

Impact of consolidation therapy in patients post-transplant

Jacob Laubach, MD

Assistant Professor in Medicine

Harvard Medical School

Clinical Director of the Jerome Lipper Multiple Myeloma Center

Dana-Farber Cancer Institute

Boston, Massachusetts

Welcome to *Managing Myeloma*, I am Dr. Jacob Laubach. I would like to briefly review the topic of post-transplant consolidation therapy. Post-transplant consolidation refers to the practice of administering typically two- or three-drug treatment regimens in the aftermath of transplant in an effort to deepen and lengthen the response to treatment. The CTN StaMINA trial, which was reported on at the 2016 American Society of Hematology Meeting by Dr. Stadtmauer and colleagues, sought to evaluate the impact of consolidation therapy in patients who had undergone transplant and determine whether this practice actually improved outcomes in comparison to patients who receive lenalidomide maintenance alone. In this study, patients were randomized in a 1:1:1 fashion to receive (in the aftermath of transplant) either single-agent lenalidomide as maintenance therapy, a standard of care; versus four cycles of consolidation therapy with the three-drug regimen of lenalidomide, bortezomib and dexamethasone followed by maintenance with single-agent lenalidomide; or to a second autologous transplant (referred to as a tandem transplant) followed by lenalidomide maintenance. In this trial, there was no difference across the three arms in terms of progression-free survival or overall survival.

With that in mind, I would consider post-transplant lenalidomide maintenance to be the standard of care, recognizing that by giving a single agent as maintenance, one is limiting the impact of treatment-related side effects while at the same time deriving benefit from the use of ongoing immunomodulatory therapy. I think it is true that longer followup of the CTN StaMINA trial is necessary to determine whether differences across the three arms emerge that would be informative to our clinical practice. It is also very important to recognize that there may be certain populations of patients with multiple myeloma who have particularly high-risk disease by virtue of cytogenetic findings – such as complex karyotype or 17p deletion – or those with highly aggressive clinical characteristics who may benefit from consolidation therapy and even ongoing multi-agent maintenance therapy.

Thank you for listening.