Comorbidity indices for prognostic evaluation in multiple myeloma: a comprehensive evaluation of the Revised Myeloma Comorbidity Index and other comorbidity indices with pro- and retrospective applications

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Supplementary Table 1. Overview of assessed comorbidity indices, including their risks and classification into risk groups

Comorbidity score	Revised Myeloma Comorbidity Index (R-MCI) (weight points)	International Myeloma Working Group (IMWG)-frailty index (weight points)	Charlson Comorbidity Index (CCI) (weight points)	Mayo risk score (weight points)	UK Myeloma Research Alliance Risk Profile (MRP)
Risk factors and weighting	moderate/severe lung disease¹(1) eGFR <60²(1) KPS 80-90% (2) KPS ≤70% (3) Age 60-69 yrs (1) Age ≥70 yrs (2) moderate/severe frailty³(1) +/- unfavorable cytogenetics⁴(1)	CCI ≥2 (1) Age 76-80 yrs (1) Age >80 yrs (2) IADL ≤6 (1) ADL ≤4 (1)	chronic lung disease (1) moderate/severe kidney disease (2) myocardial infarction (1) congestive heart failure (1) peripheral vascular disease (1) cerebrovascular disease/accident (1) dementia (1) liver disease mild (1) or moderate/severe (3) solid tumor (2) metastatic solid tumor (6) leukemia (2) lymphoma ⁵ (2) diabetes mellitus Ø end-organ damage (1) with end-organ damage (2) connective tissue disease (1) AIDS (6) ulcer (1)	Age ≥70 yrs (1) ECOG-PS ≥2 (1) Pro-BNP ≥300 ⁶ (1)	Age ECOG-PS ISS CRP ⁷
Fit	0 to 3 points ⁸	0 points ⁸	hemiplegia (2) <2 points ⁸	0 points ⁸	
Intermediate-fit	4 to 6 points ⁹	1 point ⁹	- P	1 to 2 points ⁹	
Frail	7 to 9 points ¹⁰	≥2 points ¹⁰	≥2 points¹0	3 points ¹⁰	
Reference	Engelhardt 2017	Palumbo 2015	Charlson 1987	Milani 2016	Cook 2019

Definitions and abbreviations:

 $^{^{1}\}text{moderate lung disease} = \text{FEV}_{1} \, 50\text{-}80\%, \, \text{severe lung disease} = \text{FEV}_{1} \, < 50\%, \, ^{2}\text{in ml/min/1.73m}^{2}, \, ^{3}\text{defined by Fried et al. 2001 and Woo et al. 2012, } \, ^{4}\text{defined as t(4;14), t(14;16), t(14;20), del(13q14), hypodiploidy, c-myc, chromosom-1-aberrations, yrs: years}$

⁵For calculation of the CCI, the diagnosis Multiple Myeloma was not included, ⁶ng/L, ⁷mg/dl,

⁸definition of low-risk or fit patients, ⁹intermediate-risk or intermediate-fit patients, ¹⁰high-risk or frail patients Number in brackets: weights of respective risk factor

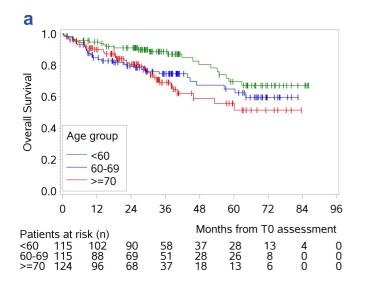
Supplementary Table 2.

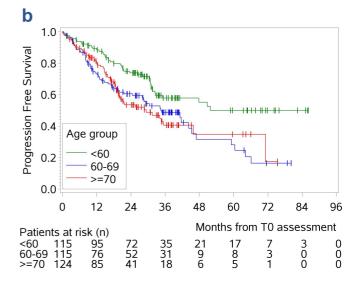
Overview of 5 comorbidity indices including their risks, risk group distribution via retrospective and prospective analyses, 3-year-OS and PFS group separations with respective scores using our prospective data, and advantages and challenges of each score

