



MULTIPLE MYELOMA
Research Foundation

NEWLY DIAGNOSED MULTIPLE MYELOMA

themmrf.org





ABOUT THE **MMRF**

The Multiple Myeloma Research Foundation (MMRF) is the largest nonprofit in the world solely focused on accelerating a cure for each and every multiple myeloma patient. We drive the development and delivery of next-generation therapies, leverage data to identify optimal and more personalized treatment approaches, and empower myeloma patients and the broader community with information and resources to extend their lives.

Central to our mission is our commitment to advancing health equity so that all myeloma patients can benefit from the scientific and clinical advances we pursue. Since our inception, the MMRF has raised over \$600 million for research, opened nearly 100 clinical trials, and helped bring 15+ FDA-approved therapies to market, which have tripled the life expectancy of myeloma patients.

To learn more about the MMRF, visit themmrf.org.

To speak to a patient navigator at the Patient Navigation Center, call **1-888-841-6673** or email patientnavigator@themmrf.org.

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INTRODUCTION

A **multiple myeloma** diagnosis can be overwhelming, but patients have more treatment options than ever. There are many paths forward from a multiple myeloma diagnosis. Multiple myeloma can be a highly manageable disease.

This booklet describes some of the first steps you will want to take after receiving a myeloma diagnosis, as well as what you can expect from your treatment. Words that may be unfamiliar are **bolded** and defined in the Glossary (page 18).

The information in this booklet is not intended to replace the services or advice of trained health care professionals. Please consult with your health care provider regarding specific questions relating to your health, especially questions about myeloma diagnosis or treatment.

STEPS AFTER DIAGNOSIS: GETTING ON THE RIGHT TRACK

To ensure the best possible outcome, newly diagnosed myeloma patients need to take a number of steps, including finding the right doctor or treatment center, getting the right tests, and working with the doctor to determine the right treatment plan.

Key steps for the best possible care for myeloma patients.

THE RIGHT TRACK



Right Team

Access experts and centers that have extensive experience treating multiple myeloma



Right Tests

Get the information, tests, and precise diagnoses to make the right treatment decisions



Right Treatment

Work with your team to decide on the best treatment plan and identify clinical trials that are right for you

THE RIGHT TEAM

For diseases like multiple myeloma that are uncommon or complicated, finding a doctor that specializes in that disease is important. When considering doctors, don't be afraid to ask about their experience treating multiple myeloma. A **hematologist-oncologist** who focuses on multiple myeloma (myeloma specialist) is the doctor most likely to be aware of the latest research and newest treatments.

If seeing a myeloma specialist regularly is not possible, you can be treated by a general hematologist-oncologist or medical oncologist, who may consult with a myeloma specialist to help manage your care. Nevertheless, consulting with a specialist at important times, such as at diagnosis or **relapse**, may help to ensure that you receive the best care possible.

Often, myeloma specialists work out of specialized cancer treatment centers. Treatment centers that frequently see myeloma patients have been shown to produce better outcomes than those that see fewer myeloma patients.

During treatment, several members of the health care team will be involved in your care. The myeloma specialist or hematologist-oncologist takes the lead in making treatment decisions. However, treatment decisions are ultimately based not only on this doctor's recommendations but on your goals and preferences.

A nurse practitioner and/or a physician assistant may serve as support to the doctor; one or more of these individuals may meet with you during office visits, and any of them can answer your questions.

An infusion nurse (or a clinical research nurse if you are in a clinical trial) usually administers your treatment. A nurse coordinator relays any concerns you have to the team and can also treat some disease symptoms or treatment side effects.

A social worker is an excellent resource and can help connect you with extra support. For example, a social worker can provide information about caring for young children at home, dealing with aging parents, housing and transportation needs during treatment, or accessing financial support to cover the costs of treatment.

You may experience dietary issues during treatment and recovery. A certified dietitian or nutritionist can help plan your diet and answer questions about decreased appetite, weight loss or gain, dry or sore mouth, or nausea or vomiting.

