

A non-interventional post authorisation registry of patients treated with pomalidomide for relapsed and refractory multiple myeloma who have received at least two prior treatment regimens, including both lenalidomide and bortezomib, and have demonstrated disease progression on the last therapy (CC-4047-MM-015 (ARTIMiDs))

**First published:** 03/09/2014

**Last updated:** 20/02/2024

Study

Ongoing

## Administrative details

### EU PAS number

EUPAS7252

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### Study ID

39569

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## **DARWIN EU® study**

No

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### **Study countries**

- ☐ Belgium
  - ☐ Denmark
  - ☐ Germany
  - ☐ Italy
  - ☐ Norway
  - ☐ Spain
  - ☐ Sweden
  - ☐ United Kingdom
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### **Study description**

Patients will be recruited from approximately 80 hematology/oncology sites in European countries. In all cases, the decision to treat the patient will be made prior to the decision to enroll the patient into the registry. The registry will remain open until 500 patients will have received at least 3 cycles of pomalidomide. As the anticipated withdrawal rate before the end of cycle 2 is estimated to be approximately 24% (based on Celgene-sponsored pivotal study CC-4047-MM-003) approximately 750 MM patients will need to be enrolled. Following completion of treatment, patients will be followed up after 30 days and then every 6 months to assess status. All patients registered will be followed up prospectively for up to 3 years following the end of pomalidomide treatment. During this time the incidence of second primary malignancies (SPM), overall survival and any occurrence of a pregnancy will be assessed. Patients will be recruited consecutively. If the reason for discontinuation for patients from the registry is due to an adverse event, the follow up of the adverse event will not be time limited and will continue until resolution or stabilization or when, no additional useful information can be obtained from the

event or the patient withdraws consent to anymore data being collected.

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## Study status

Ongoing

## Research institutions and networks

### Institutions

**Celgene International**

**First published:** 01/02/2024

**Last updated:** 01/02/2024

**Institution**

[See attached document for site list](#) [See attached document for site list](#)

## Contact details

### Study institution contact

Medical Affairs Celgene International Sarl  
[ctt.group@bms.com](mailto:ctt.group@bms.com)

**Study contact**

[ctt.group@bms.com](mailto:ctt.group@bms.com)

## Primary lead investigator

Medical Affairs Celgene International Sarl

Primary lead investigator

## Study timelines

### Date when funding contract was signed

Actual: 16/11/2013

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### Study start date

Planned: 01/11/2014

Actual: 26/06/2014

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### Date of final study report

Planned: 31/08/2023

## Sources of funding

- Pharmaceutical company and other private sector

## More details on funding

Celgene International Sarl

## Regulatory

### Was the study required by a regulatory body?

Yes

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## Is the study required by a Risk Management Plan (RMP)?

EU RMP category 1 (imposed as condition of marketing authorisation)

## Methodological aspects

### Study type

### Study type list

#### **Study type:**

Non-interventional study

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#### **Scope of the study:**

Assessment of risk minimisation measure implementation or effectiveness

Drug utilisation

#### **Main study objective:**

To characterize the safety profile of pomalidomide in a non interventional post-authorisation setting in previously treated MM patients to enhance real world safety knowledge beyond the clinical trial safety observed

## Study drug and medical condition

#### **Anatomical Therapeutic Chemical (ATC) code**

(L04AX06) pomalidomide

pomalidomide

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## **Medical condition to be studied**

Plasma cell myeloma

## Population studied

### **Age groups**

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

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### **Estimated number of subjects**

750

## Study design details

### **Outcomes**

To characterize and determine the incidence of important identified and potential risks as outlined in the risk management plan (RMP) among previously treated MM patients who are currently being treated with pomalidomide in a post-marketing setting. -To describe and assess the effectiveness, implementation and compliance of the Celgene PPP for patients recruited in this registry.-To describe the type of myeloma treatment administered immediately prior to receiving pomalidomide.

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### **Data analysis plan**

Data from all patients who receive at least one dose of treatment will be analyzed. For demographic and baseline characteristics data, descriptive statistics (mean, standard deviation, median, minimum, and maximum) will be

provided for continuous variables, categorical variables will be summarized using frequency tabulations. Kaplan-Meier and/or competing risk procedures will be used to characterize time to onset for adverse events of special interest, when appropriate. For SPM analyses, product limit estimators will be calculated with and without consideration of competing risks. Univariate and (when feasible) multivariate Cox proportional hazards models will be employed to identify demographic and clinical factors predictive of key identified and potential risks.

## Documents

### Study, other information

[ARTIMiDs-CC-4047-MM015\\_Activated site addresses-ENCePP-16Mar2015 i.pdf](#)  
(21.96 KB)

[CC-4047-MM-015\\_Site List Encepp 31Dec2020.pdf](#)(23.93 KB)

## Data management

### ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

## Data sources

## **Data sources (types)**

Other

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## **Data sources (types), other**

Prospective patient-based data collection

# Use of a Common Data Model (CDM)

## **CDM mapping**

No

# Data quality specifications

## **Check conformance**

Unknown

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## **Check completeness**

Unknown

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## **Check stability**

Unknown

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## **Check logical consistency**

Unknown

# Data characterisation

## **Data characterisation conducted**

No