**CONCLUSIONS**

- This study demonstrates that the claims-based poor DS prediction model performed as expected when applied for defining frailty in elderly Medicare patients with MM.
- Frail patients were older, had higher comorbidity levels, were more likely to be treated with monotherapy, and less likely to be treated with triplets, and had worse OS than fit patients.
- The frailty-based poor DS (frailty) was associated with a significantly increased risk of mortality during first- to fourth-line therapy. 
- Older age, male sex, higher comorbidity level, presence of comorbid conditions (dysrhythmia, anemia, thrombocytopenia, skeletal-related events), and longer LOS were risk factors for mortality consistently at first- to fourth-line therapy, although some factors were not statistically significant at all lines due to small sample size at the advanced lines.
- Frail patients were older, had higher comorbidity levels, were more likely to be treated with monotherapy, and less likely to be treated with triplets, and had worse OS than fit patients.
- Patients with poor DS used as proxy for frailty for a cohort of elderly MM patients.

**REFERENCES**