

ASH 2021 summary

The 63rd ASH annual meeting 2021 was held as a hybrid meeting with participants able to attend both virtually and in-person. I attended this meeting virtually and was able to take advantage of the virtual platform providing both live presentations and the opportunity to playback any session of interest at a later date.

Focussing on myeloma, several key phase II and III trials reported results. The BELLINI phase III trial of venetoclax or placebo in combination with bortezomib and dexamethasone in relapsed/refractory multiple myeloma (Dr Shaji Kumar) reported a progression-free survival (PFS) benefit in the venetoclax treatment arm compared to placebo. Furthermore, the greatest PFS improvements were observed in patients with t(11;14) and in those with high *BCL2*.

The CASSIOPEIA study comparing daratumumab (DARA) with bortezomib, thalidomide, and dexamethasone (VTd) in transplant-eligible patients found that DARA-VTd (D-VTd) resulted in higher MRD negativity rates following both induction and consolidation, with sustained MRD negativity rates at 1 and 2 years also higher in this group compared to the VTd group. During maintenance, where patients were randomised to DARA or observation (Obs), MRD negativity rates were significantly higher for the DARA group, with the highest MRD negativity rates observed in those receiving D-VTd during induction followed by DARA during maintenance.

An interesting study, also investigating DARA, was presented which aimed to determine whether outcomes are better when DARA is given as first line-treatment in transplant-ineligible patients or second line by simulating a range of clinical scenarios (Dr Rafael Fonseca). This study found that using DARA, lenalidomide and dexamethasone (D-Rd) at 1st line improved overall survival compared to using DARA at 2nd line where CRd or Rd had been used as 1st line therapy.

Across the ASH meeting, there was a focus on improving equity in outcomes and access to healthcare for all patients, raising discussions of how to increase the diversity of trials to ensure all patients benefit from improved outcomes brought about by clinical trials. Sessions included a special symposium on Identifying and Eliminating Inequity in the Provision of Healthcare, Health Equity Rounds, Transforming Policy into Action and a poster walk on Diversity, Equity, and Inclusion in Hematologic Malignancies and Cell Therapy to name a few.

In addition to the oral presentations, a vast array of posters were available online, each of which were accompanied by a short presentation. This provided a great opportunity to read and hear about countless studies and trials currently being carried out around the world and gave a real glimpse of the vast array of research being carried out in myeloma and other haematological disease.

Finally, I would like to thank the UK Myeloma Forum and Sanofi for awarding me a bursary to virtually attend the 63rd ASH annual meeting. This award gave me the opportunity to watch numerous presentations delivered by world-leading experts in haematology. It also gave the opportunity to showcase my poster "Multistate models demonstrate that lenalidomide maintenance enhances survival by prolonging time in first remission for patients treated in the UK NCRI Myeloma XI randomised trial". I am very grateful to receive this award, which allowed me to attend ASH for the first time.