

Opening Remarks

Anne Quinn Young, MPH
MMRF

1

abbvie

AMGEN[®]

 Bristol Myers Squibb[™]

cure[®]
curetoday.com

Genentech
A Member of the Roche Group

GSK

Johnson & Johnson

 Karyopharm[®]
Therapeutics

 LEGEND
BIOTECH

 Pfizer

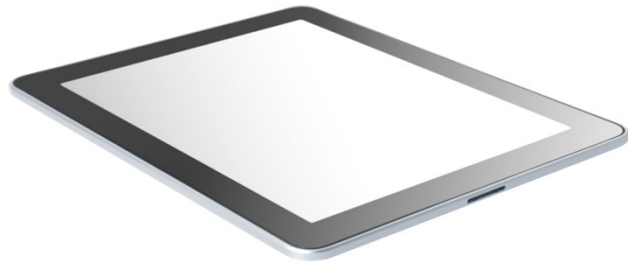
REGENERON
SCIENCE TO MEDICINE[®]

sanofi

2

iPads

- To view the materials for this Summit, please log on to the iPad with your e-mail address
 - View slides
 - Answer questions
 - Take notes
 - Submit questions to panel
 - Program evaluation



Submit your questions throughout the program!

Throughout the Summit, use the same e-mail address to log on to any iPad.

3

Program Faculty



Melissa Alsina, MD
Moffitt



Rachid Baz, MD
Moffitt



Ivan M. Borrello, MD
Tampa General Hospital



Kenneth Shain, MD, PhD
Moffitt

4

Objectives

- Increase your understanding of lab tests and what the results mean
- Know the standard treatment options available for your stage of the myeloma journey
- Make more-informed treatment decisions to better manage your myeloma
- Discuss with your care team whether a clinical trial is a good option for you
- Be aware of and utilize resources provided by the MMRF and other reputable sources

5

Summit Agenda

Time (ET)	Topic	Speakers
5:00 – 5:15 PM	Introduction to MMRF	Anne Quinn Young, MPH
5:15 – 5:30 PM	Welcome	Melissa Alsina, MD Rachid Baz, MD
5:30 – 5:45 PM	Treatment for Newly Diagnosed Multiple Myeloma	Melissa Alsina, MD
5:45 – 6:00 PM	Treatment for Relapsed/Refractory Multiple Myeloma: Early Relapse	Rachid Baz, MD
6:00 – 6:20 PM	Town Hall Q&A	Speaker panel
6:20 – 6:35 PM	Break	
6:35 – 6:50 PM	Treatment for Relapsed/Refractory Multiple Myeloma: Late Relapse	Ivan Borrello, MD
6:50 – 7:05 PM	Managing Symptoms and Side Effects	Kenneth Shain, MD, PhD
7:05 – 7:25 PM	Town Hall Q&A	Speaker panel
7:25 – 7:40 PM	Patient journey	Lucy Rebelo
7:40 – 7:45 PM	Closing Remarks	Veronica Bohorquez-Medd, MA

6

MMRF Introduction

7

Framework for Our 5-Year Strategic Plan

Our 5-year strategic plan is anchored by three strategic objectives, with a centralized focus on DEI and health equity.

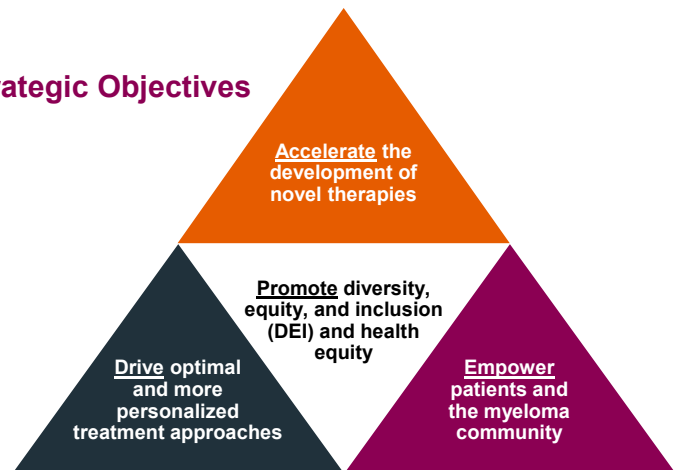
Our Vision

A world free of multiple myeloma

Our Mission

To accelerate a cure for each and every multiple myeloma patient

Strategic Objectives



8

Unprecedented results



15+

We've helped bring **15 different multiple myeloma drugs** into the market.

