

## Question about CR and need for continued treatment - part 1

I have been wondering about complete response to a treatment, whether it be SCT or use of chemo, and the need for continued use of drugs or other treatment afterwards. I've noticed that some people have just Zometa or Aredia, while others will stay on a steroid or some other drugs. Once you have total remission, is it necessary to stay on drugs? My goal is to not have to take anything for as long as possible. Will that be a possibility for me?

I posted this question to the ACOR MM mailing list and wanted to share some of the answers I received. They certainly merit a great deal of consideration. (Posted with permission.)

Answer:

In my opinion Beth, if the disease stays down without treatment, it is in remission. If it starts to rebound upon withdrawal of treatment, it is a response. Just semantics to some but to me it is a clear difference.

It is true that many take a treatment to try and 'extend' the remission. IMO, one needs to choose such treatments carefully. Many have taken Thalidomide for maintenance. I think this is a poor choice, because Thal' is toxic and has definite permanent PN associated with its use. To take Thal' and get the side effects not knowing if it is really holding disease back is, to me, not wise.

Aredia/Zometa have anti-myeloma effects along with helping to strengthen the skeleton. Other, less troublesome maintenance drugs may include, IL6 suppressors like Biacin.

Don S.