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***Managing Myeloma* recently spoke with Dr. Sagar Lonial of the Winship Cancer Institute of Emory University in Atlanta, Georgia, about the role of SPEP, UPEP, and immunofixation in managing multiple myeloma patients.**
[Editor's note: Dr. Lonial's transcript has been edited to improve readability]

This is a very important topic, because quite often SPEP, UPEP, and immunofixation testing is not done on a routine basis for newly diagnosed patients, patients undergoing therapy, or patients with relapsed and refractory myeloma.

- **Immunofixation** is an important test because one cannot declare a complete remission without obtaining an immunofixation on the blood and the urine at a given time point.

- **Serum Protein Electrophoresis (SPEP)** allows us to assess for monoclonal protein or M-protein burden within the blood.

- **Urine Protein Electrophoresis (UPEP)** continues to remain a standard test for patients at the time of diagnosis, as well as at the time of declaring a patient in complete remission.

In fact, if a 24-hour UPEP and immunofixation is not performed, a patient cannot be declared as having achieved a complete remission (CR). Thus, if one wants to have complete assessment of the disease status at the time of diagnosis, during treatment intervals, and at the time of either complete remission or relapse, use of the serum protein electrophoresis (SPEP), UPEP, and immunofixation continue to remain important standard testing.

Many groups have talked about using the free light chain assay instead of the urine protein electrophoresis (UPEP); in certain situations, the free light chain assay can be used to obtain response assessment and disease status, however it does not replace the need for the UPEP at diagnosis or at confirmation of complete remission.

These are very important findings as we move forward, thinking about how best to assess patients over time, as well as to make sure that we are doing everything we can to truly understand their disease status at any given point.