



Is a Cure for Myeloma on the Horizon?

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Andrew Schorr:

Can you foresee that day? When you wake up in the middle of the night and think maybe this will be what it will look like to cure it, can you see that? I mean, or is it just something we just don't know?

Dr. Hofmeister:

The thing that provides me hope is the drugs and the survivals are doubling at a pace that was unheard of before. And so from 1970 to 1995 things improved not at all with overall survival because the classes of drugs were never changing. In the next 10 years overall survival doubled. No, that's not a cure, but it's heading in a route with new modalities and new ways to treatment that's going the right way. I can't predict where the future and what day it's going to be, but it's certainly the road I want to keep walking.

Andrew Schorr:

Did I ask a fair question?

Dr. Lonial:

Yeah, absolutely. I think that there are subsets of patients now with long follow-up from large series of patients who are 10-plus years without evidence of the disease coming back. If you're an

average age of 65, so let's say that's 75-plus now, and heart or diabetes or stroke or something else gets you, I would call that a cure. I think that because that means you've lived long enough for something else to happen, right? That's actually the title of a book, it's not my line.

I think there are subsets. I foresee in the future we're going to be there for more or, as Craig says, for half the patients, I think identifying the specific lesions that separate myelomas, not what is the diagnosis that unifies myeloma, is what's going to help us to get there. Because there are some things we can do in common. If you give patients RVD, as we talked about earlier today, 95-plus percent of patients will respond. But the question is can we keep them there. And that's where I think it does become individualized, it does become personalized, and understanding those genetic subsets is how we're going to get there.

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