

## **Chief Complaint (CC)**

65 y/o female presents with recurrence of bone pain and, after initial workup by her referring physician, new bone lesions on skeletal survey

## **History of Present Illness (HPI)**

Pt initially presented with bone pain and a fracture

- ISS 2 multiple myeloma was confirmed
- Induction with lenalidomide, bortezomib and dexamethasone (RVd) for 4 cycles, achieving VGPR
- HDT with melphalan 200 mg/m<sup>2</sup> and ASCT, achieving nCR
- Lenalidomide maintenance 10 mg on D1-21 q28d, with zoledronic acid
- At 12 mo, reduced lenalidomide to 5 mg D1-21 q28d due to cytopenias
- Stayed on maintenance for 3.5 yrs in nCR

Pt now presents with new lytic lesions on skeletal survey, and new and active bone lesions on PET-CT

- Bone marrow biopsy demonstrated 30% infiltrating plasma cells
- FISH demonstrated presence of hyperdiploid myeloma
- Hgb 10.5 g/dL, which is significantly lower than in previous 6 mo
- Normal renal function and albumin
- SPEP demonstrated IgG kappa protein 1.5 g/dL
- SFLC ratio 20:1
- UPEP normal

## **Past Medical History (PMH)**

- Hypertension (well-controlled on oral medication)
- Hypothyroidism (well-controlled on oral medication)