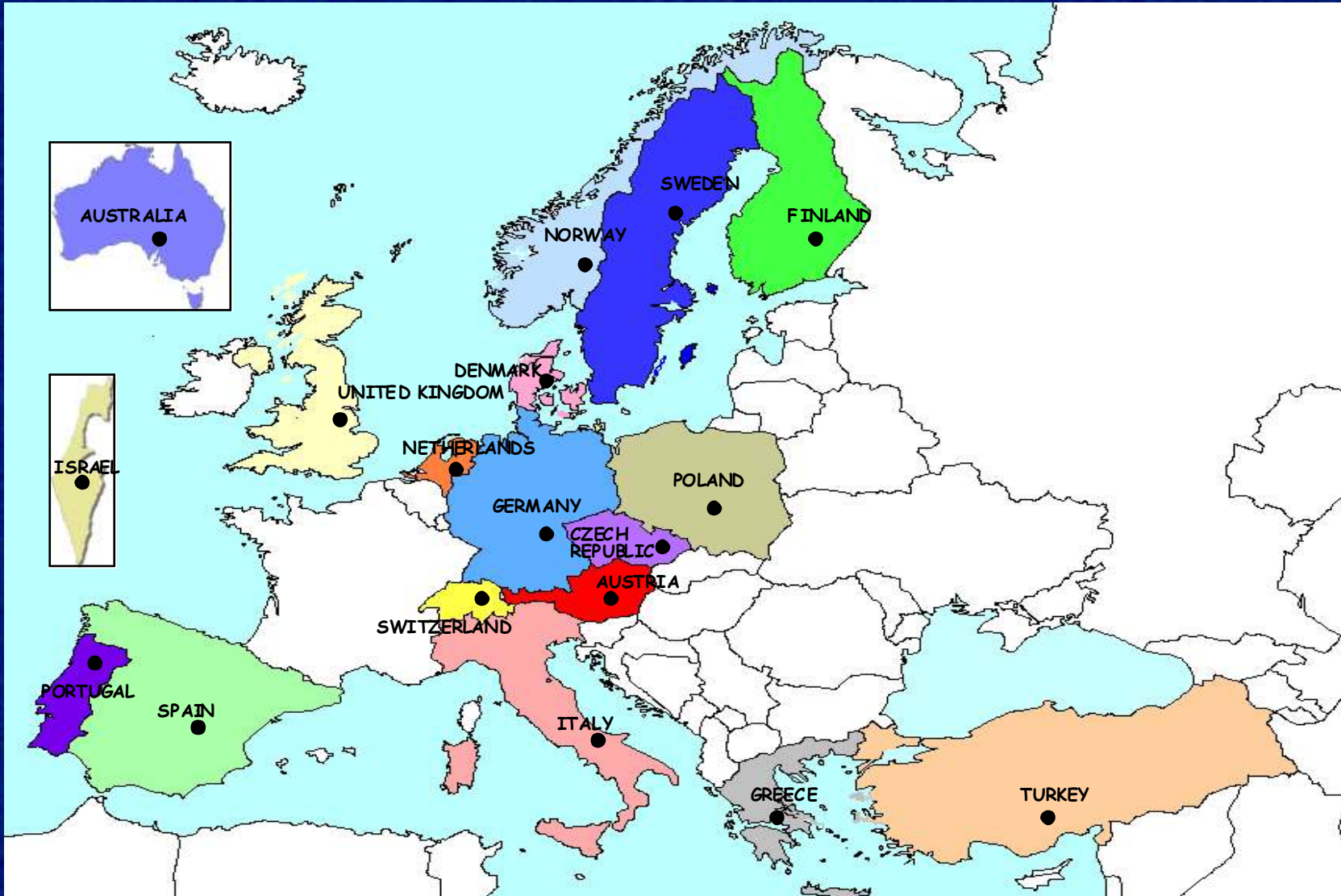


**A randomized phase III study to compare
VMP with MEL-200 followed by VRD
consolidation and Lenalidomide maintenance
in newly diagnosed multiple myeloma patients**

