

Post-transplant maintenance for patients at standard risk

A **60-year-old** patient with Stage II MM with **normal cytogenetics/FISH** receives your induction treatment of choice and undergoes autologous stem cell transplant (ASCT). Which post-transplant maintenance treatment, if any, would you most likely recommend for this patient if they achieved the following response after ASCT?

	Complete response	Very good partial response
None	16%	12%
Lenalidomide	64%	69%
Bortezomib	9%	6%
RD or Rd	5%	6%
RV	3%	4%
VD	3%	1%
RVD	0%	2%

EDITOR'S COMMENTS

For patients at standard risk, more than 85% of respondents and the faculty use maintenance treatment after autologous stem cell transplant, including for patients with a very good partial or a complete response (CR). The regimen choice is the same for both levels of response, almost always lenalidomide with or without dexamethasone. Dr Vij notes that prior to Phase III maintenance trials, many investigators speculated that patients in post-transplant CR would not benefit, but recent trials have demonstrated benefit in all response subsets. Dr Munshi notes that new techniques to define minimal residual disease may identify patients not requiring maintenance.

SELECT REFERENCES WITH LINKS

McCarthy P et al. **Lenalidomide after stem-cell transplantation for multiple myeloma.** *N Engl J Med* 2012;366(19):1770-81. [Abstract](#)

Attal M et al. **Lenalidomide maintenance after stem-cell transplantation for multiple myeloma.** *N Engl J Med* 2012;366(19):1782-91. [Abstract](#)

Attal M et al. **Lenalidomide maintenance after stem-cell transplantation for multiple myeloma: Follow-up analysis of the IFM 2005-02 trial.** *Proc ASH* 2013;[Abstract 406](#).

McCarthy P et al. **The emerging role of consolidation and maintenance therapy for transplant-eligible multiple myeloma patients.** *Expert Rev Hematol* 2014;7(1):55-66. [Abstract](#)