

# EAA181/EQUATE

## For Patients with Newly Diagnosed Multiple Myeloma

### EAA181 Available Through ECOG-ACRIN Cancer Research Group

Effective Quadruplet Utilization after Treatment Evaluation (EQUATE):  
A Randomized Phase 3 Trial for Newly Diagnosed Multiple Myeloma not Intended  
for Early Autologous Transplantation

#### Patient Population:

See Protocol Section 3.0 for Complete Eligibility Details

##### Step 0 Pre-Registration:

- Age ≥ 18 years; ECOG PS 0-2 (PS 3 allowed if secondary to pain); able to have a diagnostic bone marrow aspirate
- Must have suspected/confirmed newly diagnosed MM (IMWG); no more than 1 cycle of treatment
- Must be ineligible for autologous stem cell transplantation/willing to delay stem cell transplantation until first relapse or later (stem cell collection is allowed)
- Must agree to register to Celgene Revlimid REMS/ comply with requirements
- No known allergies/hypersensitivity/intolerance to corticosteroids, monoclonal antibodies/human proteins, or their excipients, or known sensitivity to mammalian-derived products

##### Step 1 Registration:

- Dominant sequences must have been identified
- Must have standard risk MM (R-ISS) Stage I/II and measurable/evaluable disease defined per protocol; adequate lab values
- Must have received no more than 1 cycle (28 days or less) of prior chemotherapy and no more than 160 mg of prior dexamethasone (or equivalent dose of prednisone) for treatment of symptomatic myeloma; must not have been exposed to daratumumab for treatment of symptomatic myeloma; prior RT to symptomatic lesions is allowed per protocol (see protocol for SMM treatment)
- HIV, HBV, HCV patients permitted per protocol
- Must be NYHA class 2B or better/meet cardiac criteria per protocol; DVT or PE patients are permitted if they are on anti-coagulation
- No peripheral neuropathy ≥ Gr 2 (or Gr 1 with pain)
- Must not have moderate/severe persistent asthma within the past 2 years/uncontrolled asthma of any classification

##### Step 2 Randomization:

- Institution must have received MRD test results; adequate lab values
- Must have completed Step 1 without experiencing progression

#### Treatment Plan:

See Protocol Section 5.0 for Complete Treatment Details

Cycle= 28 days

##### Step 1- Induction (9 cycles):

###### • Arm A:

- ◇ Daratumumab-hyaluronidase 1800 mg/30,000 units SC days 1, 8, 15, 22 cycles 1-2; days 1 and 15 cycles 3-6; day 1 cycles 7-9
- ◇ Lenalidomide 25 mg PO daily days 1-21 cycles 1-9
- ◇ Dexamethasone 40 mg PO days 1, 8, 15, 22 cycles 1-4; 20 mg PO days 1, 8, 15, 22 cycles 5-9

##### Step 2- Consolidation (9 cycles) and Maintenance (until disease progression):

###### • Arm B:

- ◇ Consolidation (9 cycles/ study cycles 10-18):
  - ◆ Bortezomib 1.3 mg/m<sup>2</sup> SC (or IV per protocol) days 1, 8, 15 cycles 1-9
  - ◆ Daratumumab-hyaluronidase 1800 mg/30,000 units SC once every 28 days (day 1) cycles 1-9
  - ◆ Lenalidomide 15 mg PO daily days 1-21 cycles 1-9 (or dose tolerated in cycle 9)
  - ◆ Dexamethasone 12 mg PO days 1, 8, 15, 22 cycles 1-9 (or dose tolerated in cycle 9)
- ◇ Maintenance (study cycles 19+):
  - ◆ Daratumumab-hyaluronidase 1800 mg/30,000 units SC once every 28 days (day 1)
  - ◆ Lenalidomide 10 mg PO daily days 1-21

###### • Arm C:

- ◇ Consolidation (9 cycles/ study cycles 10-18): same as Arm B WITHOUT Bortezomib
- ◇ Maintenance (study cycles 19+): same as Arm B

##### Notes:

- See protocol for pre-medication/daratumumab injection information, and dose modifications
- Patients should complete a medication diary for lenalidomide and dexamethasone each cycle; see protocol for fertility instructions
- Stem cells can be mobilized after 4 cycles of induction

#### Study Chair:

Shaji Kumar, MD

#### Co-Chair:

Michael A. Thompson, MD, PhD, FASCO

#### Patient Enrollment

All Sites: Oncology Patient Enrollment Network (OPEN) <https://open.ctsu.org>

#### Protocol Information

ECOG-ACRIN Operations-Boston: 857-504-2900, <http://ecog-acrin.org> (Member Login)

**Please Enroll Your Eligible Patients!**

