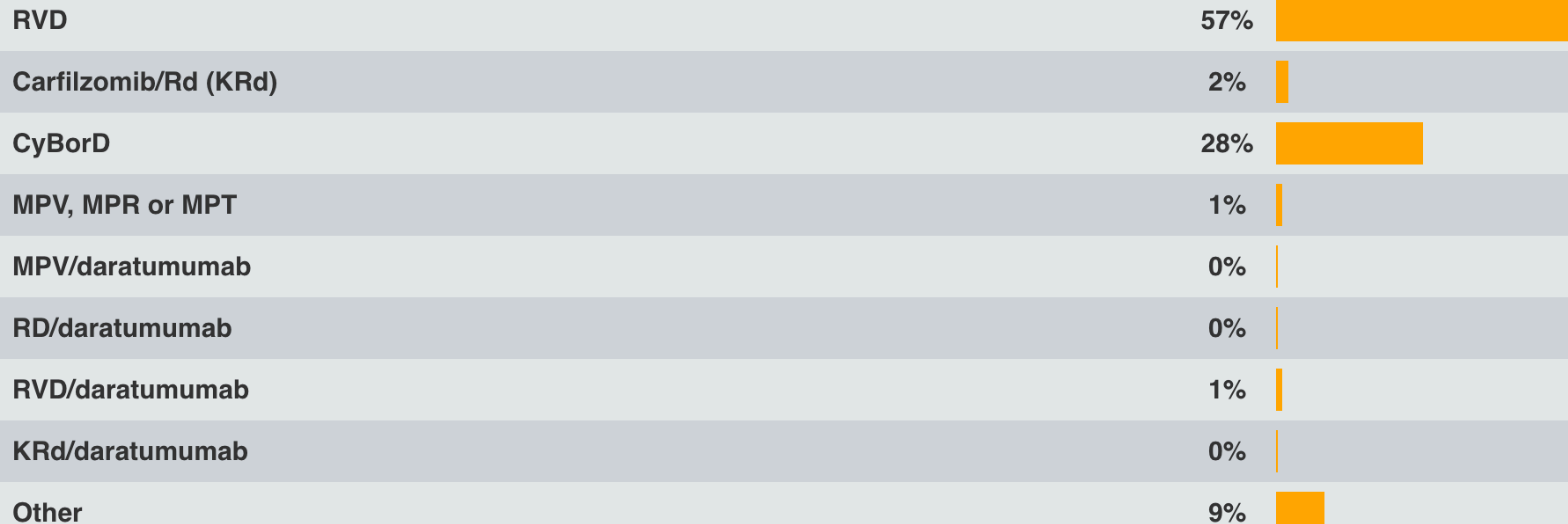
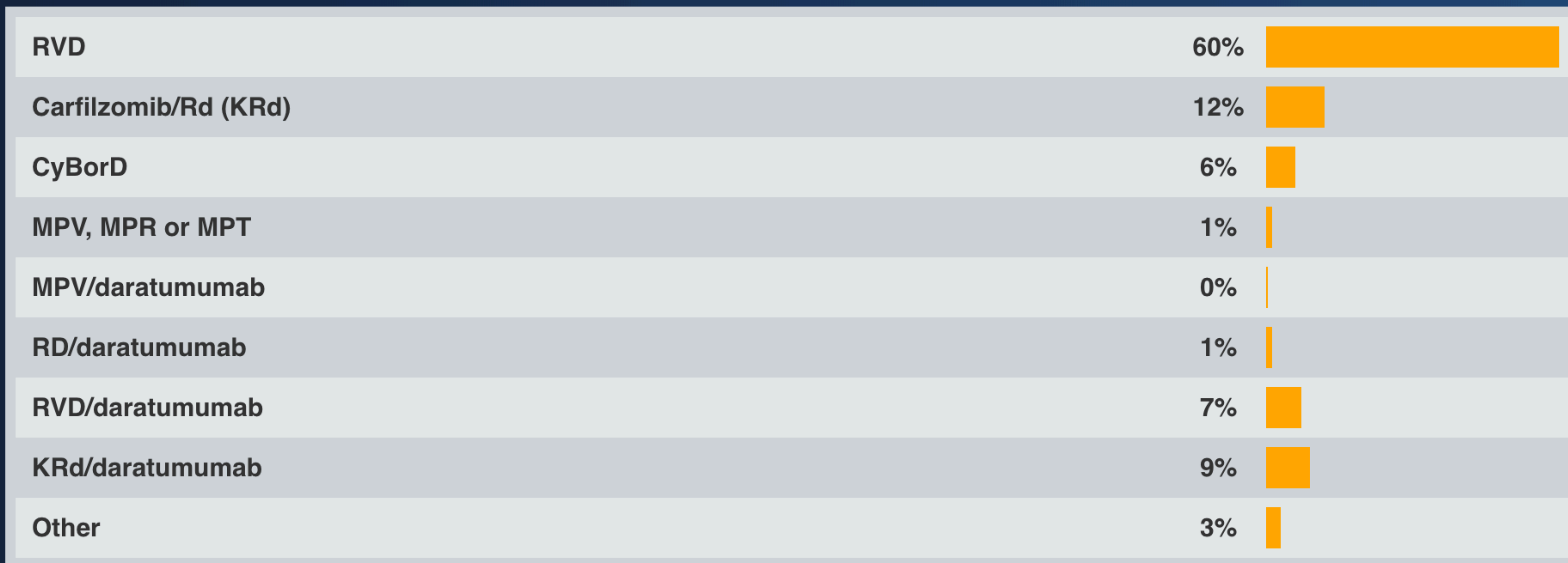
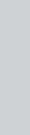
Currently, what is your usual pretransplant induction regimen for a patient with multiple myeloma (MM) and no high-risk features?



