



Maintenance Therapy: What is it? When is it Needed?

Recorded on September 29, 2012

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Andrew Schorr:

Dr. Lonial, talk for a minute about what's called maintenance therapy. Some people keep taking pills like Revlimid (lenalidomide) or others, and some don't. So tell us about when is that needed.

Dr. Lonial:

There is no clear consensus on who should or shouldn't get maintenance therapy. I think what we're beginning to learn from some of the trials is that there are certain subsets of myeloma that really do need maintenance therapy, and these predominantly are patients who present with high-risk disease, so patients who have certain genetic classifications of myeloma. For patients like that, stopping therapy and then waiting to see what happens is often a very short event because we know that left alone patients with high-risk disease will often recur very quickly.

But there are other patients, fortunately, who form a majority of patients who don't have high-risk features, who have what we call standard risk myeloma, and in that situation it's not clear who really gets the most benefit from maintenance versus could they just wait until the disease comes back and then be retreated with that same drug in a non-maintenance situation. And those kinds of trials have been done recently.

There is some conflicting data from a couple of trials about maintenance versus no maintenance, and those are the kinds of discussions I think patients should have individually with their physician because there's a lot of judgment about using or not using maintenance. There is no blanket statement that covers every patient that says, yes, you should, or no, you shouldn't.