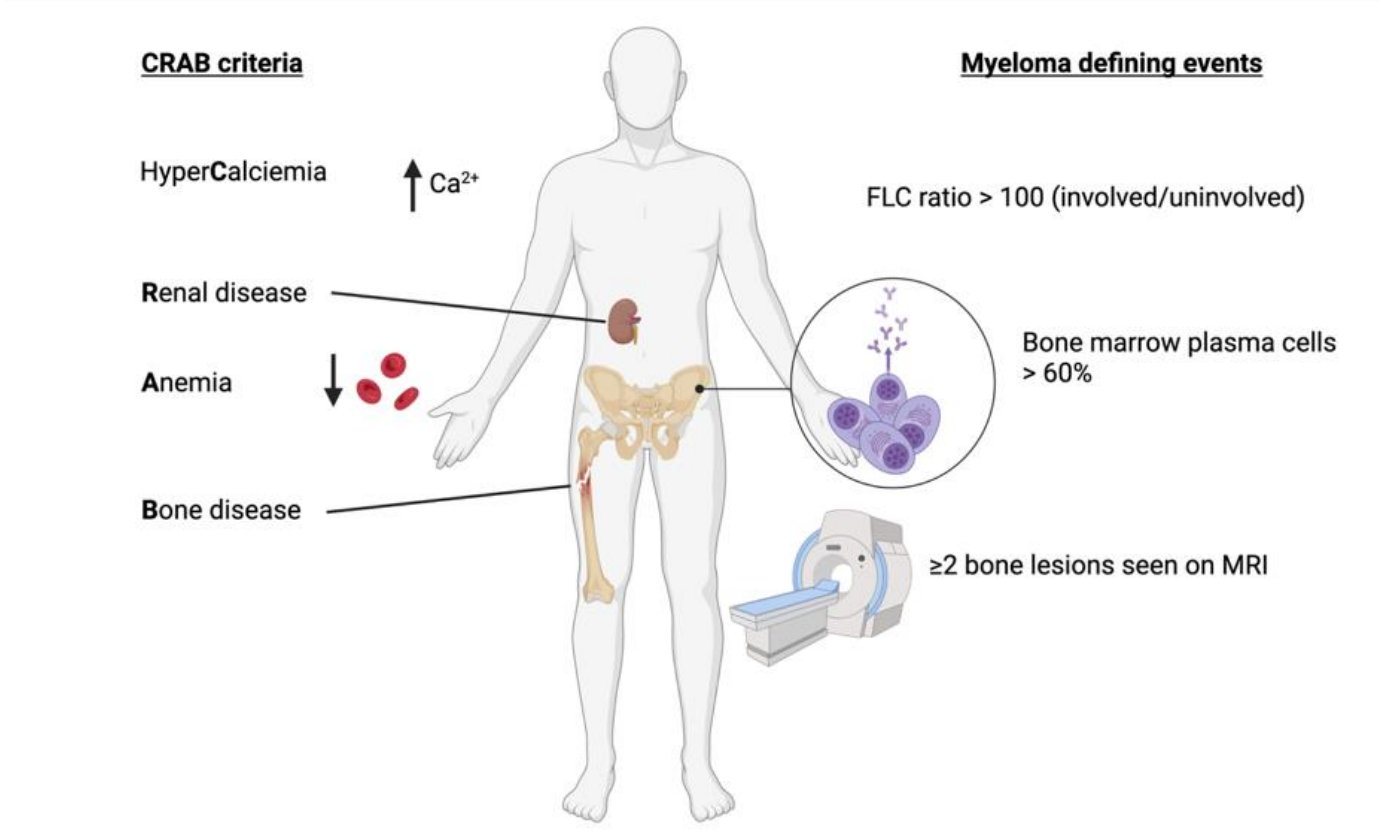
Hvað er að frétta af Blóðskimun?

