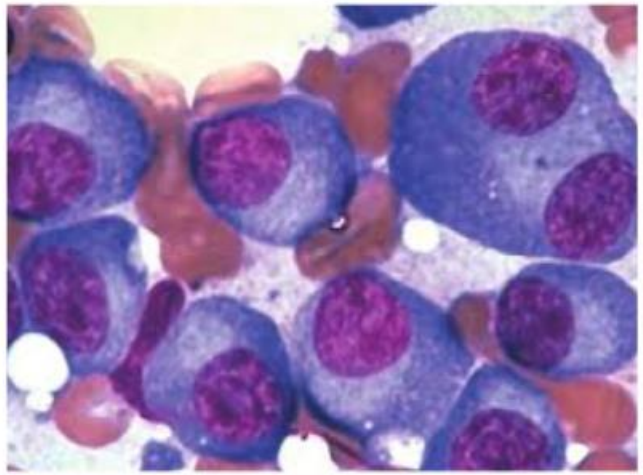
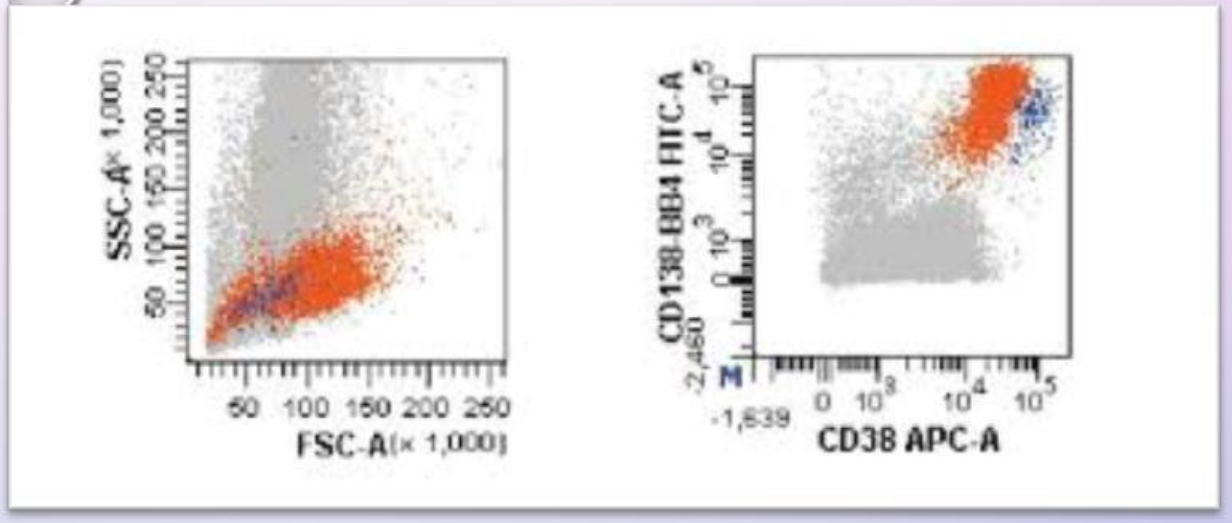
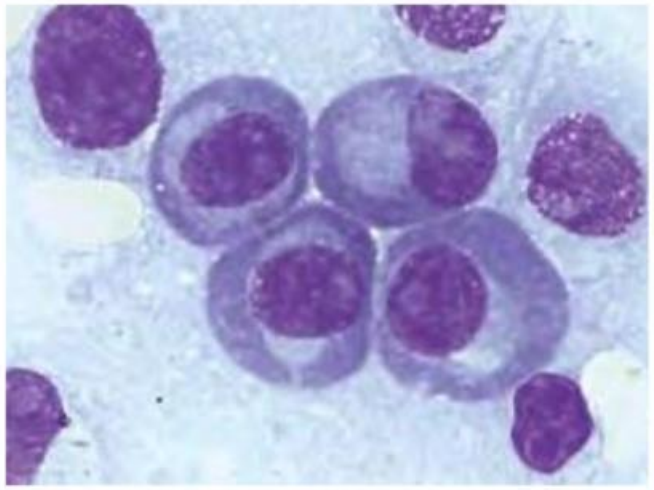
AVANCES EN MIELOMA

