Multiple Myeloma – Defining What Baseline to Use When Determining the Best Response to HSCT

1) HSCT is planned as part of initial therapy w/out prior disease progression or relapse.

The baseline used to determine the best response to HSCT is the disease parameters obtained at the time of diagnosis.

- 2) Patients who have not received any chemotherapy within 6 months of HSCT, untreated relapse/progression or if the recipient has never been treated (rare). The baseline used to determine the best response to HSCT would be the disease parameters obtained immediately prior to the start of the preparative regimen (not the disease parameters at time of diagnosis).
- 3) What if the patient had a disease progression or relapse of disease before HSCT? If a patient had disease progression or relapse of disease & was treated to reduce the myeloma burden before any preparative regimen was given for HSCT, the baseline used to determine the best response to HSCT would be the disease parameters obtained at the time of the relapse or progression. In other words, the baseline is the reset to the time of the relapse or progression. Therefore, the disease parameters obtained at diagnosis or immediately prior to the start of the preparative regimen would <u>not</u> be used as the baseline to determine the best response to HSCT.
- 4) What if the patient had 2 or more disease progressions before HSCT?

 The appropriate baseline to use would be the disease parameters documenting the most recent disease progression.
- 5) What if the patient's initial therapy was changed to a different regiment due to toxicity & there was not a disease progression or relapse at any time prior to HSCT, what baseline is used to determine the best response to HSCT? The baseline used to determine the best response to HSCT is the disease parameters obtained at the time of diagnosis.
- 6) Tandem Transplantation w/out disease progression or relapse in between.

 Since this is considered one treatment, the pre-HSCT baseline for determining the best response following the second HSCT would be the same baseline used prior to the first HSCT (i.e. the disease parameters at diagnosis).

Reference:

Joan Bladè, Diana Samson, et. al on behalf of the Myeloma Subcommittee of the EBMT (European Group for Blood and Marrow Transplant), Chronic Leukemia Working Party and the Myeloma Working Committee of the IBMTR (International Bone and Marrow Transplant Registry, and ABMTR (Autologous Blood and Marrow Transplant Registry). *Criteria for Evaluating Disease Response and Progression in Patients with Multiple Myeloma Treated by High-Dose Therapy and Haematopoietic Stem Cell Transplantation.* British Journal of Haematology, Volume 102, Issue 5, Pages 1115-1123, 1998.

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