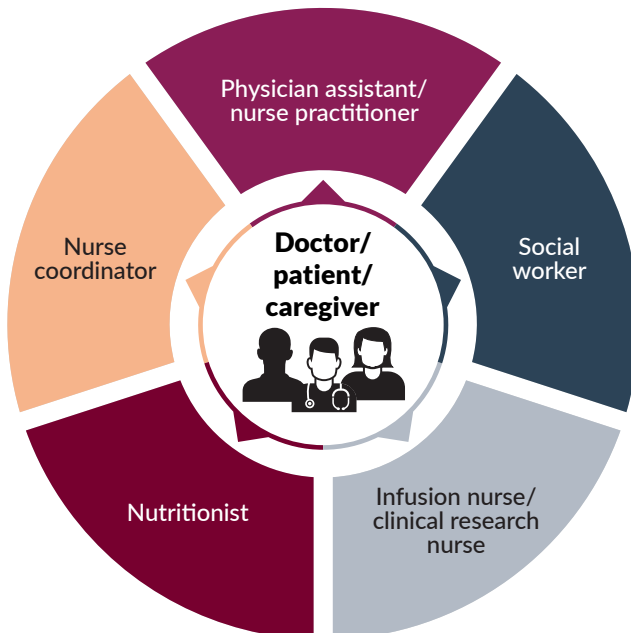
Even if the doctor who manages your myeloma is a specialist, the MMRF strongly encourages everyone with a myeloma diagnosis to get a second opinion from a different myeloma specialist at the start of treatment and when making changes to your treatment plan.

It's important to educate yourself about myeloma. As an informed patient, you can take part in discussions with your care team about your results and about which treatments to consider.

Many sources of information are available, including the MMRF website and the MMRF Patient Navigation Center. The Patient Navigation Center is a resource where patients and caregivers can connect (by phone, email, or online) with patient navigators who can share information and resources, help with finding a myeloma specialist, provide perspective on treatments, and offer support.

Many clinics and hospitals have patient portals that allow you to review your results before your appointments. To make the most of your visits with your care team, it's helpful to bring a list of questions and concerns about your treatment, results, and side effects to your appointments.

The myeloma treatment team.



THE RIGHT TESTS

You will undergo blood and urine tests, imaging, and a **bone marrow biopsy** to confirm your myeloma diagnosis, assess the extent of your disease, and monitor progress once you start treatment.

Genomic tests are conducted by analyzing **DNA** from myeloma cells from the **bone marrow** taken during your biopsy. As with other testing, genomic tests are conducted as part of your initial diagnosis and may be repeated periodically.

It's important for you to have all the appropriate tests done, as the results will help your doctor choose the best treatment and determine your **prognosis**.

For more information about multiple myeloma testing and results, refer to the companion booklet *Multiple Myeloma Learn Your Labs* and the MMRF website, themmrf.org.

Lab and imaging tests.



Blood and Urine Tests

Once you're diagnosed with multiple myeloma, you may need to give blood and urine samples when you meet with your health care team. There are a number of tests that can be run on these samples that are extremely useful to selecting, guiding, and monitoring your treatment.

Blood tests include a **complete blood count, comprehensive metabolic panel, lactate dehydrogenase (LDH), beta-2 microglobulin (β2M)**, quantitative **immunoglobulins**, serum protein **electrophoresis, immunofixation** electrophoresis, and serum **free light chain** assay.

Urine tests may include urinalysis, spot urine testing, 24-hour urine collection, and urine protein electrophoresis and immunofixation.

