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Multiple Myeloma: Clinical Updates from the American Society of Hematology Annual Meeting 2017

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Multiple Myeloma: Clinical Updates from the American Society of Hematology Annual Meeting 2017

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Abstract

The novel clinical data for myeloma that were presented in the 2017 Annual Meeting of the American Society of Hematology are summarized here. Studies with curative approach (CESAR) or prolonging progression-free survival (CENTAURUS) for high-risk smoldering multiple myeloma (SMM) patients are described. Updated data from large phase 3 studies for newly diagnosed MM (NDMM) patients who are eligible for autologous transplantation (ASCT; EMN02, MRC XI) are described along with the results of studies using novel anti-myeloma drug combinations for induction, consolidation and maintenance as first line therapy. The role of minimal residual disease for MM patients is also discussed. We also present the results of novel phase 3 studies in NDMM patients who are not eligible for ASCT (ALCYONE) and new data for their treatment. Recent updates of important studies in the field of relapsed/refractory MM (ASPIRE, POLLUX) along with novel immunotherapy approaches (anti-BCMA monoclonal antibodies, CART cells) are also reported. Finally, levofloxacin prophylaxis reduces febrile episodes and death events in NDMM, while two doses of high-dose influenza vaccine seem to maintain higher rates of seroprotection compared to those who received standard vaccination. All these data provide the basis for possible changes in the way we manage myeloma in the near future trying to “cure” the disease in many patients.

Introduction

Several important data for plasma cell neoplasms were presented in the last annual meeting of the American Society of Hematology held in Atlanta (GA, USA), between 9 and 12 of December 2017. In this paper, the novel data for the management of patients with myeloma are summarized.

Smoldering (Asymptomatic) Myeloma

During the last years, following the introduction of several effective anti-myeloma drugs, the Myeloma Community has the scientific, but also clinically applicable, query whether patients with high-risk smoldering/asymptomatic myeloma (SMM) have to be treated before their progression to myeloma. This question became more relevant after the publication of the Spanish Myeloma Study Group that early treatment with the combination of lenalidomide and low dose dexamethasone (Rd) versus observation resulted into a significant benefit in terms of progression to myeloma and overall survival in high-risk SMM [1]. In an attempt to cure SMM, the same group designed a phase 2 study (CESAR trial) where 90 SMM patients at high-risk of progression who were transplant eligible received induction, high dose melphalan with autologous stem cell transplantation (ASCT), consolidation and maintenance. High-risk was defined by the presence of both bone marrow plasma cells ≥10% and serum M-protein ≥3g/dL (Mayo Clinic criteria) or by a 95% of bone marrow aberrant plasma cells immunophenotyping of