

- Nemocní s relapsem MM by měli být léčeni s využitím jiných léků než v první linii, volba závisí především na agresivitě relapsu, předešlé léčbě a jejím efektu, a celkovém stavu pacienta.
- Klíčovou molekulou pro léčbu relabovného MM je v současnosti lenalidomid a jeho kombinované režimy, zejména DRD, KRd, IRd či EloRD.

- V případě refrakterity na lenalidomid či při léčbě vyšší linie je obecným pravidlem volba léku/lékové skupiny, která dosud nebyla použita. Cílem je podání pokud možno trojkombinace s alespoň dvěma novými léky.
- Specifické skupiny nemocných – křečcí pacienti, nemocní s rizikovou cytogenetikou, renálním selháním apod. by měli

být léčeni individuálně podle zvláštních pravidel.

- Velkou nadějí budoucí léčby je imunoterapie, spočívající v cílené aktivaci vlastního imunitního systému a jeho zacílení na nádorové buňky.

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