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.

IMF names Prof. Joan Bladé as recipient of the 2010 Robert A. Kyle Lifetime Achievement Award

The International Myeloma Foundation (IMF) is proud to award its prestigious *Robert A. Kyle Lifetime Achievement Award* for 2010 to Prof. Joan Bladé. The IMF's Robert A. Kyle Lifetime Achievement Award was established to honor an individual whose lifetime body of work furthers the ultimate goal of finding a cure for myeloma, a cancer of the bone marrow. The accolade is named after Dr. Robert A. Kyle, noted physician and founder of the Myeloma and Related Diseases Research Group at the Mayo Clinic in Rochester, Minnesota. Dr. Kyle himself was the first recipient of the award in 2003. Subsequently, the award has been presented to Dr. Bart Barlogie of the Myeloma Institute for Research and Therapy in Little Rock, Arkansas in 2004, Dr. Kenneth C. Anderson of the Dana Farber Cancer Institute in 2005, and Dr. Brian G.M. Durie of the Cedars Sinai Comprehensive Cancer Center in 2006, Prof. Heinz Ludwig in 2007, Prof. Mario Boccadoro in 2008 and Prof. Jean-Luc Harousseau in 2009.

Prof. Bladé graduated from the Medical School of the University of Barcelona. In 1981 he joined the staff at the Hematology Department of Hospital Clinic, where is now the Senior Consultant and Director of the Myeloma Programs. He was co-founder of the PETHEMA Foundation, and co-founder of the Spanish Myeloma Group. Dr. Bladé chaired the group who developed the European Group and Marrow Transplantation (EBMT) response criteria, known today as the Bladé Criteria. He has published over 200 papers on both myeloma and MGUS, and he is an active member of the *International Myeloma Working Group* (IMWG).

The presentation will take place on June 9, 2010, in Barcelona, Spain. For information about sponsorship opportunities, please contact Suzanne Battaglia, at SBattaglia@myeloma.org, or (818) 487-7455.

Circulating myeloma cells and autologous stem cell transplantation

Multiple myeloma (MM) patients with a good performance status are often offered high-dose therapy (HDT) followed by autologous stem-cell transplantation (ASCT). HDT/ASCT is associated with complete response (CR) rates of up to 40%. Although a significant proportion of patients have a durable response after HDT/ASCT, others relapse relatively quickly and do not appear to benefit from the procedure, which may impact the overall survival (OS) of these patients. Researchers at the Indiana University School of Medicine and Simon Cancer Center (Indianapolis, IN) attempted to define the role of infusing mobilized myeloma cells on the survival of patients undergoing ASCT.

Investigators studied data on autograft characteristics of 303 patients who underwent ASCT between January 1999 and April 2008. The mobilization regimen was cyclophosphamide and GCSF for the majority

of the patients and GCSF alone for the more recent transplants. Melphalan at 200 mg/ m2 was given 18 hours prior ASC infusion. In 199 patients there were no CD38+/CD45– cells detected. Among the 104 patients with evidence of CD38+/CD45– cells the range was 0.1–10.2 x106 cells/kg and there was no difference in OS in this patient group compared to the group without evidence of contaminating myeloma cells. Continuous variable analysis also did not reveal any relationship between the dose of CD38+/CD45– cells and survival. There may be a survival advantage after 40 months for those receiving CD38+/CD45– cells, however the scientific rationale is not well understood. Neither beta 2 microglobulin nor the number of plasma cells in the bone marrow were relevant in multivariate analysis. In conclusion, the presence of MM cells in the autograft does not appear to influence OS, and the inclusion of CD45 and CD38 flow cytometric analysis of mobilized stem cells may not be necessary. A video interview with Dr. Hayley Knollman of the Indiana University School of Medicine and Simon Cancer Center is available on the IMF website, www.myeloma.org.

Phase III trial in smoldering multiple myeloma at high risk of progression

Smoldering multiple myeloma (sMM) is a plasma cell (PC) disorder defined by the presence of ≥10% of PC and/or a serum M-component (MC) ≥3g/ dl without end-organ damage. Recent studies have identified a subgroup of sMM patients at high risk of progression to active MM (>50% at 2 y): patients with both PC ≥10% & MC ≥3g/dl or ≥95% aberrant PC (aPC) by immunophenotyping, or abnormal FLCs. Standard of care for sMM is monitoring without treatment until disease progression. Several small studies, which did not focus on high-risk sMM, have explored the value of early treatment with either conventional agents (melphalan/prednisone) or novel drugs (thalidomide, interleukin-1b), with no clear benefit.

Researchers at Hospital Universitario de Salamanca (Salamanca, Spain) participated in a multicenter, randomized, open-label, phase III trial of lenalidomide (Revlimid®) plus dexamethasone (len-dex) versus no treatment in sMM patients at high risk of progression to symptomatic MM. In the first interim analysis, the Salamanca investigators presented data on the first 40 patients recruited, looking at whether early treatment prolongs the time to progression (TTP) in sMM patients at high risk of progression to active MM. These preliminary results show that in sMM patients at high risk for progression to active MM, delayed treatment is associated with early progression (median time 17.5 months) with bone disease, while so far len-dex has been able not only to prolong the TTP (without any progression so far) but also to induce complete response (CR) with a manageable and acceptable toxicity profile. A video interview with Dr. Maria-Victoria Mateos of the Hospital Universitario de Salamanca is available on the IMF website, www.myeloma.org. MT