

Can I use a patient's previous regimen again as salvage?

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Welcome to *Managing Myeloma*, I am Dr. Saad Usmani. I am frequently asked, "Can I use a previous regimen again as salvage?" There are several factors that one has to consider. For example, whether the patient got a previous salvage treatment with a triplet drug – or even a doublet drug – got it for a finite duration of therapy, and had a good tolerance to it, as well as a durable response. In the first-line setting, we consider at least 18-24 months of progression-free survival (PFS) benefit as good durable response. If they are on maintenance treatment, the threshold is a little different; you want to push that to out may be about at least 36 months or a little bit more.

Nevertheless, important aspects in choosing the previous regimen as salvage are the durability of response, the duration of response, the side-effect profile the patient had, and any long-term sequelae they had from previous treatment. If the answer to each of these questions is yes, yes, yes, then it is reasonable to use the previous treatment as salvage. However, expect the response and the progression-free survival benefit you get with the salvage regimen to be smaller than you would expect at the time of diagnosis. With that caveat, it would be important to consider the previous regimen as a potential salvage. The other important key point when you ask that question is whether there is a clinical trial available for the patient, and what other options are there? Is there a superior regimen that will give my patient a better depth of response or better PFS? If so, then choose that regimen. Several factors go into play here. Thank you for viewing this activity.