as the newly appointed Chair for the Working Committee starting May 1, 2022.

Dr. D'Souza introduced the committee goal and expectations to the audience, then emphasized the scoring process and scoring guide. She then discussed the rules of authorship and the publicly available dataset for secondary analysis in the CIBMTR webpage. Resources for additional information in the CIBMTR website was provided. Dr. D'Souza encouraged the attendance to the Collaborative Study Proposal Session, where a proposal submitted to the Working Committee was selected for presentation. Presentations, publications and submitted papers in 2021 were reviewed, and update on the status of ongoing studies and their goals for July 2022 was shared. Dr. D'Souza continued with the productivity and engagement of the committee in the previous year. Then discussed important details about how the committee works, CIBMTR study development cycle and explained the different sources of CIBMTR data collection. The voting process was

reiterated and it was emphasized that each proposal will be given 5 minutes for presentation and 7-10 minutes for discussion.

2. Accrual summary

The accrual summary was referenced for review but not formally presented due to full agenda. The link to the full accrual summary was available online as part of the attachments. The accrual summary provides information about the number of patients available in the registration level and research level for potential studies. As of December 2022, 106,799 plasma cell disorder cases were reported at the TED level only and 16,114 cases at the research level to the CIBMTR for first autologous transplant. For first allogeneic transplants, these numbers are 5,164 cases and 2,119 cases respectively.

3. Presentations, Published or Submitted Papers

The published or submitted papers as well as abstracts that have been presented at various conferences in 2021 are shown below demonstrating that it was a very productive year for our committee. These include:

a. **MM19-01:** Sidana S, Kumar S, Fraser R, Estrada-Merly N, Giralt S, Agrawal V, Anderson LD Jr, Aljurf M, Banerjee R, Bashey A, Battiwalla M, Beitinjaneh A, Chakraborty R, Chhabra S, Dhakal B, Dholaria B, Hashmi S, Janakiram M, Lee C, Lekakis L, Murthy HS, Parrondo R, Wangjam T, Usmani S, Shah N, Qazilbash M, D'Souza A. Impact of induction therapy with VRD versus VCD on outcomes in patients with multiple myeloma in partial response or better undergoing upfront autologous stem cell transplantation. **Transplantation and Cellular Therapy. 2022 Feb 3; 8(2):e1-83.e9. doi:10.1016/j.jtct.2021.10.022. Epub 2021 Nov 12. PMC8900987.** ***Poster presentation, ASH 2020.***

b. **MM19-02:** Pasvolsky O, Yeshurun M, Fraser R, Estrada-Merly N, Rozovski U, Shargian-Alon L, Assal A, Banerjee R, Bumma N, Gale RP, Hagen P, Holmberg L, Hossain NM, Lazarus HM, Lee C, Mian H, Miller KC, Nathan S, Nagler A, Nishihori T, Parrondo RD, Patel S, Schroeder MA, Usmani SZ, Wang T, Wirk B, Kumar S, Shah N, Qazilbash MH, D'Souza A. Maintenance therapy after second autologous hematopoietic cell transplantation for multiple myeloma. A CIBMTR analysis. **Bone Marrow Transplantation. 2022 Jan 1; 57(1):31-37. doi:10.1038/s41409-021-01455-y. Epub 2021 Oct 4. PMC8764606.** ***Poster presentation, ASCO 2021.***

c. **MM19-03:** Tan CR, Estrada-Merly N, Landau H, Lekakis L, Banerjee R, Mian H, Usmani SZ, Hanbali A, Lazarus HM, Kyle RA, Dholaria B, Bal S, Strouse C, Murthy HS, Wirk B, Nishihori T, Kumar S, Shah N, Qazilbash M, D'Souza A. A second autologous hematopoietic cell transplantation is a safe and effective salvage therapy in select relapsed or refractory AL amyloidosis patients. **Bone Marrow Transplantation. 2022 Feb 1; 57(2):295-298. doi:10.1038/s41409-021-01527-z.** ***Epub 2021 Nov 20. PMC8825695.***

