

Sumit Madan, MD
Hematologist and Oncologist
Banner MD Anderson Cancer Center
2946 E. Banner Gateway Drive
Gilbert, AZ 85234
Office: 480-256-5062
sumit.madan@bannerhealth.com



Multiple Myeloma: Addressing the Right Questions with Your Oncologist

Multiple myeloma is a cancer of plasma cells, a type of white blood cells that reside in the bone marrow. Patients with myeloma may experience one or more of the following: anemia, bone disease/bone pain, kidney problems, elevated calcium levels. Often, myeloma may present itself with fatigue, generalized weakness, bone pain, spontaneous or non-traumatic fractures, recurrent infections. In the US, more than 30,000 new cases of myeloma are diagnosed each year, and approximately 180,000 patients are living with this condition. Although, there is no cure for multiple myeloma, with proper treatment and supportive care, patients can go into remission for prolonged periods and enjoy a good quality of life.

You can feel empowered and improve your outcomes by learning more about myeloma. Here are some questions you should ask your oncologist:

1. How many patients with Myeloma do you treat each year?

Myeloma is a rare cancer and accounts for less than 2% of all cancers, therefore, a general oncologist in the community may see only a few or no myeloma patients per year, so try and find a myeloma specialist.

2. What is my stage at diagnosis?

Some patients are high-risk, and some are standard risk. Approximately 70-80% myeloma is standard risk disease and tend to have better outcomes. Simple blood and bone marrow tests help to identify the initial stage at diagnosis as well as risk profile.

3. How will you follow my disease for response or for disease recurrence?

Usually, myeloma can be easily followed by measuring the abnormal myeloma protein (M protein) in the blood and/or urine (serum protein electrophoresis/immunofixation; serum free light chain assay, immunoglobulin levels, urine protein electrophoresis/immunofixation).

4. What therapy/treatment plan should I follow?

There are several treatment options that must be individualized to each patient. Usually, 3 drug regimens are considered for many patients both at the time of diagnosis as well as at the time of disease recurrence.

5. Am I a candidate for a stem cell transplant? Why or why not?

There is no age cut off criteria in the United States, but only 30% of myeloma patients undergo this procedure. The eligibility for a stem cell transplant depends upon performance status and co-morbid conditions. Referral to a transplant center should be considered for all patients with myeloma, even if in doubt. A single autologous transplant, which utilizes the patient's own stem cells, remains the standard of care for patients who are considered transplant eligible. Usually, patients will be offered maintenance therapy after the transplant to keep the cancer away for as long as possible and improve survival.

6. Am I on the appropriate drugs for management of bone disease and other supportive care medications?

All myeloma patients should be considered for a bone strengthening agent even if there is no evidence of bone damage or pain. These agents are used to prevent skeletal related events. Prophylactic antivirals, antibiotics, aspirin or other anticoagulants may be used depending on the type of chemotherapy being used.

7. What is the planned next line of treatment when the patient relapses?

The natural history of myeloma is characterized by the 3R's: the cycle of response, remission and relapse. The period of remission varies for every patient. Typically, the first remission is the longest; and all efforts to maximize the duration of the first remission should be used. Management of disease recurrence is perhaps the most challenging aspect of patient care. Given the plethora of drugs and combinations that are now approved to treat recurrent disease, an expert opinion with a myeloma specialist must be sought to determine the best approach.

8. Should "I" participate in a clinical trial for myeloma patients?

At any stage of Myeloma, a clinical trial can be a high- quality treatment option. Advances in myeloma care are expected to continue with therapies early in the research pipeline and in clinical trials. Especially the clinical trials involving CAR-T cell therapy (taking a patient's T cells – a type of cell in the immune system – from the blood and altering them in the laboratory so they attack cancer cells) appear most promising at this time.

Recent strides in diagnostics, treatments and research offer reason for encouragement. There is no right or wrong time to ask for a second opinion. You can ask for advice at any point. If you would like an expert opinion on your myeloma or more information on a clinical trial, you can reach me at **480-256-5062** or **480-256-6444 (option 1)** or email me at sumit.madan@bannerhealth.com.