

# PREVALENCE, INCIDENCE, AND OUTCOMES OF MULTIPLE MYELOMA PATIENTS USING ELECTRONIC HEALTH RECORDS AND NATURAL LANGUAGE PROCESSING INSIGHTS FROM THE CIMMA STUDY

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## INTRODUCTION

#### CHALLENGES IN REAL-WORLD MM DATA

- Outdated, inconsistent, and incomplete data
- Key clinical info buried in unstructured EHRs text
- Difficult to analyze burden treatment patterns and outcomes

### SOLUTION: CLINICAL NATURAL LANGUAGE PROCESSING (cNLP)

- Extracts structured and unstructured clinical data
- Provides accurate, actionable insights into routine MM care

## AIM

#### Unlock Real-World Insights in Multiple Myeloma (MM)

- Define crude and age-adjusted prevalence/incidence by year, sex, and age group
- •In newly diagnosed MM patients (NDMM), assess transplant eligibility and 1L/2L treatments

N = 270

Age, mean (Q1,Q3)

66.2 (11.4) years

49.6%

D-based: 120 (44.4%)

DVd: 44 (16.3%)

DRd: 45 (16.7%)

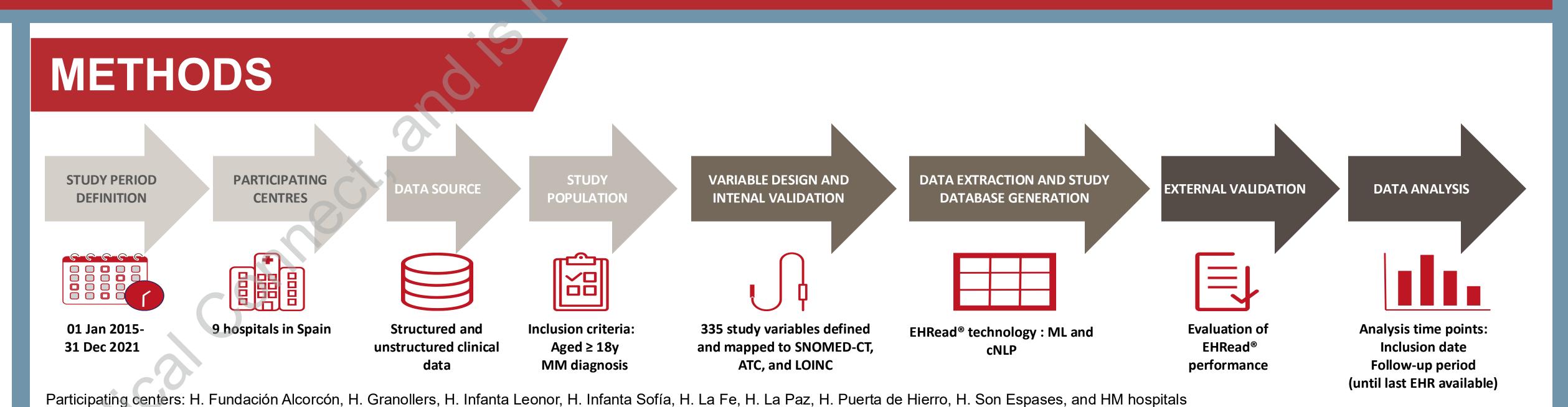
K-based: 49 (18.1%)

V-based: 45 (16.7%)

Others: 56 (20.7%)

Treatments, N (%)

Measure 2-year PFS and OS from diagnosis



## CONCLUSIONS

Multicenter, clinical natural language processing (cNLP)-based analysis of 270 M Spanish electronic health records (EHRs) shows a stable national multiple myeloma (MM) burden.

Prevalence and incidence rise sharply from age ≥60.

First line was dominated by PI-based regimens; second line by daratumumab-containing regimens, aligning with guidelines.

Real-world progression and overall survival remained suboptimal.

personalized therapies and illustrate the utility of large-

## RESULTS

No-TE

N = 480

71.9 (11.8) years

Treatments, N (%)

VMp: 95 (19.8%)

Vd: 69 (14.4%)

VTd: 42 (8.8%)

VRd: 37 (7.7%)

DVMp: 21 (4.8%)

Others: 216 (45.0%)

N = 286

59.4 (10.7) years

VTd: 89 (31.1%)

VRd: 73 (25.5%)

Vd: 13 (4.5%)

**DVTd: 4 (1.4%)** 

**DVCd: 4 (1.4%)** 

DVRd: 3 (1.0%)

