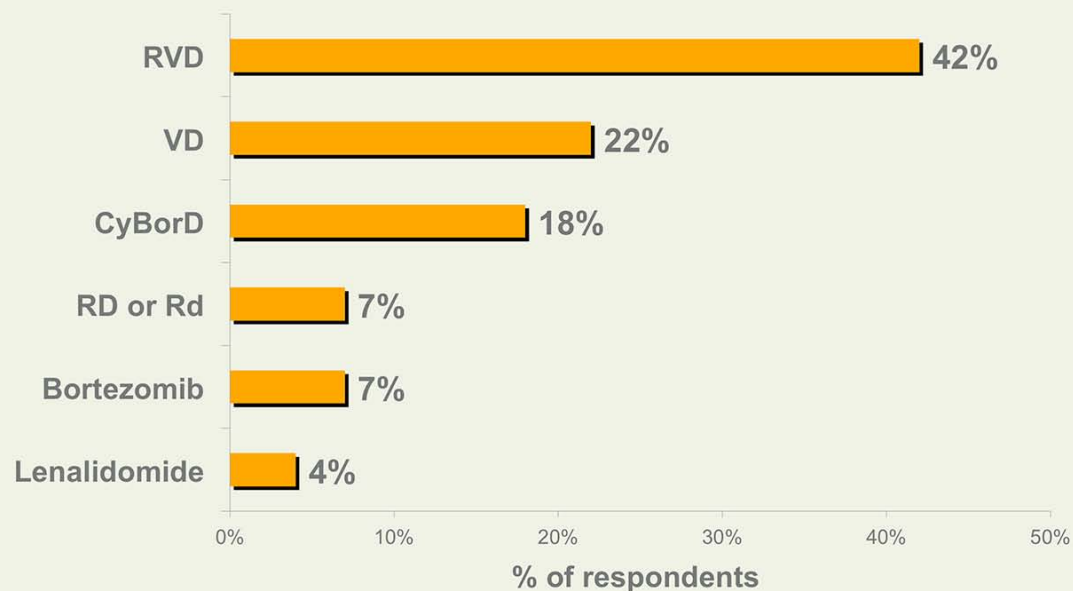


Induction treatment for older patients at high risk

An otherwise **healthy 77-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). **FISH reveals del(17p)**, and skeletal survey is normal. Which induction treatment would you most likely recommend for this patient?



EDITOR'S COMMENTS

We also asked about the approach to treatment for a 77-year-old patient with high-risk cytogenetics, specifically a 17p deletion, and most oncologists and the faculty would cautiously use RVD. Dr Vij notes that preemptive dose reductions may be considered for elderly or frail patients but that the poor short-term outcomes of myeloma in this situation must be balanced against the potential for toxicity.

SELECT REFERENCES WITH LINKS

Chng WJ et al. **IMWG consensus on risk stratification in multiple myeloma.** *Leukemia* 2014;28(2):269-77. [Abstract](#)

Mikhael JR et al. **Management of newly diagnosed symptomatic multiple myeloma: Updated Mayo Stratification of Myeloma and Risk-Adapted Therapy (mSMART) consensus guidelines 2013.** *Mayo Clin Proc* 2013;88(4):360-76. [Abstract](#)