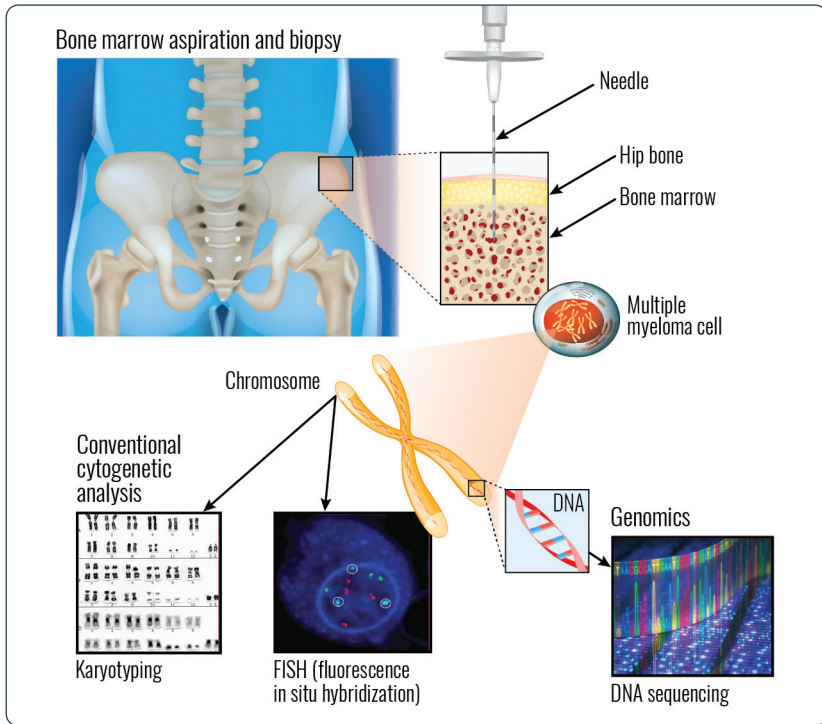
Bone Marrow Biopsy

In a bone marrow biopsy, your doctor will remove a small piece of bone that contains marrow, which is the spongy tissue found inside bones. For a bone marrow aspiration, your doctor will remove a small amount of liquid bone marrow, which contains marrow cells. Both of these samples are usually taken from the back of the pelvic (hip) bone using a large needle. You may first receive a local anesthetic to numb the area on your hip where the needle is inserted.

These tests are important for several reasons. First, they can be used to determine the amount of myeloma cells in the bone marrow. Second, myeloma cells that are collected from your bone marrow can be used to perform **cytogenetic testing** and DNA sequencing, which is vital in identifying the genomic alterations or features of your disease. It may also help the doctor determine how likely it is that your myeloma will respond to certain treatments or progress quickly. This is important information that will help the care team choose what treatment you receive.

Bone marrow biopsy testing is always done at the time of diagnosis and might be repeated when the myeloma relapses.

Bone marrow biopsy testing



Genomic Testing

There are a number of genetic tests that may be performed, including **karyotyping**, **fluorescence in situ hybridization (FISH)**, and DNA sequencing. Karyotyping and FISH check for changes in your **chromosomes** (the structures in your cells that contain your genetic information).

Certain changes in the chromosomes are associated with the development of myeloma. Chromosomal changes associated with multiple myeloma include **translocations**, which is when pieces of different chromosomes swap places; **deletions**, which is when a piece of a chromosome is missing; and **hyperdiploidy**, which is when the number of chromosomes is higher than normal. When portions of a chromosome are duplicated, it is referred to as an **amplification or gain**.

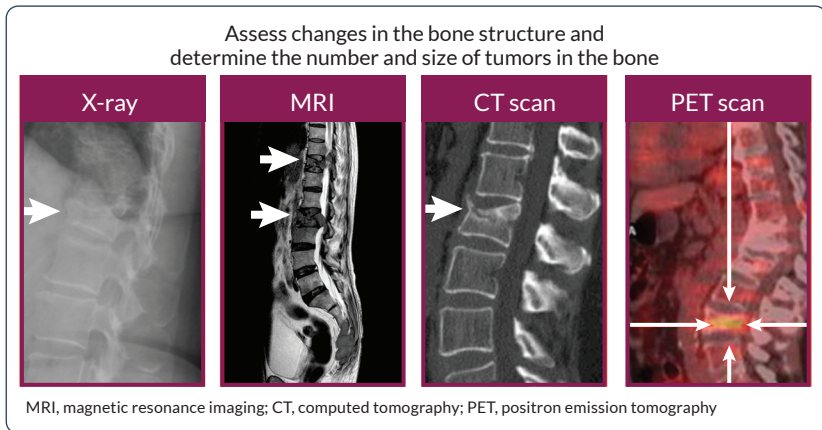
Genomic sequencing looks at the DNA to determine whether any changes (**mutations**) are present. Results of this analysis can help predict how long you will remain in **remission**, a state of disease where the level of myeloma cells

and/or **monoclonal (M) protein** in your body is very low before your myeloma gets worse or relapses. It can also help your doctor select the best treatment for your myeloma.

Imaging

As multiple myeloma progresses, it can cause small holes (**osteolytic lesions**) to develop in your bones. A number of imaging tests are used to locate and measure these lesions, including bone (skeletal) survey, x-ray, **magnetic resonance imaging (MRI)**, **computed tomography (CT)**, and **positron emission tomography (PET)**. These tests assess changes in the bone structure. Higher levels of bone changes suggest the presence of multiple myeloma. Some of these tests can also detect multiple myeloma that is outside the bone marrow (**extramedullary myeloma**).

Types of imaging used to detect multiple myeloma.