80+

We've opened over **80 clinical trials**.

10+

Our work and collaboration has helped **patient survival rates increase from 3 years to 10**.

90%

90% of our expenses go to research and related programming.

9

Accelerating New Therapies

The MMRF is committed to acting with urgency to ensure that patients always have effective treatments available when they need them.



Investing in companies with early-stage assets

Investing capital in small private and midsize public companies with promising early-stage assets through the Myeloma Investment Fund.



Advancing new clinical programs and speeding trials

Providing funding and infrastructure to speed trials of novel agents and combinations through our clinical network of 13 sites—the Multiple Myeloma Research Consortium; sponsor multiarm platform studies in specific patient populations with unmet need (for example, Horizon). **Horizon 1 is now open!**

10

Driving Personalized Treatment Approaches

The MMRF continues to lead in the creation, sharing, and analysis of large data sets, as well as in catalyzing collaborative research to answer critical questions and drive precision medicine approaches.



Spearheading targeted, collaborative initiatives

Deploying resources and funding to catalyze collaborative, multiomic research focused in areas of high unmet need and generating hypotheses for clinical exploration (for example, TRU and MAC).



Analyzing and sharing MMRF-generated large data sets

Building data sets and making all MMRF-generated and/or supported data available to researchers and driving analysis to inform new hypotheses and more personalized treatment approaches (Virtual Lab).

11

Empowering and Activating the Community

The MMRF is committed to ensuring that the entire myeloma community has the information, resources, and tools to increase survival and improve the quality of life of every myeloma patient, on the path to a cure.



Delivering best-in-class hub for support and education

Providing high-quality education to patients, caregivers, and healthcare providers, with a strong focus on addressing the needs of traditionally underserved patients.



Supporting the careers of BIPOC researchers and clinicians

Creating a fellowship program and supporting other initiatives to increase the number of BIPOC (especially Black) researchers and clinicians in the myeloma field.

12

Welcome!

13



Question

Are you a...

1. Patient
2. Caregiver (family member or friend who helps patient manage his or her disease)
3. Other

14



Question

At what stage is your myeloma? (If you are a caregiver, what is the stage of the patient's myeloma?)

1. Newly diagnosed
2. Relapsed/refractory
3. Remission: still on therapy
4. Remission: not on therapy
5. MGUS or smoldering myeloma not currently requiring treatment
6. Other
7. I don't know.

15



Question

Have you had a stem cell transplant?

1. No, but I will soon!
2. No, but I am considering one (or my doctor is discussing with me).
3. No, my doctor tells me I am not a candidate.
4. Yes
5. Not applicable

16



Question

Do you know if you had any molecular characterization performed on your bone marrow biopsy sample, such as FISH, cytogenetics, or DNA sequencing?

1. No
2. Yes, I had FISH.
3. Yes, I had cytogenetics.
4. Yes, I had sequencing.
5. Yes, I had more than one of these tests performed.
6. I don't know.

17



Question

Have you and your care team ever discussed the possibility of you joining a clinical trial? (If you are a caregiver, do you know if joining a clinical trial has ever been discussed?)

1. Yes
2. No
3. I don't know.

18

Treatment for Newly Diagnosed Multiple Myeloma

Melissa Alsina, MD

19

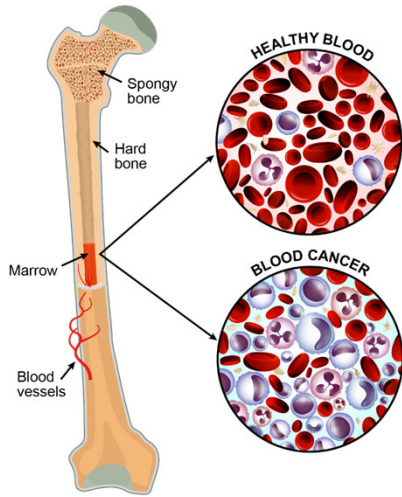
Objectives

At the conclusion of this presentation, you should be better able to:

- Know the first steps to take after receiving a myeloma diagnosis
- Understand the routine lab and imaging tests used to diagnose, assess and monitor your myeloma
- Know the standard of care treatments for newly diagnosed multiple myeloma
- Access information that will support an informed decision about treatment selection

20

Multiple Myeloma Affects Your Bones, Blood, and Kidneys



What is multiple myeloma?

