

3.87: Round Table on Multiple Myeloma Initial Therapy, High Risk, and Maintenance

➤ Type Plenary Session

We Discuss:

- Introduction [1:06]
 - Theoretical Patient [3:54]
 - MRD [17:21]
 - Maintenance [25:52]
 - Thought experiment [46:10]
 - Attendinghood [1:01:07]
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Plenary Session 3.87 Show Notes

Overview

Multiple Myeloma Round Table

- **YouTube**
 - [Watch this conversation on YouTube](#)
- **Introduction [1:06]**
 - [Dr. Raj Chakraborty](#) of Columbia University
 - [Dr. Sam Rubinstein](#) of the University of North Carolina Chapel Hill
 - [Dr. Manni Mohyuddin](#) of the University of Utah

- Dr. Ben Derman of the University of Chicago
- Dr. Kevin Knopf of Highland Hospital
- **Theoretical Patient [3:54]**
 - You've got a newly diagnosed patient with multiple myeloma (age 65) in your office, what information do you like to know?
 - Dr. Chakraborty
 - Information
 - Fluorescence in situ hybridization (FISH) cytogenetics
 - Standard risk vs. high risk
 - Deletion 13q14, deletion 17p13
 - Amplification of 1q21
 - Do they have real extramedullary disease?
 - Do they have circulating plasma cells?
 - Treatment
 - Young and fit
 - DARA-KRd
 - Possible toxicity issue
 - DARA-VRd
 - Standard risk & transplant regimen
 - DARA-VRd
 - Dr. Rubinstein
 - Treatment
 - Transplant eligible high risk patients
 - KRd
 - Transplant eligible standard risk patients
 - RVd

- Dr. Derman
 - High risk patients
 - KRd or DARA-VRd
 - Standard risk patients
 - VRd or DARA-VRd

- Dr. Knopf

"Don't order a test unless it's going to change your management." - Marines of Hopkins

- Treatment
 - VRd

- **MRD [17:21]**

- SWOG 1211: Phase I/II Trial of Elotuzumab + RVd vs RVd Alone
 - Usmani et al., The Lancet

- **Maintenance [25:52]**

"Anytime I see PFS data for maintenance, I always take a step back because the point of maintenance treatment in general, historically and philosophically...[maintenance] should change the overall trajectory of your disease, and it should change your overall survival." - Dr. Mohyuddin

- Argument for PFS1
 - IFM 2009
 - Attal et al., NEJM



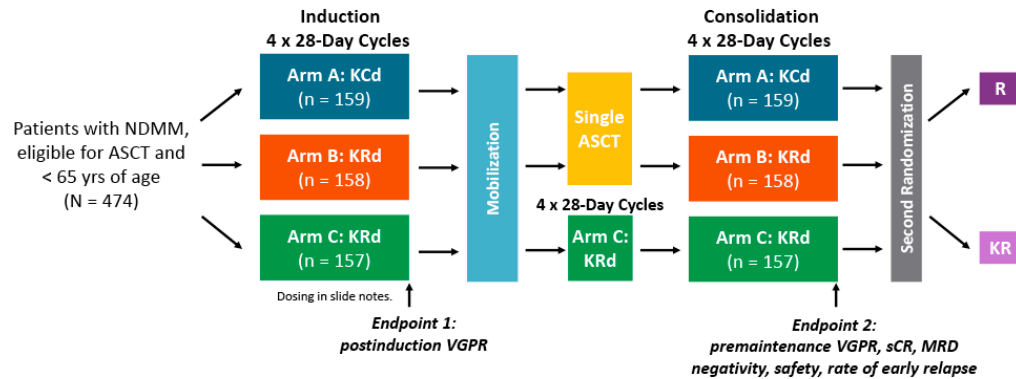
"Median progression-free survival was significantly longer in the group that underwent transplantation than in the group that received RVD alone (50 months vs. 36 months; adjusted hazard ratio for disease progression or death, 0.65; $P < 0.001$)...Overall survival at 4 years did not differ significantly between the transplantation group and the RVD-alone group (81% and 82%, respectively)." - Attal et al.

- No difference in OS, but there is an argument to do a transplant in the front line because there is a chance of possibly reaching an operational cure
- Dr. Chakraborty
 - High risk patients
 - Dual maintenance (PIs + MT)
 - Standard risk patients
 - Immunomodulatory drugs (IMiD-based)
- **Thought experiment [46:10]**
 - 2000 high risk myeloma patient randomized trial
 - Arm 1: DARA-KRd
 1. Most will be taken to transplant
 2. PI + IMiD maintenance
 3. Relapse receives SoC
 - Arm 2: VRd upfront
 1. Most will be taken to transplant
 2. Revlimid maintenance
 3. Relapse receives DARA, etc., etc.
 - Is it possible OS is the same? What about PFS? Etc.?
 - There is a risk that has to be counterbalanced (i.e., under-treating vs over-treating)
- **Closing thoughts [53:01]**

- SWOG S0777
 - Durie et al., The Lancet
- **Attendinghood [1:01:07]**
 - First two years of practice are the most interesting
 - You know the right answer and what you want to do, but when you go from being the person who always bounces ideas off others to the person being in the driver's seat, doubt emerges
 - It takes a couple years to find your groove and become more confident in your decisions
- **Other literature cited:**
 - The MANHATTAN Nonrandomized Clinical Trial
 - Landgren et al., JAMA Oncology
 - MASTER Trial
 - GRIFFIN
 - Voorhees et al., Blood
 - CASSIOPEIA trial
 - Moreau et al., The Lancet
 - FORTE Trial
 - Gay et al., JCO

FORTE: Carfilzomib + Cyclo/Dex vs Carfilzomib + Len/Dex, With or Without ASCT in NDMM

- Multicenter, randomized, open-label phase II study



Gay, ASH 2018. Abstr 121. Gay, ASCO 2019. Abstr 8002.

Slide credit: clinicaloptions.com

Source

- Testing the Use of Combination Therapy in Adult Patients With Newly Diagnosed Multiple Myeloma, the EQUATE Trial
 - Shaji et al.
- Long-Term Follow-Up Results of Lenalidomide, Bortezomib, and Dexamethasone Induction Therapy and Risk-Adapted Maintenance Approach in Newly Diagnosed Multiple Myeloma
 - Joseph et al.
- Myeloma XI
 - Jones et al., Blood
- Lenalidomide Maintenance After Autologous Stem-Cell Transplantation in Newly Diagnosed Multiple Myeloma: A Meta-Analysis
 - McCarthy et al., JCO

Plenary Session is a podcast on medicine, oncology, & health policy.

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