Others: 100 (35.0%)

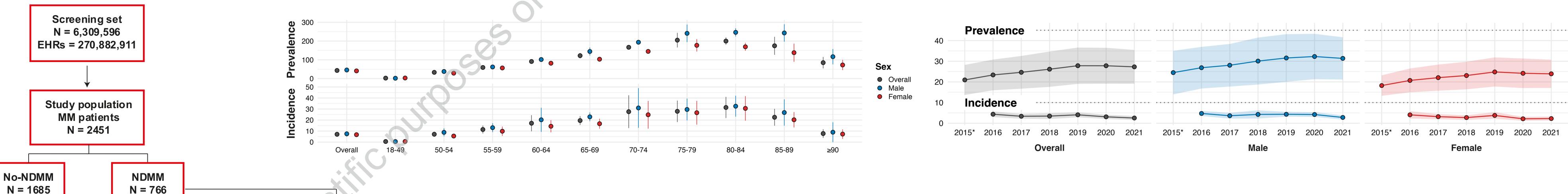
43.7% 55.9%

Treatments, N (%)

1. Study Population Flowchart

2. Crude Prevalence and Incidence Rates by Age and Sex in MM Patients

3. Age-adjusted Prevalence and Incidence Rates by Age and Sex in MM Patients



#### Findings highlight the need for more effective,

scale cNLP to identify gaps and optimize care.

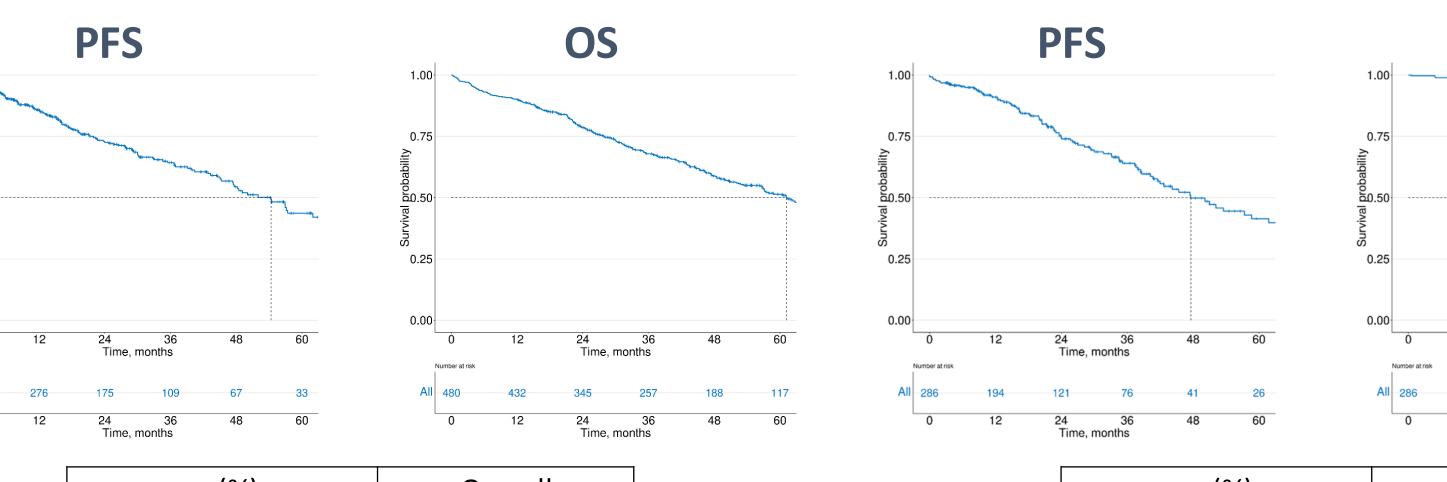
## **KEY TAKEAWAY**

Large-scale cNLP applied to routine EHRs yields robust real-world insights into multiple myeloma.