d. **MM20-01:** Kansagra A, Dispenzieri A, Fraser Raphael, Estrada-Merly N, Sidana S, Nishihori T, Hansen D, Anderson LD, Banerjee R, Bumma N, Dhakal B, Khouri J, Landau H, Lee cindyH, Mian H, Nathan S, Savani B, Kumar S, Qazilbash M, Shah N, D'Souza A. Outcomes after Autologous stem cell transplant outcome for patients with POEMS syndrome and comparison with multiple myeloma. **Blood Adv 2022; bloodadvances.2022007218. doi: https://doi.org/10.1182/bloodadvances.2022007218.** ***Oral presentation, ASH 2021.***

e. **MM20-02A:** Impact of Second Primary Malignancy Post-Autologous Hematopoietic Stem Cell Transplantation on Outcomes of Multiple Myeloma: A CIBMTR Analysis. (B Ragon et al.) ***Poster presentation at ASCO 2022.***

f. **MM20-03:** Impact of bortezomib-based vs. lenalidomide maintenance therapy on outcomes of patients with high-risk multiple myeloma. (N Bumma et al.) ***Oral presentation, Tandem Meetings 2022.***

g. **MM21-01:** Differences in treatments and outcomes of Myeloma worldwide. (L Garderet et al.). ***Oral presentation, EBMT 2022.***

4. Studies in Progress

Dr. D'Souza presented the summary of studies in progress.

a. **MM20-01:** Outcomes after Autologous stem cell transplant outcome for patients with POEMS syndrome (Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal protein, Skin changes). (A Kansagra/ A Dispenzieri) ***In Press.***

b. **MM20-02A:** Impact of Second Primary Malignancy Post-Autologous Hematopoietic Stem Cell Transplantation on Outcomes of Multiple Myeloma: A CIBMTR Analysis. (B Ragon/M Shah/S Usmani) ***Manuscript Preparation.***

c. **MM20-02B:** Risk factors for and characteristics of second primary malignancies following autologous hematopoietic cell transplant for multiple myeloma. (B Ragon/M Shah/S Usmani) ***Deferred until longer follow-up of patients is available.***

d. **MM20-03:** Impact of bortezomib-based vs. lenalidomide maintenance therapy on outcomes of patients with high-risk multiple myeloma. (N Bumma/S Sidana/B Dhakal) ***Manuscript Submitted.***

e. **MM21-01:** Differences in outcome on Myeloma treatment worldwide. (L Garderet) ***Analysis.***

5. Future/Proposed Studies

Dr. D'Souza thanked the investigators whose proposals were submitted but not selected for presentation. This year, we had record of 50 proposals received, 5 of which were invited to present at the meeting. Dr. D'Souza emphasized that the majority were dropped due to overlaps with current studies and data availability issues. Also reiterated the voting process. Dr. D'Souza introduced the presenter for the first proposal.

a. **PROP 2109-27:** Outcomes of autologous hematopoietic cell transplantation for Light Chain Deposition Disease. (H Hashmi/ B Dhakal)

Dr. Hashmi presented the proposal on behalf of the group. This study hypothesizes that Hematopoietic cell transplantation (HCT) results in long-term disease control for Light Chain Deposition Disease (LCDD). The primary objective of this proposal is to determine overall survival (OS) after autologous HCT for LCDD and secondary objective to determine disease response [hematological, clinical], progression-free survival (PFS), transplant-related mortality (TRM), cumulative incidence of relapse after HCT for LCDD. There are 260 patients who underwent first Auto-HCT for multiple myeloma from 2000-2019. But only 74 have CRF level data. Dr. Hashmi referenced the scoring criteria and emphasized that this proposal fulfils all the requirements for selection.

