Treatment strategies for relapsing and refractory myeloma
Dr Rajesh Krishna

This talk will cover…

• The course of myeloma
• What is relapsed and refractory myeloma
• When to re-start treatment and factors to consider
• Treatment for relapsed and refractory myeloma
Three take home messages

1. Myeloma will return at some point but it is difficult to predict exactly when this will happen.
2. Tests and symptoms/complications help to identify relapse.
3. Treatment options are available for relapsed and refractory myeloma.

Definitions

- **Remission** — the period following treatment when myeloma cells and paraprotein are no longer detectable and no clinical symptoms of myeloma.
- **Plateau** — a period of time when the myeloma and the paraprotein level is relatively stable.
Definitions

• **Relapse** – the point where myeloma returns or becomes more active after a period of remission or plateau

• **Refractory** – myeloma that has failed to respond to treatment

The course of myeloma

Relapse, treatment and remission

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Detecting relapsed / refractory myeloma

Regular tests will indicate activity of myeloma and help to show when a patient has relapsed or is refractory

- Paraprotein
- Free light chains
- Imaging
- Blood tests
- Organ function

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What next?

- Discussion and decision made between doctor and patient – what’s right for the individual
- Treatment aims to control the myeloma and maintain quality of life

Risks vs. Benefits

Control disease
Reduce symptoms

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Patient hints and tips

“Remain positive and remember that there are treatment options available and new options to be explored”

“It wasn’t as bad as initial diagnosis, for me. I did know that myeloma would return, although I had hoped it wouldn’t”

Tips from *The small things that make all the difference* book

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Treatment options: three approaches

**REPEAT**
Continue to monitor or repeat previous successful treatment

**ADD**
Add to the existing treatment combination e.g. steroid, chemotherapy

**NEW**
Try a new treatment with a different way of killing myeloma cells

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Treatment options

First relapse
- Velcade® (but no retreatment)
- Thalidomide
- Steroid
- Chemotherapy
- Second HDT-SCT +/- mini-allo SCT

Second relapse
Plus
- Revlimid®
- Farydak® (with Vel+dex)
- DT-PACE
- ESHAP

Third and subsequent relapse
Plus
- Imnovid®
- Bendamustine

Treatment options - first relapse

- Same as previous treatment if good response – but need to be aware of developing resistance
- Add to existing treatment +/- steroid +/- chemotherapy
- Second high-dose therapy and stem cell transplant
- Velcade® (bortezomib)
- Clinical trial – if eligible

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**Mini-allo (donor) transplant**

Rarely used but may be an option at relapse depending on:

- **Age** – younger patients
- **Co-morbidities** (other illnesses/diseases)
- **Nature** of myeloma
- Suitable **matched (sibling) donor**

Carried out at doctor’s discretion, sometimes within a clinical trial, if a matched donor is available.

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**Mini-allo transplant**

Risk of graft-versus host disease (GVHD)
Higher risk if matched unrelated donor used

Donated cells attack myeloma cells to produce plateau/remission
Delays relapse

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Treatment options - second relapse

- Same as previous treatment
- Add to existing treatment +/- steroid +/- chemotherapy
- Revlimid® (lenalidomide)
- Farydak® (panobinostat) (if had Revlimid® and Velcade®)
- Other combinations e.g. DT-PACE and ESHAP
- Clinical trial – if eligible

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Treatment options - after second relapse

- Farydak® (panobinostat)
- Imnovid® (pomalidomide)
- bendamustine

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Treatment options - refractory myeloma

- Different combination of drugs
  +/- steroid  +/- chemotherapy
- Multi-drug combinations e.g. DT-PACE, ESHAP
- Clinical trial – newer drugs can still be effective

Clinical trials

- Clinical trials are designed to help develop better treatment for myeloma
- They often use newer drugs which are not yet used in routine care
- Follow strict rules as to what is done, when and where
Clinical trials

Entry to a trial is determined by:

- What stage of disease (e.g. newly diagnosed or relapsed)
- Previous treatment
- Capacity within trials teams

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<thead>
<tr>
<th>You can choose</th>
<th>You may/may not choose</th>
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<tbody>
<tr>
<td>Whether to become enrolled and treated on the trial</td>
<td>Where you have treatment</td>
<td>Whether you fit the criteria for a trial</td>
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<td>To withdraw from the trial if you want to</td>
<td>When it starts</td>
<td>Exactly what treatment you get</td>
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<td>Whether you have extra investigations</td>
<td>Whether doses change or drugs start or stop</td>
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Clinical trials: When to go on a trial

- If the trial treatment fits with what you need
- If you and your doctor cannot decide which other treatment option is best
- If you are prepared for the additional trips and tests required at the trial centre
Supportive care

- Erythropoietin
- GCSF
- Antibiotics
- Zometa
- Immunoglobins
- Symptom management

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Future treatments – later talk

New myeloma drugs:

- Kyprolis® (carfilzomib) for Injection
- Ninlaro® (ixazomib) capsules
- Darzalex® (daratumumab)

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Patient hints and tips

“We all know that our myeloma will come back – obviously we all wish this takes as long as possible. When it does return, focus on what you can control, your thoughts, your actions.”

Tips from The small things that make all the difference book

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An Infopack for relapsed and refractory patients is currently in development and coming soon

Visit the Patient Information stand for other information

www.myeloma.org.uk
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Myeloma UK resources

- Treatment and clinical trials information
- Videos featuring patients and healthcare professionals
- 3D animations about myeloma on our website

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Thank you

Any questions?

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