A Novel Era of Promising Treatments for Patients with Multiple Myeloma (MM)

Case Presentation

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In April 2010, a 70-year-old-male in good health presented with anemia and fever. He was diagnosed with endocarditis and multiple myeloma (IgG kappa, DSS IIA, ISS 2). The laboratory results: IgG kappa 74.30 g/l, IgA 0.33, IgM 0.18, FLC kappa 1010 mg/l, lambda 7.7.0, ratio 131.17. BM analysis: infiltration with 60% plasmocytes and normal FISH. The X-ray series revealed lytic lesions at the right femoral head and the left humeral diaphysis. First-line treatment initiated in July 2010 consisted of 2 cycles VD and led to SD. Further on, second-line treatment consisting of VCD also led to SD with treatment-associated neurotoxicity. Between October and December 2010, third-line treatment with RD was given, followed by ASCT and biologic progression in February 2011. After the fourth-line therapy with RD and VGPR, the patient was on maintenance treatment with R between November 2011 and July 2014. Due to clinical progression in March 2016, the fifth-line treatment with pomalidomide and dexamethasone was applied between April 2016 and October 2017, resulting in VGPR. Since the clinical progression in March 2018, 29 cycles of Dara-RD have been given together with supportive therapy. This regimen is still ongoing, and the patient is in VGPR since 2018.

ASCT, autologous stem cell transplant; BM, bone marrow; C, cyclophosphamide; D, dexamethasone; Dara, daratumumab; DSS, Durie-Salmon-System; FISH, fluorescence in situ hybridization; FLC, free light chain; ISS, international staging system; R, lenalidomide; SD, stable disease; V, bortezomib; VGPR, very good partial response.