Risk and Prognosis

Some factors that contribute to your multiple myeloma prognosis include symptoms, age, genetic risk, and the stage of your disease. Key clinical and laboratory findings also help determine how fast the myeloma is growing, the extent of disease, the biological makeup of the tumor (which may influence how aggressive your disease is), the response to therapy, and your overall health. These findings are your **prognostic indicators**.

Determining your prognostic indicators early in the course of your disease is important, as it provides a baseline against which disease progression and your response to therapy can be measured.

Many of the tests that determine your prognostic indicators are performed multiple times throughout your treatment. This enables your health care team to assess how well your treatment is working and which treatment should be used next.

Measuring your prognosis.

Test	Indication
B2M	Higher levels reflect more extensive disease and/or poor kidney function.
Albumin	Lower than normal levels can indicate poor prognosis.
LDH	Higher levels indicate tissue damage from an injury, disease, or infection (non-myeloma states). In the case of myeloma, it could mean that myeloma cells are rapidly dividing, which is a sign of aggressive disease.
Chromosome analysis (cytogenetic testing by either karyotyping or FISH)	Presence of specific abnormalities may indicate poor prognosis.
Genomic tests	Presence of specific group of genes can predict risk of early relapse.

THE RIGHT TREATMENT

There are more treatment options than ever for patients with newly diagnosed multiple myeloma.

When you're first diagnosed with multiple myeloma, the goal of treatment is to provide symptom relief and reduce the number of myeloma cells in your body as quickly and safely as possible. This is important, as reducing the number of myeloma cells can reduce the risk of organ damage, improve quality of life (reduce pain, lessen fatigue), and minimize the severity of side effects and symptoms.

Goals of myeloma therapy.



Reduce disease burden as low as possible with the aim of reducing the number of myeloma cells to undetectable levels.



Eliminate myeloma cells from the bone marrow (as measured via minimal residual disease [MRD] testing).



Improve quality of life with as few treatment side effects as possible.



Provide the longest possible period of response before relapse.



Prolong overall survival.

The standard of care for you as a newly diagnosed myeloma patient is induction therapy, followed by (if you are a candidate) an **autologous stem cell transplant (ASCT)** and **maintenance therapy**. Collectively, these are considered one line of therapy.

Induction Therapy

The choice of your **induction therapy** (the first in a series of treatments used to treat multiple myeloma, also referred to as **frontline therapy**) depends on many factors, including the features of your myeloma, the risk of side effects, your preferences, and the familiarity of the doctor with the given regimen. Some treatments require more frequent visits, so transportation and other factors (for example, childcare and travel expenses) may need to be considered.

One of the first questions that must be answered, by both you and your doctor, is whether you are a candidate for ASCT, as that can affect what induction therapy you receive. Once that is determined, you can discuss whether you'll get a transplant immediately after stem cells are collected or whether you'd prefer to delay the transplant.

For more information about multiple myeloma treatments and their side effects, refer to the companion booklet ***Multiple Myeloma Treatment Overview*** and the MMRF website, themmrf.org.

Induction treatment regimens typically consist of combinations of myeloma drugs that have different mechanisms of action. Treatment is given over three to six **cycles**, each of which typically lasts 3 or 4 weeks.

Although three-drug (triplet) regimens have been standard treatment for induction therapy for the last several years, four-drug (quadruplet) regimens are emerging as a new treatment standard because of their improved effectiveness. Quadruplet regimens typically add an anti-CD38 **monoclonal antibody** like Darzalex or Sarclisa onto a triplet regimen backbone (see below). Although quadruplet regimens can produce deeper responses and higher rates of **minimal residual disease (MRD)** negativity, they also have an increased risk of side effects.

Your doctor will consider several factors when deciding between triplet or quadruplet therapy. Doublets (two-drug combinations) may be considered when side effects are of particular concern.

Effective induction regimens for multiple myeloma.

Regimen	Abbreviation
Triplets	
Velcade, Revlimid, dexamethasone*	VRd
Kyprolis, Revlimid, dexamethasone	KRd
Darzalex, Revlimid, dexamethasone	DRd
Quadruplets	
Darzalex, Velcade, Revlimid, dexamethasone	D-VRd
Darzalex, Kyprolis, Revlimid, dexamethasone	D-KRd
Sarclisa, Velcade, Revlimid, dexamethasone	Isa-VRd
Sarclisa, Kyprolis, Revlimid, dexamethasone	Isa-KRd

*For patients with poor kidney function, cyclophosphamide is sometimes used in place of Revlimid (CyBorD).

