


 **Managing Your Myeloma** 

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**Disclosures**

Craig Emmitt Cole, MD, has no disclosures to report

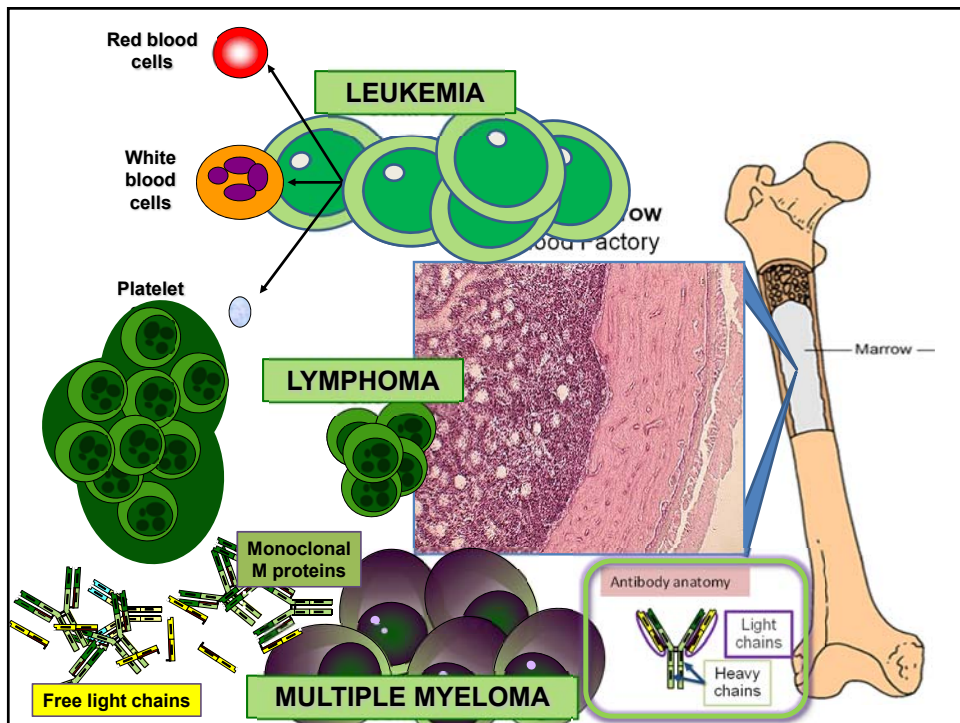
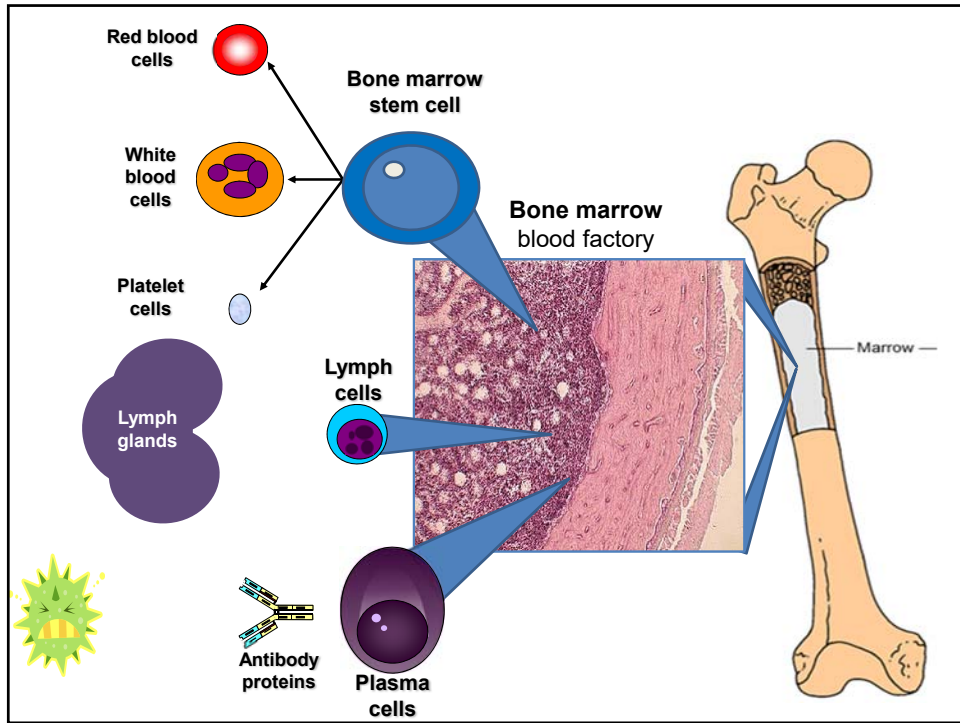


## What Are We Going to Talk About?

- **How multiple myeloma is diagnosed**
- **Treatments for myeloma**
- **Advances in research and its impact on treatment**
- **Improving physician-patient communication**



## **How Multiple Myeloma is Diagnosed**



## ⦿ How common is Multiple Myeloma?

Multiple Myeloma  
2<sup>nd</sup> most common  
blood cancer

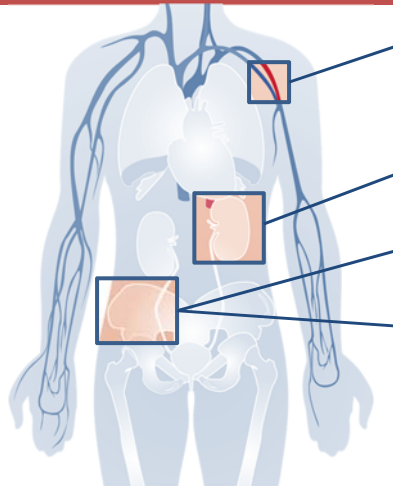
30,280 new  
cases of  
myeloma in 2017

110,345  
myeloma patients in  
the U.S. are living  
with or in remission

Myeloma is most  
frequently diagnosed  
in people 65 to 74  
years old

Leukemia & Lymphoma Society. Facts and Statistics. <http://www.lls.org/facts-and-statistics/facts-and-statistics-overview#Myeloma>. Accessed March 16, 2017.  
 Siegel RL et al. *CA Cancer J Clin.* 2017;67:7.  
 SEER Cancer Stat Facts: Myeloma. National Cancer Institute. Bethesda, MD, <http://seer.cancer.gov/statfacts/html/mulmy.html>

## ⦿ Multiple Myeloma and Common Symptoms



**Low blood counts**

- Anemia is present in 60% at diagnosis
- May lead to anemia and infection

→ **Weakness**  
**Fatigue**  
**Infection**

**Decreased kidney function**

- Occurs in over half of myeloma patients

→ **Weakness**

**Bone damage**

- Affects 85% of patients
- Leads to fractures

→ **Bone pain**

**Bone turnover**

- Leads to high levels of calcium in blood (hypercalcemia)

→ **Loss of appetite**  
**Weight loss**

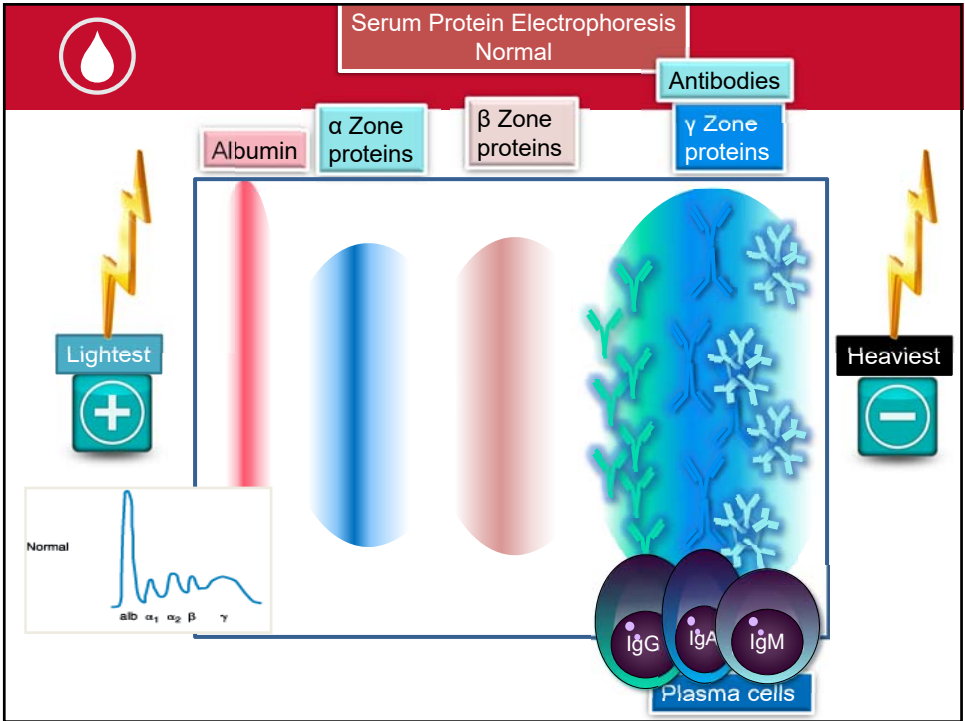
*About 10% to 20% of patients with newly diagnosed myeloma will not have any symptoms.*

