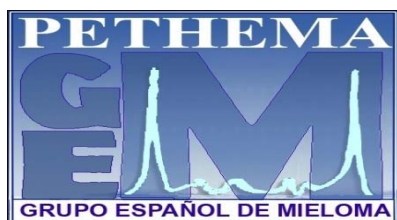


# Overview of validated methods and thresholds used to assess MRD in MM



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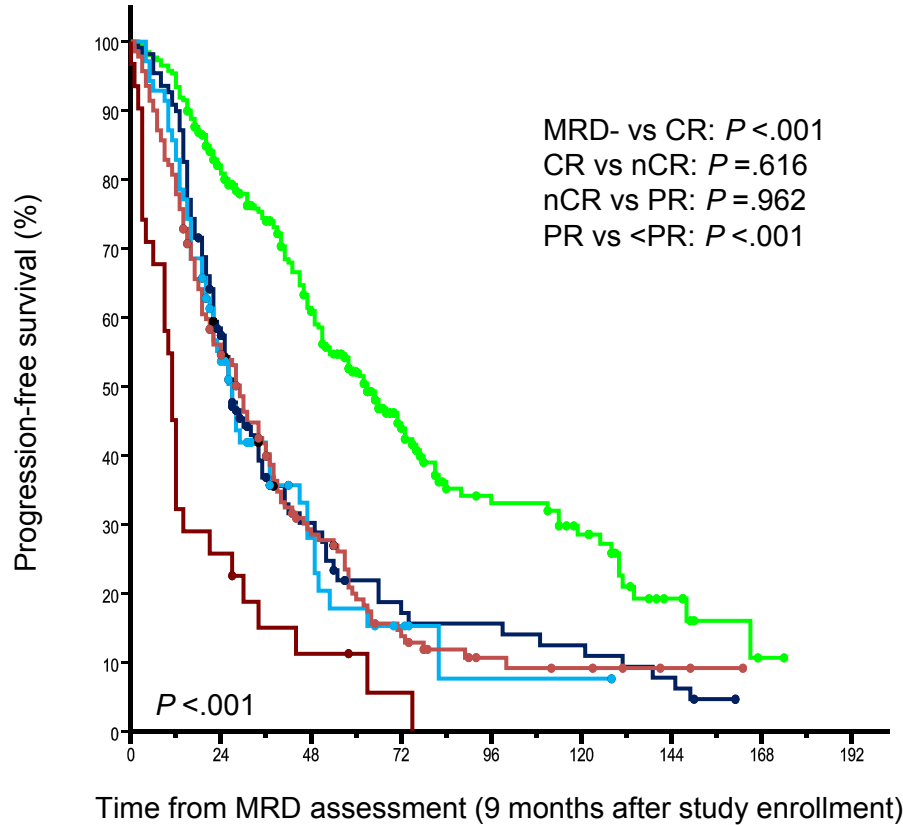
CIMA LAB  
DIAGNOSTICS



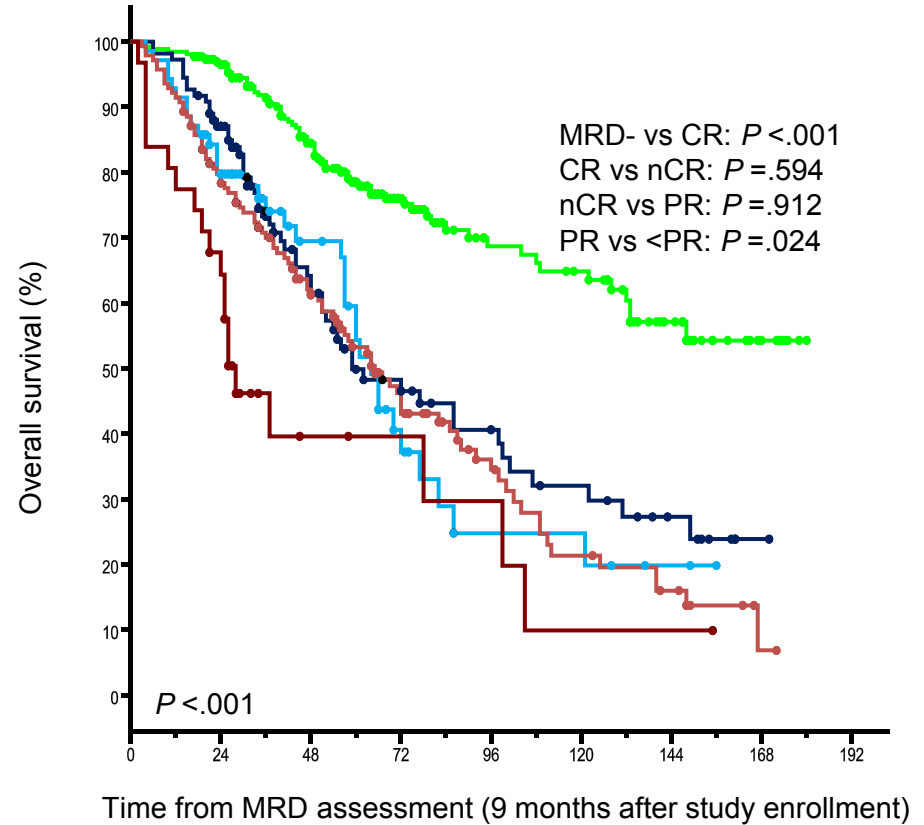
**Bruno Paiva**

Hematology and Immunology Departments. Clinica Universidad de Navarra  
Flow Cytometry Core - CIMA LAB Diagnostics  
Universidad de Navarra  
EuroFlow Consortium  
Spanish Myeloma Group (GEM)