- Multiple myeloma is a *blood cancer* that starts in the *bone marrow*, the place where all blood cells are produced
- Multiple myeloma is caused when a type of white blood cell called a *plasma cell* becomes cancerous and grows out of control

How does it affect the body?



Large amounts of M protein can overwork or damage the kidneys.



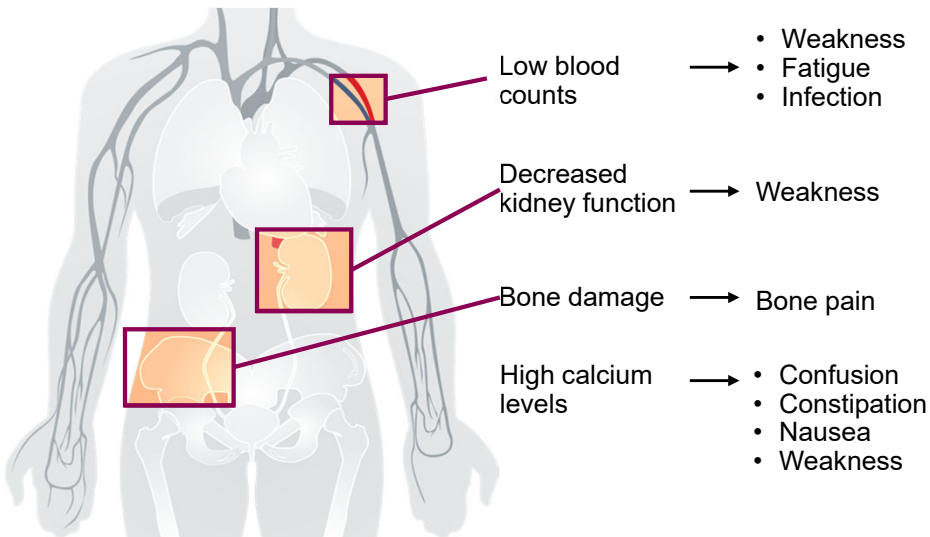
Myeloma cells can activate bone destruction.



Abnormal plasma cells can crowd out normal blood cells.

21

Effects of Myeloma and Common Symptoms



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

22

Get on the Right Track

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

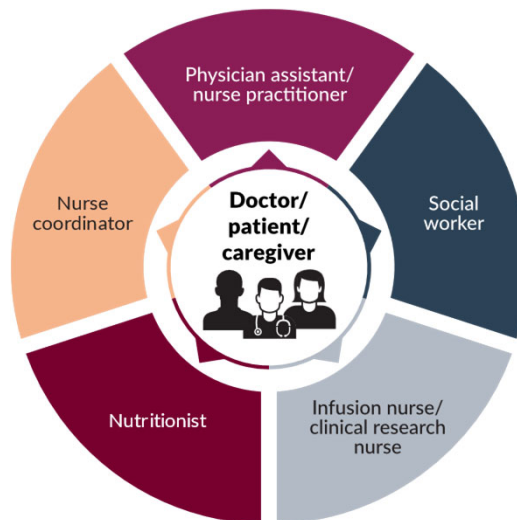
Work with your team to decide on the best treatment plan and identify clinical trials that are right for you

Share at Every Step

You can help yourself while helping others.

23

The Right Team



24

The Right Tests: Common Tests Conducted in Myeloma Patients

Blood tests Urine tests

- Confirms the type of myeloma or precursor condition
- Includes complete blood count, comprehensive metabolic profile, beta-2 microglobulin, quantitative immunoglobulins, and urinalysis, among others

Bone marrow biopsy

- Confirms diagnosis of myeloma
- Determines how advanced the myeloma or precursor condition is

Imaging tests

- Detects the presence and extent of bone disease and the presence of myeloma outside of the bone marrow
- Includes x-ray, MRI, CT scan, and PET scan

Genetic tests

- Conducted using myeloma cells from biopsy and gives insights into risks and prognosis
- Includes karyotyping, FISH, and DNA sequencing

MRI, magnetic resonance imaging; CT, computed tomography; PET, positron emission tomography; FISH, fluorescence in situ hybridization; DNA, deoxyribonucleic acid