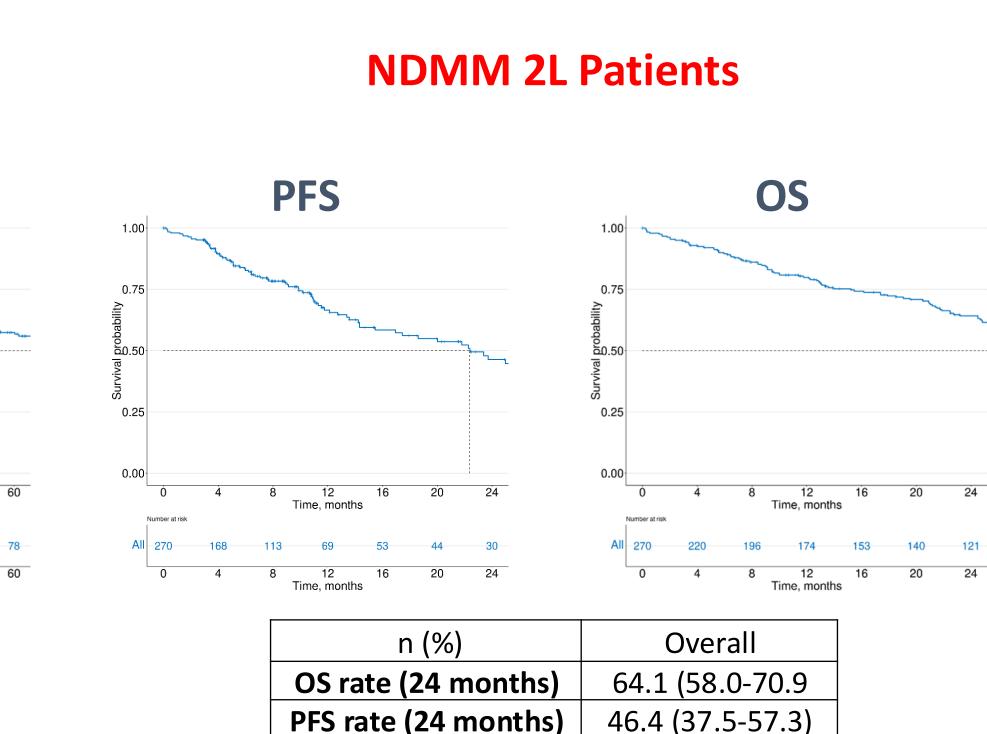
The study confirms a stable overall burden that intensifies with age and delineates prevailing treatment patterns.

actionable care gaps amenable to technology-enabled, more personalized and effective management.

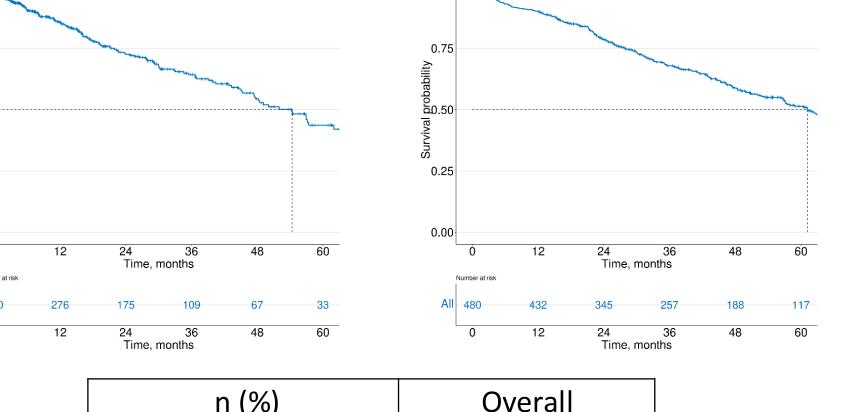
# **NDMM Non-TE Patients**



#### **NDMM TE Patients**



4. Patient Outcomes



n (%) Overall **OS** rate (60 months) 51.3 (46.4-56.8) **PFS rate (60 months)** 43.6 (36.3-52.4)

Overall **OS rate (60 months)** 57.4 (51.0-64.7) **PFS rate (60 months)** 41.4 (32.9-52.1)

Please scan QR code The QR code is intended to provide scientific information for individual

Abbreviations: 1L: first-line treatment; 2L: second-line treatment; D-based: daratumumab, bortezomib, and dexamethasone; DVCd: daratumumab, bortezomib, and dexamethasone; DVCd: daratumumab, bortezomib, and dexamethasone; DVMp: daratumumab, bortezomib, melphalan, and prednisone; DVRd: daratumumab, bortezomib, lenalidomide, and dexamethasone; EHR: electronic health records; K-based: carfilzomib-based treatment; ML: machine Learning; MM: multiple myeloma; NLP: natural language processing; NDMM: newly diagnosed multiple myeloma; OS: overall survival; PFS: progression-free survival; TE: transplantation eligible; V-based: bortezomib-based treatment; Vd: bortezomib and dexamethasone; VMp: bortezomib, melphalan, and prednisone; VRd: bortezomib, lenalidomide, and dexamethasone; VTd: bortezomib, thalidomide, and dexamethasone;