

# Discussão Guia ESMO Mieloma 2021

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#### Conflitos de interesse

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Annals of Oncology 0: 1–11, 2017 doi:10.1093/annonc/mdx096

#### CLINICAL PRACTICE GUIDELINES

2017

Multiple myeloma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up<sup>†</sup>

P. Moreau<sup>1</sup>, J. San Miguel<sup>2</sup>, P. Sonneveld<sup>3</sup>, M. V. Mateos<sup>4</sup>, E. Zamagni<sup>5</sup>, H. Avet-Loiseau<sup>6</sup>, R. Hajek<sup>7</sup>, M. A. Dimopoulos<sup>8</sup>, H. Ludwig<sup>9</sup>, H. Einsele<sup>10</sup>, S. Zweegman<sup>11</sup>, T. Facon<sup>12</sup>, M. Cavo<sup>5</sup>, E. Terpos<sup>8</sup>, H. Goldschmidt<sup>13</sup>, M. Attal<sup>6</sup> & C. Buske<sup>14</sup>, on behalf of the ESMO Guidelines Committee<sup>\*</sup>





**Guideline Article - Consensus based** 

**OPEN ACCESS** 

2020

## Multiple Myeloma: EHA-ESMO Clinical Practice Guidelines for Diagnosis, Treatment and Follow-up

Meletios A. Dimopoulos<sup>1</sup>, Philippe Moreau<sup>2</sup>, Evangelos Terpos<sup>1</sup>, María-Victoria Mateos<sup>3</sup>, Sonja Zweegman<sup>4</sup>, Gordon Cook<sup>5</sup>, Michel Delforge<sup>6</sup>, Roman Hájek<sup>7</sup>, Fredrik Schjesvold<sup>8,9</sup>, Michele Cavo<sup>10</sup>, Hartmut Goldschmidt<sup>11</sup>, Thierry Facon<sup>12</sup>, Hermann Einsele<sup>13</sup>, Mario Boccadoro<sup>14</sup>, Jesús San-Miguel<sup>15</sup>, Pieter Sonneveld<sup>16</sup>, Ulrich Mey<sup>17</sup>, on behalf of the EHA Guidelines Committee and the ESMO Guidelines Committee

#### **WEBINAR ABHH**



#### **Smouldering Myeloma**

2017

2020

Immediate treatment is not recommended at the present time for patients with indolent myeloma. Clinical trials for high-risk smouldering myeloma are strongly encouraged.

	Proposed cut-off	Analysis	HR (95% CI) versus low risk	<i>P</i> value
Serum M protein	2 g/dl	>2 versus ≤2	1.99 (1.62-2.45)	<0.0001
Serum FLC ratio	20	>20 versus ≤20	2.04 (1.65-2.52)	<0.0001
BMPC %	20%	>20 versus ≤20	2.26 (1.83-2.79)	<0.0001

median time to progression

low- 110 m intermediate- 68 m

high-risk 29 months,

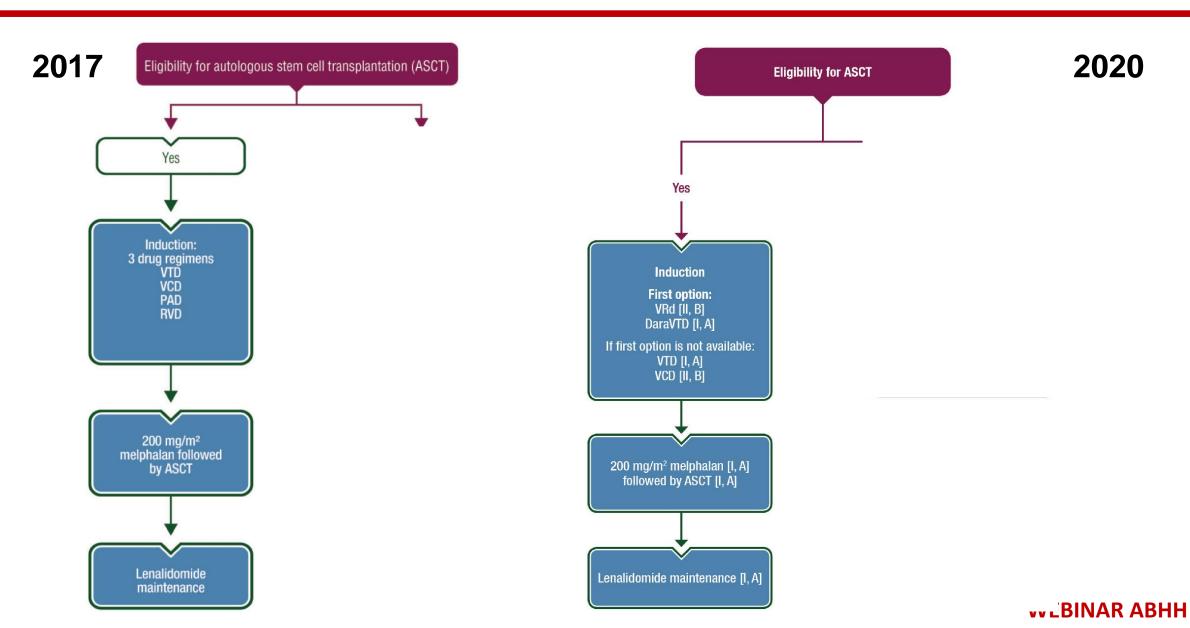
(P < 0.0001).

