

## What is the ideal follow-up of MGUS and smoldering myeloma patients?

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Welcome to Managing Myeloma. I am Dr. Saad Usmani. I am frequently asked, “What is the ideal follow-up of MGUS and smoldering myeloma patients?” My general answer to the community oncologist is to first ensure that you have had an appropriate diagnostic workup for your MGUS or smoldering myeloma patient, which many times does include a bone marrow biopsy. This helps differentiate the MGUS from the true smoldering myeloma patients, and currently, 10% or more of clonal plasma cells are required to identify patients as smoldering myeloma patients. Then, within the smoldering myeloma patient population, it is important to identify patients who are at low risk of progression to active myeloma, intermediate risk for progression to active myeloma, or high risk of progression to active myeloma. The two criteria that I usually utilize in my clinical practice are the Spanish Myeloma Group criteria where immunophenotypically, the plasma cells that are present on aspirate, 95% or more, are abnormal.

The other criteria that we use to identify low-, intermediate-, and high-risk myeloma are the Mayo Clinic criteria. Using either of the criteria, one can identify roughly 5% to 10% of patients who are at high risk of progression to active myeloma, and those particular high-risk patients need to be monitored more carefully. We might get labs on those patients every 2 to 3 months and perhaps follow up with them every 6 months or so. For the patients who are true MGUS or low- or intermediate-risk smoldering myeloma patients, we might be checking labs on them one to two times a year, and perhaps seeing them in follow-up once a year. Knowing that there are several clinical trials that are available at myeloma centers for intermediate- and high-risk smoldering myeloma patients, it may be worthwhile referring those patients to your nearest myeloma specialist and see if your patient may qualify for a clinical trial. Thank you for viewing this activity.