# 1<sup>st</sup> generation flow cytometry (4-color; 10<sup>-4</sup>)

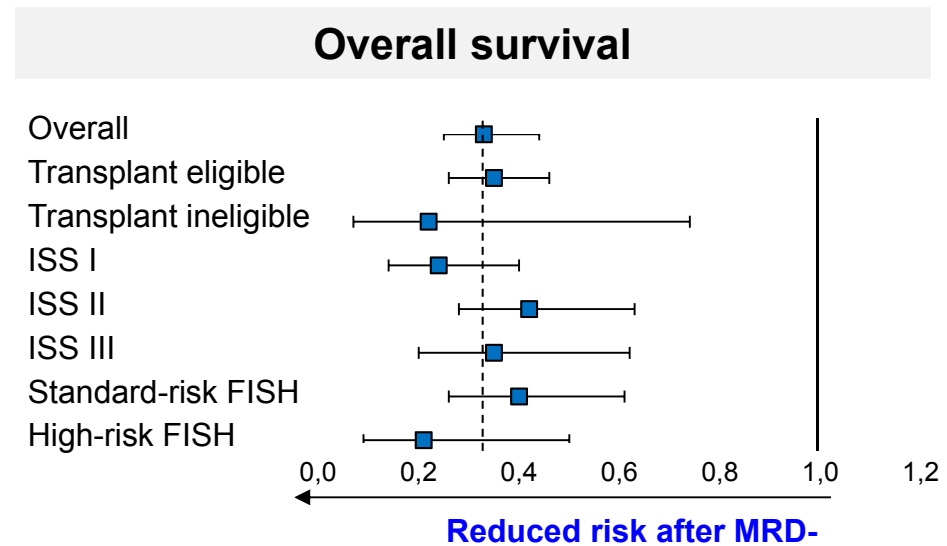
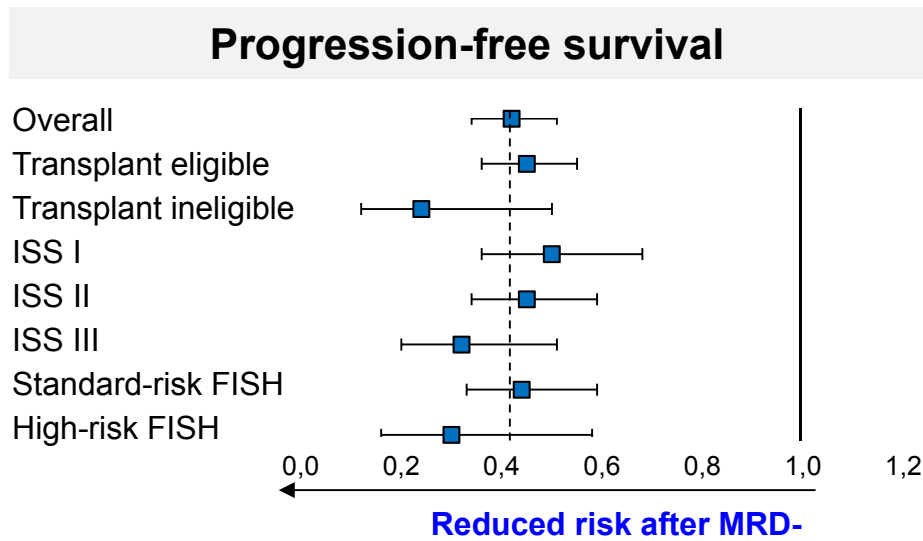


- MRD-, median PFS: 63 months
- CR, median PFS: 27 months
- nCR, median PFS: 27 months
- PR, median PFS: 29 months
- <PR, median PFS: 11 months