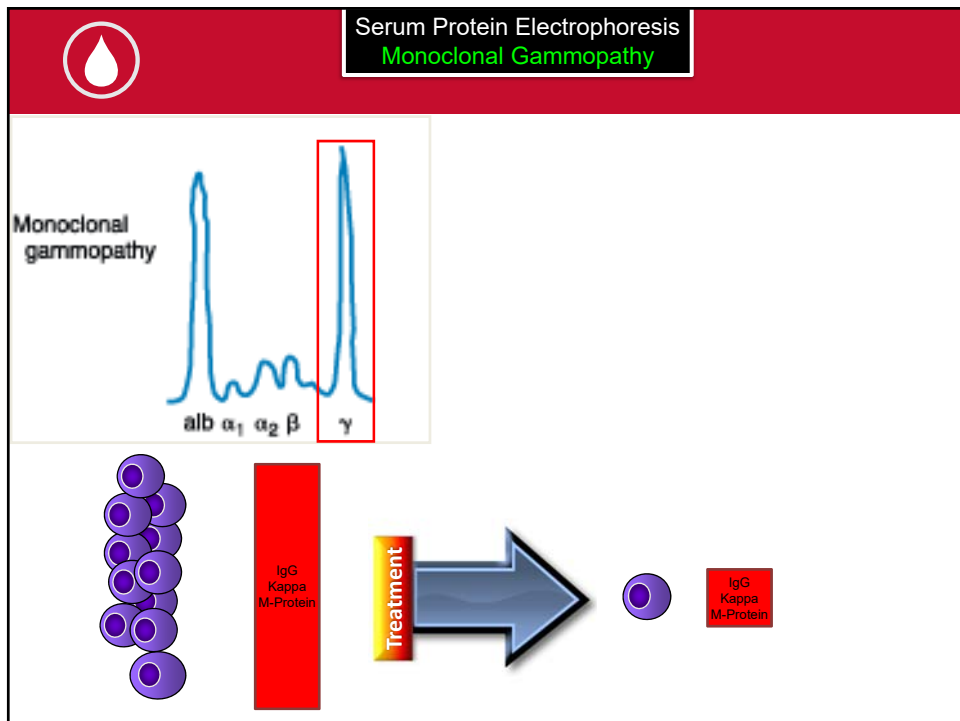
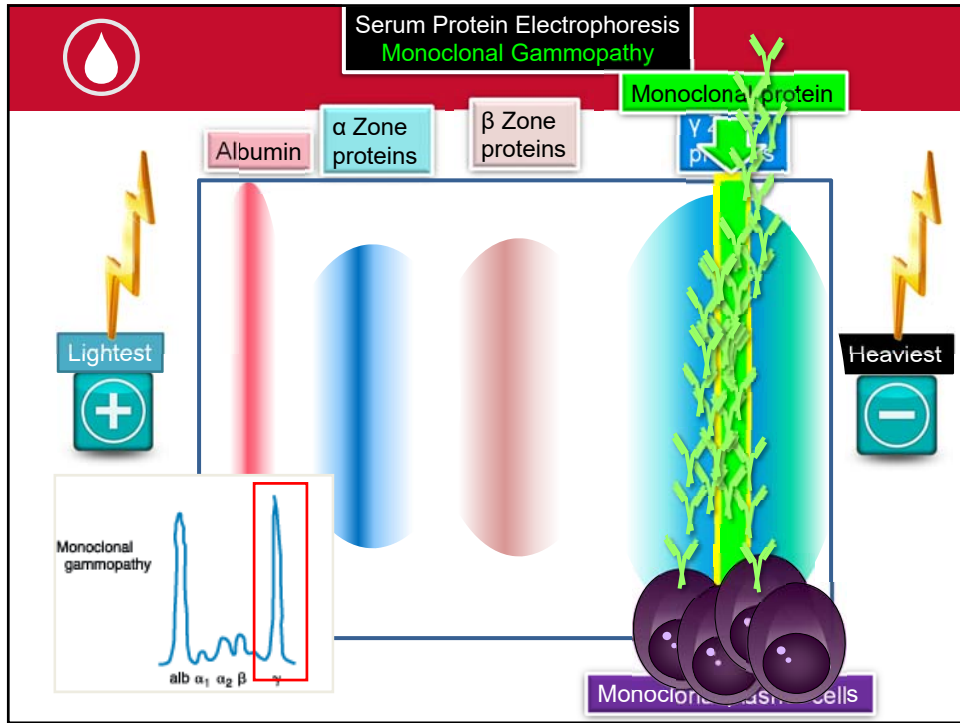
Multiple Myeloma Complications. <http://www.themmf.org/multiple-myeloma/multiple-myeloma-complications>. Accessed April 14, 2016.  
 Campbell K. *Nurs Times.* 2014;110:12.

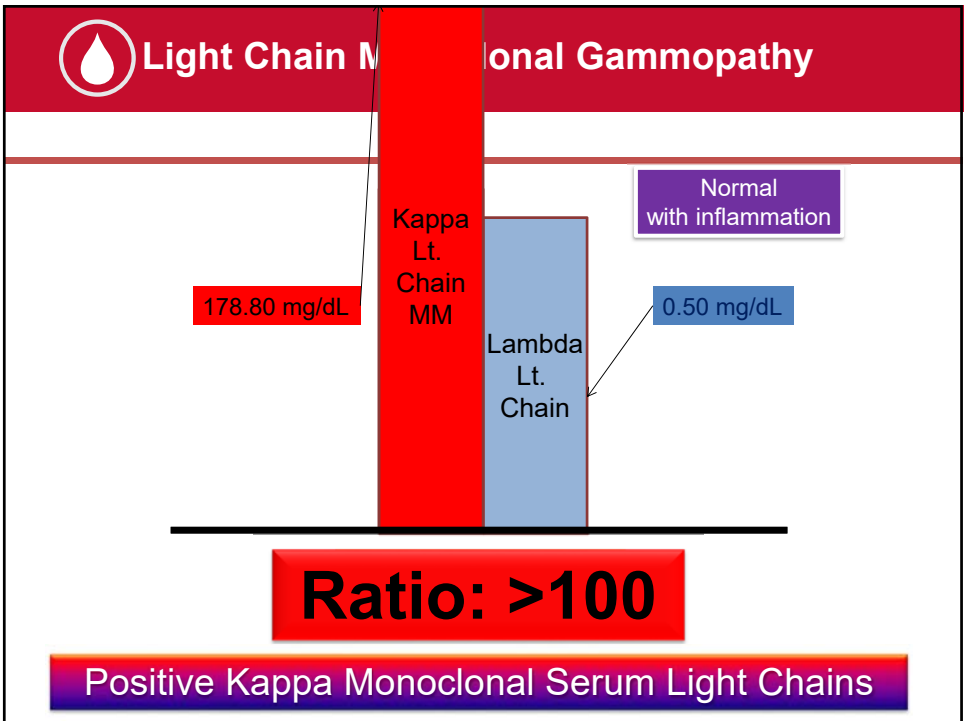
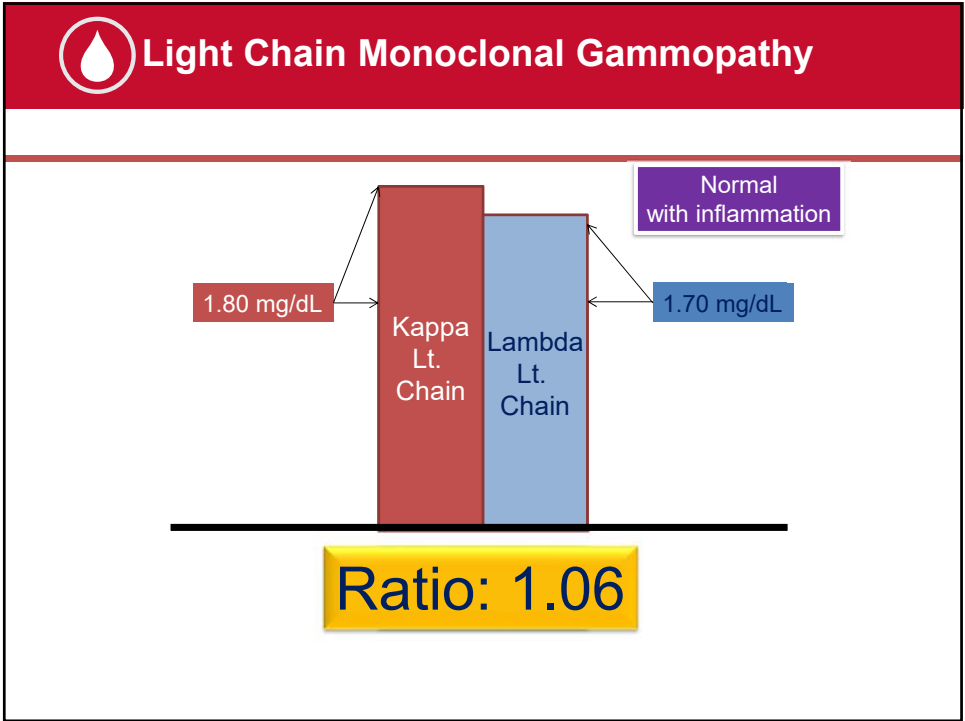
## Diagnosing Myeloma: Learn Your Labs!

