Understanding M Protein Level and MRD Testing in Myeloma

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Andrew Schorr:
Matthew asked, "If you have M protein 0.1 or 0.2, should you get MRD testing?" And otherwise, you have negative numbers. So, Doctor, he's wondering, with a 0.1 or 0.2, the M protein, should he have MRD testing?

Dr. Manasanch:
It depends. So, a patient that has—so, just a generalization. A patient who has very little paraprotein in the blood, assuming this I like a regular myeloma, most of the myeloma types that have both the heavy and the light chain.

And then, you have 0.1 and 0.2. So, the response for these type of patients is usually what we call a very good partial response. Why? Because most myeloma patients that have this type of myeloma, the M proteins or paraproteins, they're in the range of 3 or 4 or 5 grams, when they start. So, by the time they reach 0.1 and 0.2, that's already more than a 90% decrease. And that's what we call a valuable partial response. So, if you have a patient – if you're a patient, and you know that your response is a very good partial response, does it make sense to test for minimal residual disease for prognosis?

It makes sense, for what I mentioned. Actually, if we look at the patients who are in very good partial response, and we look at MRD positive or negative, the patients who are negative tend to do better, in terms of how long their remission will last. So, if you have—you are in very good partial remission, and you want to know if this test if the clonoSEQ or if the flow is going to find any myeloma cells or not, if it does not find any myeloma cells, if you do not have myeloma cells that the test can find, that's usually better than if the test finds some for patients in very good partial response.

So, what happens is do you want to test for it in partial response. Well, let's say it's not 0.1 or 0.2, the protein is 1.5, it can still probably predict. But, at that range, most patients be positive. So, it really starts to make sense, when you have very little in the blood, very little protein in the blood, and a very good partial response or very good partial remission range or complete remission. That's when you can actually discern. If you test diagnosis or if you test partial remission, most patients will be positive. So, you can test, but it's going to tell you what you already know.

It's positive. So, then, what's the point. So, for this patient, if it is a very good partial response, if the response is a very good partial response, it makes sense to, basically, talk to your doctor and say, okay, is this something that we need to do or not. Because it's only prognosis, it's really just to know. It's not going to – it's probably not going to change.

Andrew Schorr:
I think Matthew wants to know, and I'd want to know, too, because you have those very low numbers. I think, to get our head on straight, wouldn't you agree, Cherie, you want to know?

Cherie Rineker:
Yeah. Just for peace of mind.