Are the response criteria for WM adequate? [No]

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The VIIth IWWM updated the treatment recommendations for patients with WM (Dimopoulos et al, Blood 2014). Current consensus-based response criteria have been set following the VIth IWWM (Owen et al, BJH 2013) and are mainly based on the degree of reduction of the serum M-protein. The new category of Very Good Partial Response (VGPR) has been proposed. The main scope of this effort was to offer uniform criteria in reporting the results of clinical trials, as well as in the assessment of response in clinical practice. With the introduction of new drugs and new combination regimens, responses are progressively improving with deeper reduction of the IgM component. There is now a need to further refine the criteria for response assessment in WM.
Several points need to be considered:

1. Is the reduction of the M component correctly analyzed?

When assessing response on the basis of IgM level changes, competing factors should be considered. For example, the variability of the IgM kinetics with different treatments, which is slow following alkylators, purine analogues and rituximab but is faster with bortezomib, may be a confounding factor. In addition, the common "IgM flare" needs a correct timing of response evaluation.

2. Is BM assessment indicated at restaging for all patients?

The discrepancy between serum IgM and bone marrow response observed with some treatments (especially bortezomib and everolimus), indicates that simultaneous serum and bone marrow assessment should be part of restaging in all cases. BM biopsy is to be supplemented by flow cytometry and immunohistochemistry studies. In addition, BM evaluation would further define the subset of patients classified as VGPR on the basis of the degree of serum M component reduction.

3. When molecular evaluation of MRD is indicated?

With the introduction of new agents and new combinations, increasing percentages of WM patients achieve CR/VGPR. In CR cases the attainment of molecular CR should be studied with allele specific PCR assay for MYD88 in CD19-selected BM and PB cells.