

Role of Maintenance/Continuous Therapy

What Is Maintenance Therapy in Myeloma?

Maintenance therapy is treatment that may be given after autologous stem cell transplant (ASCT) to prolong response. Currently, Revlimid® (lenalidomide) (/node/1111) is the only myeloma treatment approved by the FDA for maintenance after an ASCT. Multiple clinical trials have reported higher rates of progression-free survival (PFS) and overall survival (OS) in patients who received Revlimid as maintenance therapy post-ASCT (vs. placebo as maintenance therapy), regardless of the depth of response following ASCT.



There is a trend of more frequent use of “doublet” (2-drug) maintenance therapy regimens. This is especially the case in patients with higher-risk myeloma. In patients with high-risk multiple myeloma (HRMM), a more intense maintenance therapy may be considered. Post-ASCT maintenance therapy remains an area of study and data is evolving.

A 2014 meta-analysis ([https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(13\)70609-0/abstract](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(13)70609-0/abstract)) of 3,218 patients in 7 clinical trials showed that an increase in second primary malignancies (SPM) could arise from the use of Revlimid in combination with melphalan. There has been no increase in SPMs reported among relapsed or refractory patients treated with Revlimid in the absence of an alkylating agent.

Given the advantages and potential risks of post-ASCT maintenance therapy with Revlimid, discuss with your doctor your individual risk factors and your response to ASCT before making any decision.

The Role of Tandem Autologous Stem Cell Transplant (ASCT)

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WITHDRAW CONSENT

The Role of Second Stem Cell Transplant in Multiple Myeloma

Long after a patient's first ASCT, a second transplant may be an option for relapsed myeloma. A second ASCT appears to confer benefit. It is also a viable option for patients who achieved response of at least an 18-month duration following a first ASCT, but then relapsed. This is one of the reasons that enough stem cells for two ASCTs may be collected in advance.

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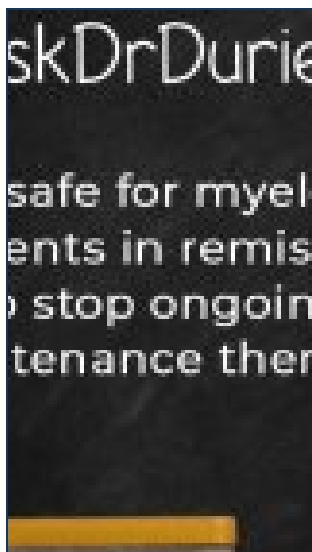


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Comprised of leading medical researchers, hematologists, oncologists, oncology-certified nurses, medical editors, and medical journalists, our team has extensive knowledge of the multiple myeloma treatment and care landscape.

Additionally, the content on this page is medically reviewed by myeloma physicians and healthcare professionals.

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