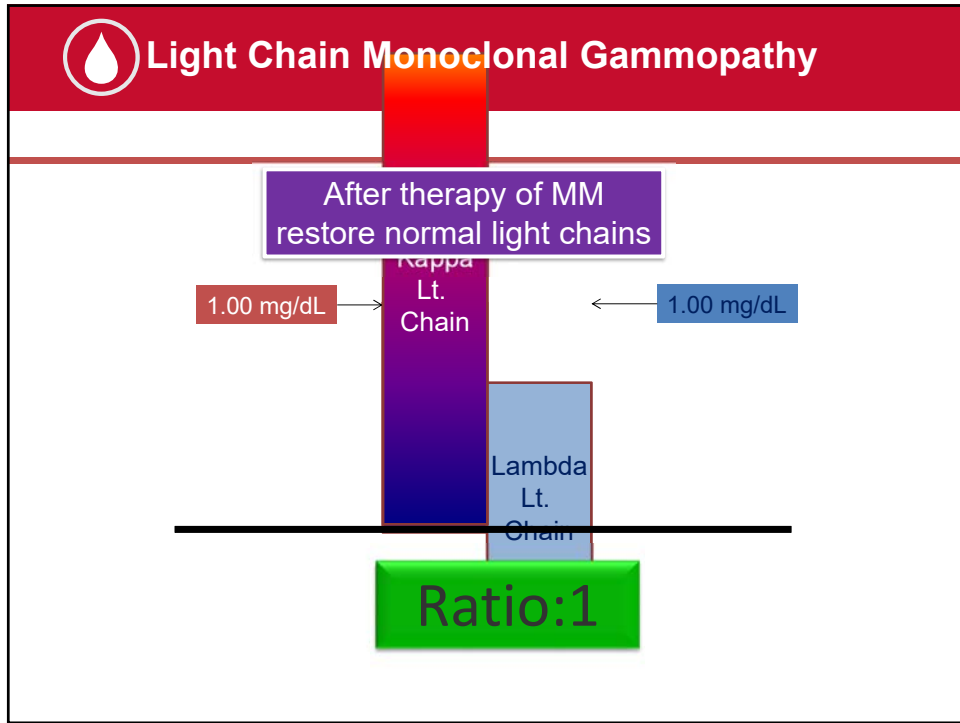
- CBC** • Number of red blood cells, white blood cells, and platelets
- CoMP** • Measure levels of albumin, calcium, lactate dehydrogenase (LDH), blood urea nitrogen (BUN), and creatinine. Assess function of kidney, liver, and bone status and the extent of disease.
- Beta-2 MicroG** • Determine the level of a protein that indicates the presence/extent of MM and kidney function: **USED FOR STAGE**
- SPEP** • **Detect the presence and level of M protein**
- IFE** • **Identify the type of abnormal antibody proteins: IgG, IgA, κ, or λ**
- SFLC** • **Freelite test measures free light chains (kappa or lambda) in blood**
- UPEP** • **Detect Bence-Jones proteins (otherwise known as myeloma light chains) in urine**
- 24-hr Urine Analysis** • **Determine the presence and levels of M protein and Bence-Jones protein in the urine**

CBC, complete blood count; CoMP, complete metabolic panel; B2M; beta-2 microglobulin; SPEP, serum protein electrophoresis; IFE, immunofixation electrophoresis; SFLC, serum free light chain assay; UPEP, urine protein electrophoresis.

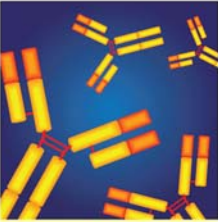
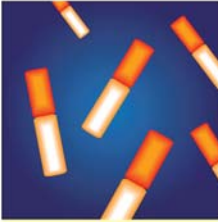









### Types of Monoclonal Protein (M Protein) in Multiple Myeloma

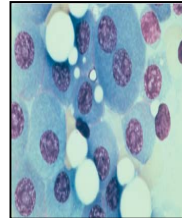
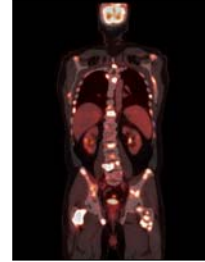
 <p><b>Intact immunoglobulin</b></p> <ul style="list-style-type: none"> <li>• For example, IgGκ, IgAλ, etc</li> <li>• 80% of myeloma cases</li> </ul>	 <p><b>Light chain only</b></p> <ul style="list-style-type: none"> <li>• Also known as Bence-Jones protein</li> <li>• 20% of all myeloma cases</li> <li>• Renal failure more common in light chain multiple myeloma; creatinine &gt;2 mg/dL in 1/3 of cases</li> </ul>	 <p><b>Non-secretory</b></p> <ul style="list-style-type: none"> <li>• No monoclonal protein present</li> <li>• 3% of cases of multiple myeloma</li> </ul>
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## Diagnosis of Multiple Myeloma

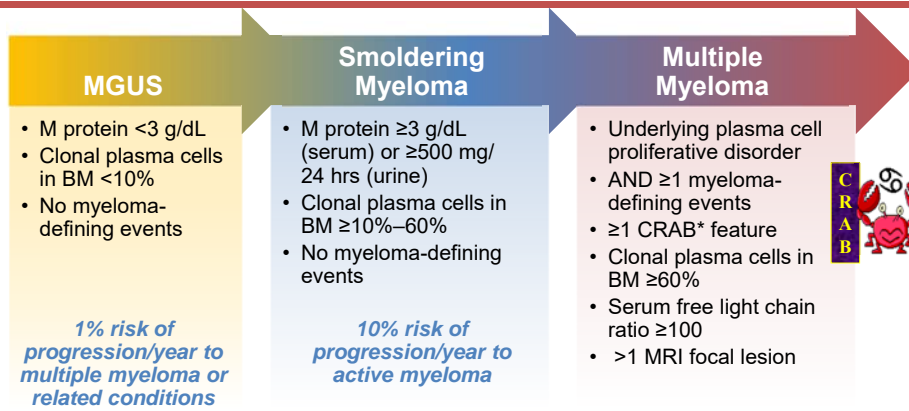
- Conventional X-rays reveal punched-out lytic lesions, osteoporosis, or fractures in 75% of patients.
- PET/CT and MRI appears to be more sensitive (85%) than skeletal survey for the detection of small lytic bone lesions.
- Diagnosis is confirmed with bone marrow demonstrating greater than **10% involvement by malignant plasma cells.**



Kyle RA, et al. *Mayo Clin Proc.* 2003; 78(1):21-33. Nanni C et al. *European Journal of Nuclear Medicine and Molecular Imaging.* 2006;33(5):525-31. Dimopoulos MA, et al. *Leukemia.* 2009



## Know the Diagnosis Key Items That Define the Diagnosis



\*C: Calcium elevation (>11 mg/dL)  
R: Renal insufficiency (serum creatinine >2 mg/dL)  
A: Anemia (Hb <10 g/dL)  
B: Bone disease (≥1 lytic lesions on skeletal radiography, CT, or PET/CT)

Rajkumar SV, et al. *Lancet Oncol.* 2014;15:e538.

**Serum Levels of  $\beta_2$ -Microglobulin are of Prognostic Importance in Myeloma**

$\beta_2$ -Microglobulin

The higher the  $\beta_2$ -Microglobulin (> 5.5) = the more plasma cells and/or the worse the kidney function.

**Risk Assessment: Finding the mutations that caused the myeloma**

Mutant Cell  
Corrupted DNA

Myeloma Cell

Chromosome

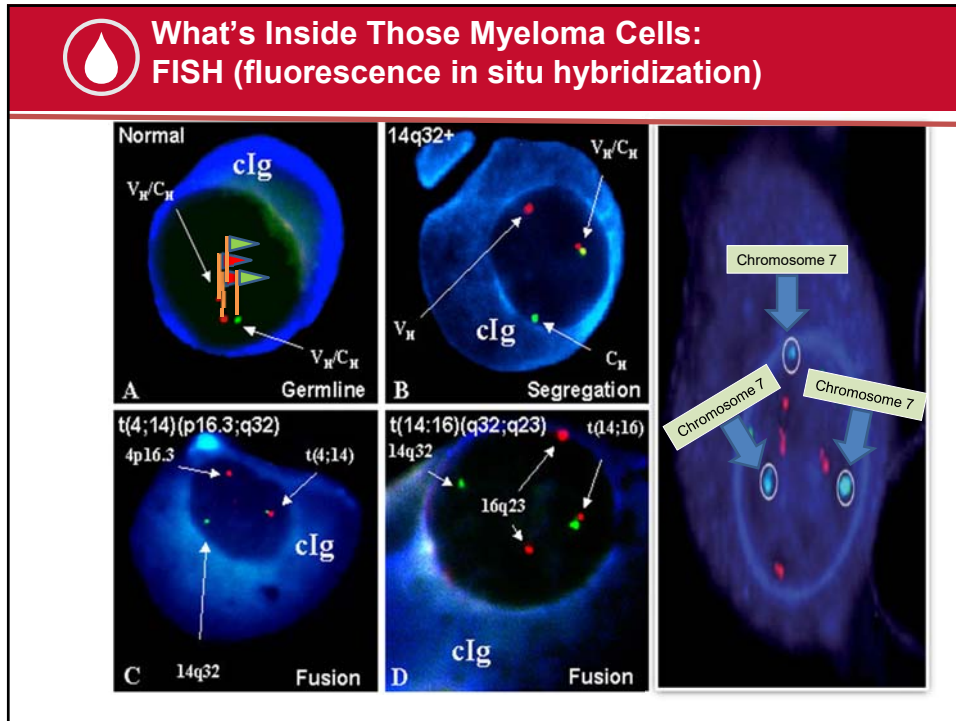
DNA

Conventional cytogenetic analysis (karyotyping)

FISH (fluorescence in situ hybridization)

Advances


- Genetic expression profiling (GEP)
- Whole-genome/whole-exome sequencing




### What Does FISH Tell Me About My Myeloma?

	Risk Level* (Degree of Aggressiveness)		
	High Risk	Intermediate Risk	Standard Risk
% Patients affected	20%	20%	60%
<b>Chromosome Analysis Results on Bone Marrow</b>	<b>FISH:</b> <ul style="list-style-type: none"> <li>deletion 17<sup>th</sup> chromosome</li> <li>Translocation 14<sup>th</sup> and 16<sup>th</sup></li> <li>Translocation 14<sup>th</sup> and 20<sup>th</sup></li> </ul>	<b>FISH:</b> <ul style="list-style-type: none"> <li>translocation (4;14)</li> <li>Extra copies chromosome 1</li> </ul> Cytogenetic <ul style="list-style-type: none"> <li>deletion 13 or</li> <li>Hypodiploid: any missing chromosomes</li> </ul>	All others types including: <ul style="list-style-type: none"> <li>Hyperdiploid: More than 1 pair of chromosomes</li> <li>Translocation (11;14)</li> <li>Translocation (6;14)</li> <li>Normal</li> </ul>

\*Based on the updated Mayo Stratification of Myeloma and Risk-Adapted Therapy (mSMART) Consensus Guidelines 2013 Mikhael JR et al. Mayo Clin Proc. 2013;88:360.