High-Dose Chemotherapy and ASCT

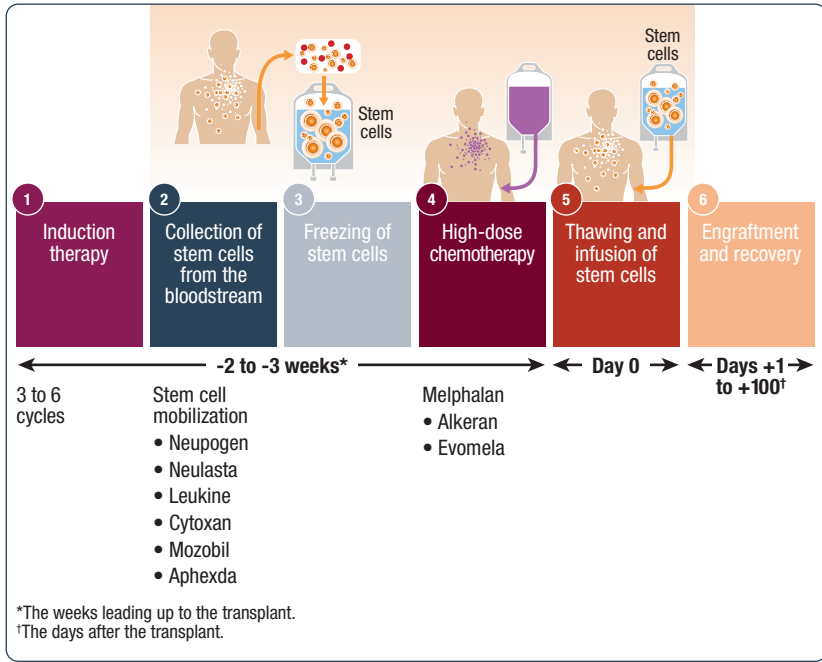
High-dose **chemotherapy** (usually melphalan) with ASCT is a standard treatment for myeloma patients who are appropriate candidates. Though effective in killing myeloma cells, high-dose chemotherapy also destroys normal blood-forming cells (called **hematopoietic stem cells**) in the bone marrow. ASCT replaces these important cells. Results of this approach to myeloma therapy have improved with the release of several newer drugs.

A variety of factors influence whether you are a candidate for ASCT. For example, the presence of multiple **comorbidities** and your activity level can affect how you respond to and tolerate treatments, including ASCT. It's important that treatment decisions for you consider not just your age but also your overall health and ability to perform daily activities.

Guidelines for identifying candidates for ASCT may vary between cancer centers. You should discuss with a myeloma specialist whether you are a candidate for ASCT. If you are, your discussions should address the risks and benefits of the procedure, as well as when it should be included in your treatment plan.

If you are a candidate for transplant, you are encouraged to have your stem cells collected so that the cells are available if you choose to undergo the process at some point during the course of your disease.

The ASCT process.



You can undergo ASCT as an inpatient (you stay in the hospital before, during, and immediately after the transplant) or an outpatient (you make daily visits to a clinic) procedure. Typically, you can expect to be in the hospital or outpatient clinic for an average of 2 to 3 weeks for the administration of the melphalan, stem cell infusion, and initial stages of **engraftment** and recovery.

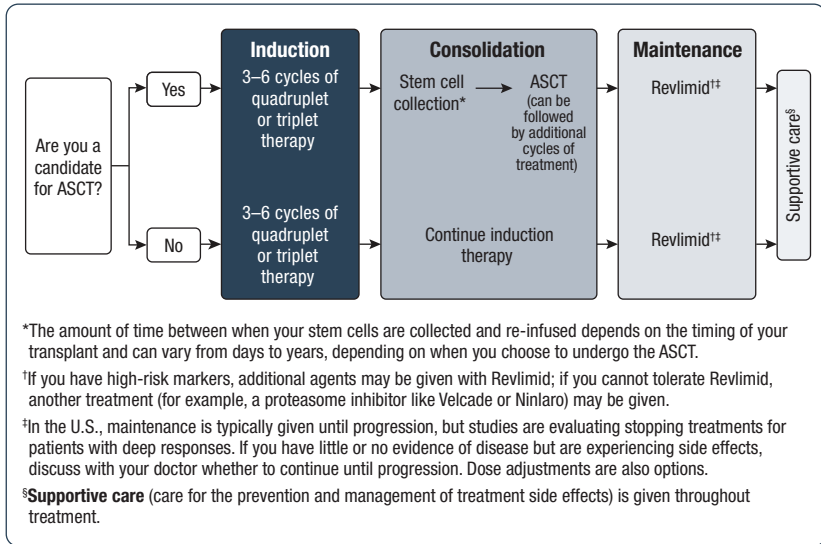
Options for Patients Who Are Not Transplant Candidates

If you are not a candidate for transplant, you'll go directly from induction therapy to maintenance therapy, depending on your response to induction therapy.

