

Repeated genetic testing is necessary in relapsed myeloma since the risk profile might be worse after treatment compared to baseline, especially in the era of novel agents



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Multiple myeloma patients with paired bone marrow samples



Retrospective analysis of fluorescence *in situ* hybridization results



vs



diagnosis

relapse

Cytogenetic evolution investigation

- IgH translocations (t(4;14); t(11;14); t(14;16))
Hyperdiploid karyotypes → No significant changes between primary diagnosis and relapse
- IgH translocations with unknown partners → More frequent at relapse
- High-risk cytogenetic abnormalities (deletion 17p and/or gain1q21) → More frequent at relapse

→ Associated with dismal outcome regardless whether were present at diagnosis or developed at relapse only

→ Developed more frequently by patients with relapse after novel agent-based induction compared to those being treated with conventional chemotherapy