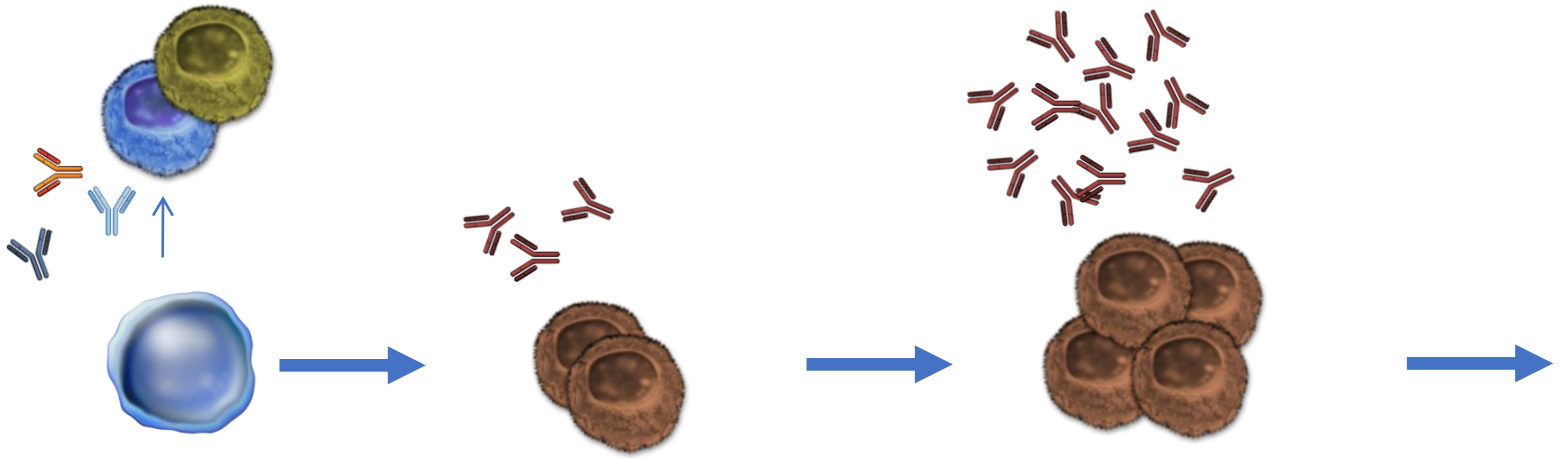
Sæmundur Rögnvaldsson

Læknir og nýdoktor

Smá upprifjun

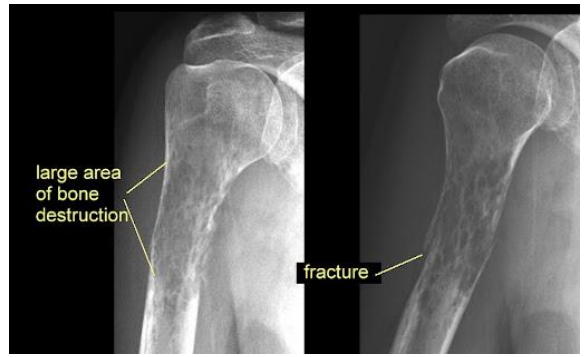


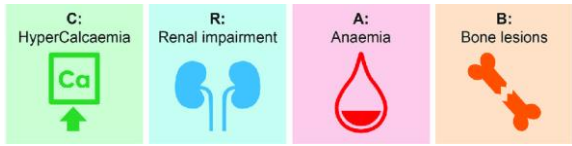
Smá upprifjun



MGUS

Mallandi mergæxli

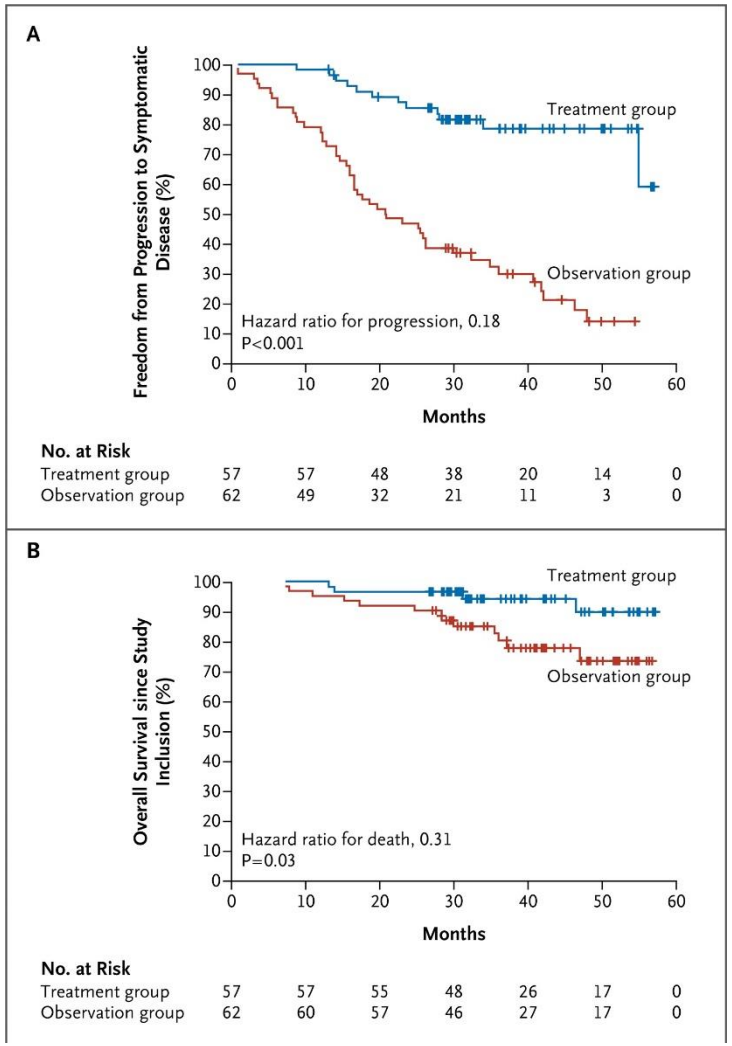




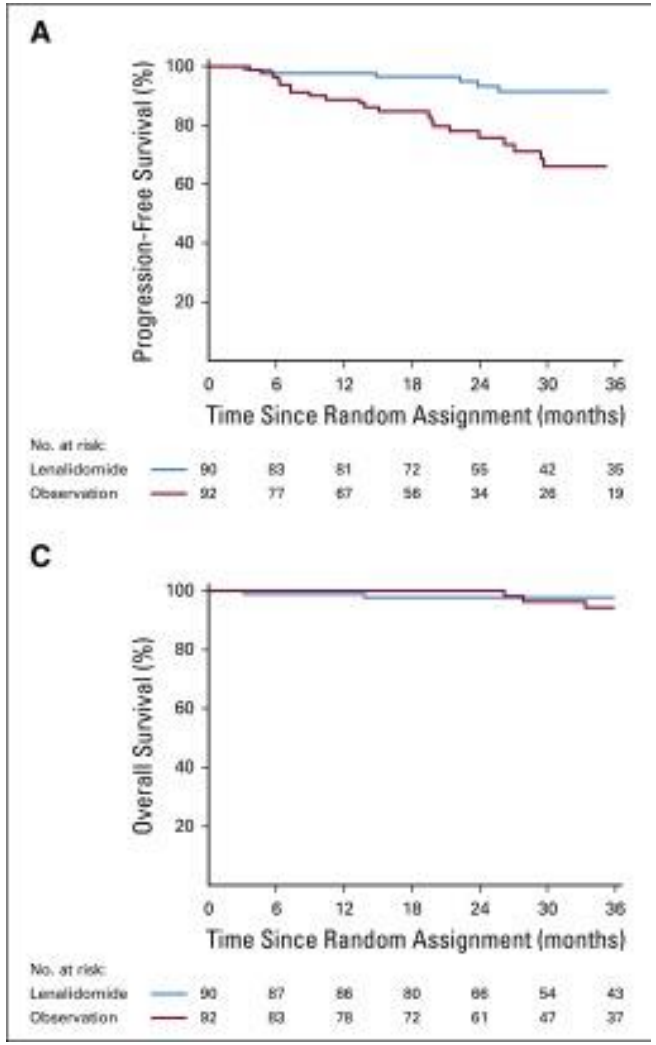
-Algengt
-Einkennalaust
-1% fá mergæxli á ári

Meðferð?

Getum við gripið fyrr inn í?

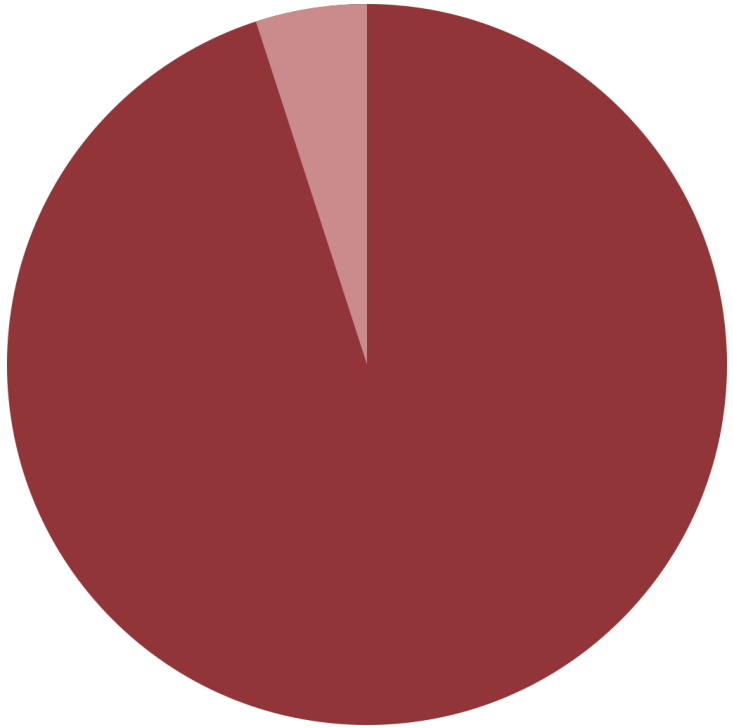


Mateos, MV et al. (2013) NEJM; 369: 438-447



Lonial S et al. (2020) J Clin Oncol; 38(11): 1126-1137.

Aðeins 3-6% þeirra sem greinast með mergæxli höfðu MGUS fyrir greiningu



Eigum við að skima fyrir MGUS?

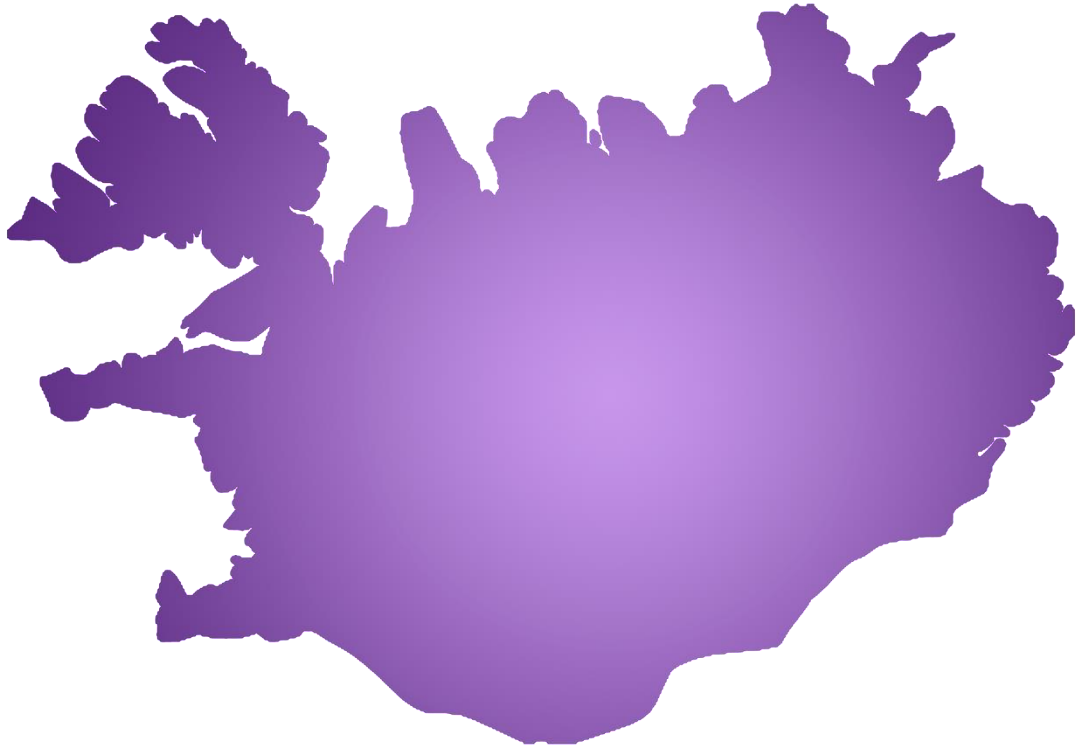
Skaðsemi skimana

- Ofgreining og ofmeðhöndlun
  - 15-30% brjóstakrabbameina
- Áhrif á andlega heilsu
  - Hvað með forstig?
- Kostnaður og þjónustuþörf
  - Lungnakrabbameinsskimun myndi fjölga tölvusneiðmyndum á Englandi úr 2 milljónum í 2.5 milljónr á ári
  - Kostnaður einstaklinga