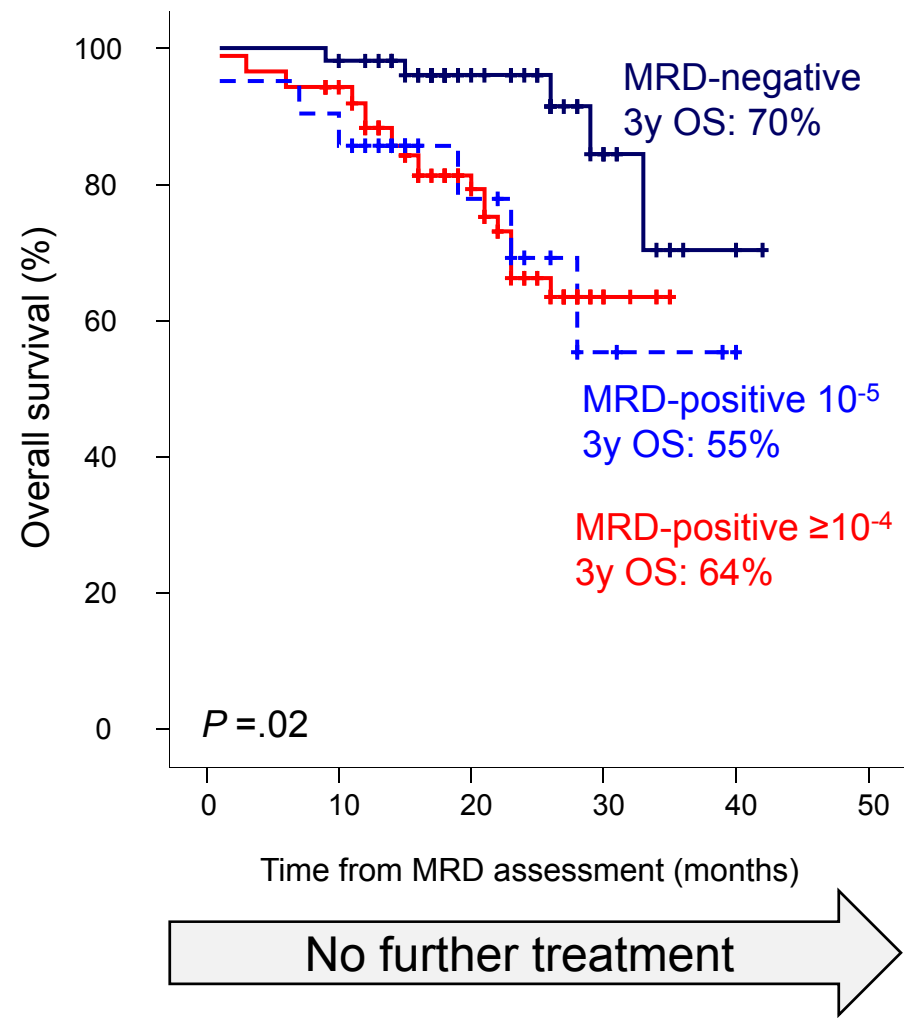
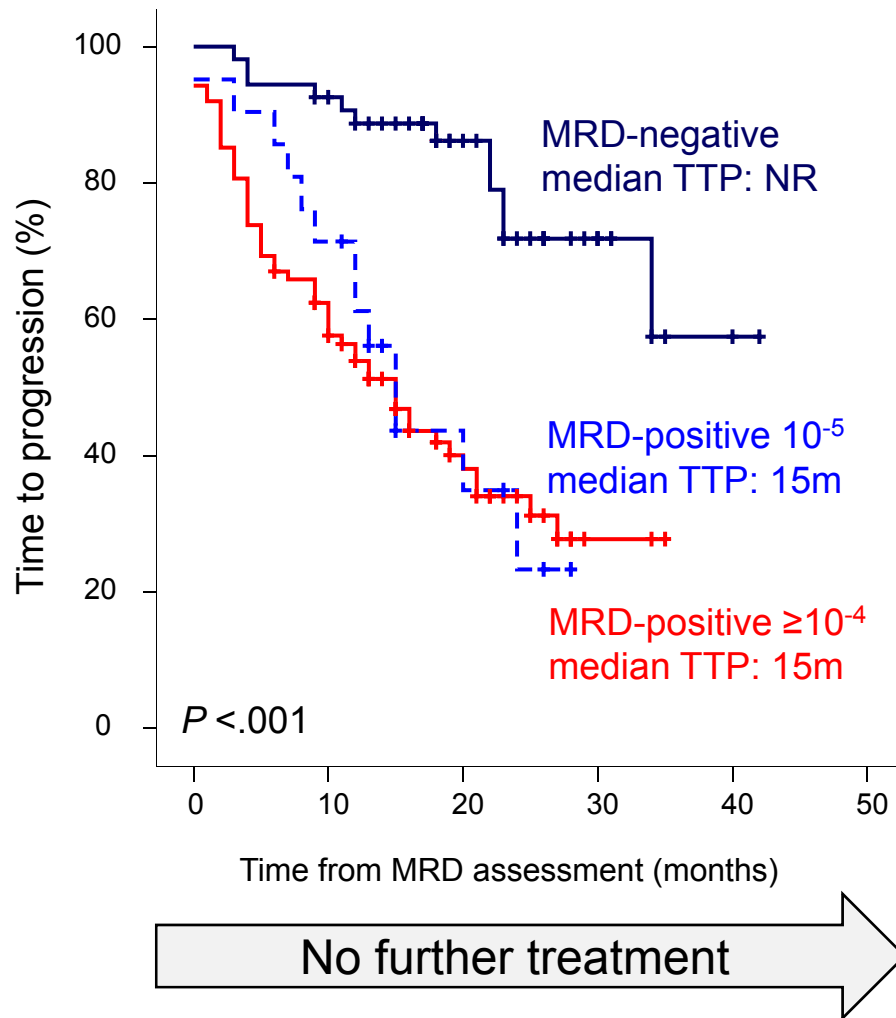


- MRD-, median OS: Not reached
- CR, median OS: 59 months
- nCR, median OS: 64 months
- PR, median OS: 65 months
- <PR, median OS: 28 months

