

del(1p32), a powerful prognostic factor in myeloma

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Schavougulidze A, Talbot A, Perrot A, Cazaubiel T, Leleu X, Manier S, Buisson L, Mahéo S, Do Souto Ferreira L, Pavageau L, Hulin C, Marolleau J-P, Voillat L, Belhadj K, Divoux M, Slama B, Brechignac S, Macro M, Stoppa A-M, Sanhes L, Orsini-Picelle F, Fontan J, Chretien M-L, Demarquette H, Mohty M, Avet-Loiseau H, Corre J. Biallelic deletion of 1p32 defines ultra-high-risk myeloma, but monoallelic del(1p32) remains a strong prognostic factor. *Blood*. 2023;141(11):1308-1315.

- 1. Your patient is a 67-year-old man with newly diagnosed multiple myeloma (NDMM). According to the study by Schavougulidze and colleagues, which of the following statements about the impact of monoallelic and biallelic del(1p32) on overall survival (OS) and progression-free survival (PFS) among patients with NDMM is correct?**

 - Among 2551 patients with NDMM, 5% had del(1p32)
 - Median OS for patients with vs without del(1p32) was 99 vs 124 months
 - PFS did not differ significantly among patients with vs without del(1p32)
 - For patients with biallelic vs monoallelic del(1p32), median OS was 25 vs 60 months ($P < .0001$)
- 2. According to the study by Schavougulidze and colleagues, which of the following statements about the prognostic value of other high-risk cytogenetic abnormalities (CAs) in combination with del(1p32) among patients with NDMM is correct?**

 - OS of patients with del(1p32) was significantly decreased by co-occurrence with del(17p) but not t(4;14) or gain(1q)
 - In multivariate analysis adjusted for age and treatment, progression risk was 1.3-fold higher with del(1p32) and death risk was 1.9-fold higher
 - OS of del(1p32) patients was lower in the presence of 2, but not 1, additional high-risk (HR) CAs
 - The proportion of patients with gain(1q) did not differ significantly between the biallelic and monoallelic del(1p32) groups
- 3. According to the study by Schavougulidze and colleagues, which of the following statements about clinical implications of the impact of del(1p32) on patients with NDMM is correct?**

 - Delayed detection of del(1p32) in MM is unlikely to have an adverse impact on outcomes
 - The study proved that the association of del(1p32) with t(14;16), t(14;20), 1q amplification, or TP53 worsened prognosis
 - del(1p32) had an adverse impact in both non-transplant-eligible and transplant-eligible patients
 - A recent study showed that patients with del(1p) had best outcomes with bortezomib-lenalidomide-dexamethasone induction