

Multiple Myeloma Treatment Information

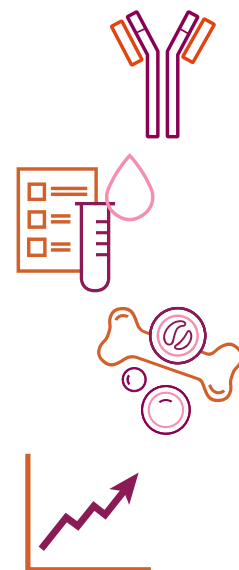


Goals of Multiple Myeloma Therapy

Aim for the deepest, fastest response



- Reduce the amount of M protein (as measured by serum protein electrophoresis [SPEP]) or light chains (as measured via the free light chain test) to the lowest level possible
- 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 first relapse
- Prolong overall survival



How do you know if treatment eliminated the myeloma cells from the bone marrow?

If you've received treatment for myeloma and standard tests find no myeloma remaining in your body, your doctor may test you for the presence of MRD

Two types of MRD testing methods* are available:

- Flow cytometry
- DNA sequencing

TEST RESULTS

MRD positive



Myeloma cells are still detected

MRD negative



Myeloma cells are **not** detected[†]

MRD negativity has been associated with longer time until disease progression and longer survival.

Some patients do well despite never achieving a complete response (CR).

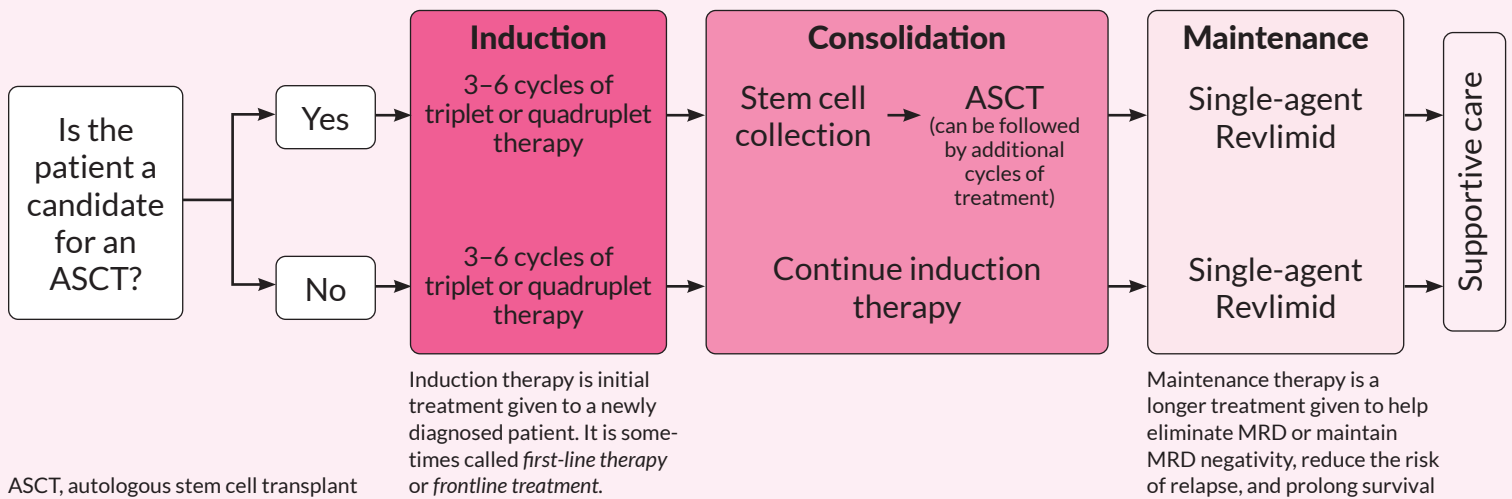
*Current tests use cells from the patient's bone marrow.

[†]The level of sensitivity can be different depending on methodology used, but a negative result means that there is less than 1 myeloma cell in 100,000 or 1,000,000 bone marrow cells.

With the treatments available today, more patients achieve CR and MRD negativity.



Treatment Approach for Newly Diagnosed Patients



The typical treatment for newly diagnosed patients in the United States: Revlimid-Velcade-dexamethasone (RVD) followed by ASCT (for eligible patients) followed by Revlimid maintenance therapy.*

*The treatment course chosen is specifically designed for each patient based on a number of factors. Participation in a clinical trial should also be considered.

Patients with high-risk disease



- Based on certain features of their myeloma, some patients are at high risk for rapid relapse and may not have long-term response to treatment
- There is no standard treatment approach for high-risk patients
- An aggressive treatment plan typically consisting of a four-drug induction regimen followed by ASCT and combination maintenance therapy (typically Revlimid plus one other agent) is usually recommended
- Alternately, high-risk patients are encouraged to enroll in a clinical trial



The MMRF Patient Navigation Center

is available to provide you with additional guidance and support and to answer your questions.

You can reach the MMRF Patient Navigation Center by phone at **1-888-841-MMRF (6673)**, Monday through Friday from 9:00 AM to 7:00 PM Eastern Time, or on the Web at themmrf.org/resources/patient-navigator-center

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