

Should I consider a second autologous stem cell transplant?

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Welcome to *Managing Myeloma*, I am Dr. Saad Usmani. I am frequently asked, “Should I consider a second autologous stem cell transplant (ASCT) for my patient?” When you ask that question you also have to ask, “How did my patient do with the first autologous stem cell transplant?” Did they tolerate it well? Did they have any significant comorbidities after the autologous stem cell transplant that required a long duration of recovery? Then, what kind of progression-free survival (PFS) benefit did the patient get from that first autologous stem cell transplant? If they got an ASCT and then did not receive any maintenance afterwards, one would consider a good PFS to be at least 18-24 months, preferably more. In the setting of lenalidomide maintenance, I would probably push that threshold closer to 24-36 months or more, going by the median PFS benefit that we would expect to get for those patients. If the answer is yes to any of those questions, then yes, we should be considering a second autologous stem cell transplant for our patients in the early relapse setting. Thank you for viewing this activity