

## **Disease control should be the goal of therapy for WM patients in 2017**

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WM, in most patients, is an indolent disease and with current treatment options the survival of symptomatic patients exceeds 10 years. This prolonged disease course is achieved despite the fact that complete responses (CRs) to therapy are uncommon; for most regimens are below 10%. Two of the most effective therapies for WM, monoclonal anti-CD20 antibodies and BTK inhibitors, rarely induce CRs; however, their use is associated with prolonged periods of disease control (even several years) and improvement of survival. Patients with WM rather survive with their disease and not because they eradicated their disease; it is common to observe a substantial improvement of the symptoms even with minor responses, which may last for long periods, despite the persistence of the disease.

But, could CRs be associated with even better results? And should we aim for CRs, and by any cost? The paradigms from CLL and multiple myeloma indicate that CRs and complete eradication of the disease (as seen in patients with negative tests for MRD) is associated with improved survival. But, there are no data to indicate that a CR is associated with improved survival in WM, although deeper responses may be associated with increased PFS. If higher rates of CRs were achieved perhaps we could have such data. Yet, it is possible, at least in some patients, to achieve appreciable rates of CRs with combination therapies which include monoclonal antibodies, proteasome inhibitors and prolonged maintenance therapy. However, the toxicity, the effects on the quality of life and the cost of such therapies have to be weighed against the unknown benefits of a CR. Furthermore, WM is a disease of the elderly and for many of these patients management of the symptoms can be sufficient to improve and prolong their lives, but toxicity of aggressive CR-inducing regimens is also primary concern. Thus, until we have convincing data to support that CR should be the target of therapy, at least for some patients, and until we have safe regimens that can achieve this goal, prolonged disease control with minimum toxicity should be the goal of therapy in WM.