

Initial treatment for younger, transplant-eligible patients at high 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). **FISH reveals del(17p)**, and skeletal survey is normal. Which induction treatment would you most likely recommend for this patient? Which post-transplant maintenance treatment, if any, would you most likely recommend if the patient received your induction treatment of choice, underwent ASCT and achieved a complete response?

Induction		Maintenance	
RVD	57%	None	11%
CyBorD	14%	Lenalidomide	43%
VD	10%	Bortezomib	20%
Bortezomib	7%	RV	7%
RD or Rd	4%	RVD	6%
Lenalidomide	4%	VD	6%
RV	1%	RD or Rd	4%
Other	3%	Second tandem transplant	3%

EDITOR'S COMMENTS

We asked about patients with high-risk cytogenetics, specifically 17p deletion, and found induction treatment similar to those for patients at standard risk, the most common regimen being RVD, also used by both faculty. However, the approach to post-transplant maintenance is different, as 39% of oncologists and both faculty incorporate bortezomib, a practice that increased quickly after presentations of the HOVON-65 study, which used bortezomib-based induction and maintenance. Dr Munshi administers RVD maintenance, an approach described in a recent publication by Dr Sagar Lonial in *Leukemia*, and Dr Vij opts for lenalidomide and bortezomib without dexamethasone.

SELECT REFERENCES WITH LINKS

Sonneveld P et al. **Bortezomib induction and maintenance treatment improves survival in patients with newly diagnosed multiple myeloma: Extended follow-up of the HOVON-65/GMMG-HD4 trial.** *Proc ASH* 2013; [Abstract 404](#).

Neben K et al. **Administration of bortezomib before and after autologous stem cell transplantation improves outcome in multiple myeloma patients with deletion 17p.** *Blood* 2012;119(4):940-8. [Abstract](#)

Scheid C et al. **Bortezomib before and after autologous stem cell transplantation overcomes the negative prognostic impact of renal impairment in newly diagnosed multiple myeloma: A subgroup analysis from the HOVON-65/GMMG-HD4 trial.** *Haematologica* 2014;99(1):148-54. [Abstract](#)

Nooka AK et al. **Consolidation and maintenance therapy with lenalidomide, bortezomib and dexamethasone (RVD) in high-risk myeloma patients.** *Leukemia* 2014;28(3):690-3. [Abstract](#)