

## **October 2008 Meeting News – New Members**

The group welcomed two new members at the meeting this month. **Beth** was diagnosed with myeloma in August by a hematologist after receiving abnormal MRI results. She and has begun treatment with Velcade, Dex, and Revlimid, and is preparing for a stem cell transplant. **Gail** was diagnosed with myeloma in July when a hematologist found high protein levels. She is on her fourth round of Velcade, Dex, and Revlimid, and is planning to harvest stem cells in mid-October.

## **Business & Other Information**

**Nancy** led the meeting. Approximately 44 members were present. The format of the meeting was changed due to our guest speaker, and so the group did not conduct their regular member's collaborative session. Member updates will resume at the next meeting.

## **Guest Speaker**

Many thanks to **Dr. Asad Bashey**, from the Northside Blood and Marrow Transplant Group, who provided an informative discussion about autologous stem cell transplant as a treatment option. Dr. Bashey is also the author of "100 Questions and Answers about Myeloma", which is available in the group's library. Dr. Bashey explained that autologous stem cell transplants (SCT) refer to stem cells that are collected from an individual and returned to that same individual. Autologous SCTs are generally considered safe for most patients, as opposed to allogeneic (donor) stem cell transplants, which are far more risk-laden. Generally, patients are prepared for autologous SCT by achieving some state of remission from novel agents (i.e. chemotherapy), then collecting, or harvesting their "cleaned" stem cells, which are then frozen and stored. Then a high dose of chemotherapy is administered to the patient prior to performing the actual transplant (the returning of stem cells to the patient). Typically, when harvesting stem cells, an effort is made to collect enough stem cells for at least two transplants. Unused stem cells are stored and may be used at another time. A benefit of obtaining remission via SCT is the option to choose to abstain from myeloma drugs during the remission period, which could potentially be relatively long. It is important to note that using myeloma drugs the least amount possible will leave them available for use at a future date, since over time these drugs will become less effective in treating the myeloma, as the myeloma becomes more resistant to the agent. Dr. Bashey discussed the various levels of remission that can be obtained from an SCT: Complete Remission = no proteins and the bone marrow is clear. Near Complete Remission (NCR) and Stringent Complete Remission (SCR) were discussed. Dr. Bashey said that the new generations of treatments are coming faster and the MM "tool kit" has advanced significantly in the last ten years. Patients diagnosed after 2000 are doing much better due to earlier diagnosis and getting the new treatment plans implemented as needed.

The following questions were addressed during the presentation:

### **Q: Who is considered a candidate for SCT?**

A: Many patients are considered candidates for SCT. Some things to consider are age, general health, other diseases, and prior therapies. Note that if you are considering a SCT, there are certain therapies that should not be administered pre SCT because they can damage bone marrow.

### **Q: How many stem cells must be collected for a SCT?**

A: 5 million is an optimal number to use. Less can be used with good results, but will yield a longer recovery time for the patient.

**Q: How long are the stored, frozen stem cells good for?**

A: It is thought that stem cells can probably be stored indefinitely, however the standard response is “ten years”.

**Q: How does one decide if a tandem transplant should be performed?**

A: It is suggested that the patient get the results from the first SCT before deciding. Current studies indicate that if the patient has achieved a complete remission (CR) after the first SCT, they are not likely to benefit from a second, tandem transplant. However those patients who have not achieved a state of CR after the first SCT could benefit from a tandem SCT.

**Q: Who is most likely to benefit from a second (non-tandem) SCT?**

A: Those most likely to benefit would be those who have had the longest complete remission (CR), i.e. greater than two years. A second SCT in these patients could potentially yield a remission period time length close to the original SCT remission time length.

**Q: For those patients who achieve a complete remission (CR) from a SCT, how long can they expect to stay in CR post SCT?**

A: We are not able to predict this yet. Some patients will stay in CR only months, but others have remained in CR for 10, even 15 years from a single autologous SCT. After ten years, 15-20% of patients who have had a single autologous SCT will not have relapsed (80-85% will have relapsed).

**Q: For those patients who achieve a complete remission (CR) from a SCT, should they be on a maintenance program?** A: There are not enough studies to determine the effectiveness of a maintenance program after SCT. There is a randomized trial now at Northside to test Revlimid for maintenance.

**Q: Is it true that the disease is always more aggressive in relapsed cases?**

A: The disease is usually more resistant to treatment (i.e. the strongest of those myeloma cells have survived), however it is not necessarily more aggressive, but can be.

**Q: When myeloma relapses, how do we know that it is the same myeloma relapsing, or just a brand new case in an individual that may be prone to the disease?**

A: There are markers that indicate if this is a new or continued case. It is very rare to find a new case in this situation. (This also helps explain the greater resistance level of relapsed myeloma).

**Submitted by Wendy**