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Where do immunotherapeutic agents and monoclonal antibodies fit into the real-world treatment of patients with multiple myeloma?

Welcome to *Managing Myeloma*. My name is Ola Landgren, and I am Chief of the Myeloma Service at Memorial Sloan Kettering Cancer Center in New York City. I am frequently asked, "Where do immunotherapeutic agents and monoclonal antibodies fit into the real-world treatment of patients with multiple myeloma?"

I think it is a very exciting time to be treating patients with myeloma, as there are so many new drugs. Immunotherapies and monoclonal antibodies came to the myeloma scene in November of 2015 when the FDA approved the first SLAMF7 monoclonal antibody, elotuzumab, and the CD38 monoclonal antibody daratumumab. These are two great drugs. They are both approved for the setting of relapsed and refractory multiple myeloma. Elotuzumab, when it was initially developed, did not have single-drug activity, but when combined with lenalidomide and dexamethasone showed progression-free survival benefit. Daratumumab has single-drug activity. It also shows progression-free survival benefit. That drug is also in development in combination with other drugs, including lenalidomide and dexamethasone.

I think these two drugs represent a new era of treatment for multiple myeloma. They are new in mechanism of actions and they can be added to existing drugs. The way I foresee the future of treatment for multiple myeloma will be the existing drugs used in combination with these monoclonal antibodies. I did discuss during my presentation the development of four-drug combinations, and I do think that the fourth drug very likely is going to be a monoclonal antibody. I also think that the development of monoclonal antibodies in immunotherapeutic strategies for the treatment of myeloma is going to become part of the upfront treatment for newly diagnosed multiple myeloma patients. There is more work that needs to be done. We need to see the data from the studies, but I think the data indicates that these drugs are very powerful and they are very tolerable, and I think they probably will end up being used in the upfront setting.

With that, I would like to thank you so much for your attention and for participating in this activity. If you would like to find additional resources, please view the other educational activities on *ManagingMyeloma.com*.