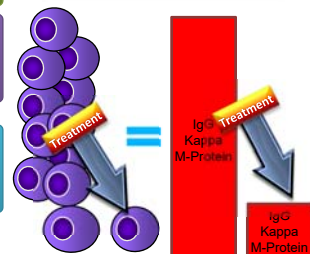
 <b>Revised International Staging System for Multiple Myeloma</b> From International Myeloma Working Group			
Prognostic Factor	Stage I	Stage II	Stage III
<b>ISS Stage</b> Serum $\beta$ 2-microglobulin and albumin	ISS Stage I $\beta$ 2-microglobulin <3.5 mg/L albumin $\geq$ 3.5 g/dL	ISS Stage II $\beta$ 2-microglobulin Between 3.5 & 5.5mg/L	ISS Stage III $\beta$ 2-microglobulin $\geq$ 5.5 mg/L
AND/OR	<b>AND</b>	Not R-ISS Stage I or III	<b>AND</b>
<b>Lactate Dehydrogenase (LDH)</b> Normal Serum LDH: < the upper limit of normal High Serum LDH: > the upper limit of normal	Normal		High
AND/OR	<b>AND</b>		<b>AND/OR</b>
<b>Cytogenetic*</b> <b>High Risk:</b> <ul style="list-style-type: none"> <li>• del(17p)</li> <li>• t(4;14)</li> <li>• t(14;16)</li> </ul> Standard risk; no high-risk CA	<b>No High Risk</b>	<b>High Risk</b>	
<small>*Based on the Updated Mayo Stratification of Myeloma and Risk-Adapted Therapy (mSMART) Consensus Guidelines 2013. Mikhael JR et al. Mayo Clin Proc. 2013;88:360. Palumbo et al. JCO. September 10, 2015; 33(26): 2863-2869.</small>			




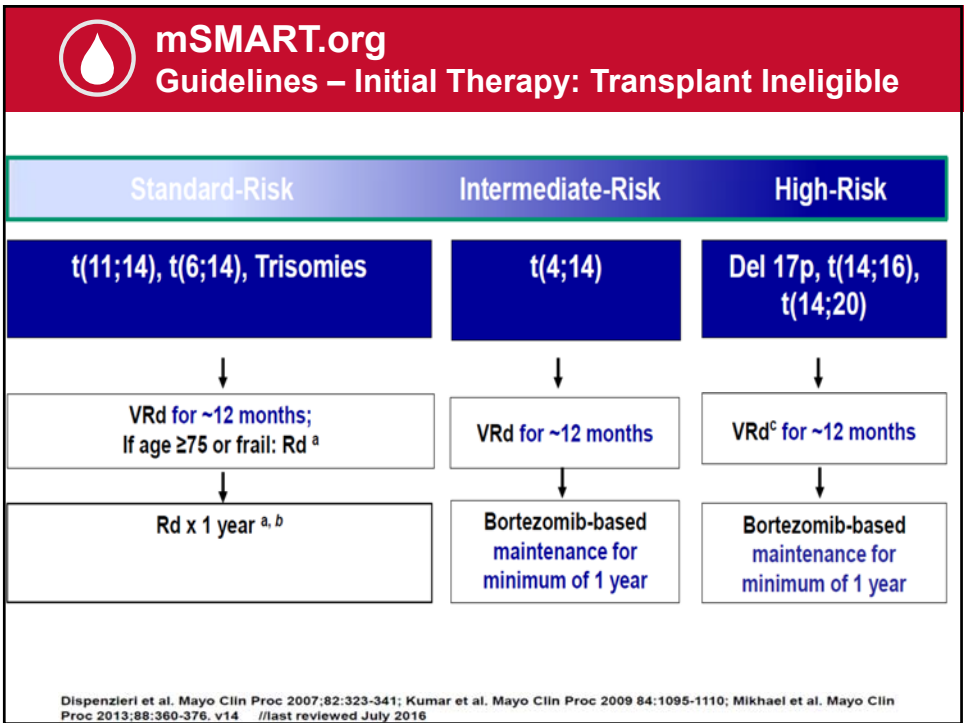
## Key Considerations for Optimal Disease Management

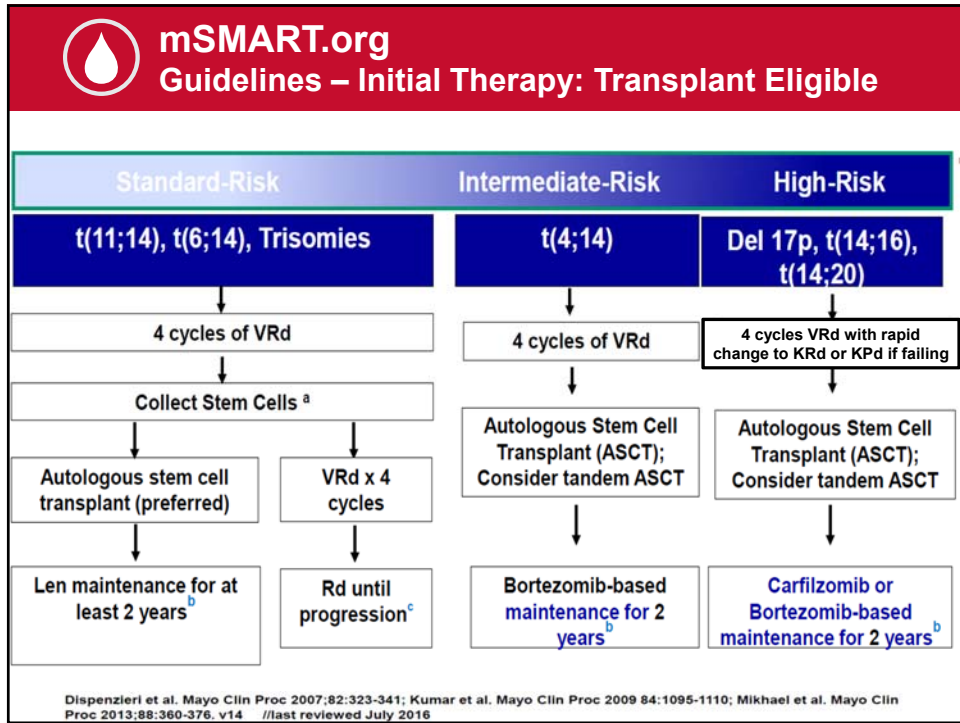
- 1 Know your diagnosis!
- 2 Staging and prognosis (Risk by FISH)
- 3 Know how your myeloma will be monitored (m-protein, etc...)
- 4 Obtain a second opinion from a myeloma specialist
- 5 Consider clinical trials

What is your response to therapy?



			
Class	Drug Name	Abbreviation	Administration
IMiD immunomodulatory drug	Revlimid (lenalidomide)	R or Rev	Oral
	Thalomid (thalidomide)	T or Thal	
Proteasome inhibitor	Velcade (bortezomib)	V or Vel or B	Intravenous (IV) or subcutaneous injection (under the skin)
	Kyprolis (carfilzomib)	C or K or Car	
	Ninlaro (ixazomib)	N or I	Oral
Chemotherapy	Cytosan (cyclophosphamide)	C	Oral or intravenous
	Alkeran or Evomela (melphalan)	M or Mel	
Steroids	Decadron (dexamethasone)	Dex or D or d	Oral or intravenous
	Prednisone	P	





## RVD+Transplant vs. RVD IFM 2009: Phase III Study Design

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    graph LR
      A[Pts 65 yrs of age or younger with New Diagnosis MM (N = 700)] --> B[Revlimid Velcade dex (RVD) 8 cycles]
      A --> C[RVD 3 cycles + Auto Transplant + RVD 2 cycles consolidation]
      B --> D[Revlimid maintenance 12 mos]
      C --> D
  
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- Primary objective: Progression-Free Survival (Time to next relapse).
- Revlimid Maintenance was only 1 year and stopped.

