

[MUSIC PLAYING]

**DR. DAVID  
DINGLI:**

Hi, I'm Dr. David Dingli. I'm a Professor of Medicine at the Mayo Clinic College of Medicine and a member of the Division of Hematology at Mayo Clinic in Rochester. I'm a member of the Myeloma, Amyloidosis and Dysproteinemia group where we treat many patients with multiple myeloma. I'm here to discuss with you today our recent paper which relates to guidelines on risk-adapted therapy for relapsed multiple myeloma that will appear in the current issue of the *Mayo Clinic Proceedings*.

Mayo Clinic has a long standing track record in the diagnosis, evaluation, and therapy of multiple myeloma. Over the last year there have been a few change in the therapeutic material for multiple myeloma. 2015 five new agents were approved for this disease, including carfilzomib, ixazomib, panobinostat, daratumumab, and elotuzumab. As a result, therapy for multiple myeloma has become quite more complex, because patients are living longer and they've been exposed to more and more agents.

Therefore, we felt that the Myeloma Group at Mayo Clinic, which is composed of 27 physicians with special interest in this disease, should issue new guidelines on therapy for relapsed multiple myeloma. These guidelines are discussed in our current manuscript. And summaries of these guidelines are also available on our web site which is [msmart.org](http://msmart.org). And I encourage our readers to visit the website frequently for updates on our guidelines.

We start the paper by discussing the evaluation of relapsed multiple myeloma after a brief introduction of the novel agents that have been approved. Subsequently, we discuss relapse of the disease and divide it into two types, indolent relapse or aggressive relapse. And we describe our opinions which are evidence based on how to treat these patients based on the biology of the disease at that time, as well as the prior therapeutic history, prior response to therapy, and side effects. The idea is that we try to personalize therapy while maximizing response and minimizing toxicity.

We discussed second and later relapses. And we also discussed the problem of secondary plasma cell leukemia or extensive extramedullary disease, which can occur at any time in the course of the disease. These require special consideration. And they are discussed in detail in this manuscript.

As always, we encourage patients to participate in clinical trials when possible. Thank you.

**SPEAKER 2:**

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