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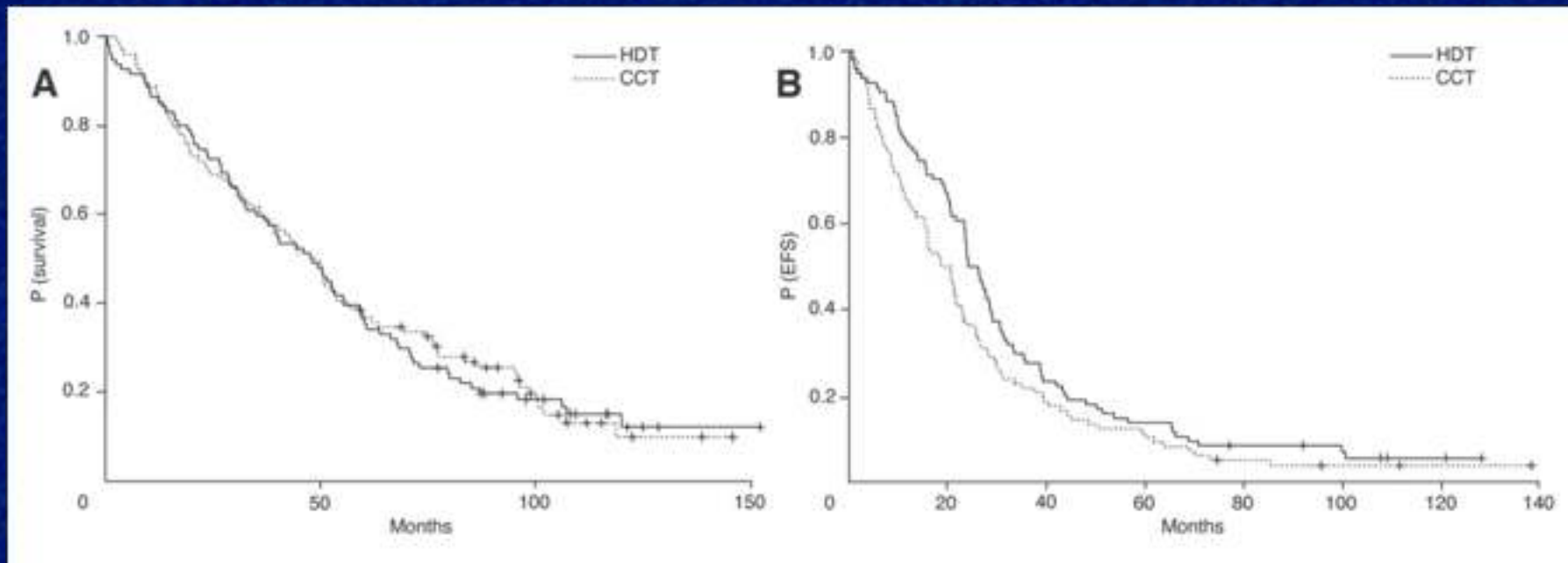


NEWLY DIAGNOSED MYELOMA <65 YEARS: FACTS & QUESTIONS?

- **What is the best timing of ASCT in the novel agent era?**
 - **Should ASCT continue to be performed up-front?**
 - **Can ASCT up-front be challenged by novel agents and delayed at the time of relapse?**
 - **Is it possible to tailor timing of ASCT according to the single patient's risk?**

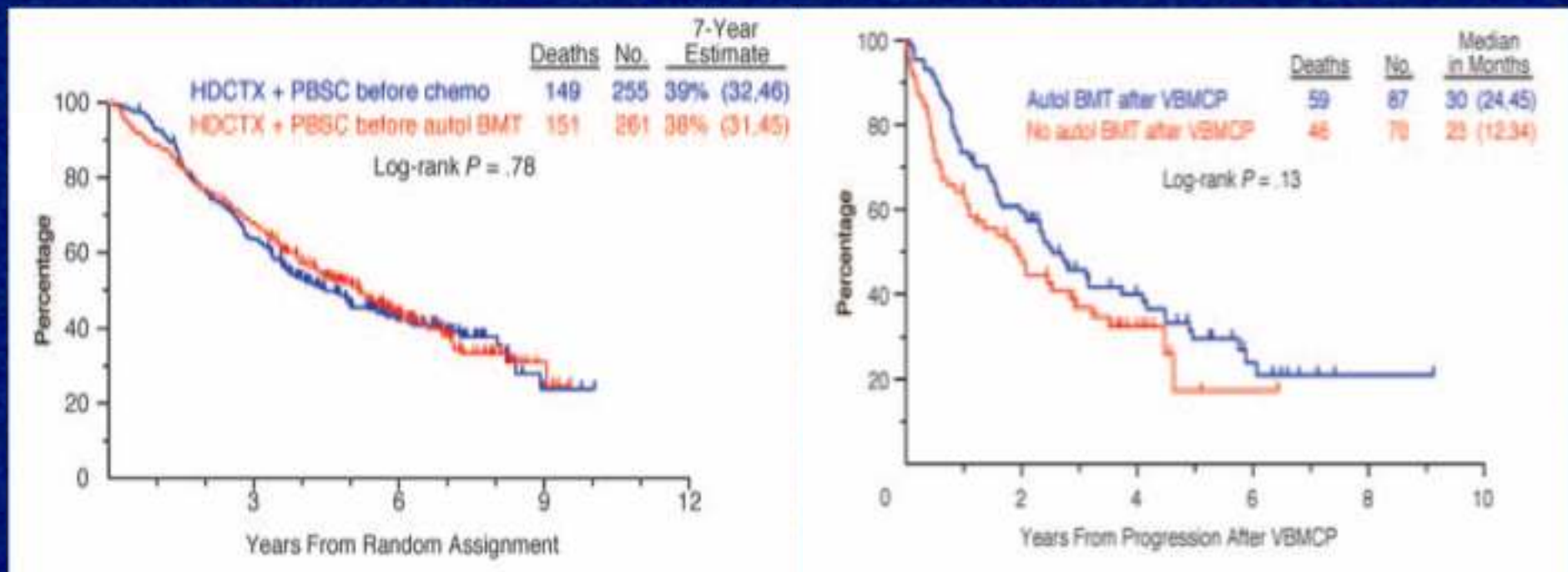
NEWLY DIAGNOSED MYELOMA <65 YEARS: FACTS & QUESTIONS?