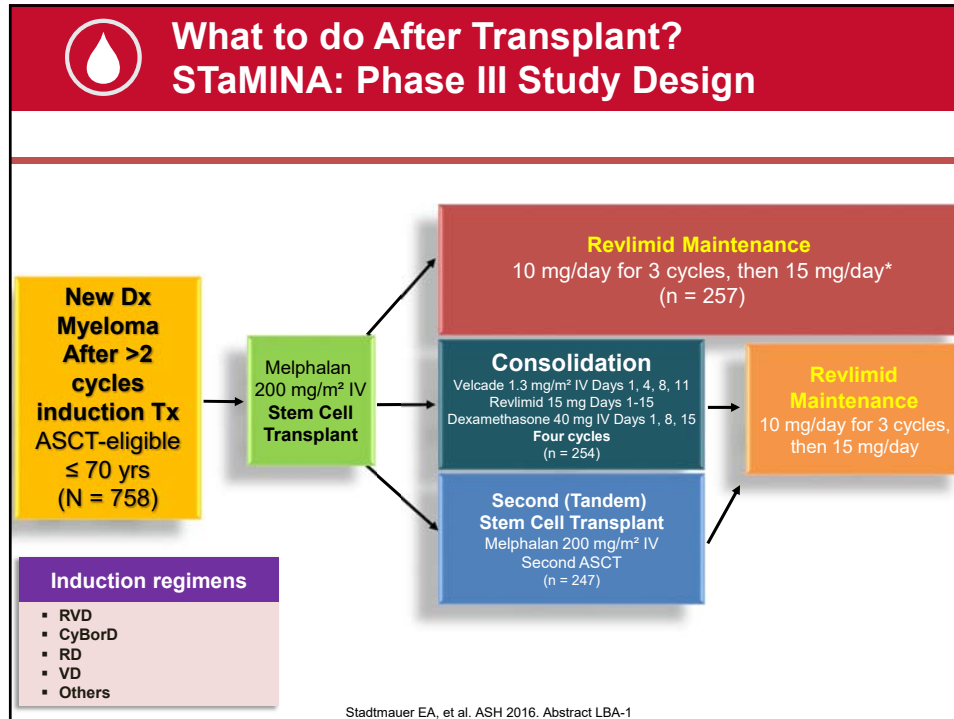
Attal M, et al. *N Engl J Med.* 2017;376:1311-1320.

## IFM/DFCI 2009: Response and Progression-Free Survival

Parameter	RVD (n = 350)	Transplantation (n = 350)	P Value Is it Significant?
Grade 3 or 4 toxicities (%)	Blood	64	<b>YES!</b> P<0.001 
	GI	7	
	Infection	9	
Median time to relapse (PFS), mos	36	50	<b>YES!</b> P<0.001 
OVERALL SURVIVAL At 4 years (%)	82	81	<b>NO</b> 
Very Good Partial Response and Complete Response (%)	77	88	<b>YES!</b> .001 
Negative MRD	65	79	<b>YES!</b> .001 

Attal M, et al. *N Engl J Med.* 2017;376:1311-1320.





## What to do After Transplant? STaMINA: Bottom Line for New MM patients

- Largest randomized comparison to date of therapeutic approaches after first ASCT in MM in US.
  - **No difference in time to relapse (PFS) or Overall Survival in patients who have 2 transplants, consolidation therapy or just straight to maintenance after first BMT.**
  - **Straight to maintenance is the easiest!**
  - **No difference between arms for pts with high-risk disease.**

Stadmauer EA, et al. ASH 2016. Abstract LBA-1.




## Treatment Sequence for Active Myeloma

**National Comprehensive Cancer Network  
NCCN Category 1\* Recommendations**

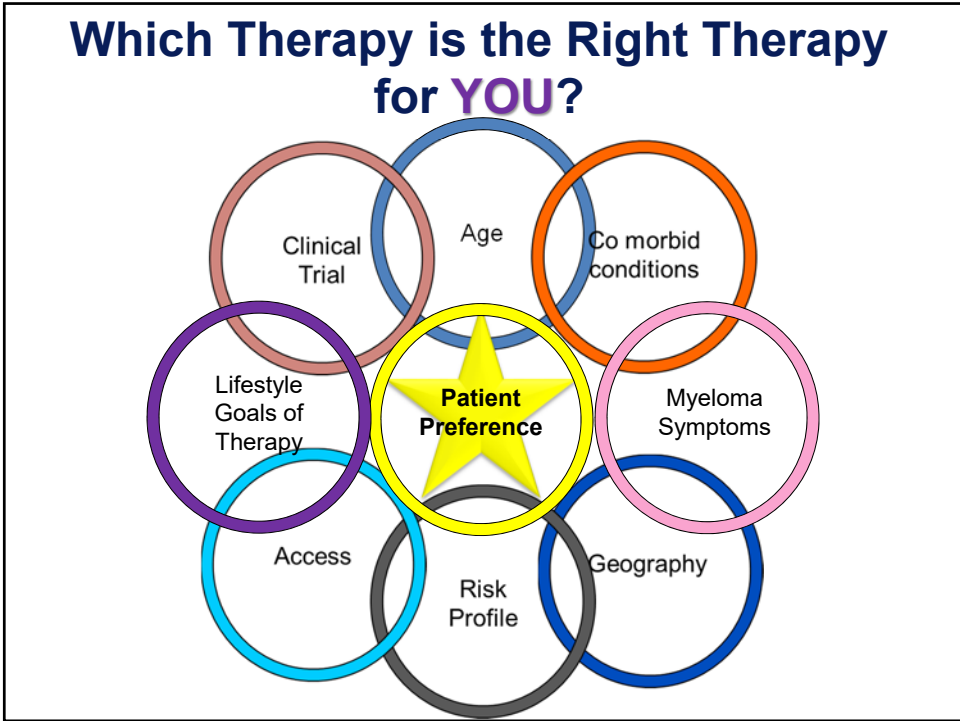
Frontline treatment		Maintenance	Relapsed
<b>Induction</b>	<b>Consolidation</b>	<b>Maintenance</b>	<b>Rescue</b>
<ul style="list-style-type: none"> <li>• Velcade/Dex: (VD)</li> <li>• Vel/Dex/Dox: (VDD)</li> <li>• Vel/Thal/Dex: (VTD)</li> <li>• <b>Vel/Cy/Dex: (CyBord)</b></li> <li>• Rev/Dex: (RD)</li> <li>• <b>Vel/Rev/Dex: (VRD)</b></li> <li>• <b>Clinical trial</b></li> </ul>	<ul style="list-style-type: none"> <li>• Stem Cell Transplant</li> <li>• Continue Induction*</li> <li>• <b>Clinical trial</b></li> </ul>	<ul style="list-style-type: none"> <li>• Observation</li> <li>• Revlimid</li> <li>• Thalomid</li> <li>• Velcade</li> <li>• <b>Clinical trial</b></li> </ul>	<div style="background-color: white; color: #6b4694; padding: 5px; text-align: center; font-weight: bold;">See Next Slide</div>

\*Based on high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.  
National Comprehensive Cancer Network. The NCCN Clinical Practice Guidelines in Oncology Multiple Myeloma (Version 3.2016). <http://www.nccn.org/>. Accessed April 12, 2016.

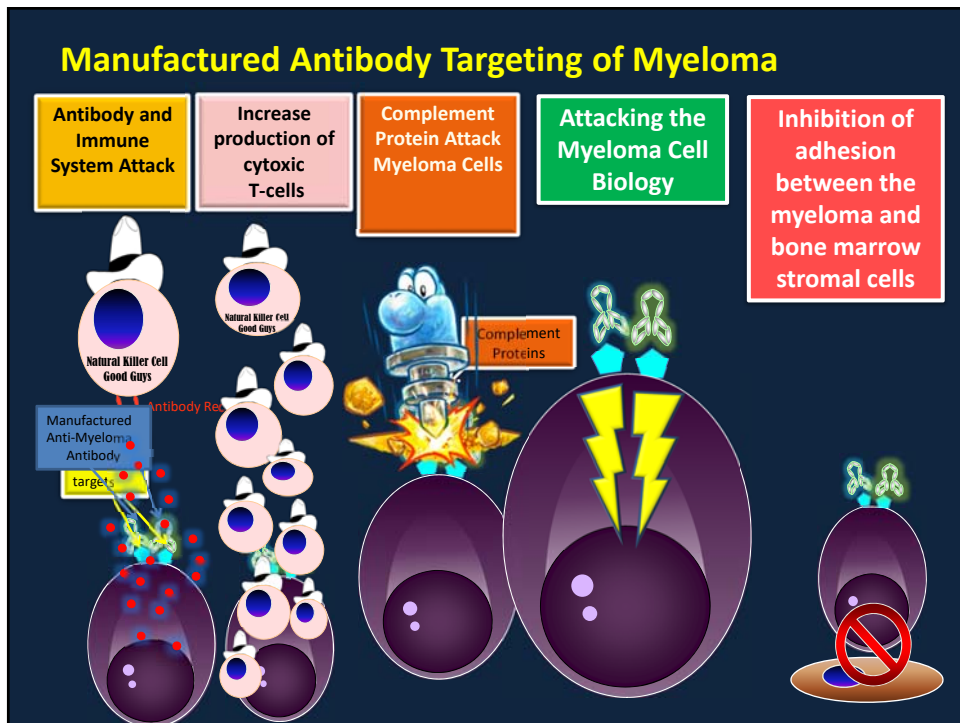
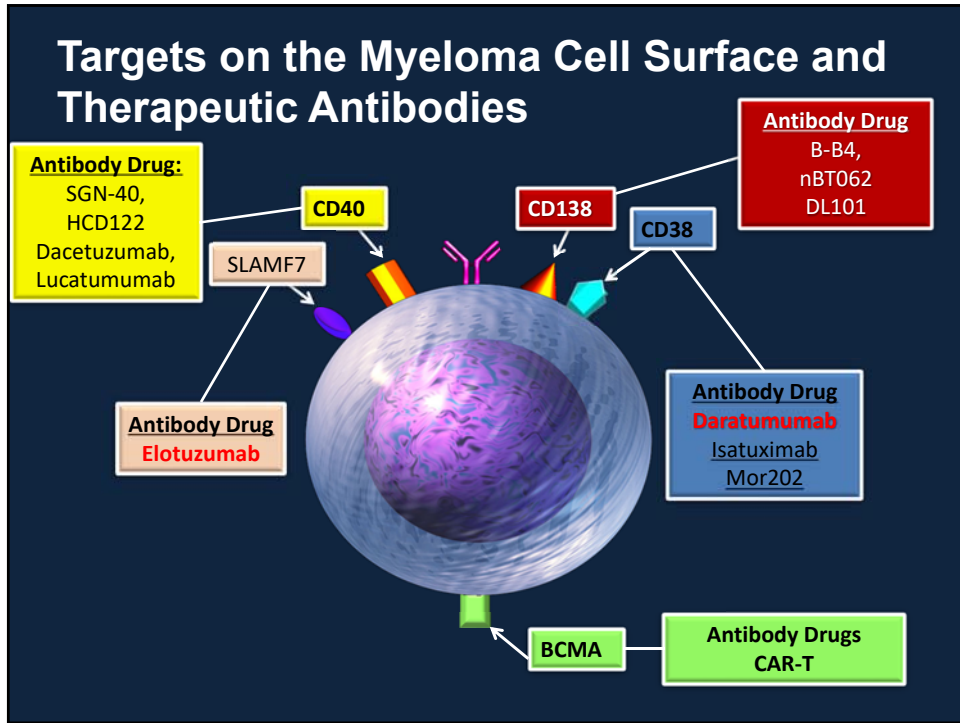
## Treatment Options For Relapsed Myeloma