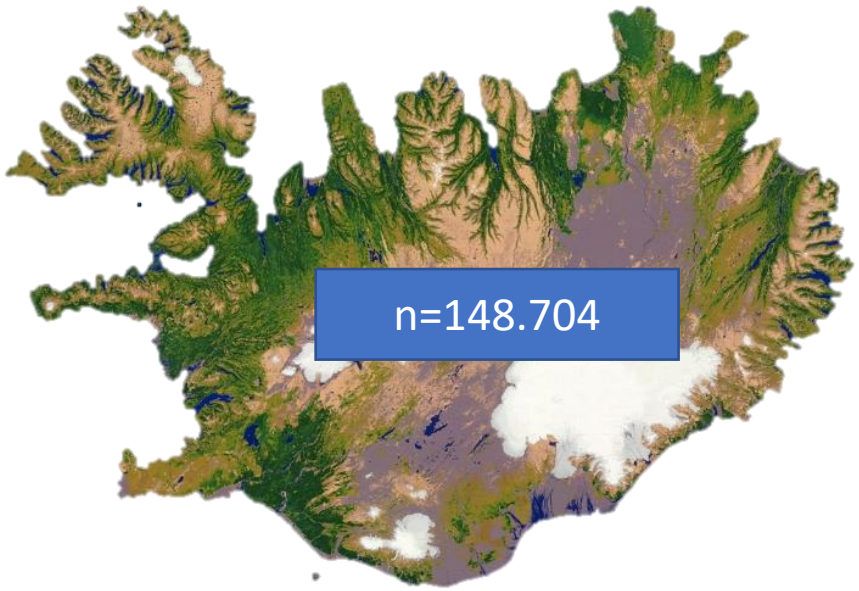
Jørgensen, K. J et al. (2017) Annals of internal medicine 166; 313-323
Kalager, M. et al. (2012) Annals of internal medicine 156; 491-499
Snowsill T et al. (2018) Health Technol Assess; 22: 1-276

iStopMM

Iceland Screens, Treats or Prevents Multiple Myeloma



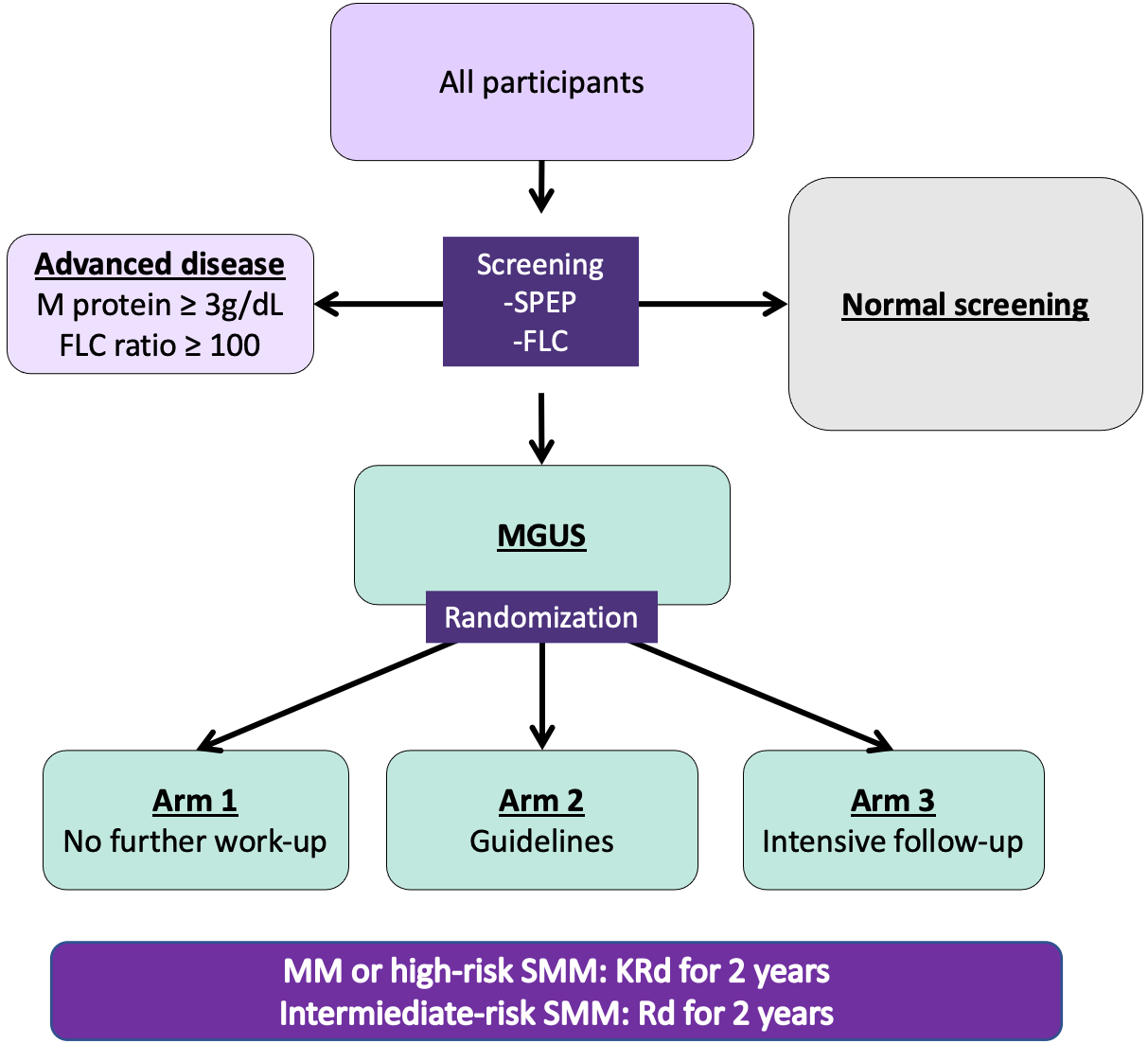
iStopMM
Iceland Screens,
Treats or Prevents
Multiple Myeloma


n=148.704


Blóðskimun til bjargar
INNSKRÁNING
UM VERKEFNIÐ
SPURT OG SVARAÐ
HAFA SAMBAND
INNSKRÁNING
Ísykill eða Rafræn skilríki
Heimsent auðkenni
Smelltu á takkann hér fyrir neðan til að skrá þig inn með Ísykli eða rafrænum skilríkjum.
Ísykill eða rafræn skilríki
ÞJÓÐARÁTAK GEGN MERGÆXLUM
LEGGÐU OKKUR LIÐ