Then the floor was opened for questions/comments. An audience member asked about the possibility of benchmarking the study cohort with CIBMTR patients transplanted for primary amyloidosis or MM to compare outcomes and see if there is a difference. A question was asked about the availability of data for renal function after transplant to determine how long it will be before patients need dialysis and stem

cell dose and mucositis. a question asking whether the study cohort included only those with renal biopsy showing light chain deposition disease or cases with MGRS. There were suggestions on the possibility of selecting a subset of patients and reaching out to reporting centers to obtain LCD/MGRS information. A question was raised on which response criteria will be used for these patients. Leadership suggested the MM response criteria. Another question asked about patients with MM + LCDD/MIDD and Dr. Hashmi responded that patients with bone lesions will be excluded and Dr. D'Souza mentioned that this data may not be uniformly available in CIBMTR data.

b. **PROP 2110-18:** Utility of urine testing in post-ASCT response assessments in multiple myeloma. (R Banerjee/N Shah)

Dr. Nina Shah introduced Dr. Banerjee presented the proposal on behalf of the group. This study hypothesizes that a modified set of CIBMTR response criteria that omits all urine testing for each grade of pre-ASCT and post-ASCT response assessments (urine-free CIBMTR) will perform similarly to traditional CIBMTR response criteria among patients with multiple myeloma. Specifically, Harrell's concordance indices for urine-free CIBMTR and traditional CIBMTR response criteria regarding progression-free survival (PFS) will fall no greater than 0.1 points of each other. Additionally, this study hypothesizes that fewer than 5% of patients will have divergent response assessments using urine-free CIBMTR versus traditional CIBMTR response criteria. The primary objective of this proposal is to determine Harrell's concordance indices for PFS using current CIBMTR response criteria as well as urine-free CIBMTR response criteria (measured both pre-ASCT and post-ASCT). The secondary objectives are to assess the real-world rates of omission of 24-hour urine testing from CIBMTR response criteria, and concordance between urine-free and traditional CIBMTR response criteria. There are 6935 patients who underwent HCT for multiple myeloma in the US from 2008-2019 with CRF level data. But only 2748 have known urine testing results. Dr. Banerjee discussed the strengths and limitations of the study, then welcomed questions and comments from the audience. A member of the audience asked about the method that will be used to assess and adjust for confounding, as it is one of the potential limitations of this proposal. Suggestions were made by the audience to utilize the CRF data to address some of these confounding factors such as geographic location (urban vs rural). A question was asked about availability of pre-transplant data on urine testing and Dr. D'Souza explained that there is a high number of missing data for pre-transplant urine testing. A question was asked via chat on availability of 24-hour IFE data in CIBMTR forms. Another question was asked on the inclusion of patients who are monitored by Bence-Jones protein. Concerns about the effect of missing data on key analysis were raised by the audience.

c. **PROP 2110-238:** Consolidation or Maintenance therapy in AL Amyloidosis Following Autologous Stem Cell Transplantation. (S Cingam/ S Sidana)

Dr. Nina Shah introduced Dr. Cingam presented the proposal on behalf of the group. This study hypothesizes that patients with AL amyloidosis who receive consolidation/ maintenance therapy after autologous stem cell transplant have longer PFS. The primary objective of the study is to evaluate the outcomes in patients with AL amyloidosis receiving maintenance/consolidation therapy compared to patients which did not receive any therapy after an autologous stem cell transplant (Auto-SCT). A sub-group analysis will be performed, stratifying by day 90 post-transplant response (i) at least VGPR without evidence of organ related disease progression, (ii)less than VGPR (or) with organ related disease progression. There are 516 US adult patients who underwent Auto-HCT for Amyloidosis from 2015-2019 and have CRF level data. From those 160 cases received post-HCT therapy.