25

Multiple Myeloma Prognosis and Risk Is Determined by Staging

Many blood test and bone marrow biopsy test results can determine a patient's risk for myeloma that is aggressive (high risk) or not (standard risk) based on the R-ISS

Standard risk

R-ISS Stage I



- Blood test results
 - Low β 2M level
 - High albumin level
 - Normal LDH level
- Bone marrow biopsy results
 - No high-risk chromosomal abnormality*

R-ISS stage II



All other possible combinations of the test results

High risk

R-ISS Stage III







- High β 2M level
- High-risk chromosomal abnormality* or high LDH level

*High-risk chromosomal abnormality by FISH: del(17p) and/or t(4;14) and/or t(14;16)

R-ISS, Revised International Staging System; β 2M, beta-2 microglobulin; LDH, lactate dehydrogenase; R2-ISS, second revision of the International Staging System

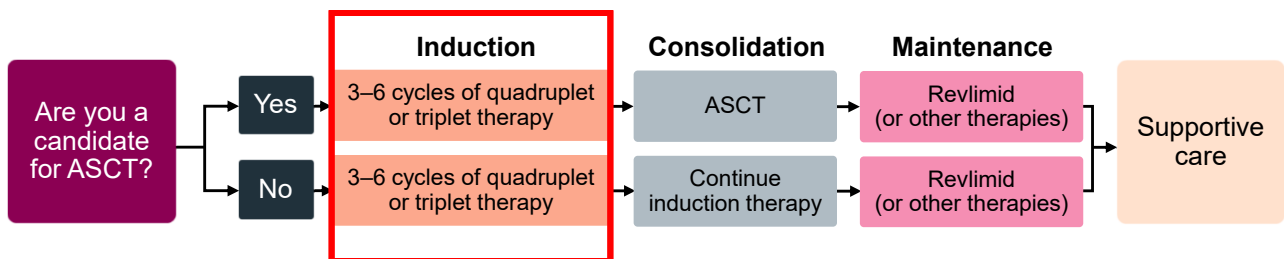
26

Getting the Right Treatment: Goals of Multiple Myeloma Therapy

- 
 Reduce disease burden as low as possible with the aim of reducing the number of myeloma cells to undetectable levels.
- 
 Improve quality of life with as few treatment side effects as possible.
- 
 Provide the longest possible period of response before relapse.
- 
 Prolong overall survival.

27

Overview of Treatment Approach for Active Multiple Myeloma

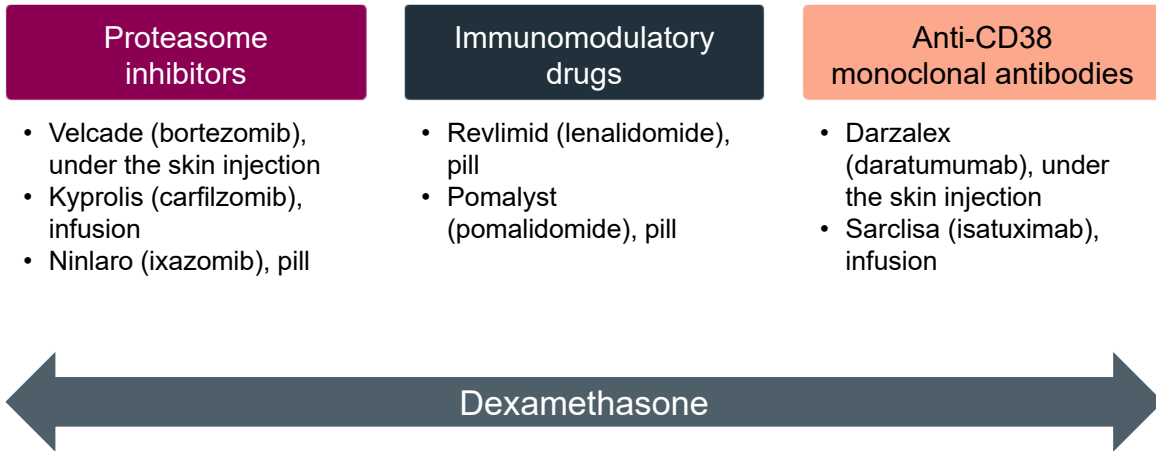


ASCT, autologous stem cell transplantation

Induction, initial treatment given to a newly diagnosed patient; consolidation, treatment given to a patient after initial treatment to target remaining cancer cells; maintenance, treatment given over a long period to patients in remission to reduce the risk of relapse