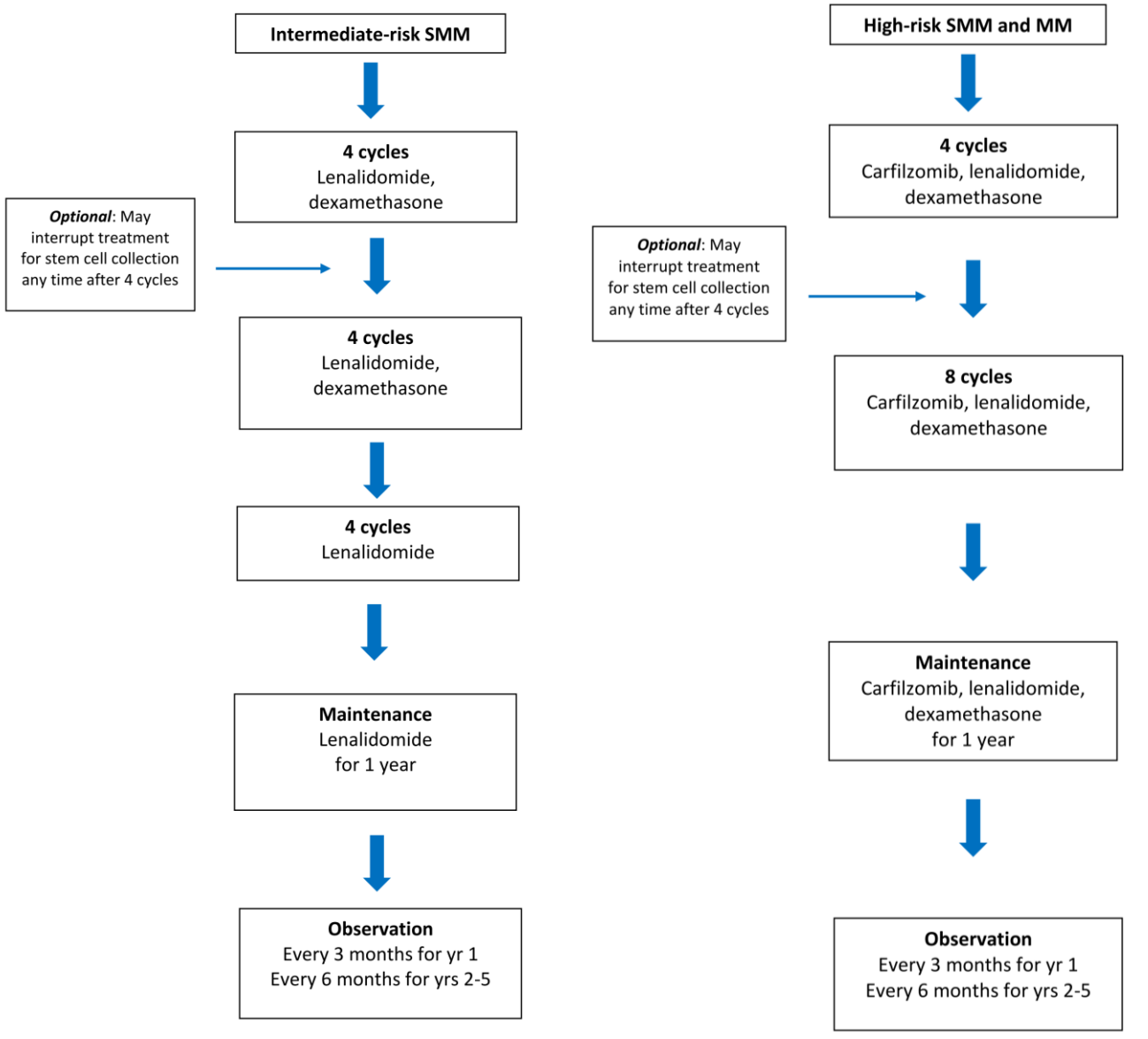

TO-DOLIST
NOTHING


n=75.422



- Spurningalistar
- Lífsgæði
- Miðlægir gagnagrunnar
- Lífsýnasafn

Lyfjarannsókn



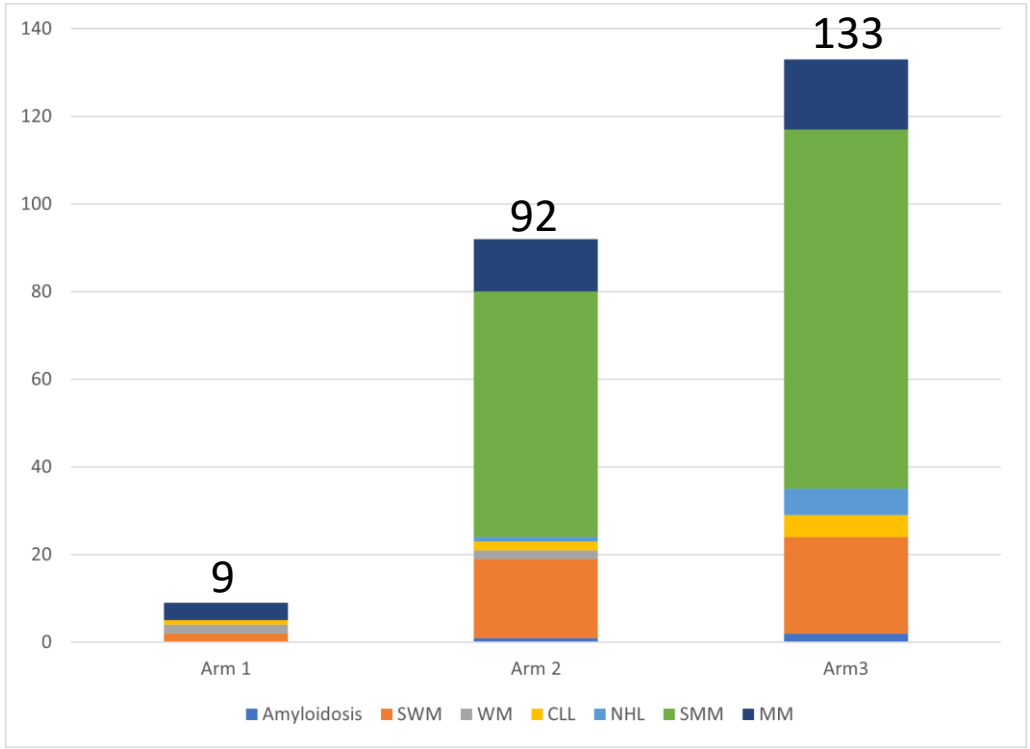
- Byrjuðum 2019
- 67 þátttakendur (Stefnum á 80)
  - **KRd** - Carfilzomib (Kyprolis), lenalidomide (Revlimid) og dexamethasone
  - **Rd** - Lenalidomide (Revlimid) og dexamethasone
- Endurtekn beinmergssýni
- Lífssýnsafn
- Lífsgæði

Tíðni MGUS á Íslandi

- Tíðni MGUS á Íslandi yfir 40 ára aldri:
  - **4.3%**
    - 3.6% kvenna
    - 5.0% karla
  - Hækkandi með aldri
    - 1.4% hjá 40-49 ára
    - 2.6% ihjá 50-59 ára
    - 4.8% hjá 60-69 ára
    - 7.9% hjá 70-79 ára
    - 10.9% hjá 80-89 ára
    - 14.0% hjá 90-109 ára

Fyrstu niðurstöður

Characteristics	Arm 1	Arm 2	Arm 3
Number of participants	1164	1159	1164
Female sex	527 (45%)	534 (46%)	531 (46%)
Median Age years	69	69	69
Isotype			
IgG	586 (50%)	580 (50%)	586 (50%)
IgA	130 (11%)	104 (9%)	137 (11%)
IgM	214 (18%)	226 (20%)	208 (18%)
Biclonal	91 (8%)	106 (9%)	91 (8%)
Mean M-protein conc (g/dL)	0.34	0.32	0.34
LC-MGUS	143	143	142



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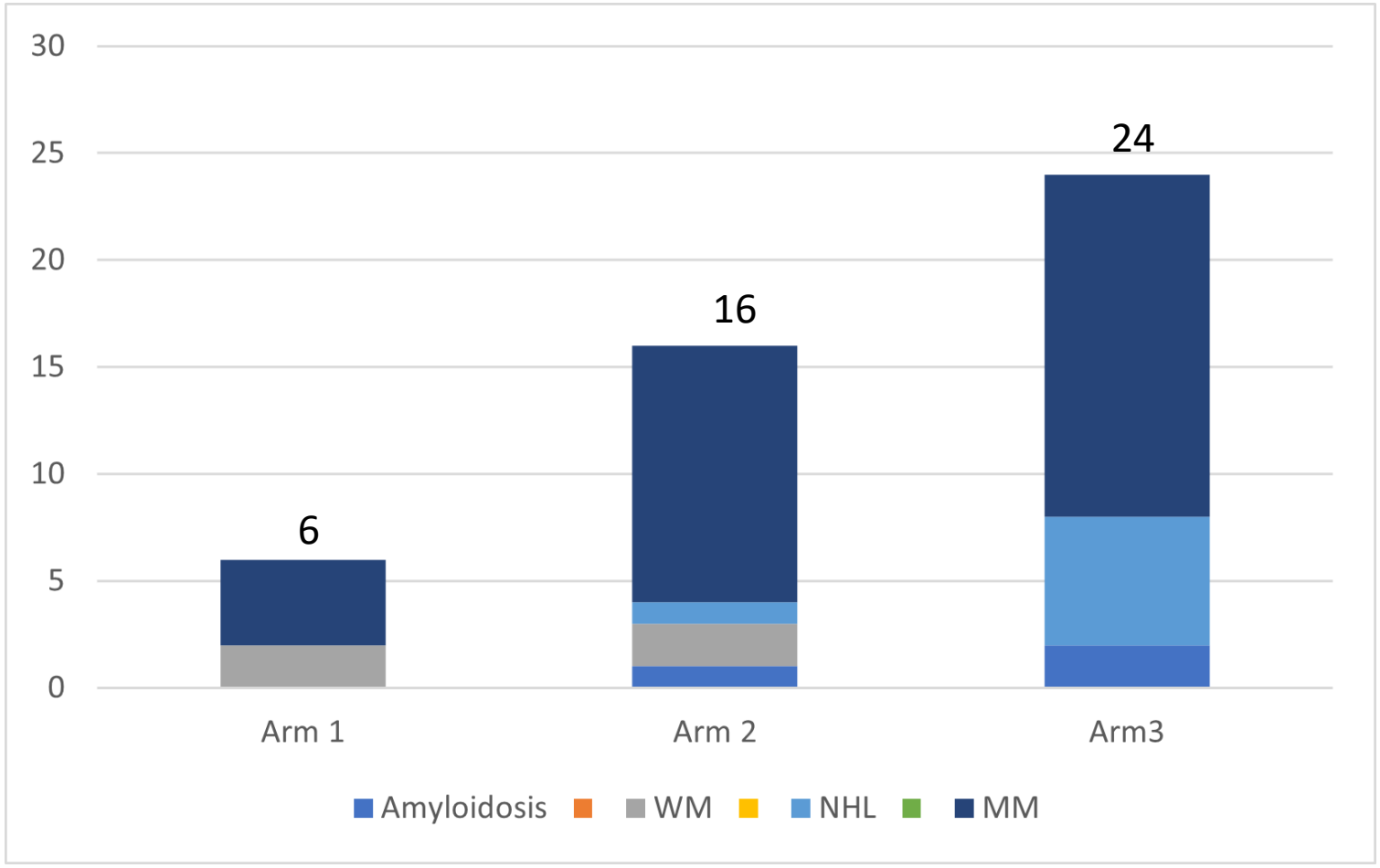

