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Why should a myeloma patient who has a previous history of bone lesions have a bone study as part of current response assessment?

Welcome to *Managing Myeloma*, my name is Bob Orlowski, and I am the Director of the Myeloma Section as well as the chair of the Department of Lymphoma/Myeloma at the University of Texas MD Anderson Cancer Center, in nice, warm and humid Houston, Texas. I am frequently asked, “Why should a myeloma patient who has a previous history of bone lesions have a bone study as part of current response assessment?” I think this is an important question, because although we do not want to overdo radiographic studies, there also are times when it is very important to repeat such studies. The most obvious time is if some patient is having a new boney ache, and that, of course, can indicate the presence of new boney disease or fractures which need to be evaluated. A second example is that sometimes myeloma can be somewhat tricky. On occasion, you have myeloma patients whose myeloma has always made a protein that can be detected in the blood or urine, but then at times, it can switch into one that no longer makes a protein. And so you can be fooled by the blood and urine tests into thinking the myeloma is getting better, but in fact it may be worsening, and one way to tell that is by either doing a bone marrow or by looking for the development of new boney lesions. Another reason to look at bone x-rays, or in some cases, magnetic resonance imaging or even positron emission tomography, is that sometimes you can have discordant findings where the myeloma numbers are improving but there is boney progression. And that really means that patients should be switching, in all likelihood, to a different therapy.

Finally, remember that bisphosphonates like zoledronic acid can be used at multiple times during the course of myeloma therapy. If you had bone disease at baseline and received roughly 1-2 years of therapy, you should probably not receive more. But if you then progress in the future with new boney disease, especially after a few years, repeat treatment with zoledronic acid or another drug in that compound area would be important to reduce the risk of future progression. So, for all of these reasons, although it should not be done routinely, repeat radiographic imaging at some frequency is still an important part of the management of myeloma patients.

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