Treatment strategies for relapsing and/or refractory myeloma

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This talk will cover…

- What is relapsed and/or refractory myeloma
- When to re-start treatment and factors to consider
- Treatment for relapsed and/or 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/or refractory myeloma
Definitions

Following treatment:

- **Remission** – myeloma cells and paraprotein are no longer detectable and there are no clinical symptoms of myeloma.

- **Plateau/stable disease** – 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

- Symptomatic disease requiring treatment
- Relapse
- Relapse
- Relapse

Paraprotein level

- MGUS asymptomatic myeloma
- 1st remission or plateau
- 2nd remission or plateau
- 3rd remission or plateau

Treatment
Detecting relapsing/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
What next?

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

First relapse
- Bortezomib (no retreatment)
- Carfilzomib (restricted use)
- Thalidomide
- Steroid
- Chemotherapy
- 2\textsuperscript{nd} HDT-SCT +/- mini-allo SCT

Second relapse
**Plus**
- Lenalidomide
- Ixazomib (Not Scotland)
- Panobinostat

Third and subsequent relapse
**Plus**
- Pomalidomide
- Daratumumab
- Bendamustine
- DT-PACE
- ESHAP
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.
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
Treatment option – refractory myeloma

• Generally speaking, same approach as for relapsed myeloma, trialling different approaches to overcome treatment resistance, e.g.
  – Increasing dose of one, some or all of drugs in combination
  – Adding in another drug e.g. clarithromycin

• Multi-drug combinations e.g. DT-PACE, ESHAP

• Clinical trial – newer drugs can still be effective
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 the trial

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<th>You can choose</th>
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<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
Future treatments – later talk

New myeloma drugs and treatment approaches:

- Reolysin®
- CAR-T cell therapy
Patient hints and tips

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

Tips from *The small things that make all the difference* book
Three take home messages

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2. Tests and symptoms/complications help to identify relapse.

3. Treatment options are available for relapsed and refractory myeloma.
Myeloma UK resources

‘Coping with a myeloma relapse (Martyn’s Story)’
Thank you

Any questions?
Here for everything a diagnosis of myeloma brings

Support available at:

www.myeloma.org.uk  0800 980 3332