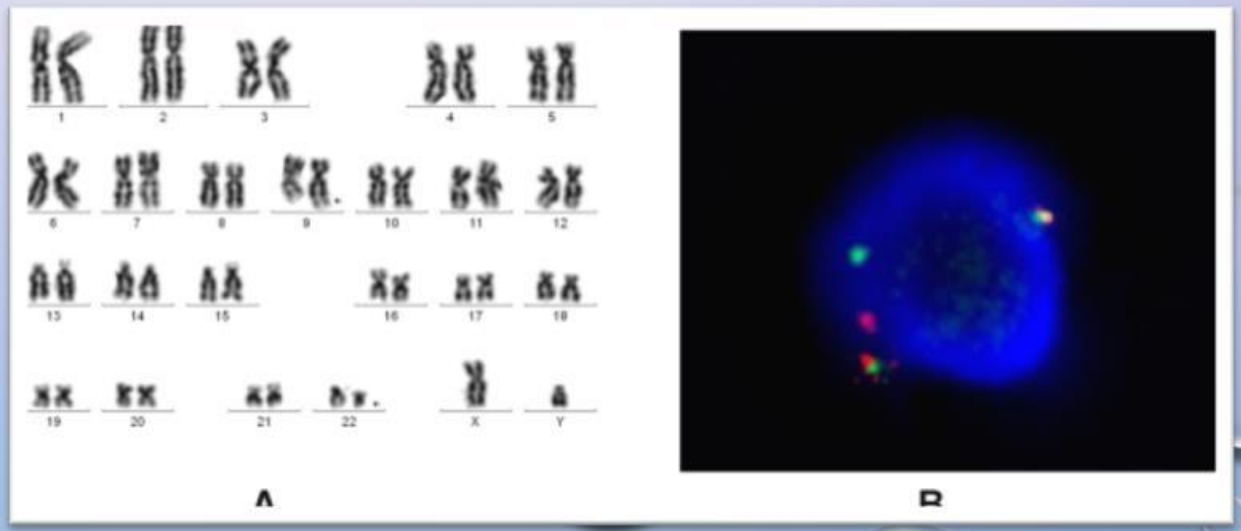
DRA. SANDRA ARANDA BAZÁEZ
HEMATÓLOGA HSJD

TECNICAS DIAGNOSTICAS









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Smoldering multiple myeloma

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MGUS and SMM

Diagnosis	Disease definition	Progression rate	Reference
Non-IgM MGUS	Both criteria must be met: Serum M protein (IgG or IgA) <3 g/dL and clonal BMPCs <10%, and Absence of myeloma defining events or amyloidosis	1% per year	7
SMM*	Both criteria must be met: Serum M protein (IgG or IgA) ≥3 g/dL or urinary M protein ≥500 mg/24 h and/or clonal BMPCs 10%-60%, and Absence of MDEs or amyloidosis	10% per year in first 5 y. Light-chain SMM has a lower progression rate of 5% per year	7,15

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Blood Cancer Journal

ARTICLE Open Access

Risk stratification of smoldering multiple myeloma incorporating revised IMWG diagnostic criteria