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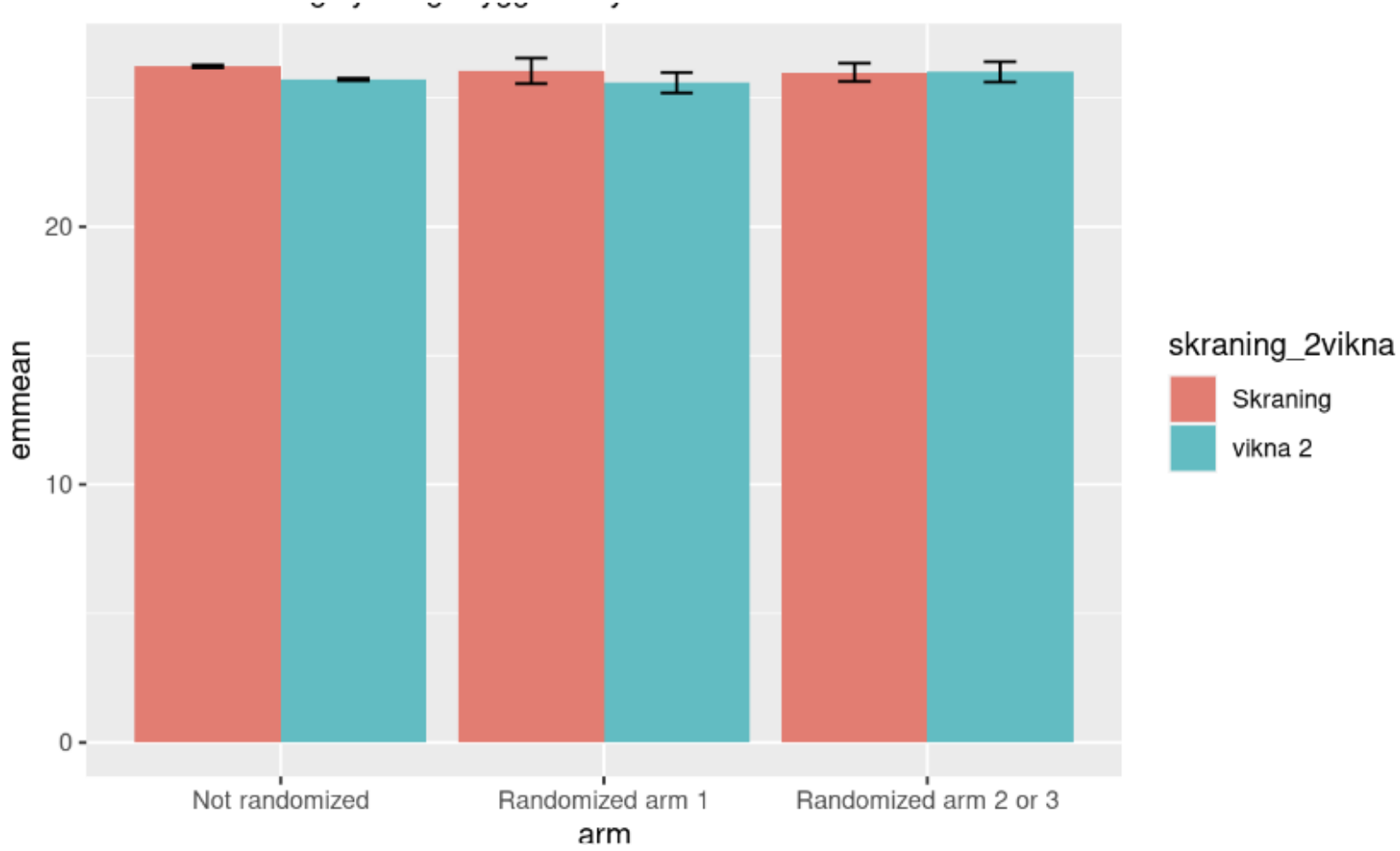
- Skimun er möguleg
- Skimun leiðir til greiningar á klínískt markverðum sjúkdómi
- Skimun leiðir af sér snemmbúna meðferð

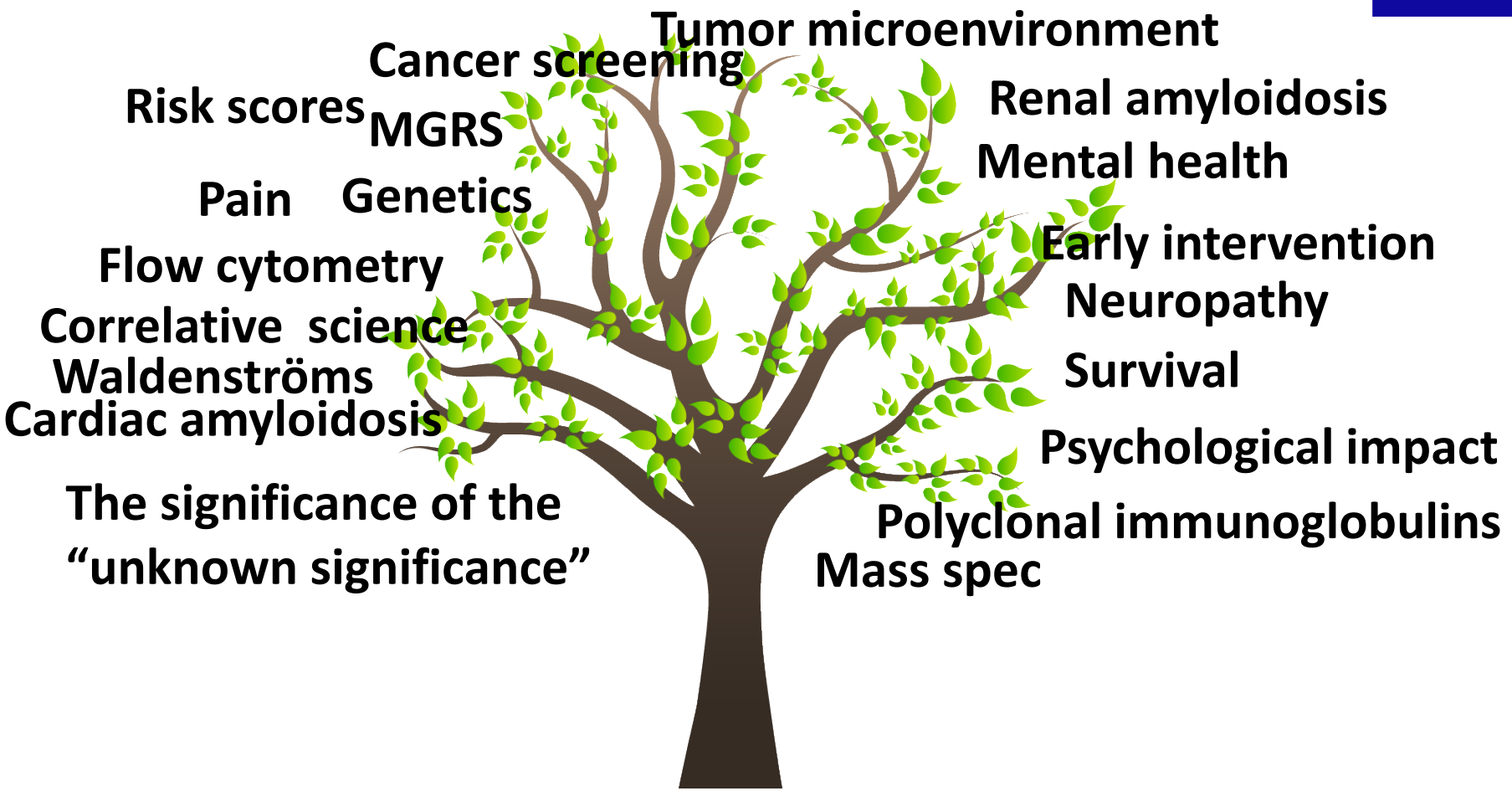
En hvað með skaðsemi?



Eigum við þá að byrja að skima?

