

A light micrograph of a plant stem cross-section. The image shows large, thin-walled parenchyma cells on the left and a vascular bundle on the right. The vascular bundle contains xylem vessels with thick, lignified walls and a central pith, and phloem cells with thin walls. The text "Panel discussion" is overlaid in the center.

Panel discussion

Young newly diagnosed patients

- Would you adapt treatment according to risk factors $\{ t(4:14), >B_2M.....\}$?
- Will you use all available drugs upfront or in a sequential fashion?
- If the patient is primary refractory to VAD induction, will you directly proceed to ASCT?
- What is the optimal induction treatment?

Young newly diagnosed patients

- Will ASCT disappear?
- Is there a role for double ASCT?
- What is your preferred option for maintenance?
- How will you treat a patient with renal insufficiency?
- What is your position with Alo or RIC-Alo?

Elderly patients

- **What is your upfront treatment choice in these patients?**
- **What is the optimal duration of treatment? Untill progression?**
- **Is there any age limit for using novel agents?**

Patients with relapsed MM

- What drug is preferable?
- Single agent versus combination?
- What is the role for ASCT and Alo?