

INPLASY PROTOCOL

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None declared.

INTRODUCTION

Review question / Objective: Primary objective: to investigate Progression free survival (PFS) , overall survival (OS) and Overall Response Rate (ORR) of current available treatment regimens for patients with Relapse/Refractory multiple myeloma (RRMM) in Chinese population. Secondary objectives: to investigate the clinical response of current available treatment

Treatment Outcomes of Current Available Therapies for Refractory or Relapsed Multiple Myeloma in China: a scoping review

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Review question / Objective: Primary objective: to investigate Progression free survival (PFS) , overall survival (OS) and Overall Response Rate (ORR) of current available treatment regimens for patients with Relapse/Refractory multiple myeloma (RRMM) in Chinese population. Secondary objectives: to investigate the clinical response of current available treatment regimens for patients with Relapse/Refractory Multiple Myeloma (RRMM) in Chinese population. **Rationale:** This scoping review will summary current literature to assess the efficacy of current available treatment regimens and explore more strategies to improve the progress of Relapse/Refractory multiple myeloma patients.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 21 June 2022 and was last updated on 21 June 2022 (registration number INPLASY202260083).

regimens for patients with Relapse/Refractory Multiple Myeloma (RRMM) in Chinese population.

Background: Multiple myeloma is a hematologic malignancy defined by 10% or over increase in the plasma cells in the bone marrow, it is associated with abnormal immunoglobulins, including monoclonal protein and free light chains in the blood and urine. Generally, Multiple

myeloma starts from monoclonal gammopathy (MGUS), a condition in which an abnormal protein in the blood of unknown significance to overt plasma cell leukemia and extramedullary myeloma. Relapse/Refractory multiple myeloma (RRMM) develops when there is no progress or response to treatment for sixty days after the last treatment, and it could be classified into two types: biochemical and clinical relapse. Multiple myeloma has a high prevalence among the elderly. In China, with the aging population, the incidence of this disease has an increasing trend. Meanwhile, because the disease is still a non-radical disease, most patients will eventually relapse, treatment is still facing great challenges. Survival is a main concern for Relapse/Refractory multiple myeloma patients and this scoping review will summary current literature to assess the efficacy of current available treatment regimens and explore more strategies to improve the progress of Relapse/Refractory multiple myeloma patients.

Rationale: This scoping review will summary current literature to assess the efficacy of current available treatment regimens and explore more strategies to improve the progress of Relapse/Refractory multiple myeloma patients.

METHODS

Search strategy: A systematic search in the databases of PubMed, EMBASE, Cochrane library and CNKI, Wanfang, CBM will be conducted. The following items will be used to develop our search strategy: "Multiple Myeloma", "Treatment Failure", "Drug Resistance", "Relapse", "refractory" and "China". A search for other resources will be conducted on Conference websites, using terms " Relapse Multiple Myeloma", "Refractory Multiple Myeloma"and "China".

Eligibility criteria: Population: Chinese patients ≥ 18 years old with confirmed refractory or relapsed MM. Multiple myeloma were defined by the International Myeloma Working Group (IMWG) criteria, and relapse was defined by the National

Comprehensive Cancer Network criteria. There will be no limitation on gender, prior lines of therapy, Mayo stage or co-morbidity. Chinese population was defined as study participants enrolled from health care institutes in mainland of China. Intervention: All current available treatment regimens with no limitation on the interventions, dosage, frequency, regimens, treatment duration, other combined therapy, or line of treatment. Comparator: No limitation. Outcomes: Primary Outcome: Overall survival (OS). Progression-Free Survival (PFS). Overall survival (ORR). Secondary Outcomes: Percentage of Participants with \geq Complete Response (CR). Percentage of Participants with \geq Very Good Partial Response (VGPR). Percentage of Participants with Negative Minimal Residual Disease (MRD). Duration of Response (DOR). Time to Response (TTR). Study design: Interventional and non-interventional studies, except reviews, letters, case report.

Source of evidence screening and selection: Two reviewers screened literatures after reading titles and abstracts of the search results. All potentially relevant citations will be requested and inspected in detail using the full-text version. Disagreements will be resolved by discussion, with assistance from a third party if necessary. A PRISMA flow diagram will be constructed to show the full study-selection process.

Data management: Data from each literature will be extracted by one reviewer and double checked by another reviewer by using a standardized data extraction form. Any disagreements will be resolved by discussion, with the assistance from a third party if necessary. Where more information relating to a potentially included study is lacking, we will contact literature authors and request further information. A PICOS structure will be used to formulate the data extraction, as follows: 1) General study characterizes: the first author's name, the published year, trial registration number, location, centers. 2) Participants: sample size, gender and age of patients, prior lines

of therapy, type of MM, Cytogenetic classification, ECOG/ISS/DS stage, Crcl and so on. 3) Interventions: type of treatment, treatment frequency, dosage, and treatment duration. 4) Outcomes: types of outcomes, definitions, measurement time points, outcome data. 5) Study design: interventional and non-interventional studies.

Language restriction: No limitations.

Countries involved: China.

Keywords: Multiple Myeloma, Relapse, Refractory, China, Systematic review.

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