<b>1<sup>st</sup> Relapse on Revlimid Maintenance</b>		<b>2<sup>nd</sup> or Later Relapse</b>
Kyprolis+Pomalyst+Dex <b>Dara+Velcade+Dex</b> Ninlaro+Cytoxin+Dex 1 <sup>st</sup> or 2 <sup>nd</sup> Stem Cell Transplant		Kyprolis+Pomalyst+Dex <b>Dara+Pomalyst+Dex</b> <b>Elo+Pomalyst+Dex</b> Ninlaro+Pomalyst+Dex Cytoxin+Pomalyst+Dex <b>Elo+Revlimid+Dex</b> <b>Dara+Revlimid+Dex</b> <b>Dara+Velcade+Dex</b> <b>Elo+Velcade+Dex</b> Kyprolis+Revlimid+Dex <b>Daratumumab</b> Chemotherapy (Bendamustine or VDT-PACE) Allogeneic Stem Cell transplant Panobinostat+Velcade+Dex Panobinostat+thalidomide+velcade+dex Cytoxin+Kyprolis+Thalidomide+dex Dara+Cytoxin+Pomalyst+dex
<b>1<sup>st</sup> Relapse on Velcade Maintenance</b>		Dara+Revlimid+Dex Ninlaro+Revlimid+Dex 1 <sup>st</sup> or 2 <sup>nd</sup> Stem Cell Transplant
<b>1<sup>st</sup> Relapse off Tx or Maintenance</b>		Kyprolis+Revlimid+Dex <b>Dara+Revlimid+Dex</b> Ninlaro+Revlimid+Dex <b>Elo+Revlimid+Dex</b> 1 <sup>st</sup> or 2 <sup>nd</sup> Stem Cell Transplant

Mayo Clin Proc. 2017;92(4):578-598

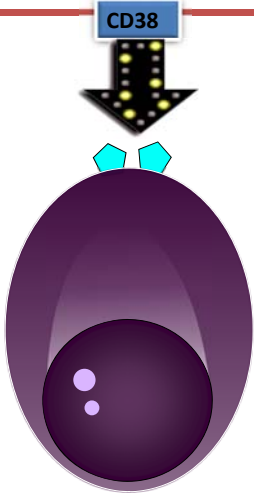


## Advances in Myeloma Research and its Impact on Treatment



## What's "Dara"? Darzalex (daratumumab)

- Daratumumab is an IV human IgG manufactured antibody.
- It is a targeted immunotherapy that binds to the **CD38** on MM cells.
- Daratumumab as a single agent has a 30% response rate in relapsed myeloma.
- 2 Phase III trials in early **relapsed Myeloma**.
  - **Daratumumab + Revlimid/ dexamethasone (POLLOX).**
  - **Daratumumab + Velcade/ dexamethasone (CASTOR).**



## Daratumumab-Based Triplets in Relapsed/Refractory MM: Background

Relapsed/refractory MM who received ≥ 1 prior regimen including Velcade (but not refractory to Velcade) (N = 498)

CASTOR

**Daratumumab  
Velcade  
Dexamethasone**

**Velcade  
Dexamethasone**

R/R MM with 1-3 prior lines of therapy (prior Revlimid exposure allowed in 10%) (N = 569)

POLLOX

**Daratumumab  
Revlimid  
Dexamethasone**

**Revlimid  
Dexamethasone**

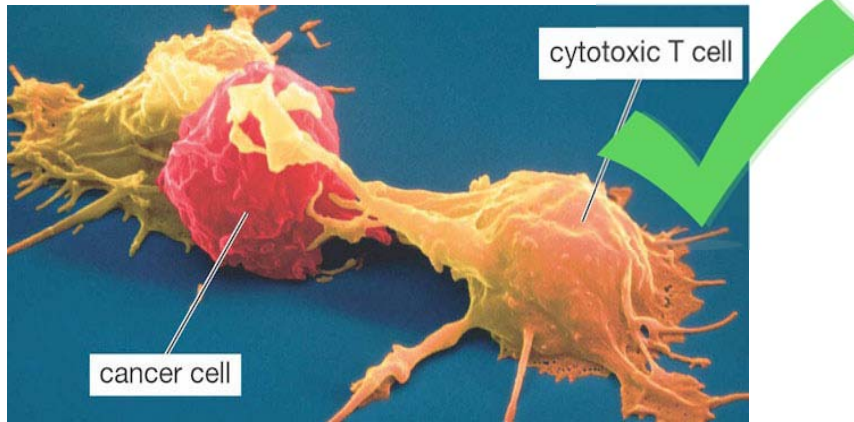
Name of Trial	Arm of trial	# pts	Time to next Relapse	Overall Response Rate	>Very Good Partial Response	MRD Negative
CASTOR	Dara-Vel D	251	Not Reached	<b>84%</b>	<b>62%</b>	<b>10%</b>
	Velcade Dex	247	<b>7.1 mo</b>	<b>63%</b>	<b>29%</b>	<b>2%</b>
POLLOX	Dara-Rev D	286	Not Reached	<b>93%</b>	<b>78%</b>	<b>25%</b>
	Revlimid D	283	<b>17.5 mo</b>	<b>76%</b>	<b>45%</b>	<b>6%</b>

Dimopoulos MA, et al. *N Engl J Med*. 2016;375:1319-1331. Palumbo A, et al. *N Engl J Med*. 2016;375:754-766. Avet-Loiseau H, et al. ASH 2016. Abstract 246. Kumar S, et al. *Lancet Oncol*. 2016;17:e328-e346. *J Clin Oncol*. 2017;35 (suppl, abstr 8036); *J Clin Oncol*. 2017;35 (suppl, abstr 8025)

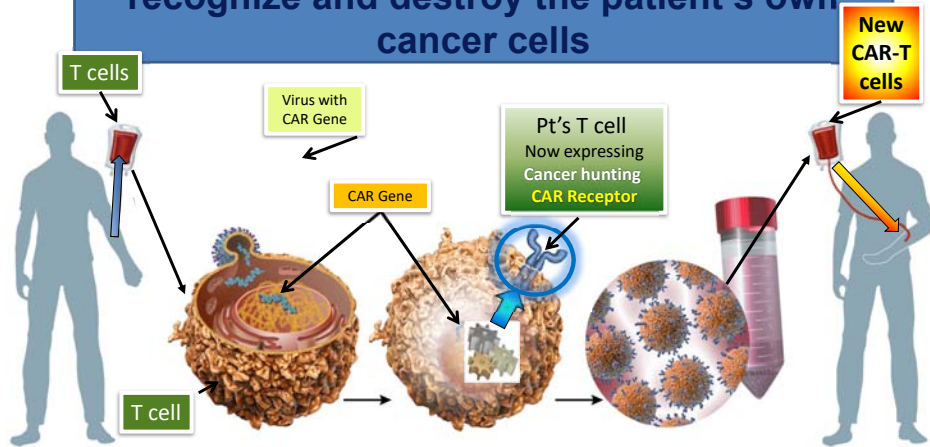
Performance of Daratumumab					
Regimen	Phase	Patient Population	Number of patients	Outcomes	Adverse Events
Daratumumab Revlimid Dexamethasone Vs. Rev/dex. <b>POLLUX</b>	III	569	RRMM (median of 1 prior regimens)	<u>Dara + Rev/dex vs. Rev/Dex</u> <b>Response rate DRD: 93% vs Response rate RD: 76%</b> ≥Complete Response (43% vs 19%) Time to relapse (PFS): DRD not reached	Low WBC, muscle spasms, diarrhea, fatigue, •• Infusion-related reactions: 56%
Daratumumab Pomalyst Dexamethasone (Chari et al, ASH 2015)	Ib	77	RRMM (median of 3.5 prior regimens)	<b>Response rate: 59%</b> PR: 28% VGPR: 23% CR: 8% Response rate of 57.5% in patients who failed Rev and Velcade	Neutropenia, anemia, fatigue, dyspnea, cough, nausea, diarrhea •• Infusion-related reactions: 61%
Daratumumab Velcade Dexamethasone Vs. Velcade/Dex. <b>CASTOR</b>	III	498	RRMM (median of 2 prior regimens) <small>not refractory to bortezomib</small>	<u>Dara+Velcade dex vs Vel/dex:</u> <b>Response rate DVD:84% vs Response rate Vd:63%</b> ≥VGPR (62% vs 29% P<0.0001) ≥CR (19% vs 9% P= 0.0012)	Thrombocytopenia, peripheral sensory neuropathy, diarrhea, and anemia •• Infusion-related reactions: 45%
Daratumumab Kyprolis,Revlimid Dex for New dx: (Jakubowiak et al) ASCO 2017	I	22	Newly diagnosed	<b>100% Response rate</b> <b>5% complete response,</b> <b>86% ≥very good partial resp</b> <b>6-month PFS rate was 100%.</b>	Fatigue, Anemia Low platelets •• Infusion-related reactions: 21%; SERIOUS SIDE EFFECTS: 27%

