

Will clinical trials continue to enroll during this time?

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Welcome to *Managing Myeloma*, I have recently been asked, “Will clinical trials continue to enroll during this time?” That is a tough question; and if you look at Twitter, you will see lots of different approaches to how to manage this. The reality is that I think that in the context of refractory myeloma, that having access to clinical trials is critical for patients to be alive, and so again you have to weigh the risks of not getting treatment with the potential benefits of the treatment, understanding that in the setting of clinical trials there may be risks. And so what we have tried to do is to enroll predominantly on phase II clinical trials, particularly with oral agents where we are able to, but even in the context of refractory myeloma where CAR T-cells or bispecifics or belatacept or other potential agents are available, we are going to use whatever we need to use in the safest manner we can. And for some patients, that may mean more visits to us, but the alternative is the risk of refractory myeloma progressing and dying, so as with every treatment we use, assessing risks and benefits and doing the best thing you can to counsel patients and make judgments together is the best way to approach clinical trials in this era.