The proposal was opened for questions from the audience. A member of the audience suggested using the term 'post-transplant therapy' instead of consolidation/maintenance therapy given that the CIBMTR

data may not provide sufficient data to reliably differentiate these. Another suggestion was made to limit data to 2015-2018 as only few patients were included in 2019. A question was asked about inclusion of patients with concurrent MM and Amyloidosis. Responding to a question about how response is assessed, Dr. D'Souza mentioned that the CIBMTR captures the best response for patient. A suggestion was made that the plasma cell percentage should be taken into consideration in the analysis. A question was asked about data availability on duration of maintenance therapy and time to next therapy. Leadership mentioned that CIBMTR captures data on maintenance therapy but data on time to next therapy may not be available due to inconsistent reporting after relapse.

d. **PROP2109-29/PROP2110-65** Combined proposal: Trends in utilization of a delayed autologous transplant approach (ASCT) in Newly Diagnosed Multiple Myeloma (NDMM). (M Mohan/ H Hashmi/ S Usmani)

Submitted proposals:

PROP 2109-29: Outcomes of early versus delayed autologous hematopoietic cell transplantation for patients with multiple myeloma.

PROP 2110-65: Delayed upfront autologous stem cell transplant (ASCT) in MM is emerging as an acceptable treatment option particularly with the use of highly effective drugs inducing deeper and durable remission.

Dr. Hashmi presented the proposal on behalf of the group. This study hypothesizes that autologous hematopoietic cell transplantation (AHCT) within 12 months of diagnosis of multiple myeloma (early) leads to deeper durable remission. The specific aims of this proposal are to estimate the trends in utilization of a delayed ASCT approach in NDMM. Delayed ASCT will be defined as patients who have upfront stem cell collection but underwent first ASCT in NDMM ≥ 1 years from diagnosis. They will analyze the clinical parameters in this group of patients; compare clinical characteristics and outcomes of the group that received delayed ASCT. There are 6532 patients who underwent first Auto-HCT for multiple myeloma from 2008-2019 who met the selection criteria. Out of these, 5055 had upfront HCT and 1477 had delayed HCT.

The proposal was opened for questions from the audience, a member of the audience asked about availability of data to determine reasons for delayed transplant. Dr. Hashmi responded that data on lines of therapy and response assessment prior to transplant, might be used as surrogates. A suggestion was made to include time to second progression in the analysis. A question submitted via chat asked how data collected over the last 2 decades can inform the knowledge gap in the modern era. Dr. Hashmi mentioned the possibility of grouping the data by year of transplant. Another member of the audience emphasized the importance of restricting to recent data as therapy options have evolved over time. A question was asked about availability of data on duration between cell collection and transplant. There were concerns about effect of confounding factors on the analysis.

In response to questions submitted via chat, Dr. D'Souza mentioned that the analysis will compare standard to high-risk cytogenetics patients.

e. **PROP2109-28/PROP2109-30** Combined proposal: Outcomes of autologous hematopoietic cell transplantation for Multiple Myeloma with plasmacytoma(s) (H Hashmi/B Dhakal/ S Usmani)

Submitted proposals:

PROP 2109-28 : Outcomes of autologous hematopoietic cell transplantation for Multiple Myeloma with plasmacytoma(s).

PROP 2109-30: Outcomes of autologous hematopoietic cell transplantation for Macrofocal Multiple Myeloma.

Dr. Hashmi presented the proposal on behalf of the group. This study hypothesizes that autologous hematopoietic cell transplantation (AHCT) results in long-term disease control for patients with multiple myeloma with current or prior plasmacytoma(s). The specific aims of this proposal are to determine overall survival (OS) after AHCT for multiple myeloma with prior or current plasmacytoma(s) and compare this outcome with patients with multiple myeloma without prior or current plasmacytomas; and to determine disease response (hematological, radiological). There are 277 patients who received auto-HCT for multiple myeloma with current or previous plasmacytomas from 2000 - 2019 and have CRF level data.

The proposal was opened for questions from the audience, questions were raised about the availability of data on extramedullary disease, and pretransplant radiation therapy especially as it relates to transformation from plasmacytoma to multiple myeloma. A member of the audience requested clarification on the criteria used to define the diagnosis of plasmacytoma. A question was asked about how differences in diagnostic imaging will be addressed given the advancement of imaging modalities in the modern era. A concern was raised regarding misdiagnosis of patients.