Performance of Empliciti =(Elotuzumab)= “Elo”					
Regimen	Phase	Patient Population	Number of patients	Outcomes	Adverse Events
Elotuzumab + Revlimid+ Dexamethasone Vs. Rev Dex <b>ELOQUENT-2</b>	3	<b>646</b> ERD:321 RD:325	RRMM 1 to 3 prior regimens	<u>EloRD vs. RD</u> <b>Response rate:</b> <b>EloRD: 79% vs RD: 66%</b> Median Duration of response: Elo RD:19.4 vs RD:14.9 months	Severe toxicities: Low lymphocytes, fatigue, pneumonia •• Infusion reaction in 10% of patients
Elotuzumab + Velcade + Dexamethasone Vs. Vel Dex (Palumbo et al, 2015)	2	<b>152</b> Ebd:77 Bd: 75	RRMM 1 to 3 prior regimens	<u>EloVD vs. VD</u> <b>Response rate:</b> <b>Elo VD: 65% vs VD: 63%</b> Median Duration of response: EloVD:9.9 vs VD:6.8 months	Severe toxicities: Low platelets (9%), infections (23%) •• Infusion reaction in 5% of patients
Elotuzumab + Pomalyst + Dexamethasone (Jagannath et al, 2017)	2	53	RRMM 1 to 3 prior regimens	<b>**Very Early Data after 3 cycles**</b> <b>77% patients remain on treatment</b> 9% discontinuation for disease progression	<b>Most common:</b> fatigue, infections, cough, anemia <b>Severe Toxicities:</b> Infections (13%), Pneumonia (9%)
Elotuzumab + Lenalidomide+ Bortezomib+ Dexamethasone (Laubach J, et al. ASCO 2017)	2	40	Newly diagnosed, MM	Response rate after 4 cycles: <b>Overall: 97%</b> >VGPR: 88% Median Duration of Response: <b>Not Reached</b>	<b>Most common adverse effects:</b> <b>Infection (50%)</b> fatigue, peripheral neuropathy, edema, leukopenia

# CAR-T Immune Therapy



## Program the patient's T cells with CAR to recognize and destroy the patient's own cancer cells



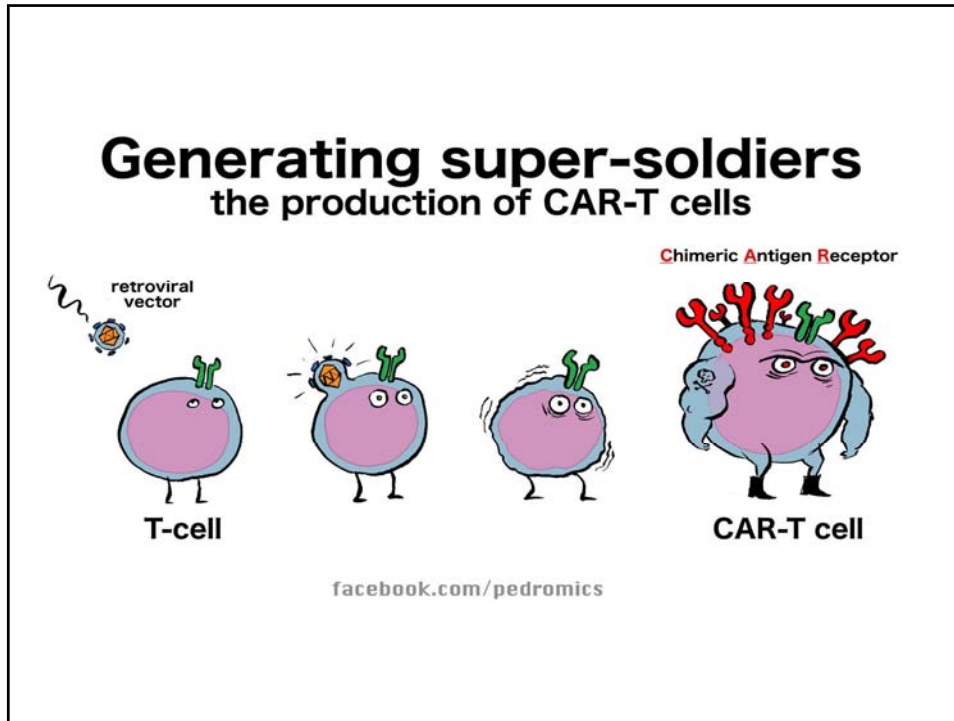
1. T cells are collected from the patient. A machine removes the desired cells from the blood, then returns the rest back to the patient.

2. A modified virus (blue) is used to transfer DNA to the patient's T cells so they will produce CAR proteins.

3. CARs have two ends: a binding site (blue) specific to the tumor cells, and a signaling engine that activates the T cell to kill the tumor it binds to.

4. Once designed, millions of engineered CAR T cells are grown in the laboratory.

5. The expanded population of CAR T cells is infused into the patient through a standard blood transfusion

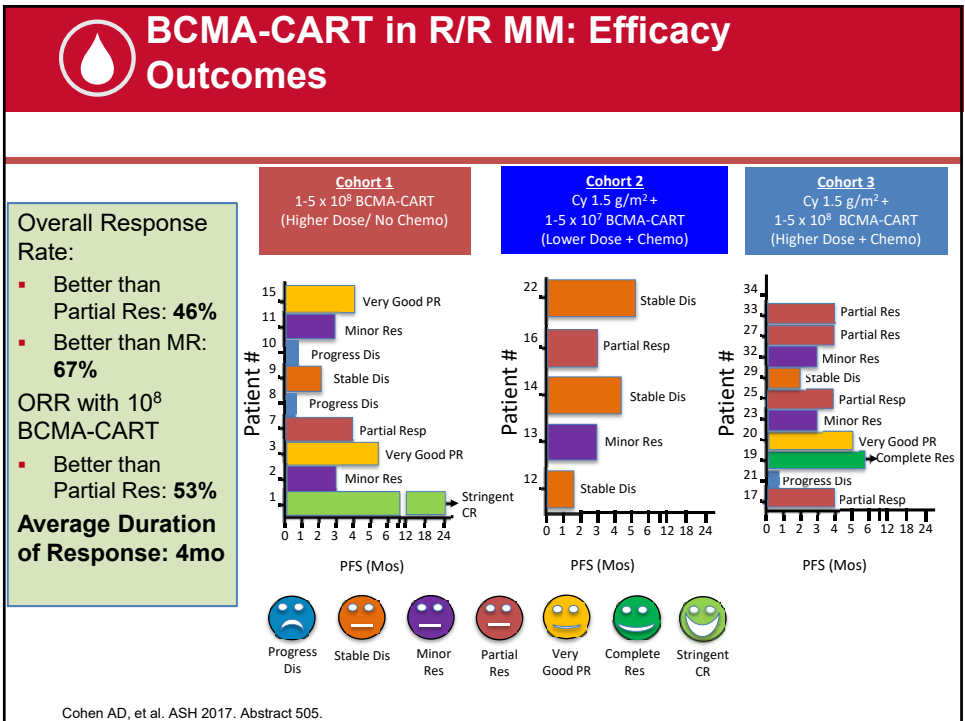
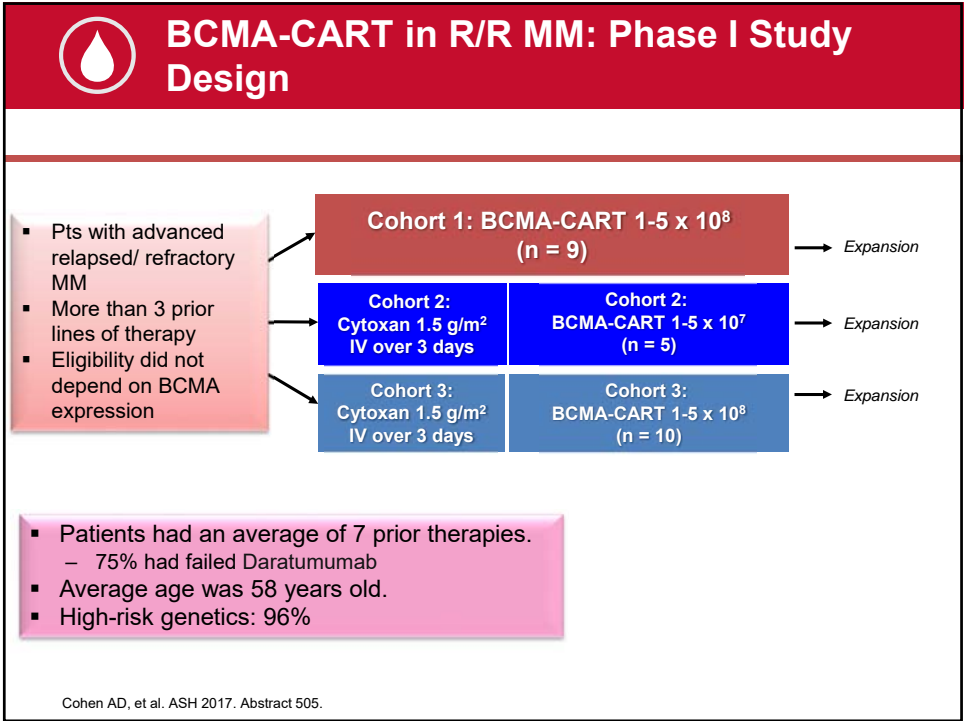


### CAR-BCMA T Cells in Myeloma: Background

- B-cell maturation antigen (BCMA) is expressed by normal and malignant plasma cells.
  - BCMA is a potential target for CAR-T cell therapy for MM
  - CD-38 is also expressed on MM cells
- T cells can be genetically modified to express chimeric antigen receptors (CARs) specific for proteins associated with cancer.
  - The patient's own T cells are stimulated, transduced with CD-38/BCMA retroviruses, and cultured for 9 days before re-infusion.
- Studies presented American Society of Clinical Oncology American Society of Hematology and European Hematology Association have evaluated CAR-T cell infusion for treatment of advanced myeloma.

