Clinical European Myeloma Network (EMN) guidelines to harmonize treatment selection for multiple myeloma

Multiple myeloma patients

- **Standard treatment**
  - Autologous stem cell transplantation (ASCT)

- **Novel agents**
  - Proteosome inhibitors, immunomodulatory drugs and monoclonal antibodies

**Upfront autologous transplant**
- Recommended sequential treatment for newly diagnosed MM patients eligible for high-dose chemotherapy and ASCT

**Pre-trasplant induction**
- 3-drug bortezomib-based combination (VTD, VRD, VCD, PAD)
  - 3-4 cycles

**Autologous transplantation**
- Combination of high dose melphalan (200 mg/m²) and ASCT (MEL200-ASCT)

**Consolidation regimen**
- 3-drug regimen (VTD, VRD)
  - 2-3 cycles

**Maintenance regimen**
- Lenalidomide for 2 years or until progressive disease
- Thalidomide until progressive disease/tolerated
- Bortezomib for 2 years in high risk pts

- Factors to be considered for ASCT in newly diagnosed MM patients
  - Age (< or > 65 years)
  - Karnofsky performance status (< or > 90%)
  - Comorbidity (R-MCl score, HTCl) and organ function

**Allogenic stem cell transplant**
- In recent years used as salvage strategy at relapse, often not in the context of clinical trials
- In future used in combination with novel agents in the context of clinical trials for high-risk patients

Gay et al., Haematologica, 2018