Drs. Hashmi and D'Souza addressed chat questions on availability of cytogenetic data, bone marrow involvement, and evaluation of response. A member of the audience expressed concerns about the use of data backing up to 20 years and suggested limiting the analysis to more recent data.

Forty-two additional proposals were submitted but not presented as listed below:

a. **PROP 2012-02**: Clinical Outcome and Impact of immunoglobulin light chain subtype (k vs λ) in Multiple Myeloma patients who undergo first auto SCT. ***Dropped for low scientific impact among proposals.***

b. **PROP2105-03**: Real world patient characteristics and outcomes in relapsed/refractory multiple myeloma with idecantagene vicleucel ***Dropped for small sample size.***

c. **PROP 2109-13**: Comparing infection risk and L/M (lymphosite/ monosite) ratio in Multiple Myeloma (MM) Patients, who had Bortezomib based induction therapy with non-bortezomib based induction chemotherapy in autologous stem cell transplantation (ASCT). ***Dropped-supplemental data needed.***

d. **PROP 2110-03**: Does autologous stem cell transplant improve hematological and/or organ responses in patients with newly diagnosed AL amyloidosis who achieve less than very good partial remission induction chemotherapy. ***Dropped due to overlap with recent publication.***

e. **PROP 2110-53**: Identifying prognostic factors at first relapse in myeloma after autologous stem cell transplant ***Dropped due to overlap with recent publication.***

f. **PROP 2110-58**: Impact of clinical trial participation on outcomes of patients undergoing autologous peripheral blood stem cell transplantation for multiple myeloma. ***Dropped for sample size concerns.***

g. **PROP 2110-61**: Using an ensemble stack of machine learning algorithms to predict morbidity and mortality following autologous hematopoietic cell transplant (HCT) in patients diagnosed with systemic light chain amyloidosis (AL). ***Dropped for low scientific impact among proposals.***

h. **PROP 2110-71**: Timing of second (tandem) autologous hematopoietic stem cell transplantation for newly diagnosed multiple myeloma patients (MM) – a CIBMTR analysis. ***Dropped for small sample size.***

i. **PROP 2110-75**: "Comparative effectiveness of KRD versus VRD induction therapy in patients with newly diagnosed multiple myeloma undergoing upfront autologous hematopoietic cell Transplantation. ***Dropped for small sample size.***

j. **PROP 2110-86**: Impact of the use of plerixafor in relapse free survival on Multiple Myeloma patients subjected to autologous stem cell transplantation first line therapy. ***Dropped due to overlap with current study.***

k. **PROP 2110-87**: Anti-BCMA directed Chimeric Antigen Receptor (CAR) T-Cell Therapy for Relapsed/Refractory Multiple Myeloma: Real World Experience from the Center for International Blood and Marrow Transplant Research (CIBMTR) and Cellular Therapy (CT) Registry and comparison with clinical trial. ***Dropped-supplemental data needed****.*

l. **PROP 2110-100**: Impact of Induction with Daratumumab-VRD vs. VRD on the Outcome of Patients with Multiple Myeloma After an Autologous Hematopoietic Stem Cell Transplantation. ***Dropped for small sample size.***

m. **PROP 2110-101**: New Cancers after Autologous Hematopoietic Cell Transplantation for Systemic Light-Chain Amyloidosis. ***Dropped for small sample size.***

n. **PROP 2110-102**: Impact of autologous hematopoietic cell transplantation on the outcomes of Waldenstrom Macroglobulinemia and Lymphoplasmacytic Lymphoma. ***Dropped overlap with recent study.***

o. **PROP 2110-106**: Effects of Chromosome 1 Abnormalities (1q21 gain, 1q21 amplification and deletion 1p) on Clinical Outcomes in Patients Undergoing Upfront Autologous Stem Cell Transplantation in Multiple Myeloma. ***Dropped overlap with current study.***

