Shall we treat smoldering multiple myeloma in the near future

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Abstract
In recent years, several new drugs have been approved for the treatment of multiple myeloma. Many of these newer drugs are highly efficacious and less toxic than older chemotherapy drugs. In 2014, the diagnostic criteria for multiple myeloma were revised. The intent with the new criteria was to identify patients who require therapy at an earlier stage than at manifestation of organ complications. A subset of patients who were previously defined as having high-risk smoldering multiple myeloma was redefined as having multiple myeloma. In this context, it is logical to raise questions regarding the optimal clinical management of patients who are diagnosed with smoldering multiple myeloma in the current era. When is the optimal time to start therapy? Do the clinical trajectories for patients suggest there are distinct sub-entities hidden in the current category of smoldering multiple myeloma? How can we move the field forward from here? This paper reviews and dissects data and models on the topics of clinical features, underlying biology, and early treatment trials in smoldering multiple myeloma. The text highlights assumptions, facts, and gaps in the literature. As indicated in the title of the paper, the recurrent theme of the text is this: shall we treat smoldering multiple myeloma in the near future?

Topics: multiple myeloma, smoldering myeloma

References

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Smoldering Multiple Myeloma. SMM is defined by the presence of a serum IgG or IgA M protein greater than or equal to 3 g/dL and/or bone marrow plasma cells of 10% to 60% and absence of anemia, hypercalcemia, lytic bone lesions, or renal failure that can be attributed to plasma cell proliferative disorder. Smoldering myeloma (SM) represents the point of transition from MGUS to PCM without anemia, skeletal lesions, hypercalcemia, or renal insufficiency. In the future, whole-genome sequencing approaches will better define the MGUS–MM transition, since somatic mutations acquired over time can be tracked to delineate their role during development of active MM from MGUS, as well as acquisition of drug resistance and relapse of disease. Shall we treat smoldering multiple myeloma in the near future? O. Landgren. Medicine. Advances in the diagnosis, classification, risk stratification, and management of monoclonal gammopathy of undetermined significance: implications for recategorizing disease entities in the presence of evolving scientific evidence. S. Rajkumar, R. Kyle, F. Buadi. Medicine. Smoldering myeloma patients should be observed and tested by their physician approximately every 3 months. Testing using blood tests, urine tests, bone marrow biopsy tests and imaging (PET-CT and MRIs) are all useful in the diagnosis of smoldering myeloma. Those who have bone lesions, osteoporosis or osteopenia may receive bisphosphonates. The only opportunity to be treated with smoldering myeloma is to join a clinical trial. To find all smoldering clinical trials, click here: Smoldering Myeloma Clinical Trials.