



Defining Risk in Myeloma

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Audience Member:

A while back you were talking about high risk and regular risk. Can you talk a little bit more about what pushes somebody into a high-risk category? I know when my husband was first diagnosed we did end up switching doctors, and the one doctor said, well, you didn't get this genetic piece done on the original bone marrow biopsy. He has since relapsed, and is it the relapse that puts him into a high risk category or are there other factors that push people into high risk?

Dr. Lonial:

Well, there are a number of ways to define risk in myeloma. The one that we probably use the most frequently now is FISH testing, which is looking at the genetics of the specific plasma cells in the marrow at the time of diagnosis. And we know that there are certain categories of abnormal tests that can put patients into a high-risk category versus others.

Probably one of the best predictors of who is high risk versus standard risk, is how long with good therapy you stay in remission. And patients who stay in remission for a short period of time after really effective therapy, for instance relapse within a year of a transplant, it doesn't matter what the chromosomes told us at the beginning that's a high-risk patient population right there.

I think there are a number of different ways that can evolve over time. There are patients who have standard risk at diagnosis but after multiple, multiple, multiple rounds of treatment look like a high-risk patient because of the genetics. There are a lot of factors that play into that, not just where you were at the beginning but what have you had, how long have your treatments lasted, and what's happened to your myeloma cell over time.