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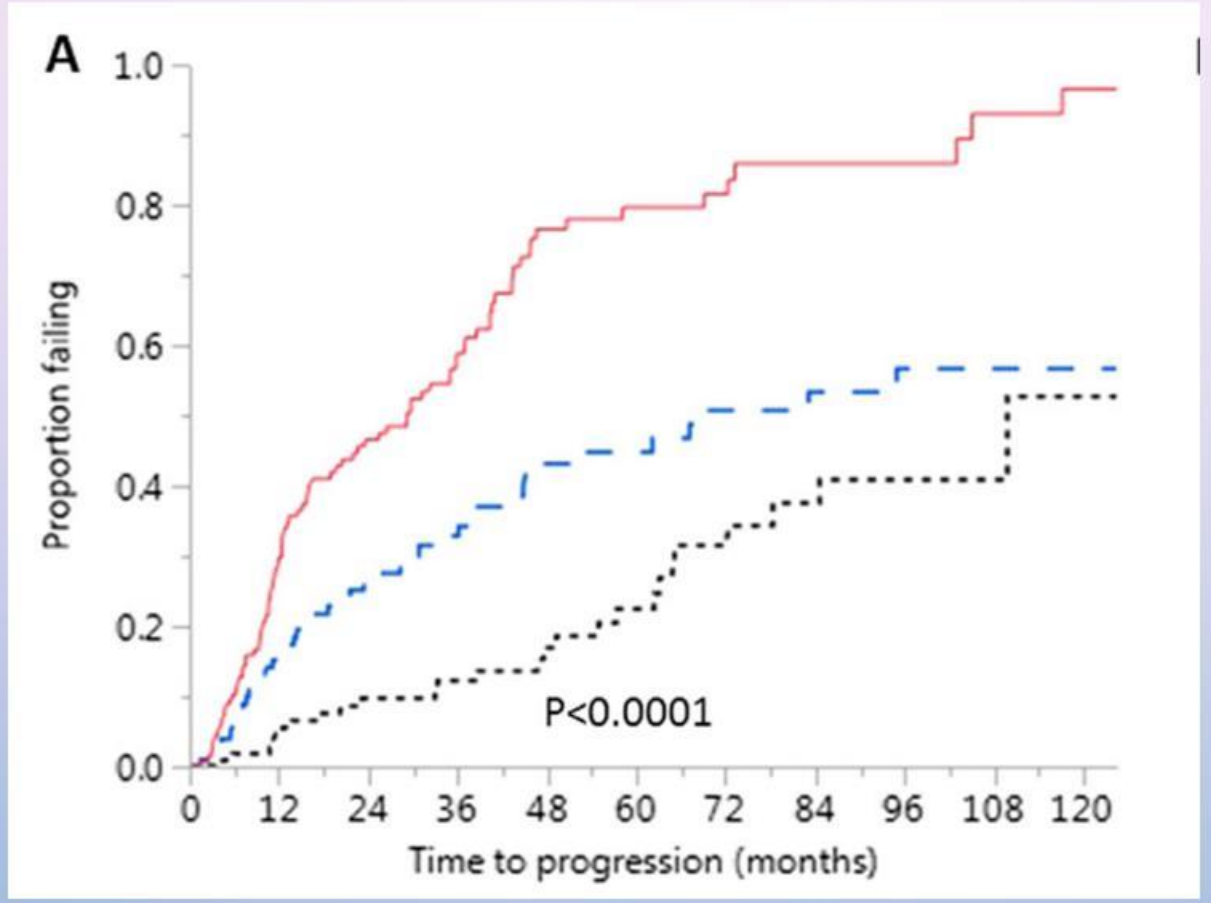

A
1.0
0.8
0.6
0.4
0.2
0.0
Proportion failing
P<0.0001
0
12
24
36
48
60
72
84
96
108
120
Time to progression (months)

Lenalidomide plus Dexamethasone for High-Risk Smoldering Multiple Myeloma

María-Victoria Mateos, M.D., Ph.D., Miguel-Teodoro Hernández, M.D., Pilar Giraldo, M.D., Javier de la Rubia, M.D., Felipe de Arriba, M.D., Ph.D., Lucía López Corral, M.D., Ph.D., Laura Rosiñol, M.D., Ph.D., Bruno Paiva, Ph.D., Luis Palomera, M.D., Ph.D., Joan Bargay, M.D., Albert Oriol, M.D., Felipe Prosper, M.D., Ph.D., et al.

