

Smoldering Multiple Myeloma: New Ways of Stratifying Risk of Disease Progression

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Hello and welcome to *Managing Myeloma*. My name is Noopur Raje and today I'm going to discuss how to risk-stratify patients with smoldering multiple myeloma. Smoldering multiple myeloma, as you all know, is a state which falls somewhere between monoclonal gammopathy of undetermined significance (MGUS) and active symptomatic myeloma. Very recently, we've actually redefined what active symptomatic myeloma is. In addition to the CRAB criteria, we've added in criteria like greater than 60% plasmacytosis, presence of a focal lesion on an MRI or a PET scan, and the presence of an abnormal free light chain ratio of more than 100 would be considered symptomatic myeloma. We've also, more recently, identified risk stratification within smoldering multiple myeloma patients and we've validated what we now refer to as the 20/2/20 model. This is where you have bone marrow plasmacytosis of more than 20%, more than 2 grams of protein, and a free light chain ratio above 20. Based on these factors, you are giving a risk score to the patient and by doing so, you can then identify patients who fall into the high-risk, intermediate-risk, and the low-risk category using this 20/2/20 model. And those patients who fall in the high-risk category, those are the ones who have at least a 50% chance of progression in the next couple of years, and those are the ones which we are focusing on in terms of clinical trials. In addition to the 20/2/20 model, we've also included now FISH and cytogenetics, so that if you have some of the abnormal high-risk cytogenetic features, that could be considered a high-risk feature and it would be considered more a propensity for progression to active symptomatic myeloma and again, should be considered for patients for clinical trials in the smoldering myeloma space.