p. **PROP 2110-112**: Determinants of outcomes after chimeric antigen receptor T cells for multiple myeloma. ***Dropped for small sample size.***

q. **PROP 2110-119**: Real-world evidence of safety and efficacy of idecabtagene vicleucel in patients with multiple myeloma. ***Dropped for small sample size.***

r. **PROP 2110-143**: Myeloma tumor burden and outcomes after treatment with anti-B cell maturation antigen (BCMA) chimeric antigen receptor (CAR) T-cell therapy. ***Dropped for small sample size.***
s. **PROP 2110-146**: Real World Experience of Abecma, Chimeric Antigen Receptor (CAR) T-Cells Targeting BCMA in Patients with Multiple Myeloma. ***Dropped for small sample size.***

t. **PROP 2110-03**: Real world outcomes with idecabtagene vicleucel in multiple myeloma. ***Dropped for small sample size.***

u. **PROP 2110-157**: Real world outcomes with idecabtagene vicleucel in multiple myeloma. ***Dropped for small sample size.***

v. **PROP 2110-160**: Survival in Multiple Myeloma Patients Undergoing Autologous SCT over the Years: A Time Trend Analysis. ***Dropped overlap with recent study.***

w. **PROP 2110-162**: Impact of prior B Cell Maturation Antigen (BCMA) directed therapy on outcomes of myeloma patients receiving BCMA Chimeric Antigen Receptor (CAR) T cell therapy in the standard of care setting. ***Dropped for small sample size.***

x. **PROP 2110-184**: Assessing impact of concomitant cytogenetic abnormalities on outcome of multiple myeloma patient with 1q gain who undergo autologous hematopoietic stem cell transplantation. ***Dropped due to overlap with current study.***

y. **PROP 2110-185**: Role of Tandem Autologous Stem Cell Transplantation in High-Risk Multiple Myeloma. ***Dropped for small sample size.***

z. **PROP 2110-200**: Autologous hematopoietic cell transplant (AHCT) for the treatment of patients with Waldenstrom's Macroglobulinemia (WM)/Lymphoplasmacytic Lymphoma (LPL): A Center for International Blood and Marrow Transplant Research Analysis. ***Dropped overlap with recent study.***

aa. **PROP 2110-205**: Assessing outcomes of patients with Monoclonal gammopathy with renal significance after autologous stem cell transplant. ***Dropped for small sample size.***

bb. **PROP 2110-230**: Assessment of Feasibility, Safety, and Efficacy of anti-BCMA CAR T-cell Therapy in the Real-World Setting for Patients with Relapsed or Refractory Multiple Myeloma. ***Dropped for small sample size.***

cc. **PROP 2110-234**: Anti-BCMA Chimeric Antigen Receptor (CAR) T-Cell Therapy for Relapsed/Refractory Multiple Myeloma after Allogeneic Hematopoietic Stem Cell transplantation: Real-World Data from the Center for International Blood and Marrow Transplant Research (CIBMTR). ***Dropped for small sample size.***

dd. **PROP 2110-253**: Patient specific factors associated with incidence of salvage autologous stem cell transplant for relapsed multiple myeloma. ***Dropped due to overlap with recent publication****.*

ee. **PROP 2110-262**: Impact of Daratumumab in the treatment of High-Risk Multiple Myeloma. ***Dropped for small sample size.***

ff. **PROP 2110-267**: Outcomes of patients with Light Chain Amyloidosis treated with Autologous Stem Cell Transplantation, with focus on the impact of depth of response to induction therapy prior to transplant and potential role of post-transplant interventions.