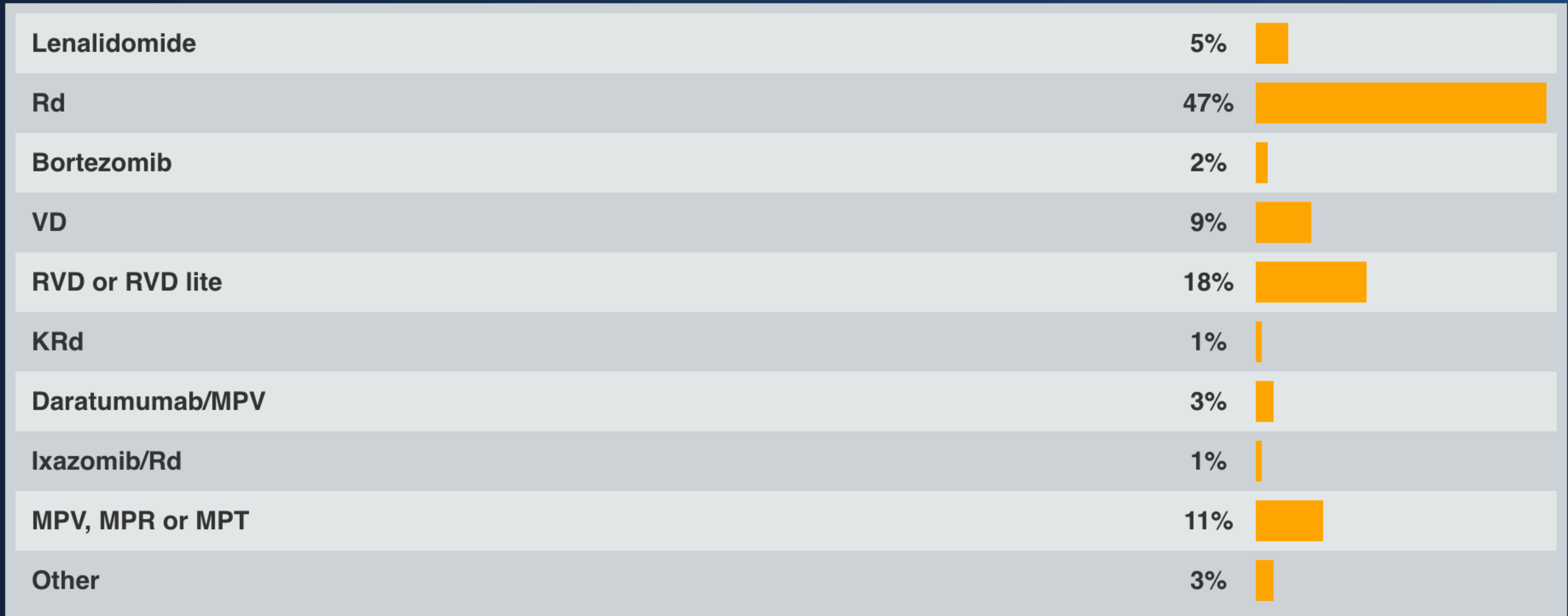
Regulatory and reimbursement issues aside, what do you believe is the optimal pretransplant induction regimen for a patient with MM and no high-risk features?