High-risk SMM patients should be encouraged to participate in randomised phase III trials to reveal the best treatment that offers OS advantage. To date, no treatment has been approved for SMM.



#### **Eligible Myeloma**

2020





## Non- eligible Myeloma

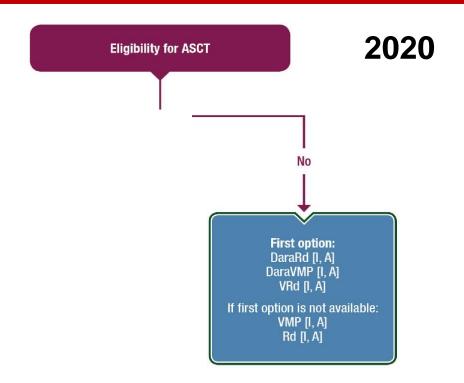
Eligibility for autologous stem cell transplantation (ASCT)

No

First option:
VMP or Rd or VRd

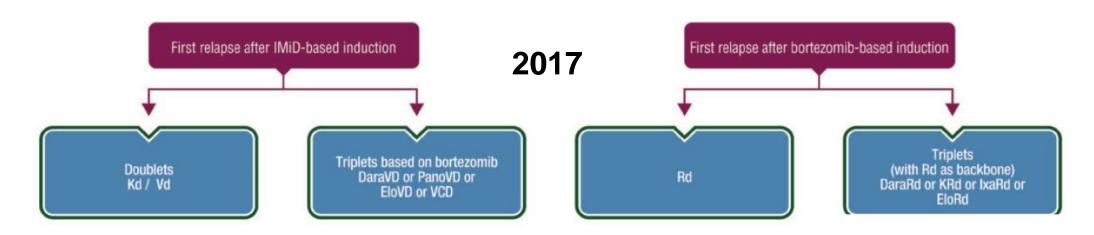
Second option:
MPT or VCD

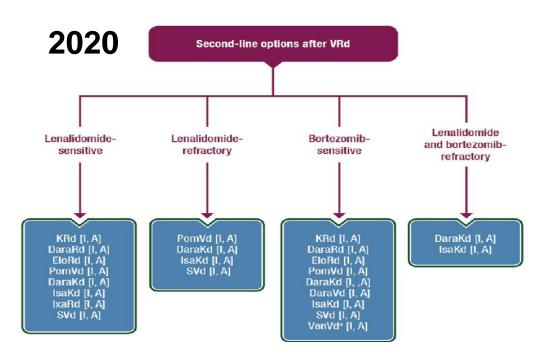
Other options:
CTD, MP, bendamustine
prednisone





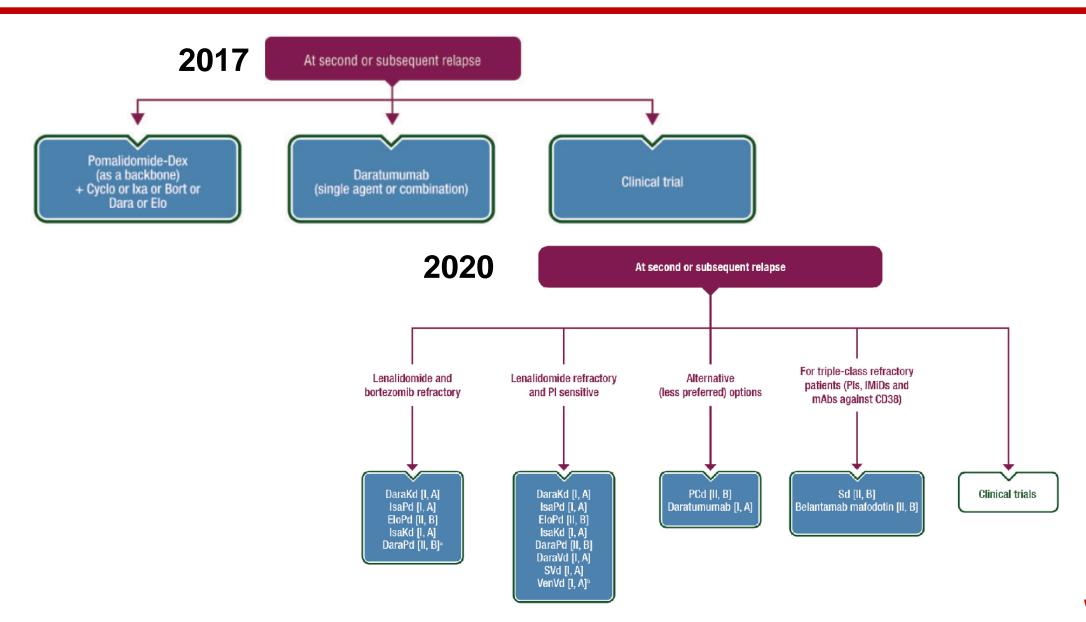
#### 1<sup>st</sup> Relapse Myeloma







## 2<sup>nd</sup> or more Relapses Myeloma





#### And Beyond.....

**Anti BCMA** 

Anti- G protein-coupled receptor family C group 5-member D (GPRC5D)

Fc receptor-homolog 5 (FcRH5)

- 1- CART
- 2-BiTE
- 3- ConjMoAb