

Treatment of autologous stem cell transplant-eligible multiple myeloma patients: questions and answers

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Autologous stem cell transplantation is currently considered the standard of care for multiple myeloma in young patients with adequate organ function, based on the results of trials conducted in the era prior to the advent of novel agents. While these trials demonstrated the superiority of high-dose therapy with stem cell support over conventional chemotherapy, relapse remained an issue for the majority of patients.

With the introduction of the novel agents, a dramatic change in treatment strategies in the transplant setting has taken place. These agents are now incorporated prior to and following the transplant procedure, and have resulted in improvements in outcome. Importantly, improvements have also been seen in patients with high-risk cytogenetics and renal impairment. In

the era of novel agents, the role of transplant itself is being questioned and new recent trials are trying to establish whether transplant can be delayed until after relapse in some patients.

The current ongoing studies are aimed towards improving the different steps of the procedure with the aim of further improving efficacy and tolerability. This topic will address a number of questions surrounding the different steps of the transplant procedure and summarizes the available research evidence as a basis for decision making.

Conflict of interest:

Author declares the following potential conflicts of interest: Janssen, Celgene, Amgen, Takeda, BMS and Novartis.