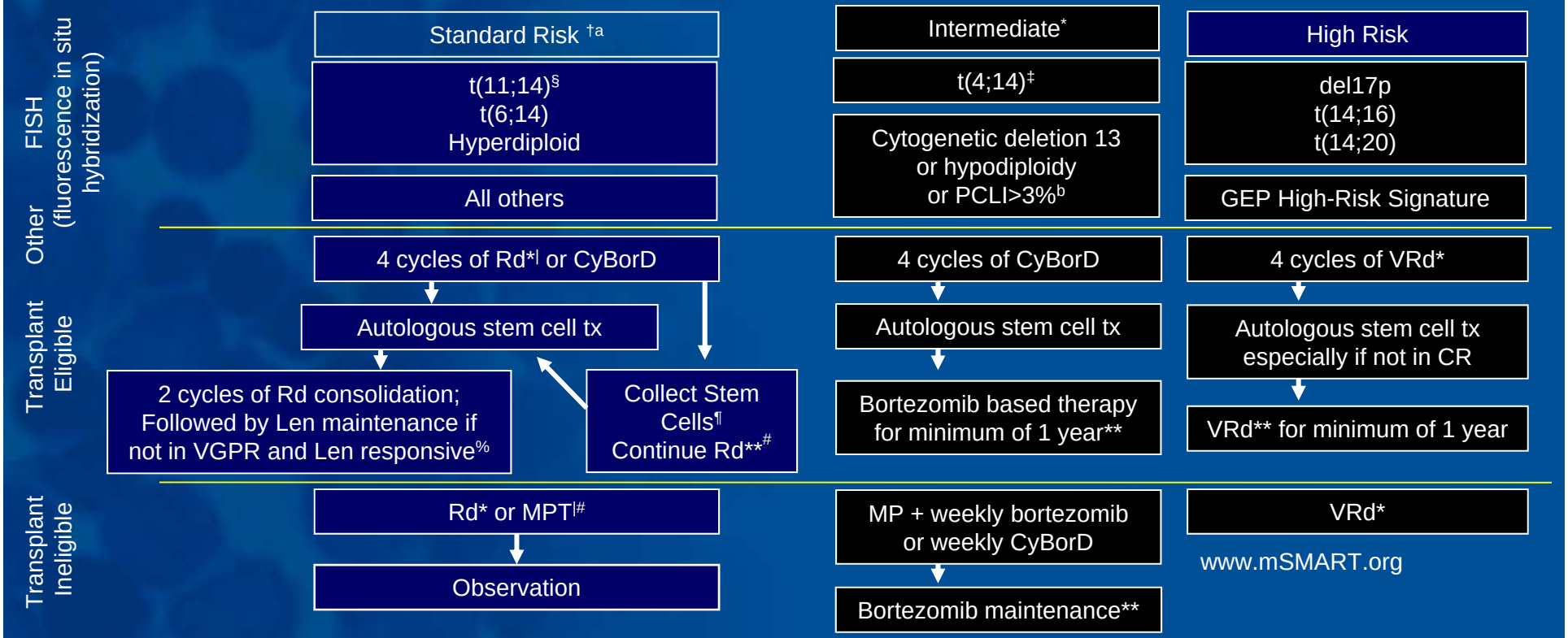
Stratification for Myeloma and Risk-adapted Therapy [mSMART] – Off Study



PLCI=plasma cell labeling index; CyBorD=cyclophosphamide, bortezomib, dexamethasone; MP=melphalan, prednisone; GEP=gene expression profile; VRd=bortezomib, lenalidomide, dexamethasone; %*Consider risks and benefits; consider limited duration 12-24 months;* *Lenalidomide is not approved by the US FDA for the treatment of newly diagnosed (treatment naïve) multiple myeloma; **No agent or regimen has been approved by the US FDA as maintenance therapy for multiple myeloma. † Note that a subset of patients with these factors will be classified as high-risk by GEP; a LDH >ULN and beta-2 M >5.5 may indicate worse prognosis; b cut-offs vary; § t(11;14) may be associated with plasma cell leukemia; ‡ Prognosis is worse when associated with high beta-2 M and anemia; l Bortezomib containing regimens preferred in renal failure or if rapid response needed; ¶ If age >65 or >4 cycles of Rd consider G-CSF plus cyclophosphamide or plerixafor; #Continue Rd for patients responding to Rd and with low toxicities; Dex is usually discontinued after first year [*Managing Myeloma* Medical Director Note: continuous therapy is treatment until relapse or intolerance; this recommendation is further supported by recent results of the FIRST Trial. Facon T, et al. *Blood*. 2013;122(21):Abstract 2.]; *www.msmart.org/newly%20diagnosed%20myeloma.pd*