# 1<sup>st</sup> generation flow cytometry (4-color; 10<sup>-4</sup>)



# 2<sup>nd</sup> generation flow cytometry (8-color; 10<sup>-5</sup>)

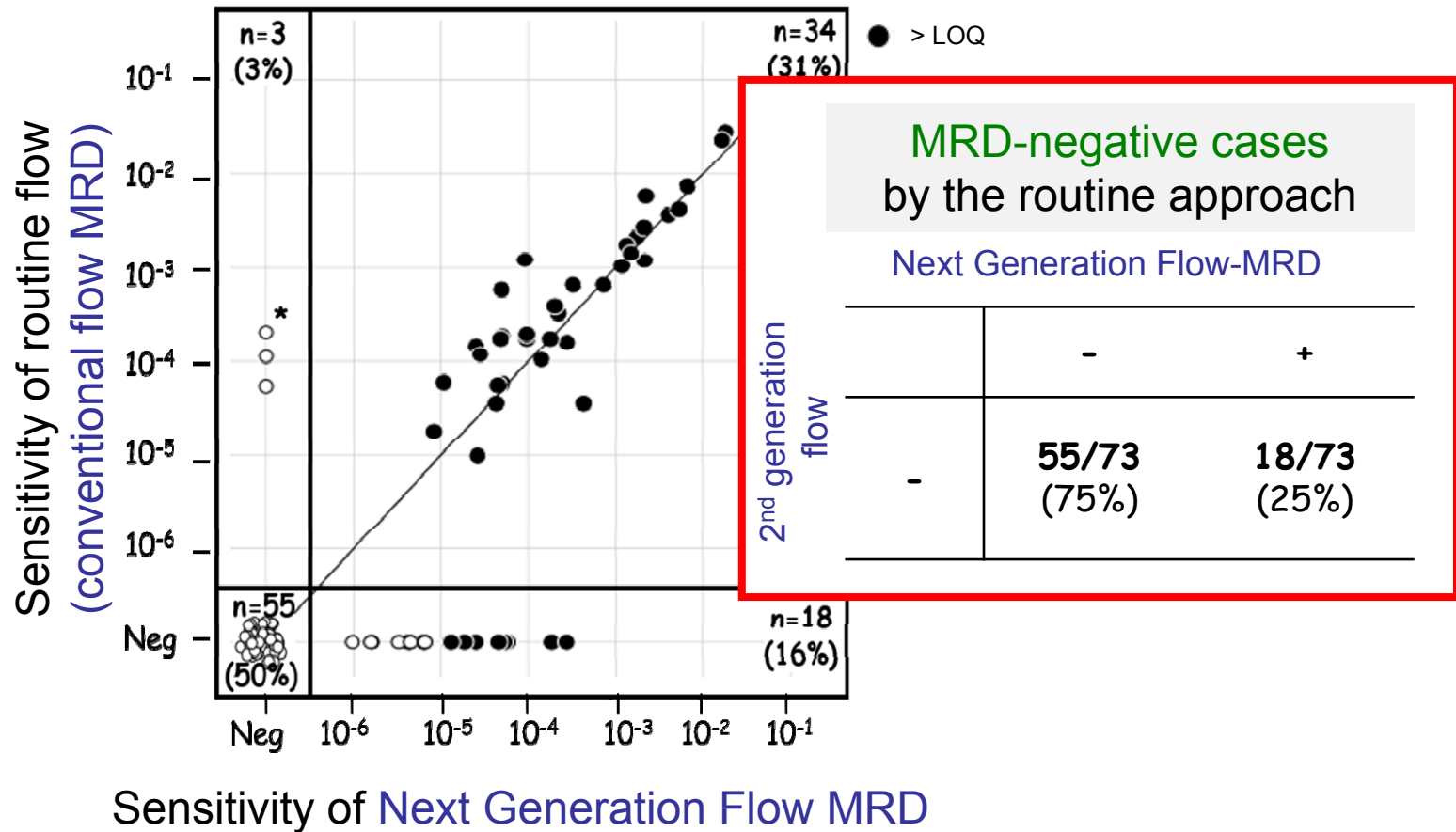


ORIGINAL ARTICLE

# Next Generation Flow for highly sensitive and standardized detection of minimal residual disease in multiple myeloma

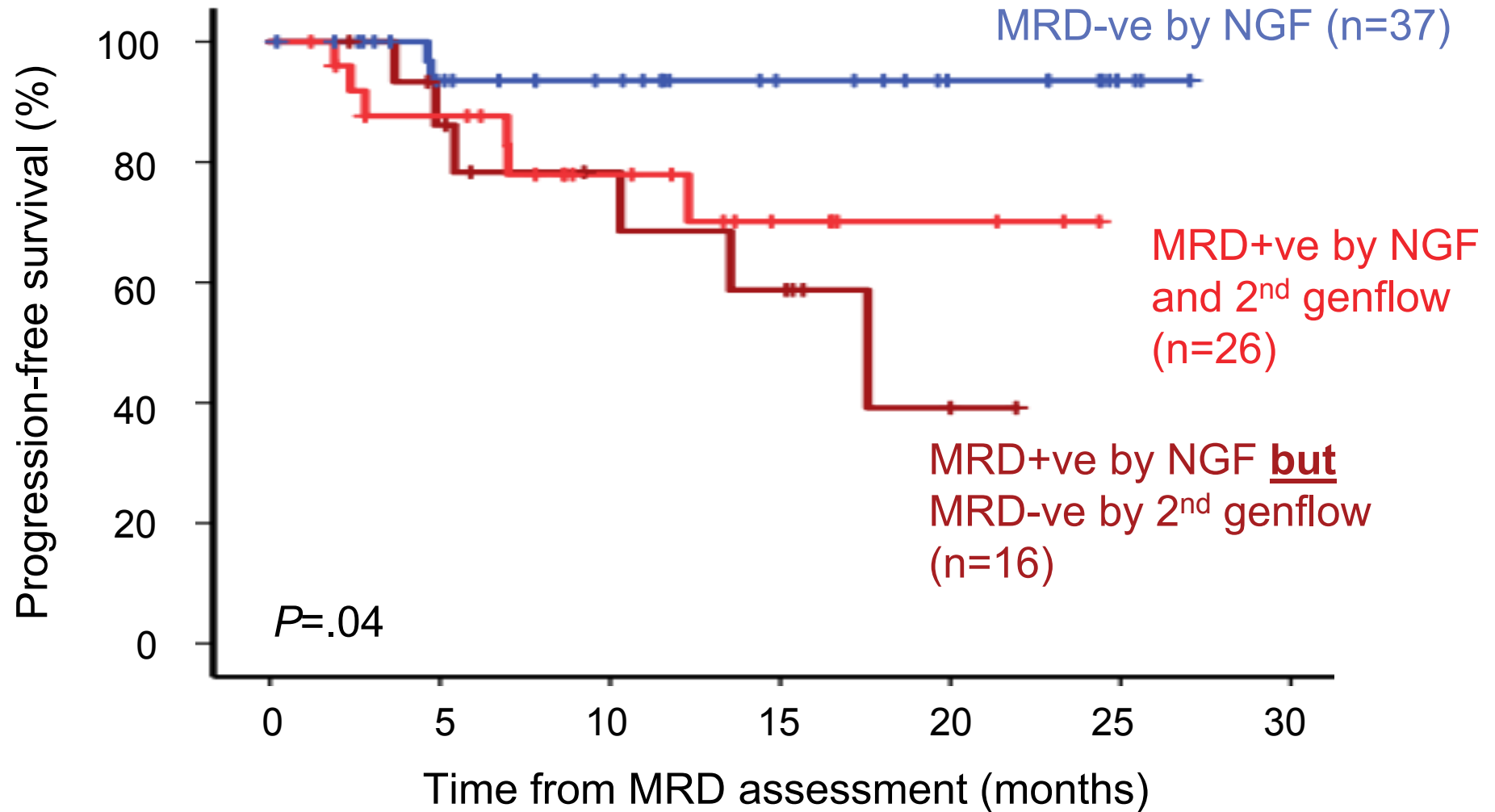
J Flores-Montero<sup>1,19</sup>, L Sanoja-Flores<sup>1,19</sup>, B Paiva<sup>2,19</sup>, N Puig<sup>3</sup>, O García-Sánchez<sup>3</sup>, S Böttcher<sup>4</sup>, VHJ van der Velden<sup>5</sup>, J-J Pérez-Morán<sup>3</sup>, M-B Vidriales<sup>3</sup>, R García-Sanz<sup>3</sup>, C Jimenez<sup>3</sup>, M González<sup>3</sup>, J Martínez-López<sup>6</sup>, A