



Patient Power

How Do I Know When to Switch Myeloma Treatments?

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Jack Aiello:

Dr. Nooka, can you give an example of where knowing a patient's risk might cause you to change treatments?

Dr. Nooka:

Thank you. So in the bigger picture you heard about what myeloma is and how the risk is differentiated based on the genetics. And once we know where the risk level falls into like we adapt our treatment based on whether the patient falls into the standard risk or the intermediate risk or the high risk. So it is mostly again differentiated by the genetics of myeloma and how the person when the person—we take some lab values which are surrogates of what your disease process is doing.

So based on these there are three risk groups that are presented, and so to make it more simpler the hardest patients or the intermediate risk patients are the ones that maybe make a change in the treatments eventually in the long run to suppress the disease for the longest period of time.

You take a newly diagnosed patient, the standard of care or the standard—our approach to treating these patients are given good induction treatment with a three-drug disease, go for a transplant, go for maintenance with the—whichever is more suitable based on the tolerance.

So if you take the high-risk patients we know, we use the same kind of an approach, but our remission durations, that means the time that patients go and stay in remission, shrinks when you talk about high-risk patient. So what can we do in that scenario to increase the remission duration is intense final maintenance in the later stages, so that is, let's say, in a sense in the maintenance setting.

So that's where we use a combination of a proteasome inhibitor and an immunomodulatory agent, which are lenalidomide, Velcade, and we were able to keep the disease under control for the longest period of time when we are able to use these combination maintenance approaches. So this is an example of how we adapt our treatment based on the risk stratification for that individual patient. And the goal in the bigger picture is to get the remission duration in the first time, the longest benefit that you can get in the first time so that that turns into this survival advantage eventually.

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