Maintenance Therapy

After induction and ASCT, you'll receive maintenance (continuous) therapy. Maintenance therapy is given after induction therapy to help keep the myeloma from returning. Maintenance therapy increases the length of time you're in remission and improves survival, but it's also associated with treatment side effects. It's important to discuss the potential benefits and risks with your doctor.

Treatment of newly diagnosed multiple myeloma.



Clinical Trials

A clinical trial may also be a treatment option for you. For newly diagnosed myeloma patients, a clinical trial may offer access to newer treatments that are currently only approved for use in patients whose myeloma has progressed after treatment.

Clinical trials take place at cancer centers, hospitals, clinics, or doctors' offices. Before you enroll in a clinical trial, all details of the treatment are explained, and you must consent to participate. If you agree to participate in a clinical trial, you're free to withdraw at any time. You should discuss with your doctor whether a clinical trial is the best treatment option for you.

Discuss treatment goals with your health care team and be sure you are familiar with all the treatment options at every stage of the disease.

LIVING WITH MYELOMA

There are challenges to managing the everyday realities of living with multiple myeloma. It is important to remember that certain risks, like infection, are higher when you have multiple myeloma.

It may help to speak to another patient or caregiver who has been through the same experience. Myeloma Mentors allows patients and caregivers the opportunity to connect with trained mentors. This is a phone-based program offering an opportunity for a patient and/or caregiver to connect one-on-one with a trained patient and/or caregiver mentor to share his or her journey and experience. Myeloma Mentors have insights and information that can be beneficial to both patients and their caregivers.

Contact the Patient Navigation Center at 888-841-6673 to be connected to a Myeloma Mentor or visit themmrf.org/support/myeloma-mentors to learn more.

RISK OF INFECTION

Although multiple myeloma leads to increased **antibody** levels in the body, the antibodies produced by myeloma cells are ineffective and potentially harmful. Also, myeloma cells crowd out the healthy cells that produce functional, disease-fighting antibodies. By impairing your immune system in these ways, multiple myeloma reduces your body's ability to fight infections.

Many myeloma treatments also increase the risk of infection because they can decrease blood cell counts. This includes **white blood cells**, which help fight infection.

As a result of this impaired immune function, you are more susceptible to infections. In fact, you are about 15 times more likely to get an infection than people without multiple myeloma.

Types of infections you may get include urinary tract infections, pneumonia (an infection of the lungs), septicemia (blood infection), fungal infections, and viral infections such as influenza (flu), varicella zoster (shingles), and COVID-19.

IMPORTANCE OF INFECTION CONTROL

There are steps you can take to reduce your risk of infection:

- Wash your hands
- Wash fruits and vegetables
- Avoid contact with people who show signs of being sick
- Protect the skin from scrapes and cuts
- Keep current with recommended vaccines such as flu, COVID, pneumonia, and shingles

To manage infection risk, preventive strategies (called prophylaxis) are recommended. If you have a recurrent life-threatening infection, you should receive prophylaxis. Strategies for prophylaxis include **intravenous** antibody therapy, oral antibiotics, antifungal medications, **colony-stimulating factors**, and preventive shingles treatments or antibiotics.

Tell your doctor right away if you have any symptoms of infection, such as a fever over 100.5°F, chills or sweating, muscle aches, coughing/shortness of breath, sore throat, pain while urinating, pain/redness at the site of an open cut, fatigue, or diarrhea.

DISEASE MONITORING AND RELAPSE

During and after treatment, doctors monitor symptoms and may also perform some of the same tests that were done when you were initially diagnosed with myeloma. The results of these tests show how well the treatment is working and may detect side effects. These tests also help determine if, after an initial response to treatment, the myeloma relapses.

For more information about measuring response to multiple myeloma therapy, relapse, and multiple myeloma diagnostic testing and results, refer to the companion booklets ***Multiple Myeloma Treatment Overview*** and ***Multiple Myeloma Learn Your Labs***, as well as the MMRF website, themmrf.org.

