



Knowing When to Change Treatments in Myeloma

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Andrew Schorr:

Dr. Lonial, we talked about somebody being on an older therapy and if it's not broken, don't fix it, basically. But how do you know when you need to change?

Dr. Lonial:

Well, I think the two things that I look for are what are the side effects that a patient's experiencing from therapy, and are those side effects so bad that we should switch to something different, and is it working. And that means a constant assessment and reassessment of the important marker for your disease.

And whether that marker is an M protein in the blood or a urine protein or a free light, whatever that marker is for your individual disease, that's tracked for us every cycle. I suspect you probably do the same thing.

Dr. Hofmeister:

Yes.

Dr. Lonial:

We look at it with relatively high frequency so we can get a sense for what's going on. And often we may not act because the number goes from 1 to 1.2. We want to see trends of data over time because these numbers that we look at are not perfect numbers. It's not like the speedometer where you're going 55, and that's exactly what you're going. You're not going 54. You're not going 56. These numbers do have some play in them, and there is some biologic variation, so we may want to watch numbers over time to see the trend of what's going on.

But disease progression or toxicity are the two most common reasons for switching.

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