gg. **PROP 2110-273**: Assessing impact of high-risk cytogenetic abnormalities on outcomes of multiple myeloma patients and risk for developing secondary MDS/AML following autologous hematopoietic stem cell transplant. ***Dropped due to overlap with current study****.*

hh. **PROP 2110-289**: Outcomes with KRd vs VRd induction in patients with high-risk multiple myeloma undergoing early autologous stem cell transplant. ***Dropped for small sample size.***

ii. **PROP2110-306**: Impact of daratumumab based therapy on outcome of autologous stem cell transplant for systemic AL amyloidosis. ***Dropped for small sample size.***

jj. **PROP 2110-311**: Outcomes of commercial versus noncommercial CAR T therapy in relapsed multiple myeloma. ***Dropped for small sample size.***

kk. **PROP 2110-313**: Outcomes of dual high risk cytogenetic multiple myeloma after autologous stem cell transplant – A CIBMTR analysis. ***Dropped due to overlap with current study****.*

ll. **PROP2110-325**: Autologous transplant outcomes with high-risk cytogenetics in the systemic light-chain (AL) amyloidosis. ***Dropped for small sample size.***

mm. **PROP 2110-332**: Real world Experience of Induction Therapy with KRd or VRd in Patients with Multiple Myeloma Undergoing Early Autologous Stem Cell Transplant. ***Dropped for small sample size.***

nn. **PROP 2110-337**: Bridging and Maintenance Therapy as a Predictor of Post CAR-T Outcomes for multiple myeloma. ***Dropped-supplemental data needed.***

oo. **PROP2110-341**: Real world outcomes in multiple myeloma after autologous transplant failure: impact of cellular therapies and novel drugs in the modern era. ***Dropped-supplemental data needed****.*

pp. **PROP 2110-342**: Impact of Induction with carfilzomib, lenalidomide and dexamethasone vs. bortezomib, lenalidomide and dexamethasone on the Outcome of Patients with Multiple Myeloma with high-risk multiple myeloma after an Autologous Hematopoietic Stem Cell Transplantation. ***Dropped for small sample size.***

The meeting was adjourned on time at 1:45 p.m. The Chairs and Scientific director stayed behind for extra time to meet and interact one on one with committee members.

6. Other Business

The chairs of the working committee, scientific director and statisticians had a post-WC meeting afterwards to discuss proposals. After the new proposals were presented, each attendee had the opportunity to vote the proposals using the provided voting sheets. Based on the voting results, current scientific merit, and impact of the studies on the field, the following study was decided to move forward as the committee's research portfolio for the upcoming year:

a. **PROP 2109-27:** Outcomes of autologous hematopoietic cell transplantation for Light Chain Deposition Disease. (H Hashmi/ B Dhakal)

Not for publication or presentation

Working Committee Overview Plan for 2022-2023		
Study Number and Title	**Current Status**	**Chairs Priority**
MM20-02a: Impact of Second Primary Malignancy Post-Autologous Hematopoietic Stem Cell Transplantation on Outcomes of Multiple Myeloma: A CIBMTR Analysis	Manuscript Preparation	2
MM20-02b: Risk factors for and characteristics of secondary primary malignancies following autologous hematopoietic cell transplant for multiple myeloma	Deferred	2
MM20-03: Impact of bortezomib-based versus lenalidomide maintenance therapy on outcomes of patients with high-risk multiple myeloma	Submitted	3
MM21-01: Differences in outcomes on myeloma treatment worldwide	Analysis	3
MM22-01: Outcomes of autologous hematopoietic cell transplantation for light chain deposition disease	Protocol Pending	2

Working Assignments for Working Committee Leadership (May 2022)

Heather Landau:	**MM20-02B:** Risk factors for and characteristics of secondary primary malignancies following autologous hematopoietic cell transplant for multiple myeloma
	MM22-01: Outcomes of autologous hematopoietic cell transplantation for light chain deposition disease
Nina Shah:	**MM20-02:** Impact of Second Primary Malignancy Post-Autologous Hematopoietic Stem Cell Transplantation on Outcomes of Multiple Myeloma: A CIBMTR Analysis.
Muzaffar Qazilbash:	**MM20-03:** Impact of bortezomib-based vs. lenalidomide maintenance therapy on outcomes of patients with high-risk multiple myeloma