MMRF PATIENT SUPPORT AND RESOURCES

The MMRF is dedicated to supporting the myeloma community by providing a broad range of resources for myeloma patients and their family members and caregivers. The MMRF is available to help guide you through your multiple myeloma journey every step of the way.



YOUR QUESTIONS ANSWERED

Speak to an MMRF patient navigator at the Patient Navigation Center for answers to your questions about disease management, treatments, clinical trials, and assistance with finding financial and other available resources.

Telephone: 1-888-841-6673

Monday–Friday, 9:00 AM to 7:00 PM ET

Email: patientnavigator@themmrf.org

Online: themmrf.org/support/patient-navigation-center

Connect with an MMRF Myeloma Mentor:

themmrf.org/support/myeloma-mentors

This is a phone-based program offering the opportunity for patients and/or caregivers to connect one-on-one with a trained patient and/or caregiver mentor to share their patient journeys and experiences.

FIND AND PARTICIPATE IN A CLINICAL TRIAL

Search for a clinical trial in your area or let an MMRF patient navigator help guide you through the process.

Clinical Trial Finder: themmrf.org/resources/clinical-trial-finder

SUPPORT THE MMRF

Help support the MMRF's efforts to accelerate research and find a cure!
Participate in an event or donate today.

Telephone: 1-203-229-0464

Donate now/Take action: Visit themmrf.org/get-involved

GLOSSARY

albumin Major protein found in the blood; albumin level can indicate a person's overall health and nutritional status

amplification/gain Chromosomal abnormality in which a section of a chromosome is added; 1q+ is an example of a chromosomal amplification

antibody Protein produced by *plasma cells* that helps protect the body from infection and disease (also called *immunoglobulin*; see also *monoclonal antibody*)

autologous stem cell transplant (ASCT) Procedure in which stem cells collected from a patient are transplanted back into that patient; the most common type of transplant performed in myeloma

beta-2 microglobulin (β 2M) Protein normally found on the surface of various cells in the body; levels of β 2M in the blood are elevated in inflammatory conditions and in certain blood cell disorders, such as multiple myeloma

bone marrow Soft, spongy tissue found in the center of many bones and the site of blood cell production

bone marrow biopsy Removal of a sample of bone marrow for examination; performed using a needle

chemotherapy Use of drugs to kill rapidly dividing cells, such as cancer cells

chromosome Thread-like structure in a living cell that contains DNA (genetic information)

colony-stimulating factor Growth factor that stimulates the bone marrow to produce white blood cells

comorbidity Medical condition that is present at the same time as another condition

complete blood count Blood test that measures the number of *red blood cells*, white blood cells, and *platelets* in the blood and the relative proportions of the various types of white blood cells

comprehensive metabolic panel Blood test that measures levels of albumin, calcium, lactate dehydrogenase (LDH), blood urea nitrogen (BUN), and creatinine to assess bone status, the extent of disease, and the function of the kidneys and liver (also known as *chemistry profile*)

computed tomography (CT) Imaging technique that uses a computer to generate three-dimensional x-ray pictures (also referred to as *computerized axial tomography [CAT]*)

cycle Round of treatment followed by a period of rest (no treatment)

cytogenetic testing Laboratory test that measures the number and structure of chromosomes (see *karyotyping*)

deletion Chromosomal abnormality in which a segment of a chromosome is missing; del(17p) is an example of a chromosomal deletion

DNA Genetic material of the cell, located in the chromosomes

electrophoresis Laboratory test used to measure the levels of proteins in the blood or urine; uses an electrical current to sort proteins by their charge

engraftment Process by which stem cells that have been infused into the body enter the bone marrow and start to grow and make new blood cells

extramedullary Located or occurring in places outside the bone marrow

fluorescence in situ hybridization (FISH) Laboratory technique used to measure the number of copies of a specific DNA segment in a cell and the structure of chromosomes

free light chain Short protein (immunoglobulin light chain) produced by myeloma cells and found in the blood

frontline therapy Initial treatment given to a newly diagnosed patient (also known as *induction therapy*, *first-line therapy*, or *frontline treatment*)

genomic sequencing Study of DNA sequencing of myeloma cells to detect mutations and to see how that DNA changes over time

genomic tests Tests that analyze and identify the structure of an individual's genetic code (see also *genomic sequencing*)

hematologist-oncologist Doctor who specializes in diagnosing and treating cancers of the blood

hematopoietic stem cells Cells that grow and divide to produce red blood cells, white blood cells, or platelets; found in bone marrow and blood

