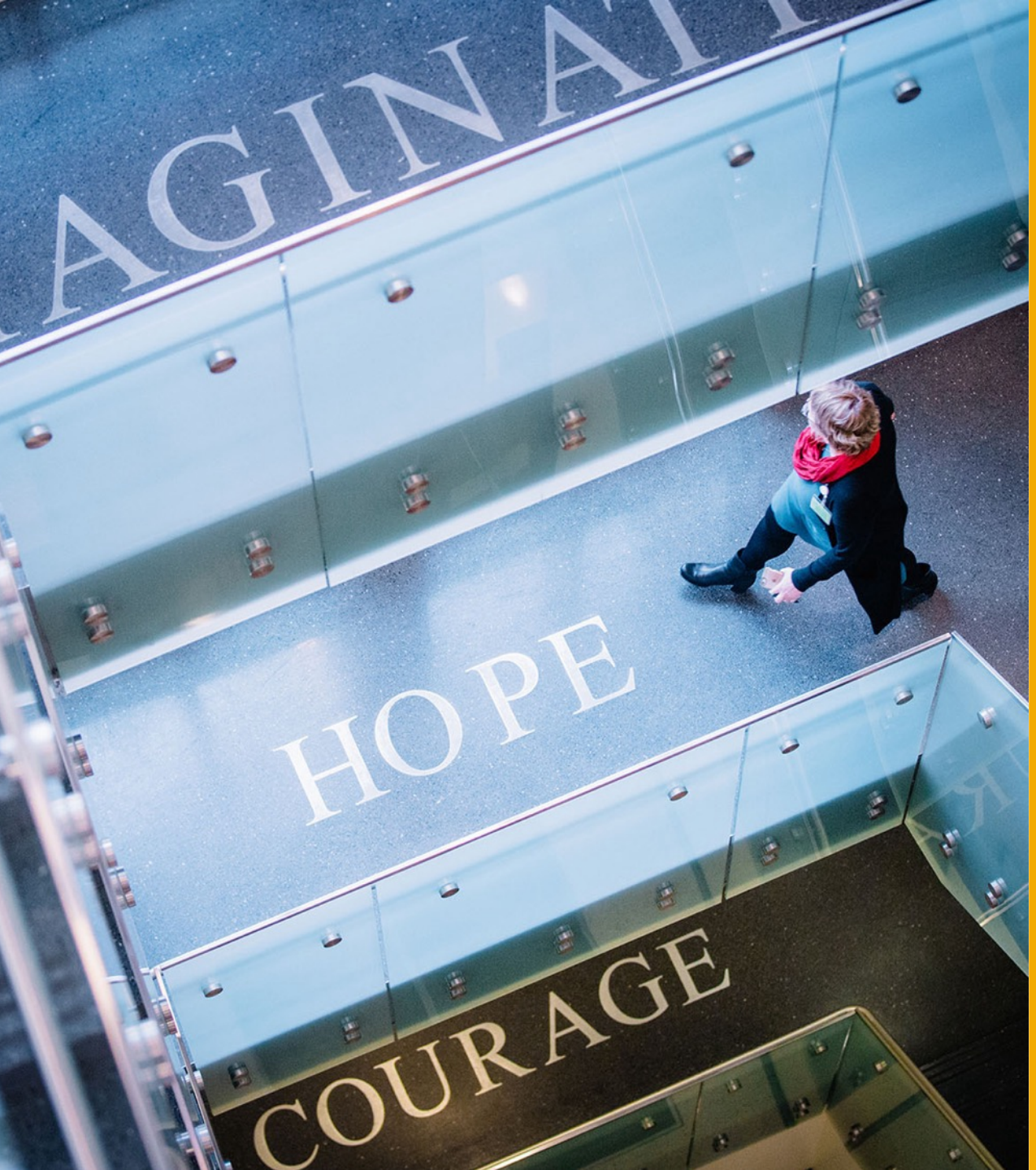

Where Science Becomes Hope

PATIENT-BASED PANEL DISCUSSION MYELOMA

All Speakers: Drs. Lonial, Nooka, Joseph, Shah, Kaufman and Anderson.

Case presented by Emory University Hematology-Oncology fellow: Abraham Attah, MD

July 26th, 2025

EMORY WINSHIP CANCER INSTITUTE
National Cancer Institute-Designated Comprehensive Cancer Center

NCI Designated Comprehensive Cancer Center

CASE PRESENTATION

53 YOF with significant PMH of HLD, prediabetes, who presented in April 2024, with chest pain and shortness of breath.

Initial Labs: Normal WBC, Hb, Plt. **Cr 1.04 (baseline of 0.74), Ca 9, protein gap of 6.4** noted on CMP (Albumin 3.7), LDH 198

Imaging: CT PE –ve for PE but showed multiple new scattered lucencies in bilateral ribs and sternum

CLINICAL COURSE

- **Myeloma Labs:**
  - SPEP/FLC: IgG κ paraprotein 3.33 g/dL, Free κ 98.5, Free λ 11.9 (Ratio 8.28)
  - Ig: Elevated IgG 5217 with decreased IgA & IgM
  - B2-microglobulin 2.53
  - No UPEP
- **Bone marrow:**
  - **Morphology:** Hypercellular with trilineage hematopoiesis, mild erythroid hyperplasia and 20-30% monoclonal plasma cells with kappa restriction
  - **Flow Cytometry:** 4% monoclonal plasma cell
  - **FISH:** Additional copies of 1q, gain in chromosome 9, 11, 17 and monosomy 13
  - **Karyotype:** 46,XX,t(2;3)(p23;q26.1),inv(9)c[20]
- **PET:** Multiple lytic lesions throughout the skeletal structures consistent with MM with a 5.8 cm lesion in the left sacrum (minimal metabolic activity)
- **Final Diagnosis:** IgG κappa MM

PANEL DISCUSSION

1. How would you risk stratify patient based on updated IMS and stage based on R-ISS?
2. How would this impact your choice of up-front therapy? Triplet vs Quadruplet?

CLINICAL COURSE

- **Diagnosed with standard-risk MM**
- **4/2024:** Started on D-RVD and completed 4 cycles on 7/16/24
- **7/23/24:** Got 1 additional cycle of D-VD. Len held due to SC collection
- **Bone Marrow Biopsy post-Induction:** Normocellular marrow with <5% plasma cell (no clonal pop)
- **Best response post-induction:** VGPR (Positive SPEP)

PANEL DISCUSSION

1. Would you obtain MRD testing post-induction and if yes, how would this impact your decision to proceed with ASCT?

CLINICAL COURSE

- **8/27-28/24:** SC collection (Plerixafor/GCSF), 10.02 million cells/kg
- **9/13/2024:** ASCT with Melphalan 200mg/m2
- **12/22/24:** Post-ASCT BM, normocellular marrow with <5% plasma cell (no clonal pop)
- **Response post-transplant:** sCR
- **MRD:** -ve

PANEL DISCUSSION

1. How will MRD status impact your choice of maintenance regimen?
2. Would you place this patient on len or D-R maintenance and why?

CLINICAL COURSE

- Patient enrolled on EXCALIBER maintenance study, randomized to len 10 mg arm
- Patient remains in MRD –ve sCR on 10 mg Len

PANEL DISCUSSION

1. How would approach stopping len maintenance if patient remains in sCR after 5 years? How would MRD status impact this?