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NEWLY DIAGNOSED MYELOMA <65 YEARS: FACTS & QUESTIONS?

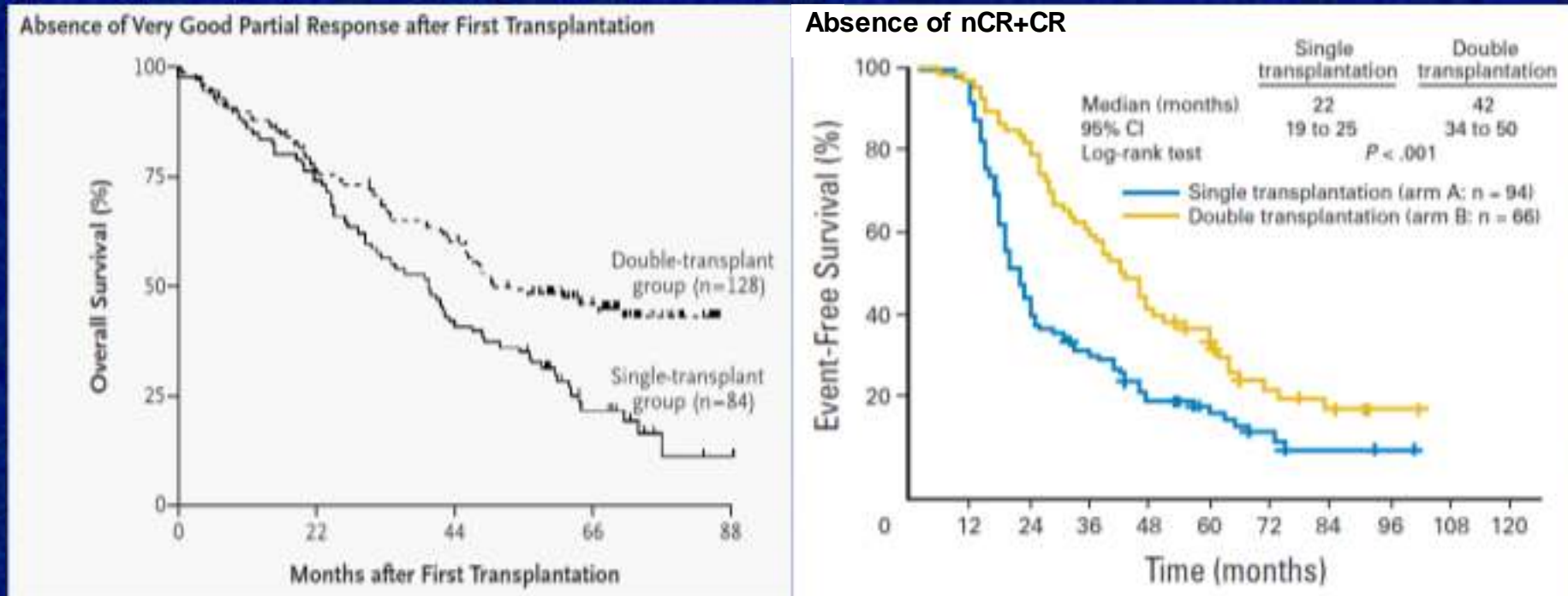
- **What is the best timing of ASCT in the novel agent era?**
 - **Should ASCT continue to be performed up-front? (Pros)**
 - **Patients are usually more fit early in the course of the disease**
 - **ASCT provides additional tumor reduction even in face of high response rates obtained with novel-agent-based therapies**

NEWLY DIAGNOSED MYELOMA <65 YEARS: FACTS & QUESTIONS?

- What is the best timing of ASCT in the novel agent era?
 - Can ASCT be delayed at the time of relapse? (Cons)
 - A fraction of patients cannot be expected to be fit enough to receive high-dose therapy
 - The probability to attain CR or a deeper response may be lower than at the onset of the disease

NEWLY DIAGNOSED MYELOMA <65 YEARS: FACTS & QUESTIONS?

- Which is the role of double ASCT in the novel agent era?



Attal et al, New Engl J Med 2003; 349:2495-502
Cavo et al, J Clin Oncol 2007; 25:2434-41

NEWLY DIAGNOSED MYELOMA <65 YEARS: FACTS & QUESTIONS?

- **Which is the role of double ASCT in the novel agent era?**
 - **Provided that immunophenotypic and/or molecular response is/are the primary endpoint(s), a second ASCT might further contribute to improve the depth of response**

STUDY DESIGN