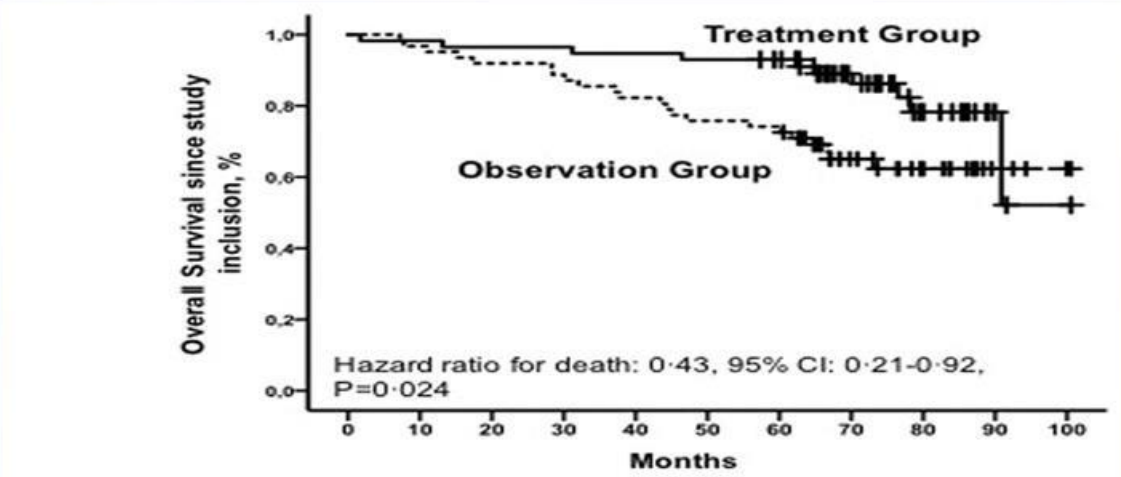


Tabla 2. Nuevos agentes disponibles en mieloma múltiple (según su principal mecanismo de acción)

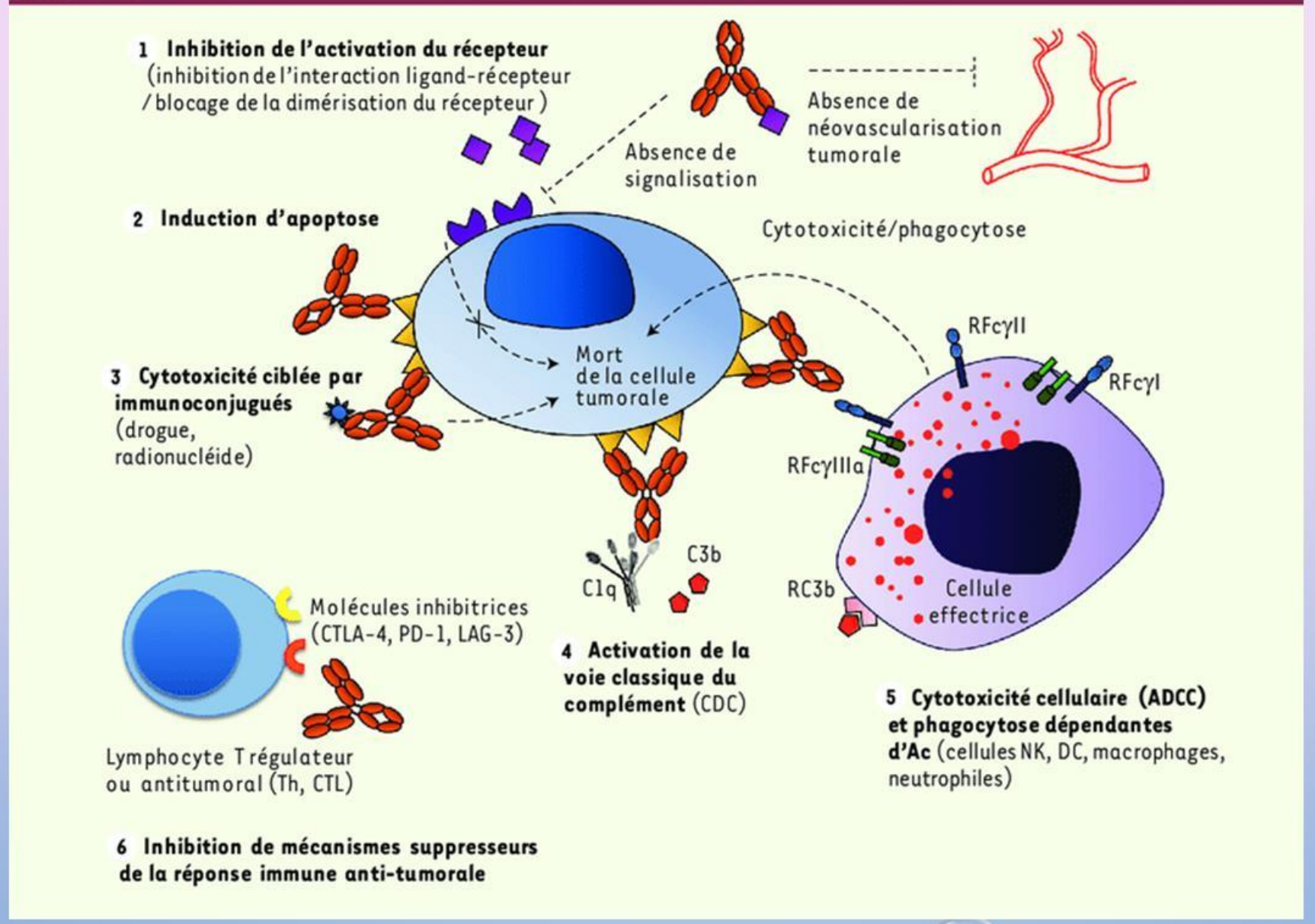
Inmunomoduladores	Inhibidores de proteasomas	Anticuerpos monoclonales	Inhibidores de histonadeacetilasa
Talidomida (Thalomid®) Lenalidomida (Revlimid®) Pomalidomida (Imnovid®)	Bortezomib (Velcade®) Carfilzomib* (Kiprolis®) Ixazomib* (Ninlaro®) Marizomib** Oprozomib**	Daratumomab (Darzalex®) Elotuzumab* (Empliciti®) Isatuximab**	Panobinostat* (Faridak®)

