News & Notes

The content for the News & Notes section of Myeloma Today is drawn from a long list of publications based on inquiries received by the IMF Hotline and the interests expressed by our readers. To submit your inquiries or suggestions, please email MKazakova@myeloma.org.

ASH/ASCO clinical practice guideline on the use of ESAs has been updated

The clinical practice guideline of the American Society of Hematology (ASH) and the American Society of Clinical Oncology (ASCO) for use of erythropoiesis-stimulating agents (ESAs) in adult patients with cancer has been updated. Based on data published between January 2007 and January 2010, the Update Committee recommends that clinicians treating patients undergoing myelosuppressive chemotherapy who have hemoglobin (Hb) less than 10 g/dL discuss the potential harms and benefits of ESAs, and compare these with potential harms and benefits of red blood cell (RBC) transfusions. Individual preferences for assumed risk should contribute to shared decisions on managing chemotherapy-induced anemia. The Committee cautions against ESA use under other circumstances. If used, ESAs should be administered at the lowest dose possible and should raise Hb to the lowest concentration possible to avoid transfusions. ESAs should be discontinued after 6 to 8 weeks in nonresponders. ESAs should be avoided in cancer patients not receiving concurrent chemotherapy, except for those with lower risk myelodysplastic syndromes. Caution should be exercised when using ESAs with chemotherapeutic agents in diseases associated with increased risk of thromboembolic complications.

MGUS follow-up and early diagnosis and prevention of myeloma-related complications

Monoclonal gammopathy of undetermined significance (MGUS) is associated with a long-term risk of progression to multiple myeloma or related malignancy. In a retrospective study, investigators reviewed 116 patients from southeastern Minnesota seen at Mayo Clinic (Rochester, MN) between 1973 and 2004 who were diagnosed with MGUS that subsequently progressed to myeloma. The findings suggest that routine annual follow-up of MGUS may not be required in low-risk patients. Future studies are needed to determine the optimal frequency of monitoring in higher-risk MGUS patients.

Phase 3 VISTA study results highlight CR as an important treatment goal

Analysis of the phase 3 VISTA study results show that superior outcomes are associated with complete response (CR) in newly-diagnosed multiple myeloma patients treated with non-intensive therapy. The phase 3 VISTA study of bortezomib (Velcade®) plus

melphalan-prednisone (VMP) versus melphalan-prednisone (MP) as initial therapy in myeloma patients ineligible for high-dose therapy demonstrated that VMP was superior to MP across all efficacy end points. After nine 6-week cycles of therapy, the investigators assessed the participating patients using the European Group for Blood and Marrow Transplantation (EBMT) criteria. CR was associated with significantly longer time-to-progression (TTP), time to next therapy, and treatment-free interval when compared to partial response (PR). There was no significant difference in overall survival (OS); similar differences were seen with CR versus very good partial response (VGPR). Quality of response improved with prolonged VMP treatment. CR duration appeared similar among patients with "early" (cycles 1-4) and "late" (cycles 5-9) response; the same conclusion was reached regarding patients receiving 9 or fewer than 9 cycles of bortezomib within VMP. In conclusion, the Phase 3 VISTA investigators report that CR is an important treatment goal and support prolonged VMP therapy to achieve maximal response.