A 61-year-old woman receives RVD x 4 and achieves a minimal residual disease (MRD)-negative complete response. What would be your approach to transplant?

Response	%	
Transplant now	65%	
Collect cells and transplant later	14%	
Transplant now or later, according to patient preference	20%	
Other	1%	

What is your usual induction regimen for a frail 86-year-old transplant-ineligible patient with ISS Stage II MM, normal renal function and no high-risk features?



What is your usual recommendation for post-ASCT maintenance in patients with MM and no high-risk features?

What is your usual recommendation for post-ASCT maintenance in patients with MM and del(17p)?

What is your usual recommendation for post-ASCT maintenance in patients with MM and t(4;14)?

Have you or would you use ixazomib instead of a parenteral proteasome inhibitor as part of maintenance therapy?

Response	%	
I have	23%	
I have not but would for the right patient	60%	
I have not and would not	17%	

Do you generally administer maintenance therapy to your patients with MM who achieve MRD negativity after ASCT?

Response	%	
Yes	76%	
No	24%	

A patient with MM and no high-risk features achieves MRD negativity after RVD ➔ ASCT. After transplant the patient has persistent neutropenia. What maintenance therapy, if any, would you recommend?

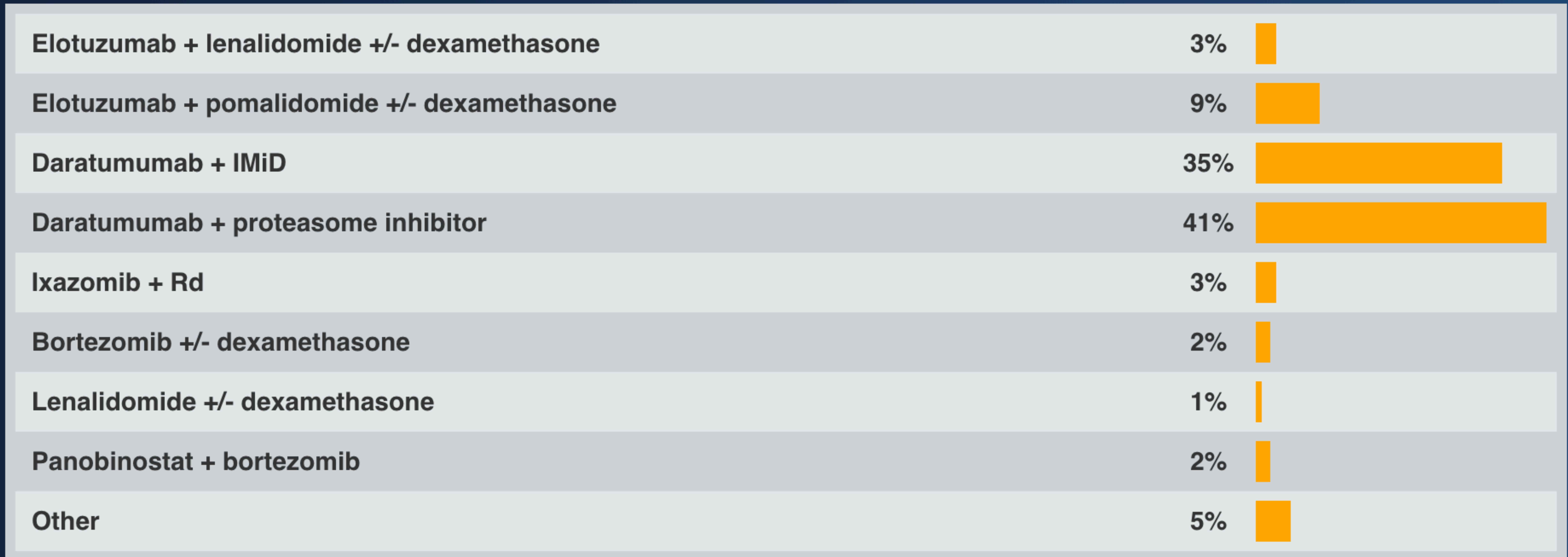
What is your usual treatment recommendation for a patient with MM treated with RVD → ASCT and lenalidomide maintenance for 1.5 years who then experiences an asymptomatic biochemical relapse?

