

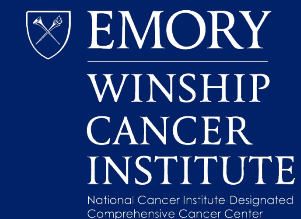


PATIENT-BASED PANEL DISCUSSION

MYELOMA

Speakers: Drs. Lonial, Gupta, Kaufman, Joseph, Hofmeister, Dhodapkar, and Nooka

Presented by Emory University Heme/Onc Fellow:
Andrew McDonald, MD



CASE PRESENTATION

- 65-year-old female who initially presented for hematologic evaluation after routine labs revealed a macrocytic anemia (Hb 10.3 g/dL). She notes some generalized aches and pains but has otherwise been in her usual state of health
- PMH: HTN, Osteopenia
- Medications: Lisinopril
- SH: Former smoker > 20 years ago, denies regular alcohol use or illicit drug use
- FH: No significant family history of blood disorders or cancer

CASE PRESENTATION

Further laboratory studies showed including immunologic studies showed:

- Repeat Hgb now 9.5 g/dL
- Ca 10.1, Cr 0.75, Alb 3.9, B2M 2.51
- LDH 133
- SPEP/IFE 2.9 g/dL IgG-lambda paraprotein
- FKLC 9 mg/L, FLLC 129 mg/L, FLCR 0.07
- IgG 3716, IgA 43, IgM 32
- UPEP/IFE negative

CASE PRESENTATION

Bone marrow biopsy:

- 30% clonal lambda-restricted plasma cells, normal female karyotype, FISH panel positive for +11q, +3, +7, +9

PET-CT

- Multiple FDG-avid lytic lesions through the axial and appendicular skeleton.

CASE PRESENTATION

Diagnosed with ISS-1, R-ISS 1 standard risk myeloma presenting with anemia and lytic bone disease.

Questions for Discussion:

- What induction regimen would you recommend for this patient?
- Role of transplant?
 - Upfront versus deferred?

CASE PRESENTATION

- Started on induction therapy with **Dara-RVD**.
 - Developed GERD/gastritis symptoms with C2 which resolved with PPI .
 - Supportive care: ASA, valacyclovir, TMP-SMX, monthly zoledronic acid
- Completed 4 cycles and achieved VGPR .
- Underwent **ASCT** with day 100 restaging VGPR .
- Started on **maintenance lenalidomide** 10 mg on days 1-21 every 28 days .

CASE PRESENTATION

- Patient continued maintenance revlimid with good tolerance and ongoing response.
- 5 years post-ASCT, noted to have slow biochemical progression.
- 8 months later, presents with new hip and back pain. PET-CT confirms new FDG avid lytic lesions consistent with relapsed myeloma.

CASE PRESENTATION

- What options would you consider for the next treatment line?
- What factors do you consider when making this decision on treatment options?
- If CAR-T was available, would this be a preferable option at first relapse?

QUESTIONS OR COMMENTS?

Thank you to Dr. Nisha Jospeh for providing this case.

Thank you to the panelists for their insight.

AND THANK YOU!!!