- Mjög stór aðgerð að fara að skima
- Hverja á að skima?
- Hvað með kostnaðinn?
- Erfitt að meta ofmeðhöndlun á þessu stigi?
- Stutta svarið = Ekki ennþá

Fleiri rannsóknarspurningar



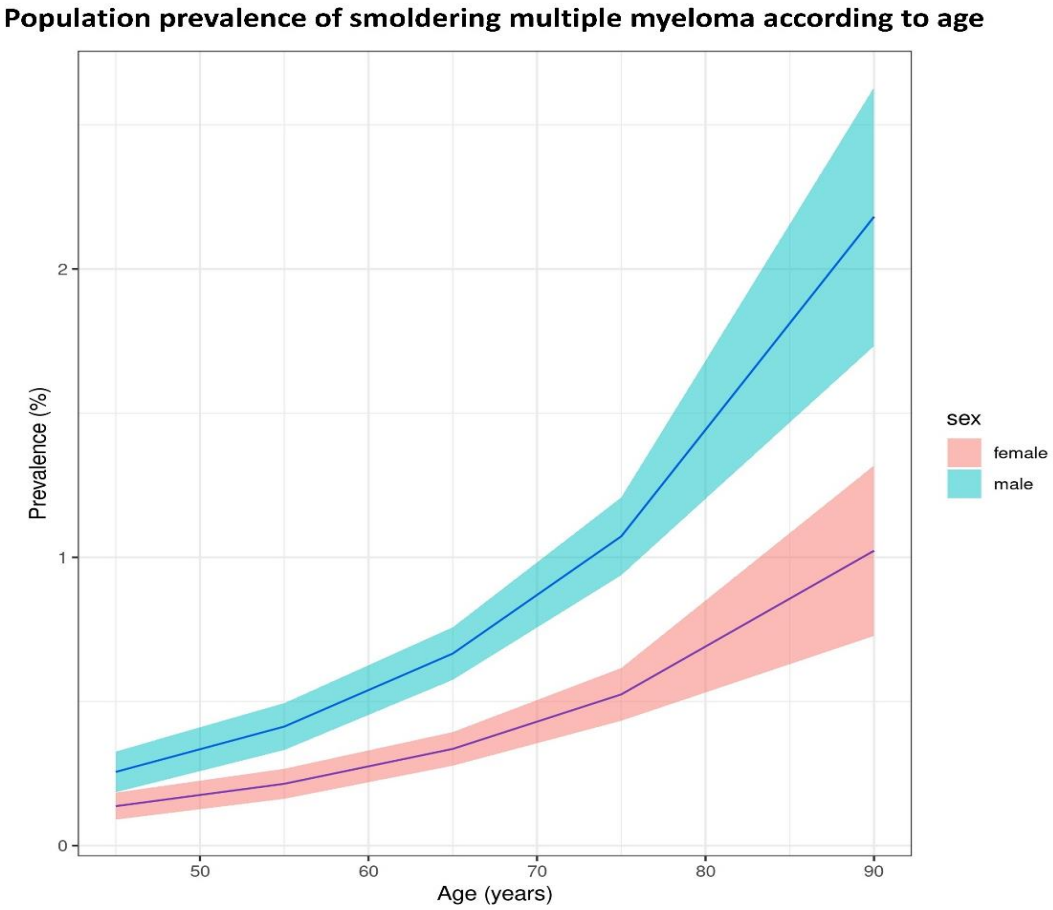
Prevalence of Smoldering Multiple Myeloma: Results from the iStopMM study

Sigrún Thorsteinsdóttir[1,2], Gauti K Gíslason[1], Thor Aspelund[3], Sæmundur Rögnvaldsson[1], Jón Þórir Óskarsson[1], Íris Pétursdóttir[1], Jón K Sigurðsson[1], Guðrún Á Sigurðardóttir[1], Ásdís R Þórðardóttir[1], Brynjar Viðarsson[4], Páll T Önundarson[4], Bjarni A Agnarsson[4], Margrét Sigurðardóttir[4], Ingunn Þorsteinsdóttir[4], Ísleifur Ólafsson[4], Elías Eyþórsson[4], Ásbjörn Jónsson[4], Petros Kampanis[5], Malin Hulcrantz[6], Brian GM Durie[7], Thorvardur J Löve[1], Stephen Harding[5], Ola Landgren[8], Sigurður Y Kristinsson[1,4]

1. Faculty of Medicine, University of Iceland, Reykjavík, Iceland
2. Department of Hematology, Rigshospitalet, Copenhagen, Denmark
3. Public Health Sciences, University of Iceland, Reykjavík, Iceland
4. Landspítali University Hospital, Reykjavík Iceland
5. The Binding Site, Birmingham, West Midlands, UK.
6. Memorial Sloan Kettering Cancer Center, New York, NY, USA.
7. Cedar-Sinai Samual Oschin Cancer Center, Los Angeles, CA, USA
8. Sylvester Comprehensive Cancer Center, University of Miami, Miami, FL, USA

iStopMM
Iceland Screens, Treats or Prevents Multiple Myeloma

Mallandi mergæxli er algengara en við höldum



Tíðni >40 ára er 0.5%

Thorsteinsdottir S et al. Abstract #151 ASH 2021

Blood Cancer Journal

www.nature.com/bcj

ARTICLE OPEN

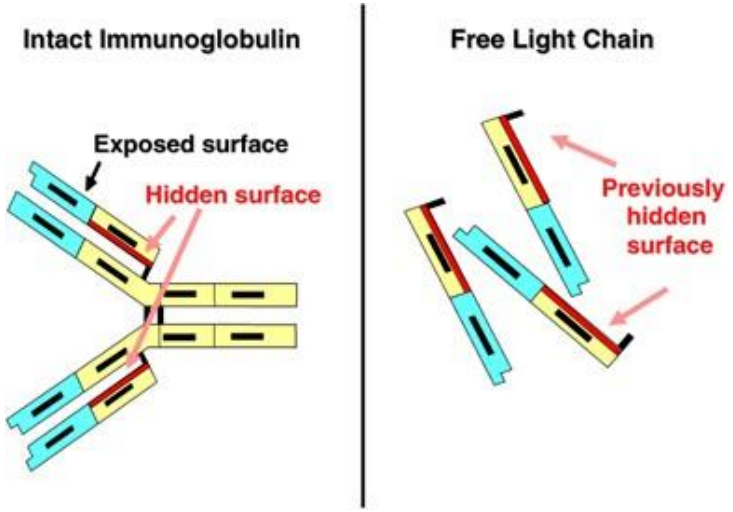
Check for updates

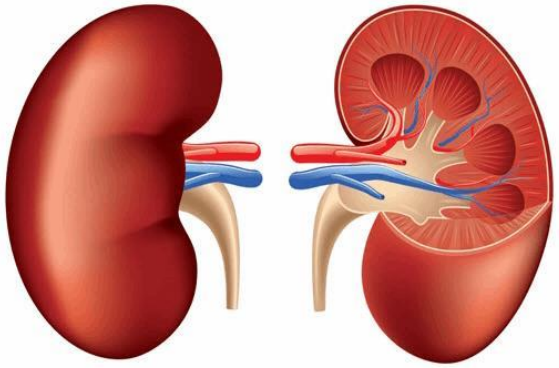
Defining new reference intervals for serum free light chains in individuals with chronic kidney disease: Results of the iStopMM study

Thorir Einarsson Long[1,2,3], Olafur Skuli Indridason[3], Runolfur Palsson[1,3], Sæmundur Rognvaldsson[1,3], Thorvardur Jon Love[1,3], Sigrun Thorsteinsdottir[1,4], Ingigerdur Solveig Sverrisdottir[1,5], Brynjar Vidarsson[3], Pall Torfi Onundarson[1,3], Bjarni Agnar Agnarsson[1,3], Margret Sigurdardottir[3], Ingunn Thorsteinsdottir[3], Isleifur Olafsson[3], Asdis Rosa Thordardottir[1], Elias Eythorsson[3], Asbjorn Jonsson[1,3], Gauti Gislason[1], Andri Olafsson[1], Hlif Steingrimsdottir[3], Malin Hultcrantz[6], Brian G. M. Durie[7], Stephen Harding[8], Ola Landgren[9,10] and Sigurdur Yngvi Kristinsson[1,3,10]✉

Bakgrunnur

- Við mælum léttu keðjur kappa og lambda og reiknum hlutfallið (FLC hlutfall)
- Skert nýrnastarfsemi hefur áhrif á mælinguna
- Léleg viðmið til fyrir skerta nýrnastarfsemi
- Hvað er óeðlilegt og hvað er eðlilegt í þessum einstaklingum er mjög á reiki





