



## Allogeneic Transplant for Multiple Myeloma

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### **Dr. Hofmeister:**

An allogeneic transplant, the idea is that you're replacing your immune system with somebody else's, and you're hoping that somebody else's immune system when it gets seeded inside you will recognize your myeloma cells as foreign and kill them and go essentially where chemotherapy and radiation haven't gone and ultimately be able to rid you completely of myeloma.

You're also hoping that their immune system doesn't recognize your skin, your liver, and your gut as foreign and attack them. That's called graft-versus-host disease. The graft is the immune system, the host is the patient, and you're trying to balance the ability of that immune system to attack the myeloma while not attacking the normal organs and cells of the patient.

Myeloma is very immunosuppressive, so in the vast majority of straight-up allogeneic transplants the graft-versus-tumor effect, the ability of the immune system to detect the myeloma cells, is relatively weak, and so it's very difficult to show benefit to an allogeneic transplant done in a kind of standard way.

What's interesting and the way that I think we want to go with this, with allogeneic transplants, is to be able to modify them so that they're targeted, you're not just en masse changing out your immune system for somebody else's, crossing your fingers and hoping it will work, but instead trying to be very particular about the type of matching, to match certain aspects of your immune system that have never been tested before, to combine it with drugs used to modulate the immune system that haven't been tested before.

At our center the number of allogeneic transplants or donor transplants we do for myeloma is very few, and probably a handful, and there's probably a handful across the nation each year of just

standard donor transplants. And the way we'd like to take this is to do specific types of immune particles or immune cells that we put into patients rather than just en masse, whole immune system replacement, as a graft-versus-myeloma effect is pretty weak.

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