



Can I Avoid or Postpone Stem Cell Transplant for Multiple Myeloma?

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Andrew Schorr:

Dr. Orlowski, you get questions, when people see you, day in, day out. What do you feel are some of the burning questions that you get that you'd like to answer right now, beyond what we've spoken about?

Dr. Orlowski:

Many patients want to know about stem cell transplant. Should they still get transplant considering all of the number of new drugs and new mechanisms of action that are available. And what they're looking to do is hopefully either delay the transplant or, perhaps, not do it at all. That's a very common question.

There is, actually, an ongoing clinical trial which is looking at that question. Because about 1,000 patients will get randomized. And this is ongoing, across the U.S., including at MD Anderson. And half of patients will get an early transplant, the other half will get chemotherapy and will not get a transplant unless the myeloma shows signs of progression. So that study will help us, but, unfortunately, the data will not be available for a few years because it takes quite a while for all of the data to mature.

In the meantime, what I tell patients is that even though we have all of these great drugs, we still haven't proven that chemotherapy alone does even as well—not to mention better than—chemotherapy plus stem cell transplant. Definitely, they should consider transplant as part of the standard of care.

And the main question is, should they do it right after their induction, or can they wait until the time that the disease first progresses? That, we don't have a good answer for. Although, in the past, when trials were done looking at that, the outcomes were virtually identical. The main thing is not to wait to do transplant until you've had three or four or five different types of chemotherapy combinations, because by then the myeloma is much more resistant, and the benefit from transplant is going to be less.

So I would say that we're still not at the point where we should not be doing transplant. Transplant is still important, definitely either up front or as second-line treatment. So that's one very common discussion that I have.

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