The goal of the NCCN Guidelines® Updates is to provide readers with important changes that the NCCN Guidelines Panels have incorporated into an algorithm since it was last published. For a more complete detailing of the updated guideline's modifications, please access the NCCN Guidelines® in this issue or, for the complete and most up-to-date version, at NCCN.org.

Note: The addition of new language is indicated in italics. Wording that was removed from the previous update is indicated in strikeout.

NCCN Guidelines® Updates: Multiple Myeloma

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Multiple Myeloma published in this issue (page 1398) include the latest updates. To assist readers interested in noting how the guidelines were updated, highlights of major changes pertaining to the abbreviated version published in this issue are printed below. To view the complete list of updates and full version of the guidelines, visit the NCCN Web site at NCCN.org.

Updates in Version 2.2016 of the NCCN Guidelines for Multiple Myeloma from Version 4.2015 include:

**MYEL-1**
- Initial diagnostic workup, useful under some circumstances:
  - Added “Imaging with whole body MRI or PET/CT scan.”
  - Removed “or CT scan (avoid contrast).”
  - Footnote “a” is new to the page.

**MYEL-2**
- Changed the dose of radiation therapy from (≥45 Gy) to (>30 Gy) to involved field.

**MYEL-4**
- Allogeneic stem cell transplant, removed “on clinical trial.”
- Modified footnote “l”: “Allogeneic stem cell transplant may include nonmyeloablative (mini) following autologous stem cell transplant or fully myeloablative preferably on a clinical trial. (off-trial category 3) Current data do not support miniallografting alone.”

**MYEL-5**
- Allogeneic stem cell transplant, removed “on clinical trial” and “(category 3 for conventional vs. clinical trial).”

**MYEL-B**
- Definition of Multiple Myeloma (Smoldering and Active) added criteria based on the International Myeloma Working Group (IMWG) diagnosis of multiple myeloma:
  - Smoldering (asymptomatic) myeloma, added “If bone survey negative - assess for bone disease with MRI or PET/CT.”
  - Bone marrow clonal plasma cells changed to “10%–60%”
  - Active (symptomatic) myeloma, added:
    - Bone disease (lytic or osteopenic): “One or more bone lesions on skeletal radiography, CT, or PET/CT.”
    - Renal insufficiency added “or creatinine clearance <40 mL/min”.
    - Anemia (hemoglobin <10 g/dL or hemoglobin of >2 g/dL below the lower limit of normal).
    - Any one or more of the following:
      - Bone marrow clonal plasma cells ≥60%
      - Abnormal serum free light chain ratio ≥100 (involved kappa) or <0.01 (involved lambda).
      - >1 focal lesions detected by functional imaging including PET/CT and/or whole body MRI.

Cont. on page xxviii.
MYEL-D (1 of 2)
- Added the following therapeutic options to the list of preferred regimens under primary therapy for nontransplant candidates:
  - Bortezomib/cyclophosphamide/dexamethasone
  - Bortezomib/lenalidomide/dexamethasone

MYEL-E
- Added a new bullet under bone disease: “A dental exam is recommended before starting bisphosphonate therapy.”