J Clin Oncol 35, 2017 (suppl); abstr LBA3001; 22nd EHA Congress; June, 2017; Abstract S142; Cohen AD, et al. ASH 2017. Abstract 505.









## CAR-BCMA T Cells in Myeloma: Toxicities

- After CAR-BCMA T-cell infusion, patients may experience cytokine release syndrome (CRS)!
  - Fever
  - Low Blood pressure (hypotension)
  - High heart rate (tachycardia)
  - High creatinine kinase (muscle damage) and liver enzymes (liver damage)
  - Acute kidney damage
  - Shortness of breath
- All-grades CRS: 83%; Severe CRS: 33%!
- 1 death in cohort 1 pt: Fungal infection, MM progression, plasma cell leukemia.

Cohen AD, et al. ASH 2017. Abstract 505.



## Improving Physician- Patient Communication

🔴

## Steps to Make an Informed Treatment Decision

### Diagnosis and Treatment

- Ask your doctor for your specific diagnosis and write it down.
  - Your specific diagnosis is important in determining treatment.
- Gather information about all your treatment options.
  - Ask your doctor to explain the treatment options.
  - Ask about **clinical trials!**
    - [www.lls.org/treatment/types-of-treatment/clinical-trials](http://www.lls.org/treatment/types-of-treatment/clinical-trials)
    - [www.cancer.gov](http://www.cancer.gov)
- Refer to *Questions to Ask Your Healthcare Provider About Treatment Options* when you meet with your doctor - [www.LLS.org/whattoask](http://www.LLS.org/whattoask)

Find a Clinical Trial

🔴

## Steps to Make an Informed Treatment Decision

### Personal Medical Records

- Establish a file and keep it with you for reference
  - Specific diagnosis, Stage, cytogenetics (FISH).
  - **Laboratory reports: keep track of your measurement of disease (protein level).**
  - Radiology reports.
  - Current medications you are taking (including vitamin supplements).
  - Past and current treatments you have had for your myeloma.
  - Medical history.
  - Reactions/ side effects to medications.
  - Financial information on cost of treatment.
  - List of your healthcare providers and information/business cards.



## Be an INFORMED and EMPOWERED Patient

### ▪ Ask your doctor...

- What is the **goal** of treatment?
- What are the options for my treatment?
- What is the best therapy for **ME!**

### ▪ If you don't understand ask again!

### ▪ Ask yourself...

- What are my personal goals for treatment?
  - Your goals are an important part of your treatment decision process.
- Do I have the information I need to make an informed decision?



**Take an active role in making treatment decisions for yourself**



## Choosing Your Healthcare Team

### When choosing your healthcare team, it is helpful to:

- Feel that you can trust your doctor – open communication is key!
- Feel that you are respected and listened to by your doctor, nurse, and other individuals on your team.
- Try to partner with a hematologist-oncologist affiliated with a *National Comprehensive Cancer Center* (designated by NCI) or a practice highly experienced in treating multiple myeloma.
- **Seek a second opinion for diagnosis and/or treatment.**
  - A second opinion with a myeloma specialist can help you understand your illness and decide what treatment is best.



## Helpful Communication Tips

- **Keep a list of questions to bring to your medical appointments.**
  - Ask your doctor about a preferred method of ongoing communication (email? phone? office visits only, patient computer portal?).
  - Ask your doctor about **clinical trials** for which you may be eligible.
- **Bring a friend or relative with you to appointments.**
  - Take notes or audio record instructions to help you remember what the doctor says at a later date.
- **Ask for help from your healthcare team in gathering information about your myeloma.**
  - 88% MM patient experience registrants said it was at least somewhat important to get help with gathering information before their meetings with cancer specialists.
  - 83% said it was at least somewhat important to get help with a written list of questions.


Multiple Myeloma Specialty Registry Report 2017; [www.cancersupportcommunity.org/RegistryIndexReport2017](http://www.cancersupportcommunity.org/RegistryIndexReport2017).



## Helpful Communication Tips (continued)

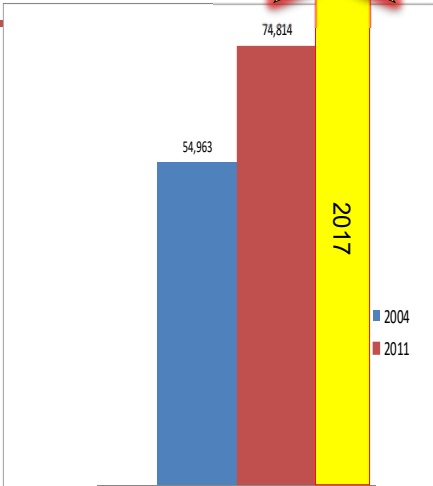
- Describe specific symptoms or side effects you experience and how they impact your life.
  - 36% of MM patient experience registrants never, rarely, or sometimes report full extent of side effects and/or symptoms to health care team.
- Tell your healthcare team if you use any form of alternative treatment (such as vitamins or herbs) since these could interfere with cancer medications.
- Discuss with your healthcare team about the **cost of myeloma care** and opportunities for assistance.
  - 38% of respondents had not discussed costs with their health care team.
- **Talk openly with your healthcare team about your goals for treatment over the course of your life!**

Multiple Myeloma Specialty Registry Report 2017; [www.cancersupportcommunity.org/RegistryIndexReport2017](http://www.cancersupportcommunity.org/RegistryIndexReport2017).



## Advancements in Survival from Multiple Myeloma


- With new biology based medications the response rates are now >98%.
- We have had 5 drugs approved for myeloma since 2015!
  - 3 are new classes of drugs.
  - Myeloma approvals have been 13x greater than the average cancer.
- When novel therapies are used at diagnosis, survival is improved dramatically.
  - From 3.8 years to >8 years!




Year	Number of People
2004	54,963
2011	74,814
2017	110,345

**Myeloma is not curable...yet.  
But is survivable now!**

*Blood (ASH Annual Meeting Abstracts) 2011; 118:Abstract 5070; Blood (ASH Annual Meeting Abstracts) 2011; 118:Abstract 2948.*



## Managing Your Myeloma



### Q&A Session

**Ask a question by phone:**

- Press star (\*) then the number 1 on your keypad.

**Ask a question by web:**

- Click green "Q&A" box in lower left corner
- Type your question
- Click "Submit"

Due to time constraints, we can only take one question per person. Once you've asked your question, the operator will transfer you back into the audience line.



## The Leukemia & Lymphoma Society Offers:

- **Information Resource Center:** Information Specialists, who are master's level oncology professionals, are available to help cancer survivors navigate the best route from diagnosis through treatment, clinical trials and survivorship.

- EMAIL: [infocenter@LLS.org](mailto:infocenter@LLS.org)
- TOLL-FREE PHONE: 1-800-955-4572



- **Free Education Booklets:**

- [www.LLS.org/booklets](http://www.LLS.org/booklets)

- **Free Telephone/Web Programs:**

- [www.LLS.org/programs](http://www.LLS.org/programs)



- **Live, weekly Online Chats, including 'Living with Myeloma' on Mondays:**

- [www.LLS.org/chat](http://www.LLS.org/chat)



## The Leukemia & Lymphoma Society Offers:


- **Support Resources:** LLS Community, discussion boards, blogs, support groups, financial assistance and more: [www.LLS.org/support](http://www.LLS.org/support)
  - **NEW LLS Podcast, *The Bloodline with LLS!*** Listen in as experts and patients guide listeners in understanding diagnosis, treatment, and resources available to blood cancer patients: [www.thebloodline.org](http://www.thebloodline.org)
- **Education Video:** Free education videos about survivorship, treatment, disease updates and other topics: [www.LLS.org/educationvideos](http://www.LLS.org/educationvideos)
- **Patti Robinson Kaufmann First Connection Program:** Peer-to-peer program that matches newly diagnosed patients and their families: [www.LLS.org/firstconnection](http://www.LLS.org/firstconnection)
- **Free Nutrition Consults:** Telephone and email consultations with a Registered Dietitian: [www.LLS.org/nutrition](http://www.LLS.org/nutrition)
- **What to ask:** Questions to ask your treatment team: [www.LLS.org/whattoask](http://www.LLS.org/whattoask)
- **For more information about myeloma:** [www.LLS.org/myeloma](http://www.LLS.org/myeloma)





**THANK  
YOU FOR  
PARTICIPATING!**

We have one goal:  
**A world without  
blood cancers**



LEUKEMIA &  
LYMPHOMA  
SOCIETY™