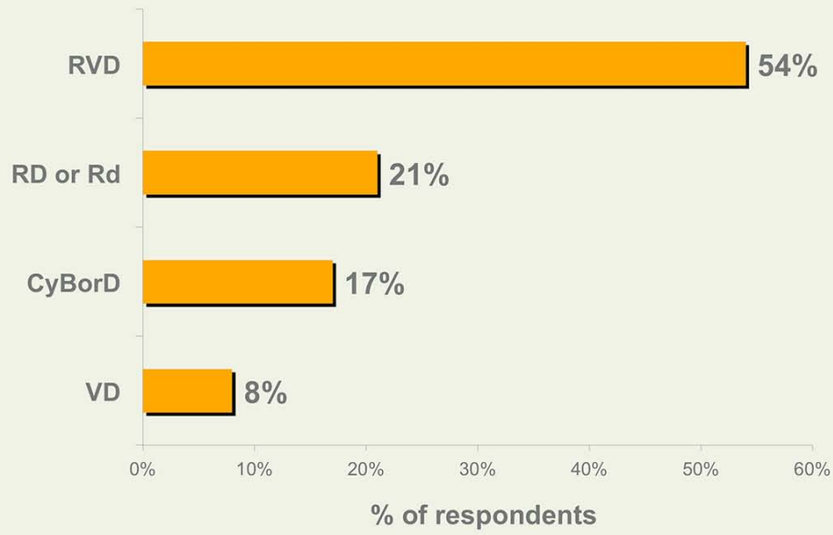
Induction treatment for younger, transplant-eligible patients at standard risk

An otherwise healthy **60-year-old** patient presents with fatigue. Workup reveals Hb 9.0 g/dL, normal renal function, an M-spike with an IgG lambda component of 4.9 g/dL and bone marrow consistent with MM (ISS Stage II). **Conventional cytogenetics, FISH and skeletal survey are normal**. Which induction treatment would you most likely recommend for this patient?



EDITOR'S COMMENTS

The first scenario we asked about was a younger patient (age 60) with normal-risk myeloma who is a transplant candidate, and we found that by far the most common choice of induction treatment was RVD (lenalidomide/bortezomib/dexamethasone), the same choice as that of both faculty. Surprisingly, relatively few oncologists chose the other much-discussed triplet regimen, CyBorD (cyclophosphamide/bortezomib/dexamethasone). In spite of the encouraging results in 2 major Phase II trials, the CRD regimen with carfilzomib is not being used, but the Phase III randomized ECOG-E1A11 trial is comparing CRD to RVD.

SELECT REFERENCES WITH LINKS

Richardson PG et al. **Lenalidomide, bortezomib, and dexamethasone combination therapy in patients with newly diagnosed multiple myeloma.** *Blood* 2010;116(5):679-86. Abstract

Kumar S et al. **Randomized, multicenter, phase 2 study (EVOLUTION) of combinations of bortezomib, dexamethasone, cyclophosphamide, and lenalidomide in previously untreated multiple myeloma.** *Blood* 2012;119(19):4375-82. Abstract

Srivastava G et al. **Long-term outcome with lenalidomide and dexamethasone therapy for newly diagnosed multiple myeloma.** *Leukemia* 2013;27(10):2062-6. Abstract