Corral-Mateos<sup>1</sup>, G-E Grigore<sup>7</sup>, R Fluxá<sup>7</sup>, R Pontes<sup>8</sup>, J Caetano<sup>9</sup>, L Sedek<sup>10</sup>, M-C del Cañizo<sup>3</sup>, J Bladé<sup>11</sup>, J-J Lahuerta<sup>6</sup>, C Aguilar<sup>12</sup>, A Báñez<sup>13</sup>, A García-Mateo<sup>14</sup>, J Labrador<sup>15</sup>, P Leoz<sup>1</sup>, C Aguilera-Sanz<sup>16</sup>, J San-Miguel<sup>2,20</sup>, M-V Mateos<sup>3,20</sup>, B Durie<sup>17,21</sup>, JJM van Dongen<sup>5,18,21</sup> and A Orfao<sup>1,21</sup>

# Next generation flow cytometry (10-color; $10^{-6}$ )



\* 2 samples proven polyclonal by Cylg staining

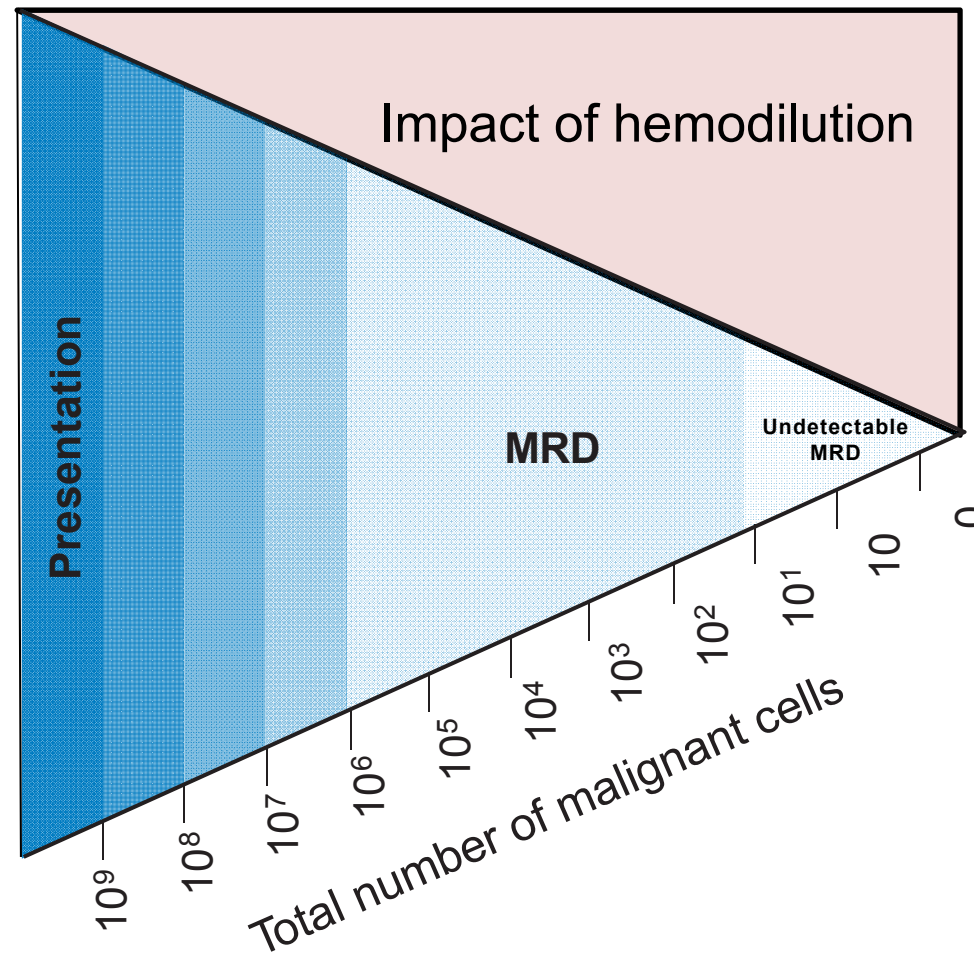
# Next generation flow cytometry (10-color; $10^{-6}$ )



