Optimal sequence of therapy at relapse, especially the use of 2nd generation proteasome inhibitors

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Treatment of multiple myeloma has evolved over the very recent years, most notably with the introduction of highly effective novel agents, such as 2nd generation proteasome inhibitors . It is now possible to aim for deep disease responses and negative minimal residual disease in a greater number of patients in an attempt to prolong remission duration and survival.
The first generation so-called novel agents, namely bortezomib and lenalidomide, are now routinely incorporated into upfront treatment strategies, raising questions about the feasibility of 'retreatment' with such agents. Also, in a disease that is characterized by multiple relapses, the 'sequencing' of the different effective options is an important question. In the frontline setting, the first remission is likely to be the period during which patients will enjoy the best quality of life. Thus, the goal should be to achieve a first remission that is the longest possible by using the most effective treatment upfront. At relapse, the challenge is to select the optimal treatment for each patient while balancing efficacy and toxicity. The decision will depend on both disease- and patient-related factors. This lecture will aim to assess some of these crucial issues, especially the incorporation and optimal use of 2nd generation proteasome inhibitors both frontline and at time of relapse.