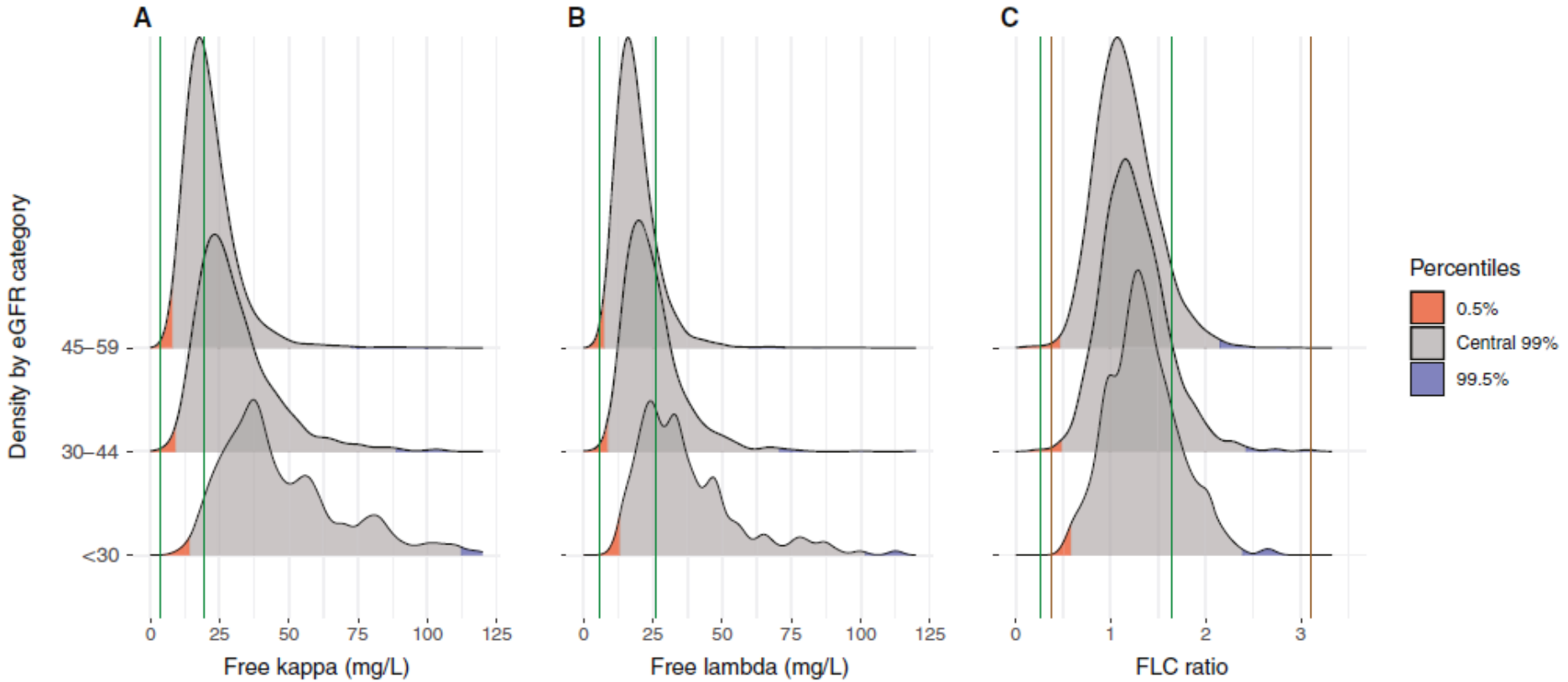


Fig. 3 Comparison of the distribution of kappa and lambda free light chains (FLC) and FLC ratios to current reference intervals by estimated glomerular filtration rate (eGFR) subgroups. The portion of the distribution below the 0.5th percentile is shaded red and the portion above the 99.5th percentile is shaded blue. **A** Serum kappa FLC (green lines 3.3–19.4 mg/L). **B** Serum lambda FLC (green lines 5.7–26.3 mg/L). **C** FLC ratio (green lines – conventional reference interval: 0.26–1.65; brown lines – current kidney reference interval: 0.37–3.10). Kappa and lambda FLC are truncated at 120 mg/L and FLC ratio at 3.5 in the figures for better visualization. eGFR Estimated glomerular filtration rate, FLC Free light chains.

Blood Cancer Journal

www.nature.com/bcj

ARTICLE OPEN

Check for updates

Monoclonal gammopathy of undetermined significance and COVID-19: a population-based cohort study

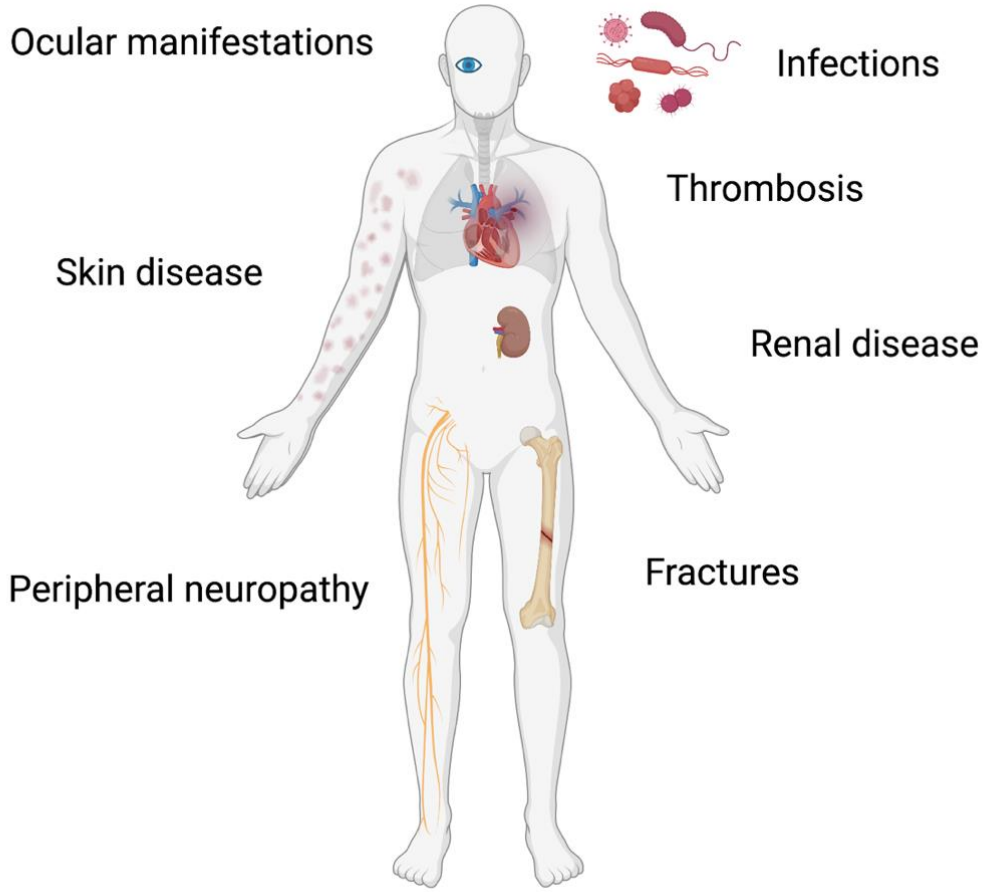
Saemundur Rognvaldsson[1,2,9], Elias Eythorsson[2,9], Sigrun Thorsteinsdottir[1,3], Brynjar Vidarsson[2], Pall Torfi Onundarson[1,2], Bjarni A. Agnarsson[1,2], Margret Sigurdardottir[2], Ingunn Thorsteinsdóttir[2], Isleifur Olafsson[1,2], Hrafnhildur L. Runolfsdottir[2], Dadi Helgason[2], Arna R. Emilsdottir[2], Arnar S. Agustsson[1,2], Aron H. Bjornsson[1,2], Gudrun Kristjansdottir[2], Asdis Rosa Thordardottir[1], Olafur Skuli Indridason[1,2], Asbjorn Jonsson[4], Gauti Kjartan Gislason[1], Andri Olafsson[1], Hlif Steingrimsdottir[2], Petros Kampanis[5], Malin Hultcrantz[6], Brian G. M. Durie[7], Stephen Harding[5], Ola Landgren[8], Runolfur Palsson[1,2], Thorvarður Jon Love[1,2] and Sigurdur Yngvi Kristinsson[1,2]✉