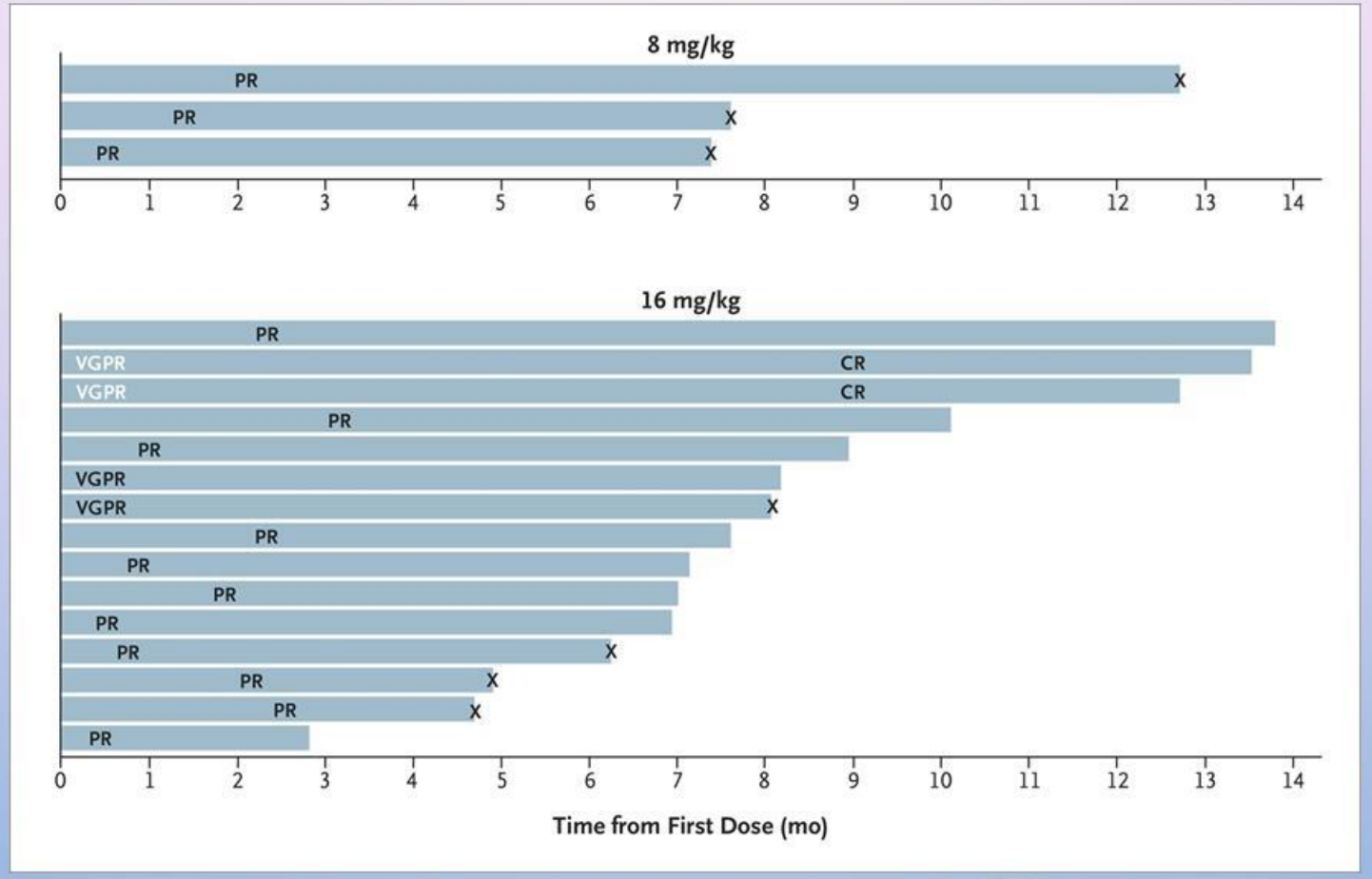
* Aprobados FDA y validados por EMA (aprobación próxima en España) /** En desarrollo clínico avanzado