	Revised Myeloma Comorbidity Index (R-MCI)		International Myeloma Working Group (IMWG)-frailty index		Charlson Comorbidity Index (CCI)		Mayo risk score		UK Myeloma Research Alliance Risk Profile (MRP)
Risk parameters used	eGFR Lung function KPS Frailty Age +/- Cytogenetics		ADL IADL CCI Age		19 differently weighted categories Age included		ECOG-PS NT-proBNP Age		ECOG-PS ISS CRP Age
Reference	Engelhardt et al., Haematologica 2017		Palumbo et al., Blood 2015		Charlson et al., 1987, J. Chronic Dis		Milani et al., Am J Hematol. 2016		Cook et al., Lancet Haematol.2019
Risk group distribution (%) Low-risk Intermediate-risk High-risk p-value	Retrospective 27% 55% 18%	Prospective 26% 60% 14% 2633	Retrospective 41% 22% 37%	Pro- spective 30% 36% 34% 0.001	Retro- spective 65% - 35%	Pro- spective 47% - 53%	Retrospective 29% 58% 13%	Pro- spective 37% 55% 8% 0150	Excluded due to missing laboratory data
3-yr-OS Low-risk Intermediate-risk High-risk p-value	91% 77% 52% <0.0001		95% 82% 60% <0.0001		91% - 67% <0.0001		93% 72% 29% <0.0001		88% 68% 44% <0.0001
3-yr-PFS Low-risk Intermediate-risk High-risk p-value	70% 45% 28% <0.0001		74% 44% 35% <0.0001		61% - 40% <i>0.0005</i>		63% 44% 0% <0.0001		59% 39% 19% <0.0001
Advantage	Time effective (user-friendly homepage) Pro- and retrospectively assessable		Internationally tested User-friendly homepage		Long known and used		Time-effective		Significant risk group distribution in prospective assessment
Challenge	Less international use yet; All 5 risk scores lesser used than desired by MM experts*		Not retrospectively assessable No clear distinction between low- and intermediate-groups using prospective data		Not MM specific Time consuming to assess More favorable results in retrospective assessment		NT-pro BNP not routinely assessed → impossible to assess if NT-pro BNP is missing		Time consuming to assess (challenging algorithm)

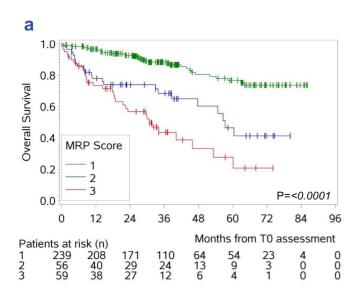
Abbreviations:

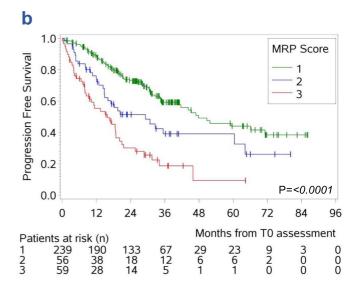
eGFR: estimated glomerular filtration rate; KPS: Karnofsky performance status, ADL: activity of daily living, IADL: instrumental activity of daily living; ECOG-PS: ECOG performance status, ISS: international staging system, CRP: C-reactive protein; yr: year; OS: overall survival, PFS: progression free survival; * personal communication Evangelos Terpos, Athens, Greece, educational EHA meeting, Vienna, 2022: "25% of the MM experts and physicians use frailty risk scores to aid in risk assessment and clinical decision making, but 75% do not and rather rely on their clinical judgement alone".





Suppl. Figure 1





Suppl. Figure 2

Supplementary Figures

Supplementary Figure 1. Kaplan-Meier estimates for overall- and progression-free survival (prospective cohort / n=354) in different age groups

- (a) OS and
- (b) PFS for three different age groups (<60 years vs. 60-69 years vs. ≥70 years)

Abbreviations: OS: Overall Survival; PFS: Progression Free Survival

Supplementary Figure 2. Kaplan-Meier estimates for overall- and progression-free survival (prospective cohort / n=354) according to different comorbidity scores in prospective cohort

- (a) OS and
- (b) PFS for MRP-Score

Abbreviations: OS: Overall Survival; PFS: Progression Free Survival; MRP Score: UK Myeloma Research Alliance Risk Profile Score