What is your usual treatment recommendation for a patient with MM and del(17p) treated with RVD ➔ ASCT and RVD maintenance for 1.5 years who then experiences relapse?

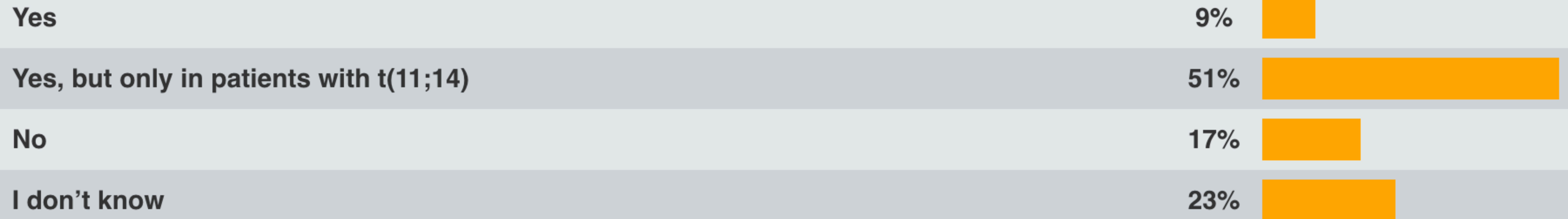
What is your usual treatment recommendation for a patient with MM and t(4;14) treated with RVD ➔ ASCT and bortezomib maintenance for 1.5 years who then experiences relapse?

Response	%	
Carfilzomib +/- dexamethasone	7%	
Pomalidomide +/- dexamethasone	4%	
Carfilzomib + pomalidomide +/- dexamethasone	18%	
Elotuzumab + lenalidomide +/- dexamethasone	2%	
Elotuzumab + pomalidomide +/- dexamethasone	3%	
Daratumumab + lenalidomide +/- dexamethasone	32%	
Daratumumab + pomalidomide +/- dexamethasone	23%	
Daratumumab + bortezomib +/- dexamethasone	6%	
Ixazomib + Rd	1%	
Other	3%	

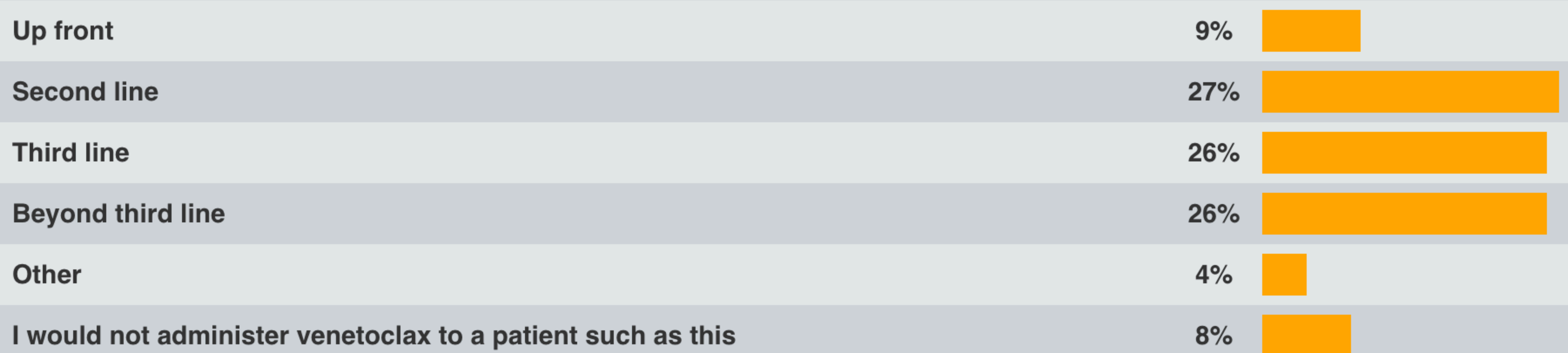
A 65-year-old man who initially received RVD → ASCT experiences relapse 18 months after transplant while receiving lenalidomide maintenance. The patient receives carfilzomib/pomalidomide/dexamethasone and experiences a relapse 15 months later. Which systemic treatment would you most likely recommend?



