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***Managing Myeloma* recently talked with Dr. Sagar Lonial of the Emory University School of Medicine about which is the best indicator of improved outcomes in multiple myeloma: SCR, CR, IFCR, or MCR?**

[Editor's note: Dr. Lonial's transcript has been edited to improve readability]

This is a really important, evolving area in the field of multiple myeloma. We know, for instance, that patients who achieve a Complete Response or CR have improved progression-free and overall survival compared to patients who do not, and in fact, that group includes patients with high-risk myeloma such as 17p deletion, 4;14 translocation, or other karyotypic abnormalities. There is now emerging data suggesting that the Stringent Complete Response (SCR) also offers some benefit; validation in large phase 3 trials is currently ongoing. The two newer categories of flow cytometric complete remission and Molecular Complete Remission (MCR) are currently in evolution, and there is data again suggesting that patients that achieve IFCR or MCR do appear to have better outcomes in terms of progression-free and overall survival. However, we do not know whether those findings are truly predictive or prognostic, in the sense that perhaps we have identified the best patients who achieved molecular or flow cytometric complete remission. As such, while these certainly are important goals of therapy, achieving the deepest response one can, such as using molecular testing, next-generation sequencing, or flow cytometry to assess MRD negativity, it is not clear that one should change therapy at this time based on whether or not a patient has achieved that endpoint. Those trials asking those specific questions are currently ongoing.

Thank you for viewing this activity.

For further information about this important subject, please refer to the related resources and activities on the *Managing Myeloma* website, as identified below.