

Philip L. McCarthy, MD

Professor of Oncology
Director, Blood and Marrow Transplant Program
Roswell Park Cancer Institute
Buffalo, New York

How long should my patients be on maintenance therapy?

Welcome to *Managing Myeloma*. My name is Philip McCarthy. I am a professor of medicine and oncology at Roswell Park Cancer Institute in Buffalo, New York, and often I am frequently asked, "How long should my patients be on maintenance therapy?" Currently, based on the data from the studies that have been published for lenalidomide at least based on the CALGB 100104 study, patients should remain on lenalidomide until progression of disease. If on bortezomib for whatever reason due to intolerance of lenalidomide, the HOVON-65 trial looked at bortezomib for 2 years twice monthly. With all types of treatment, AEs will need to lead to a cessation of therapy. The patient needs to be monitored carefully, at least monthly, for those patients who are on lenalidomide due to the cytopenia risk. It does not mean they need a full exam, but they need at least the CBC monthly and at least every 3 months see the patient and see how they are doing and check urine and blood for evidence of progression. For very high-risk patients, we can consider low-dose consolidation such as RVD light, but this is based on phase 2 study from the Emory group. They followed this up with lenalidomide maintenance. We think that we are going to have to develop strategies for these very high-risk patients because we know that single-agent maintenance therapy alone probably is not going to be enough. Thank you very much for reviewing this activity. For additional resources, please view the other educational activities on *ManagingMyeloma.com*.