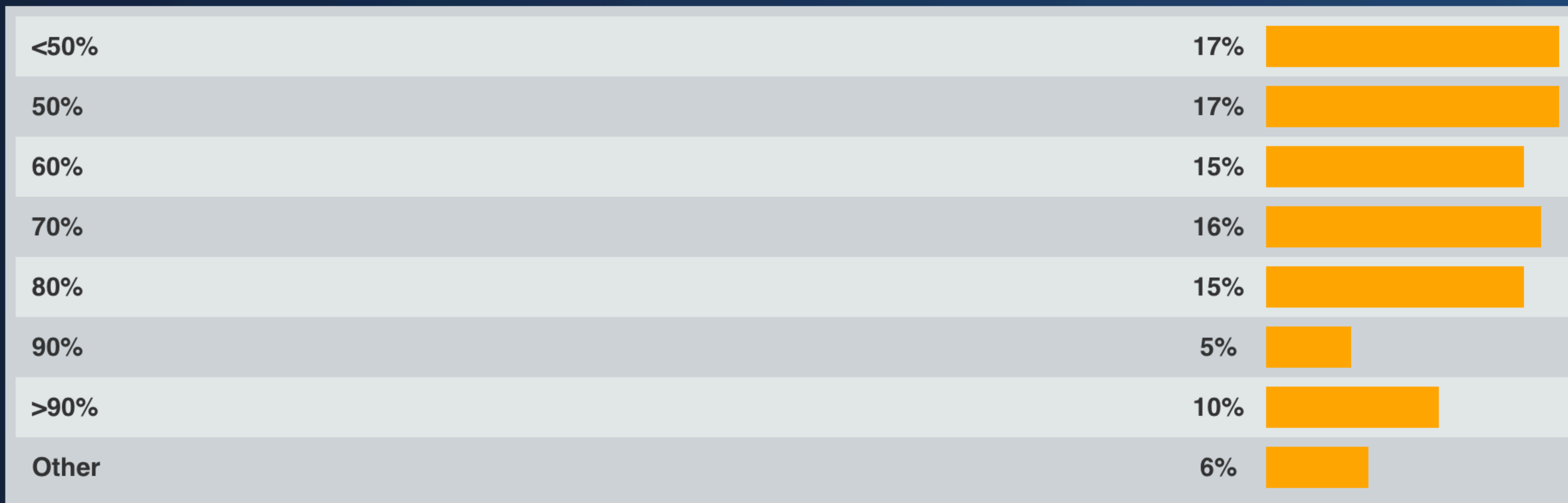
Are there situations in which you would attempt to use venetoclax outside a trial setting for relapsed/refractory MM?



Reimbursement and regulatory issues aside, at what point would you attempt to access venetoclax for a patient with MM and t(11;14)?



Approximately what percent of patients with MM treated with CAR T-cell therapy experience an objective response?



How would you compare the risk of cytokine release syndrome with BCMA-targeted CAR T-cell therapy to that with the CD19-targeted CAR T-cell therapy that is approved in large cell lymphoma and acute lymphocytic leukemia?

Response	%	
The risk is about the same	16%	
The risk is greater with BCMA-targeted CAR T-cell therapy	8%	
The risk is greater with CD19-targeted CAR T-cell therapy	30%	
I don't know	46%	

How would you compare the risk of CNS toxicity with BCMA-targeted CAR T-cell therapy to that of the CD19-targeted CAR T-cell therapy that is approved in large cell lymphoma and acute lymphocytic leukemia?

Response	%	
The risk is about the same	14%	
The risk is greater with BCMA-targeted CAR T-cell therapy	8%	
The risk is greater with CD19-targeted CAR T-cell therapy	26%	
I don’t know	51%	

On routine blood work, a 68-year-old man is found to have IgG = 1.6 g/dL, serum free light chains increased from 9.9 to 15.4, bone marrow plasma cells = 10% to 15% and Hgb = 14.2. His calcium is normal and a skeletal survey is negative. Would you treat this patient?

Answer	Percent	
Yes	10%	
No	90%	

What would you recommend as up-front treatment for a 65-year-old patient with AL amyloidosis?

What would you recommend as up-front treatment for an 80-year-old patient with AL amyloidosis?

What would be your initial treatment recommendation for a 65-year-old patient with Waldenström macroglobulinemia (WM)?

What would be your initial treatment recommendation for an 80-year-old patient with WM?

Have you administered ibrutinib (with or without rituximab) as first-line treatment for a patient with WM?

Response	%	
Yes	20%	
No	38%	
Not yet, but I would for the right patient	41%	

A 75-year-old man with WM received bendamustine/rituximab 3 years ago with a good partial response but now has relapsed disease. What would you recommend?