Letter to the Editor

BIOMEDICAL Journal of Scientific & Technical Research

ISSN: 2574 -1241

DOI: 10.26717/BJSTR.2025.63.009958

On Current Clinical Practice Guidelines for the Management of Multiple Myeloma

Kostas Konstantopoulos*

Department of Clinical Hematology, Hospital "Mitera" of Athens, 6, Erythrou Stavrou Str, Marousi 15123, Athens, Greece

***Corresponding author:** Kostas Konstantopoulos MD DCP(Lond), Department of Clinical Hematology, Hospital "Mitera" of Athens, 6, Erythrou Stavrou Str, Marousi 15123, Athens, Greece

ARTICLE INFO

Received: November 06, 2025

Published: November 13, 2025

Citation: Kostas Konstantopoulos. On Current Clinical Practice Guidelines for the Management of Multiple Myeloma . Biomed J Sci & Tech Res 63(5)-2025. BJSTR. MS.ID.009958.

Abbreviations: MM: Multiple Myeloma; EHA: European Hematology Association; EMN: European Myeloma Network; MRD: Measurable Residual Disease; MS: Mass Spectrometry

Sir

The management of multiple myeloma (MM) group of diseases is currently greatly influenced by therapeutic modalities introduced in practice, mainly chemotherapy and immune-modulatory agents. These modalities are today applied under clearly defined schedules together with other manipulations as stem cell transplantation and CAR-T cell therapy. Recently, key treatment recommendations were published [1] for MM management according to Evidence Based Guidelines issued in 2021 by the European Hematology Association (EHA)/European Myeloma Network (EMN). The effectiveness of these therapies forms the prospect of eradicating this malignancy and converting it into a rather curable disease. To this effect, evaluation of measurable residual disease (MRD) as a part of management has become of utmost importance. An undetectable MRD is associated with excellent prognostication; this is emerging in clinical practice with a direct impact on the outcome and the concept of MRD negativity fully coincides with a complete response [2]. Therefore, data on MRD evaluation are valuable in assessing all therapeutic protocols. In this context, the technology applied evaluating MRD is greatly important, i.e. the more sensitive a method proves detecting malignant clone, the more cases remain in a "positivity" state and necessitate further treatment until becoming "really negative". To this effect, it is clear that among the technologies available today, the more sensitive one is mass spectrometry (MS) estimation of paraprotein; here the limits of detection turn to be far from all the other technologies by now applied [2]. Besides, MS has also the advantage of being discomfort-free of serial bone marrow examinations [3]. The EHA-EMN evidence-based guidelines for diagnosis-treatment-follow up for MM patients were recently reviewed and published in articulation [1]. The negativity of MRD testing as a conventional end point of treatment is increasingly becoming important; therefore, a momentum is created to assess MRD by the mostly sensitive method [2]. To this effect, all clinical guidelines, should give more emphasis to the importance of evaluating treatment response by the utmost sensitive method in searching MRD following myeloma treatment. Given that these guidelines will be a valuable resource for myeloma expert centers everywhere in the world, it will prove useful to all myeloma centers to supplement their armament with MS technology. This extension of the work-up policy in MM management will definitely arise practical parameters related to supply of relevant equipment and skillful personnel; this may carry unavoidable financial consequences. Besides, the downgrading of remission rates following application of MS due to MS higher sensitivity will also become a non-neglectable point because therapy strategy

may need modification. On the other hand, however, the benefit of the most sensitive MRD test and the beneficial effects in outcome definitely overweight any disadvantages.

References

1. Dimopoulos MA, Terpos E, Boccadoro M, Philippe Moreau, María Victoria Mateos, et al. (2025) EHA-EMN Evidence-Based Guidelines for diagnosis, treatment and follow-up of patients with multiple myeloma. Nat Rev Clin Oncol 22(9): 680-700.
2. D'Souza A, Costa L (2022) MGIP, MGUS and PROMISE of meaning in small thigs. Lancet Haematol 9(5): 315-e317.
3. Paiva B, Shi Q, Puig N, Cedena MT, Alberto Orfao, et al. (2025) Opportunities and challenges for MRD assessment in the clinical management of multiple myeloma. Nat Rev Clin Oncol 22(6): 424-438.

ISSN: 2574-1241

DOI: 10.26717/BJSTR.2025.63.009958

Kostas Konstantopoulos. Biomed J Sci & Tech Res

Submission Link: https://biomedres.us/submit-manuscript.php