hyperdiploidy Presence of extra copies of one or more chromosomes

immunofixation Test to identify immunoglobulins in blood

immunoglobulin Protein that helps protect the body from infection (also called *antibody*)

induction therapy The first treatment a patient receives for myeloma after he or she is diagnosed; also refers to the use of anti-myeloma drugs prior to high-dose chemotherapy and stem cell transplant (see also *frontline therapy*)

intravenous Administration of a drug directly into a vein

karyotyping Test that looks at the number and structure of a patient's chromosomes to identify genetic problems

lactate dehydrogenase (LDH) Enzyme found in body tissues; elevated levels in the blood indicate tissue damage and may occur in myeloma

magnetic resonance imaging (MRI) Scanning technique that uses magnetic energy to provide detailed images of bone and soft tissue

maintenance therapy Treatment given over a long period of time to patients in remission to reduce the risk of relapse

minimal residual disease (MRD) Presence of small numbers of myeloma cells in the bone marrow during or after treatment, even when the patient shows no symptoms or signs of disease

monoclonal antibody Antibody that is produced in a laboratory and used to diagnose and treat some diseases

monoclonal (M) protein Abnormal antibody found in large quantities in the blood and urine of individuals with myeloma

multiple myeloma Blood cancer that develops in the bone marrow as a result of plasma cells transforming into myeloma cells

mutation Defect or error in a gene

osteolytic lesion Soft spot in the bone where bone tissue has been destroyed; appears as a hole on a standard x-ray

plasma cell Antibody-secreting immune cell that develops from a B cell; in myeloma, it is this cell that has become cancerous or abnormal

platelets Small cell fragments in the blood that help it to clot

positron emission tomography (PET) Imaging technique in which radioactive glucose (sugar) is used to highlight cancer cells

prognosis Prediction of the course and outcome of a disease

prognostic indicator Any of several factors that help predict the course and outcome of a patient's disease, such as symptoms, age, and disease stage

red blood cell Blood cell that carries oxygen

relapse Progression of disease after an initial response to therapy

remission Reduction in plasma cells and/or M protein to a very low level

supportive care Treatment that addresses the symptoms and complications of a disease rather than the disease itself

translocation Chromosomal abnormality in which segments of two chromosomes switch positions; t(4;14) and t(11;14) are examples of chromosomal translocations

white blood cell One of the major cell types in the blood; attacks infection and cancer cells as part of the immune system

The MMRF would like to thank Joshua Richter, MD, Associate Professor of Medicine, Hematology and Oncology, in the Myeloma Division at the Tisch Cancer Institute at the Icahn School of Medicine at Mount Sinai and Director of Myeloma at the Blavatnik Family Chelsea Medical Center at Mount Sinai and our patient advocate, Andrew Gordon of Harrisburg, Pennsylvania, for their contributions to this booklet.



MMRF RESOURCES IN PERSON OR ONLINE



Attend a Multiple Myeloma Patient Summit

Learn about standard and emerging therapies, including stem cell transplants, promising clinical trials, and more for optimal disease management. Attend a complimentary symposium for all the information you need to make well-informed decisions about your treatment and care.

To register or to view the complete calendar, visit:
themmrf.org/resources/education-programs



View Past Programs on Demand

Access our archive of recorded Patient Summits and webcasts. Hear expert perspectives on key clinical research and the rapidly evolving myeloma treatment landscape.

All available online, and free, at:
themmrf.org/resources/education-programs



Find a Clinical Trial Near You

Clinical trials are critically important to developing new myeloma treatments and better understanding the biology of the disease. The more people who enroll, the faster we can find answers. Patients who enroll in clinical trials have the opportunity to be among the first to receive the newest drugs or drug combinations in development and receive close monitoring.

To find a clinical trial near you, visit:
themmrf.org/resources/clinical-trial-finder

Don't miss out on the latest myeloma updates! Sign up today to receive news updates and notice of educational programs.

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Telephone: _____

Mobile: _____

Email: _____

Or sign up at **themmrf.org**

I AM A:

- Myeloma Patient
- Myeloma Patient Caregiver
- Myeloma Patient Family Member (non-caregiver)
- Health Care Professional or Researcher
- Biopharma, Medical Device, or Health Care Technology Industry Professional

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Norwalk, CT 06851

Contact one of our
patient navigators at the
Patient Navigation Center
1-888-841-6673

Hours: **Mon–Fri, 9 AM–7 PM ET**
Email: **patientnavigator@themmrf.org**



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