Can stem cell transplant be used as a curative approach to WM?

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Data on results of clinical trials utilizing standard chemotherapy, novel agents, and high-dose melphalan-based autotransplant-supported regimens wil be presented. With regard to fludarabine (S9003), 10-year survival was 40% and event-free survival was 20% among 183 patients requiring treatment. Outcomes were superior when patients had not received prior therapy. At the Myeloma Institute for Research and Therapy, high-dose therapy applied to 34 patients resulted in significantly increased CR and PR rates of 18% and 65% from 4% and 28% among 57 non-transplanted patients. These increased response rates translated into significantly improved 7-year estimates of overall and event-free survival of 90% and 80%, respectively, compared to 45% and 30% among the non-transplanted group ($p=0.002$, 0.01). Clinical outcomes will be compared between WM and multiple myeloma (MM). In the era of standard chemotherapy, the median survival of patients with WM was superior to those afflicted with MM, on the order of 5 years compared to less than 3 years. Applying Total Therapy – with all active agents up-front for symptomatic disease – a cure trajectory is clearly emerging for the majority of 85% of MM patients presenting with gene array-defined low-risk MM. These findings support the prospect of curative therapy for WM as well.