***10<sup>-6</sup> is the most informative  
threshold for patient  
prognostication, but should 10<sup>-6</sup>  
be used as threshold for  
surrogacy in clinical trials?***

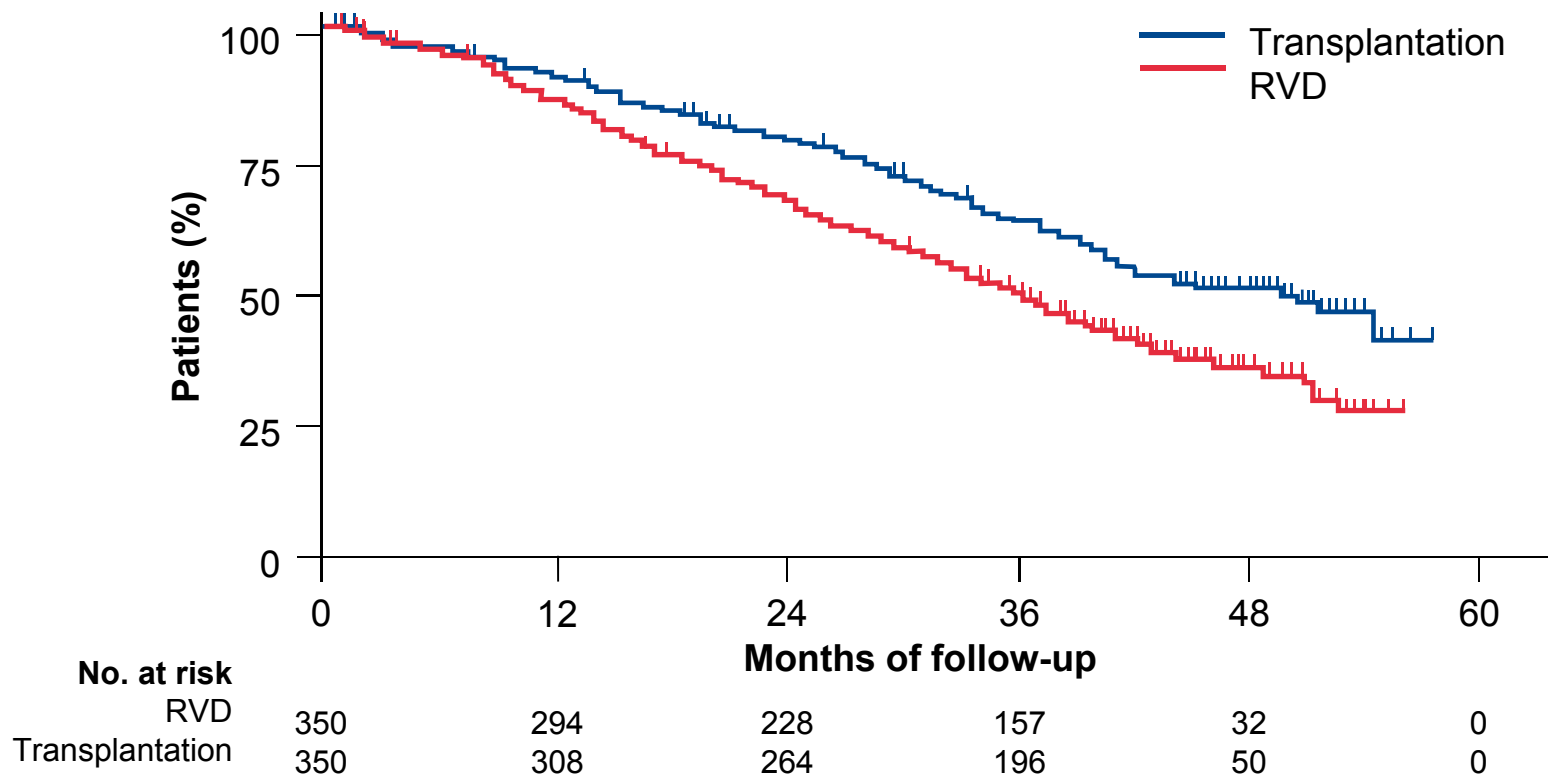


# Lower MRD levels are more susceptible to variability in case of hemodilution



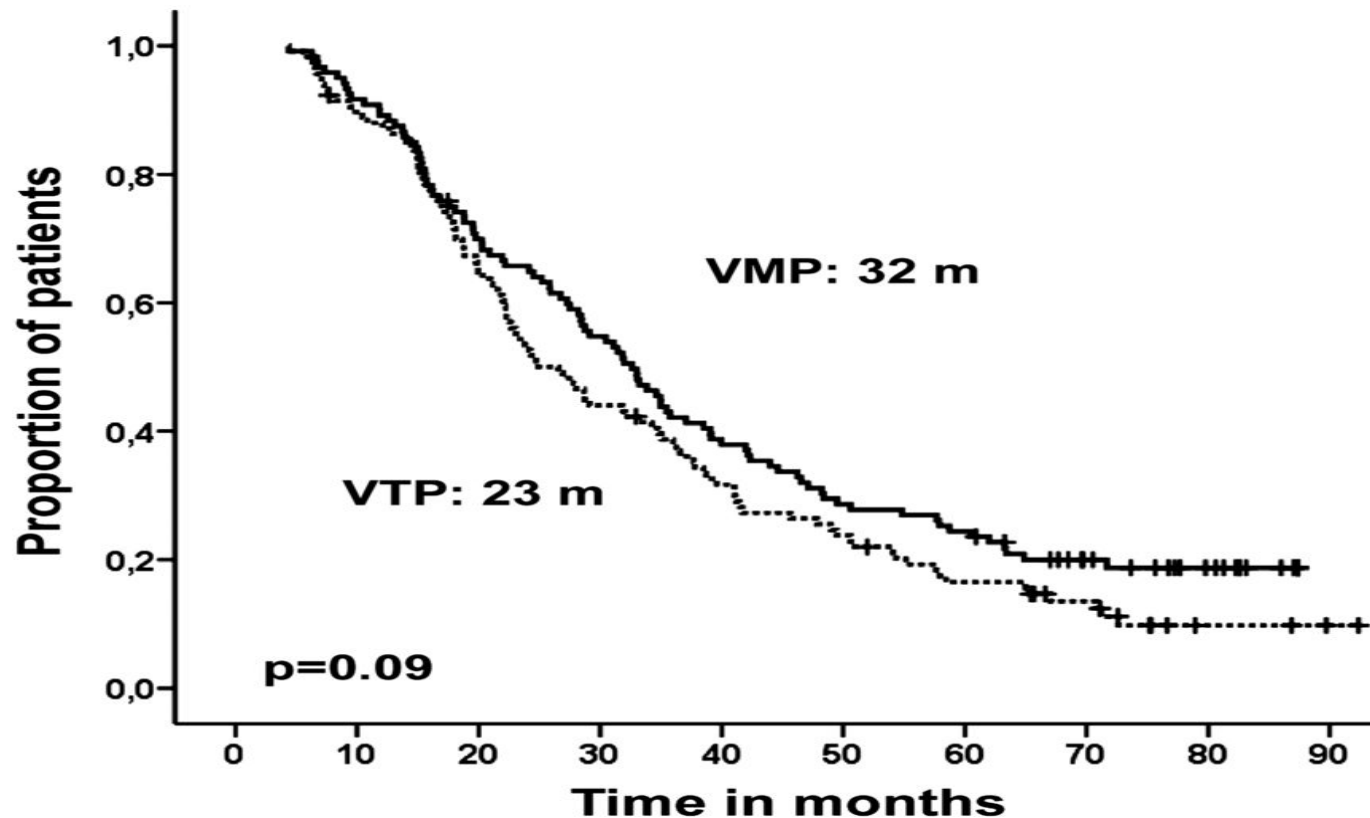
