

Case- presentation

Macrofocal relapse myeloma

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S.D

- 61 years old male
- 2021- cord compression (D10). Biopsy- plasmacytoma. No BM involvement (but under few weeks of steroids)
- Laminectomy + curative-intent radiation (45 g)
- Slow radiographic and hematologic (FLC levels) improvement but eventually FLC (almost) normalized (480=>30)
- Prolonged rehab. Walks with crutches. Spine consultation- No active pressure, further therapy unlikely to result in neurologic improvement



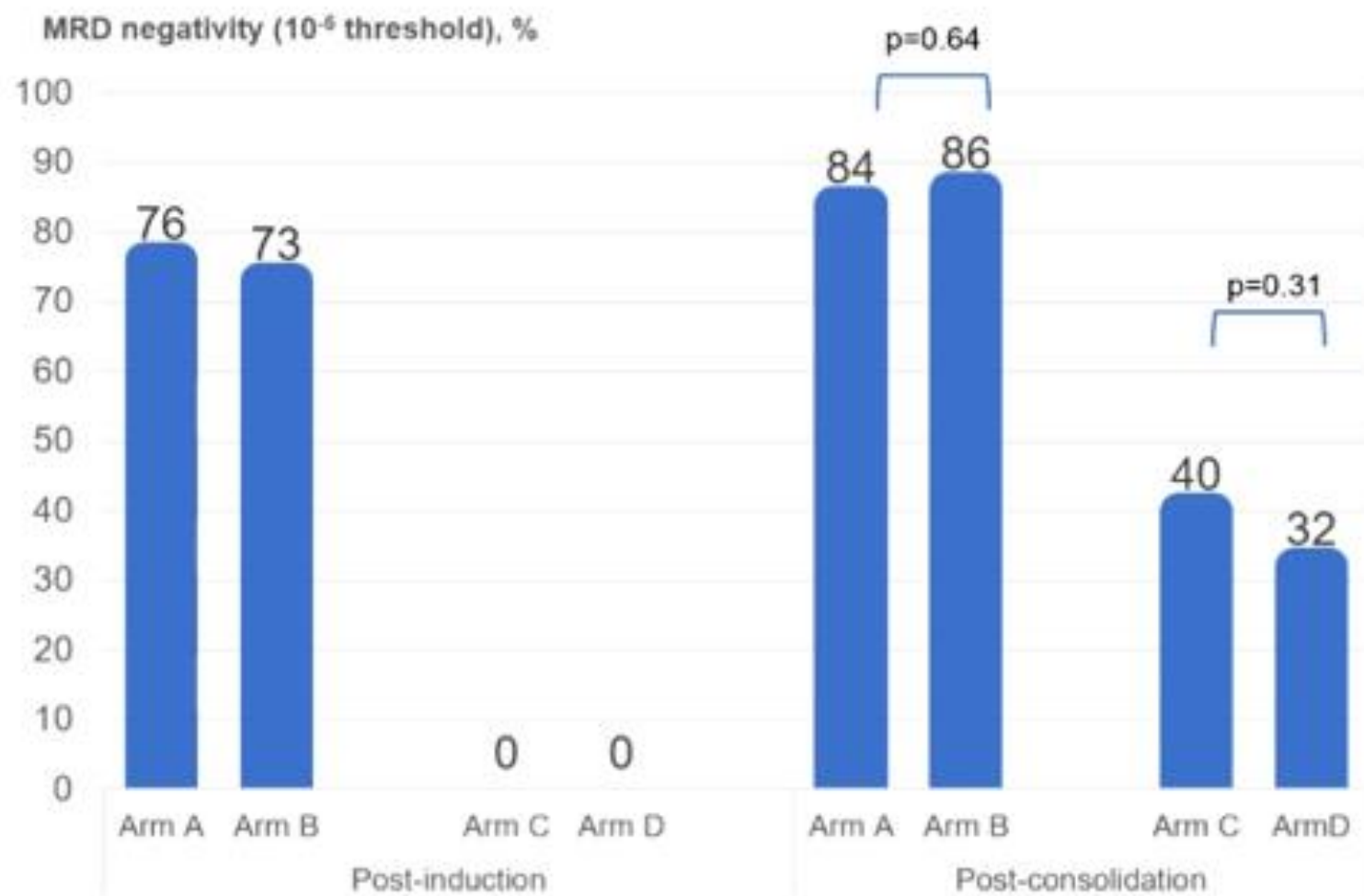
S.D- continued

- November 24: macrofocal relapse (biochemical+ re-growth of the plasmacytoma and 2 new focal intramedullary lesions)
- No BM involvement
- DARA-VRD
- After 6 cycles: sCR MRD negative, PET-negative
- Stem cell collection after 4th cycles, satisfactory

What's next:

- 1) Continue PERSSEUS- ASCT with mel200, DR maintenance for at least 2 years and then Len maintenance
- 2) Switch to CEPHEUS: continue DR maintenance
- 3) Other options?

Primary endpoint: post consolidation MRD negativity at 10^{-6} (NGS) in intent-to-treat population



Subgroup analysis

IsaKRD alone vs ASCT
(arm A vs arm B)

