



## Torben Plesner: It's a Great Time to Be a Myeloma Doctor

**Torben Plesner, MD**

Professor, Head of the Department of Hematology  
Vejle Hospital

Please remember the opinions expressed on Patient Power are not necessarily the views of our sponsors, contributors, partners or Patient Power. Our discussions are not a substitute for seeking medical advice or care from your own doctor. That's how you'll get care that's most appropriate for you.

**Mary Windishar:**

So, doctor, what is the status of monoclonal antibodies and particularly immunotherapy in myeloma?

**Dr. Plesner:**

You know, I've been very lucky. I've been on board from the very first development of daratumumab (Darzalex), which is one of the very promising monoclonal antibodies for treatment of multiple myeloma. And we have seen very great progress in terms of disease control by use of this antibody and very minimal side effects from using it.

So initially, of course, it was used as single agent to determine the efficacy of this particular compound against myeloma, but now it's coming in combinations with standard type anti-myeloma therapy, and it's even more powerful in this combination. So we see unprecedented remissions, qualities of remissions, duration of remissions with combinations of daratumumab and lenalidomide (Revlimid) and dexamethasone (Decadron) or bortezomib (Velcade) and dexamethasone, so it's really great times for—to be a myeloma doctor.

**Mary Windishar:**

You also mentioned that it's been gratifying to look for residual cancer as well.

**Dr. Plesner:**

Yeah. Because of these excellent results we are not anymore satisfied with old-fashioned standard type of criteria for assessment of remission, the complete response, the stringent complete response. So with novel techniques we are digging deeper into the bone marrow to look for residual cancer cells in the bone marrow, and now they can detect one out of a million cells. If there's one out of a million cells left in the bone marrow, that can be detected now.

**Mary Windishar:**

And how is that treated?

**Dr. Plesner:**

And the aim is to try to get totally rid of all the cancer cells. And we are discussing now in for how many patients can we achieve such a deep remission, and it's looking very, very promising. And should we give continuous therapy and monitor it, and if we have a patient with undetectable disease for a period of time like two years, can we stop treatment? Can we monitor the patient with these technologies and see if there's signs of disease coming back? Is the patient actually cured? That's the question.

So we think that it will be necessary to give prolonged treatment, maintenance treatment, and to monitor the patients very carefully. So the hope is that someday we will achieve a cure for myeloma.

**Mary Windishar:**

And from ASH 2016, what is the bottom line for myeloma patients? What happened here?

**Dr. Plesner:**

There are a lot of updated reports about the promising combination studies with antibodies and standard types of antimyeloma treatment confirming that what we saw initially really holds true. And there are new agents on the way, new ways of using the old agents to improve the response. So we are learning a lot by being here, learning a lot from our colleagues, interacting with them, making plans for the future to make further progress.

**Mary Windishar:**

And you've been teaching your colleagues while you are here. You said it's a great time to be a myeloma doctor, but partially I would guess because you're sort of internationally a myeloma doctor. You said people from even the United States are contacting you?

**Dr. Plesner:**

Yes, that's true. When I speak to people like yourself I get exposed, and people contact me from the outside, even colleagues, medical doctors who have myeloma themselves contact me and ask for advice, and I'm very happy about being able to help.

**Mary Windishar:**

A lot of people don't live near a center of excellence, they don't live near a university. Can you be treated for this remotely from someone who is involved in studies like you are?

**Dr. Plesner:**

I think it's always possible to find a way. Many of the very good new agents in myeloma, they are oral. So at some time point during your course, of course, you will need contact with a specialist, but much of it can be managed as a home care. We are also now working on this antibody I was speaking about before, daratumumab, to provide a sub-Q formulation of it. So rather than giving it intravenously in the future when we have finished the trial this can be provided as a sub-Q injection, so it will be much, much more convenient for the patients, and it's easier to decentralize in smaller centers. Yeah, so.

**Mary Windishar:**

Well, thank you very much for all the good news. We are the lucky ones, Dr. Plesner.

**Dr. Plesner:**

Thank you.

**Mary Windishar:**

And thank you for joining us. I'm Mary Windishar.

Please remember the opinions expressed on Patient Power are not necessarily the views of our sponsors, contributors, partners or Patient Power. Our discussions are not a substitute for seeking medical advice or care from your own doctor. That's how you'll get care that's most appropriate for you.