ORIGINAL ARTICLE

Targeting CD38 with Daratumumab Monotherapy in Multiple Myeloma

Henk M. Lokhorst, M.D., Ph.D., Torben Plesner, M.D., Jacob P. Laubach, M.D., Hareth Nahi, M.D., Ph.D., Peter Gimsing, M.D., Ph.D., Markus Hansson, M.D., Ph.D., Monique C. Minnema, M.D., Ph.D., Ulrik Lassen, M.D., Ph.D., Jakub Krejcik, M.D., Antonio Palumbo, M.D., Niels W.C.J. van de Donk, M.D., Ph.D., Tahamtan Ahmadi, M.D., Ph.D., et al.


1 Inhibition de l'activation du récepteur
(inhibition de l'interaction ligand-récepteur / blocage de la dimérisation du récepteur)
Absence de signalisation
Absence de néovascularisation tumorale
2 Induction d'apoptose
Cytotoxicité/phagocytose
Mort de la cellule tumorale
3 Cytotoxicité ciblée par immunoconjugués (drogue, radionucléide)
RFcγII
RFcγI
RFcγIIIa
C3b
C1q
RC3b
Cellule effectrice
Molécules inhibitrices (CTLA-4, PD-1, LAG-3)
Lymphocyte T régulateur ou antitumoral (Th, CTL)
4 Activation de la voie classique du complément (CDC)
5 Cytotoxicité cellulaire (ADCC) et phagocytose dépendantes d'Ac (cellules NK, DC, macrophages, neutrophiles)
6 Inhibition de mécanismes suppresseurs de la réponse immune anti-tumorale


8 mg/kg
PR
PR
PR
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14
16 mg/kg
PR
VGPR
VGPR
PR
PR
VGPR
VGPR
PR
PR
PR
PR
PR
PR
PR
PR
CR
CR
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14
Time from First Dose (mo)

GRACIAS