# Predicting treatment effect according to MRD rates: IFM2009 study

	RVD	ASCT	$\Delta$	P-value
MRD-ve (%)	65	79	14	<.001
PFS	36	50	14	<.001



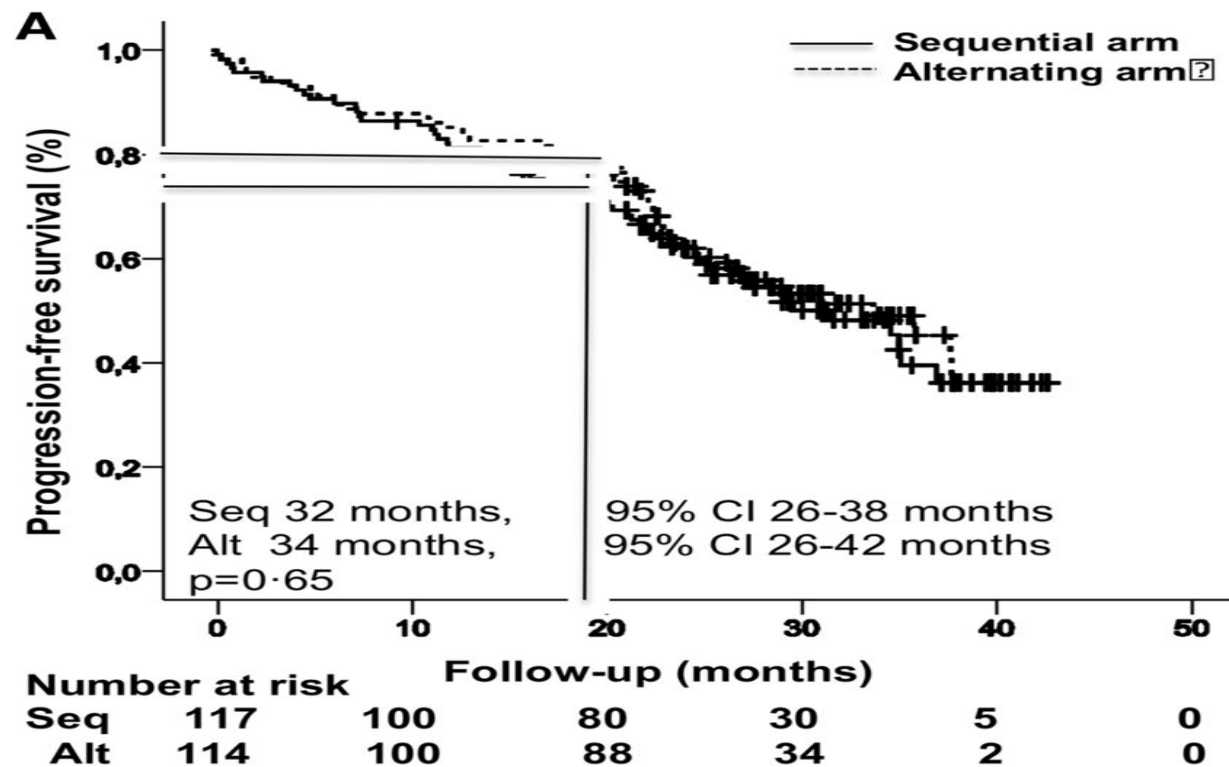
# Predicting treatment effect according to MRD rates: GEM2005MAS65 study