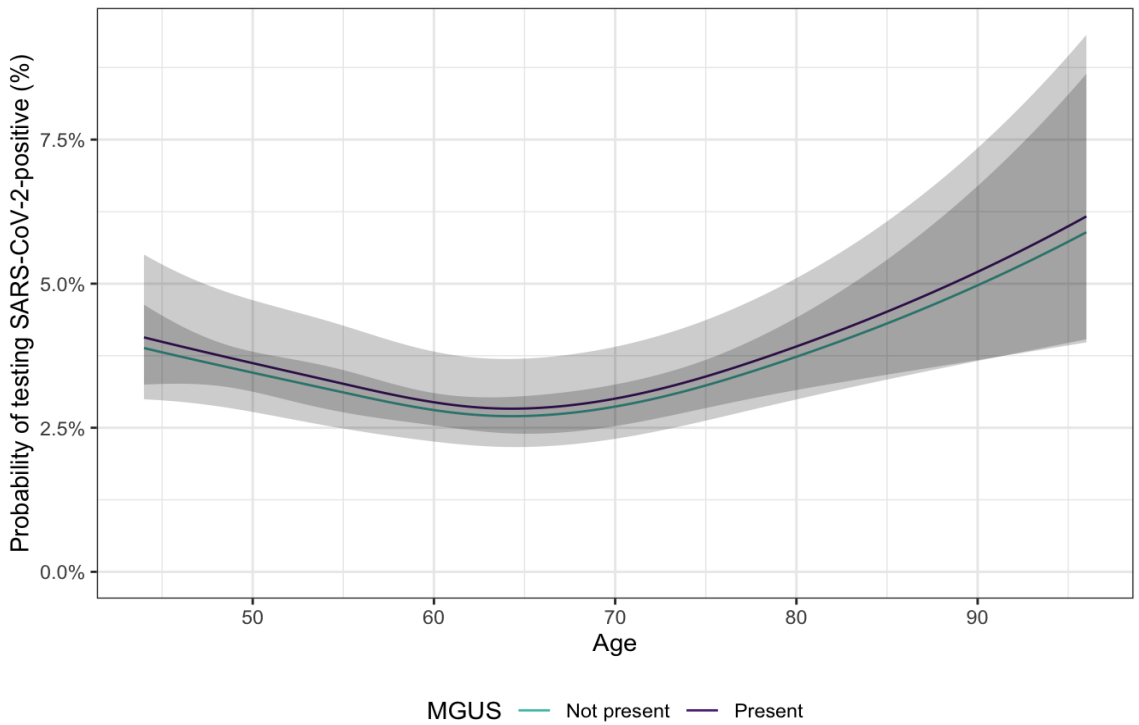
Bakgrunnur

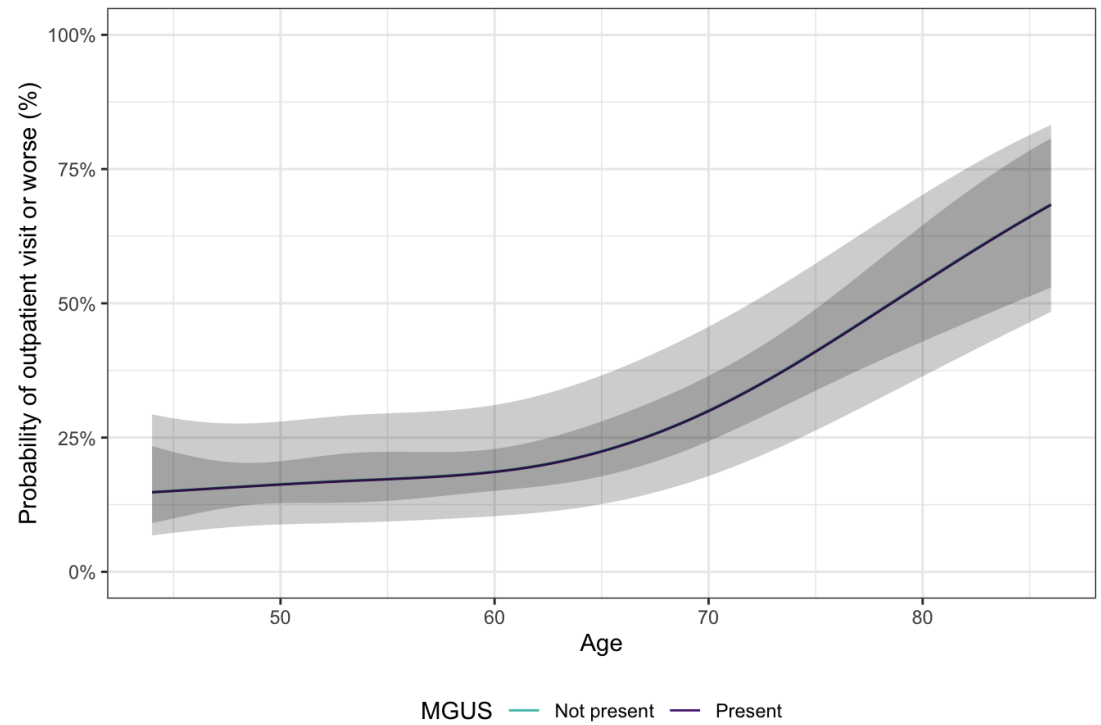
- MGUS hefur verið tengt við fjölda sjúkdóma

- Oft bara fylgni rannsóknir þar sem er mikil hætta á bjögun
  - Þýði rannsókna inni halda þá sem greinast með MGUS
- MGUS verið tengt við sýkinga, þ.m.t. veirusýkingar
- MGUS tengt við ónæmisbælingu

- Skiptir MGUS máli í COVID-19?







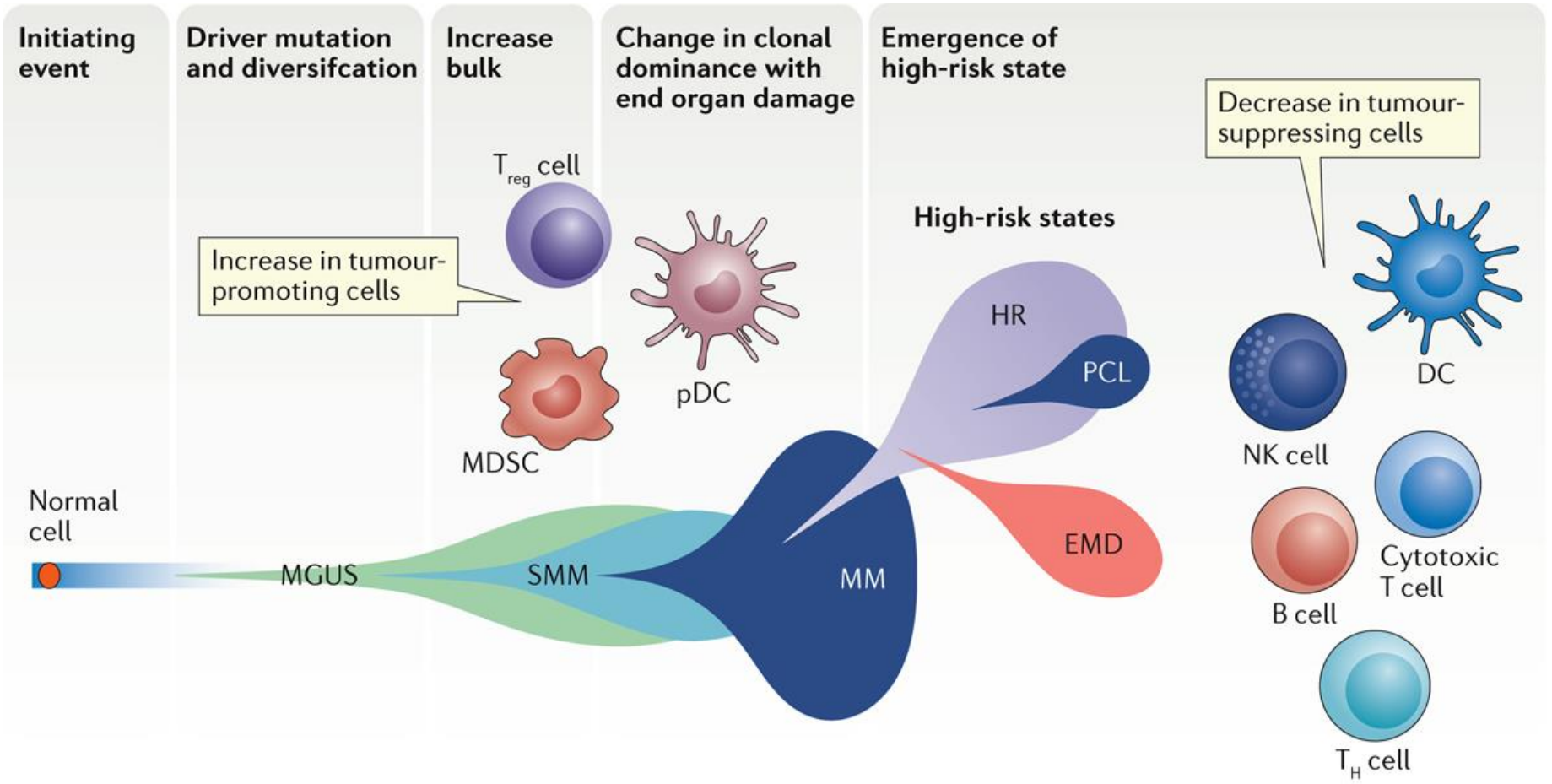
Óvænt niðurstaða. Getur verið að MGUS valdi ekki eins mörgum sjúkdómum og hefur verið talið?

Af hverju skiptir þetta allt saman máli?

- Skimun gæti skilað sér gjörbreyttu landslagi á sviði mergæxlis?

- Í leiðinni erum við að finna bestu leiðir til rannsaka og fylgja eftir MGUS og mallandi mergæxli

- Ef við skiljum forstig mergæxlis betur þá skiljum við mergæxli betur...



Pawlin, G. & Morgan, GJ (2017) Nature Reviews Cancer; 17: 543-56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HJARTAVERND


Perluvinir


Krabbameinsfélagið


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UNIVERSITY OF MIAMI HEALTH SYSTEM


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Institutet


1884
Memorial Sloan Kettering
Cancer Center


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Teymið