	VTP	VMP	$\Delta$	P-value
MRD-ve (%)	20	24	4	.86
PFS (months)	23	32	9	.09

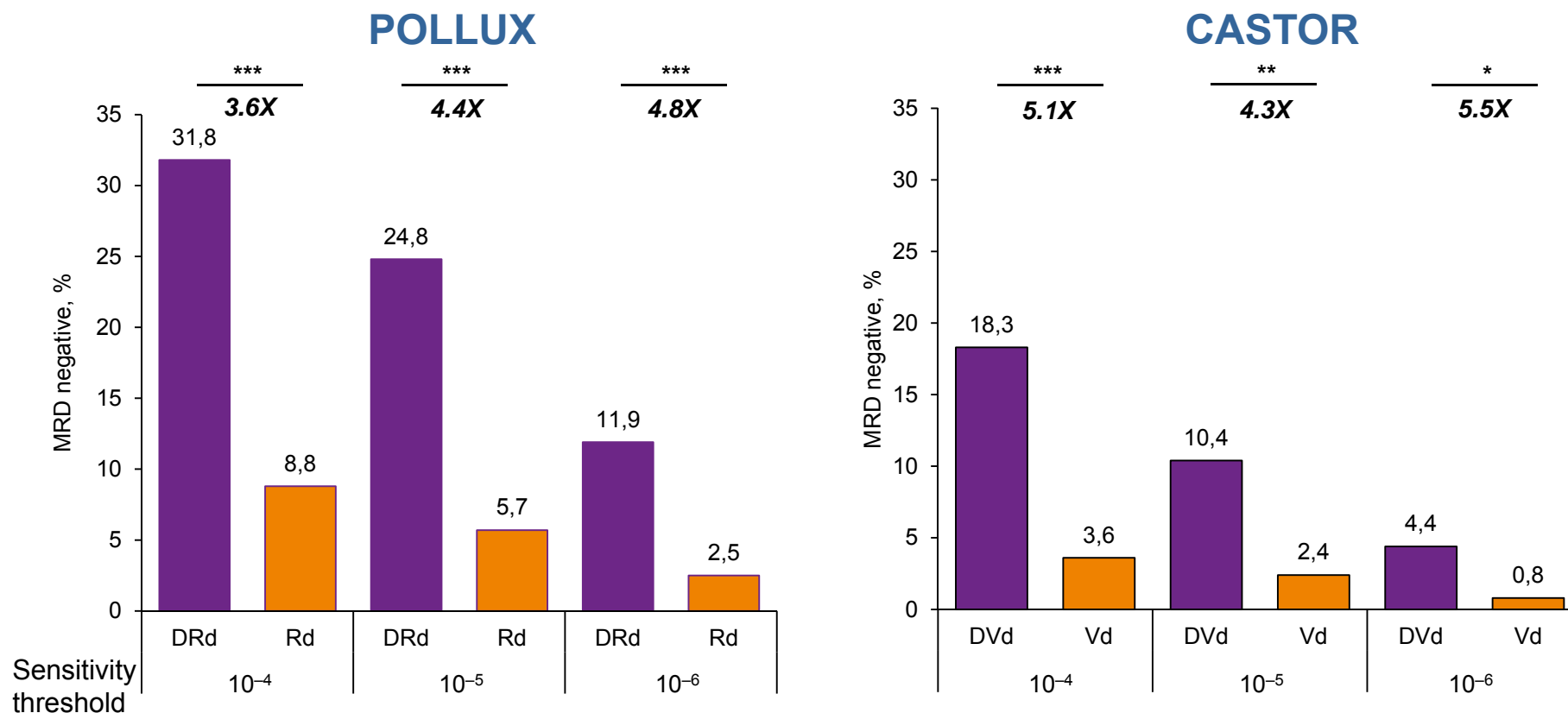


# Predicting treatment effect according to MRD rates: GEM2010MAS65 study

	SEQ	ALT	$\Delta$	P-value
MRD-ve (%)	36	30	-6	.48
PFS (months)	32	34	2	.65



# Proportion of MRD-negative Patients at $10^{-4}$ , $10^{-5}$ , and $10^{-6}$ Thresholds



- Investigational as compared to control arm significantly improved MRD-negative rates at all thresholds

\*\*\*  $P < 0.0001$   
 \*\*  $P < 0.005$   
 \*  $P < 0.05$