28

Introduction to Myeloma Medications



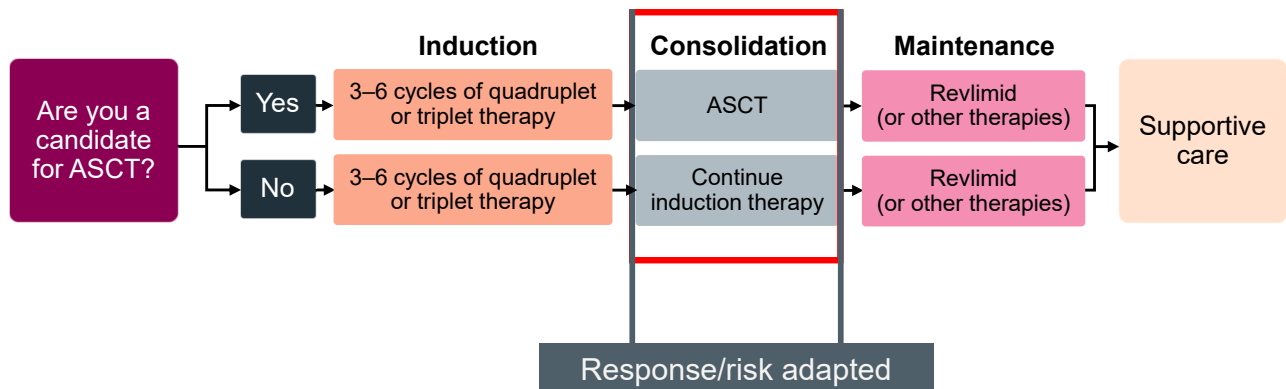
29

Induction Therapy Regimens: Main Triplets and Quadruplets



30

Overview of Treatment Approach for Active Multiple Myeloma

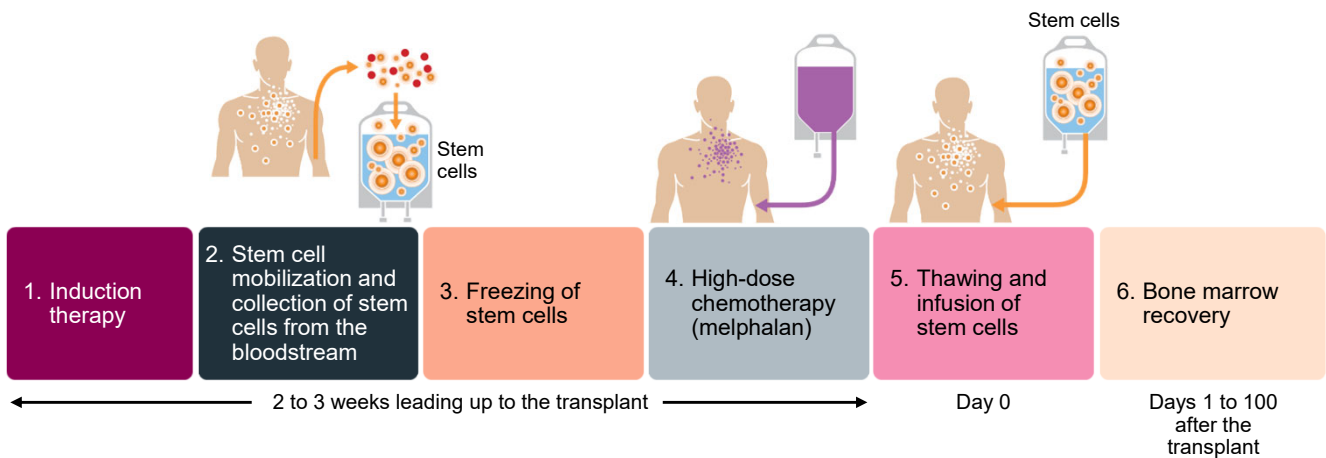


ASCT, autologous stem cell transplantation

Induction, initial treatment given to a newly diagnosed patient; consolidation, treatment given to a patient after initial treatment to target remaining cancer cells; maintenance, treatment given over a long period to patients in remission to reduce the risk of relapse

31

Autologous Stem Cell Transplantation



32

ASCT Considerations

Suitability for ASCT is based on overall health

You will need a caregiver after ASCT

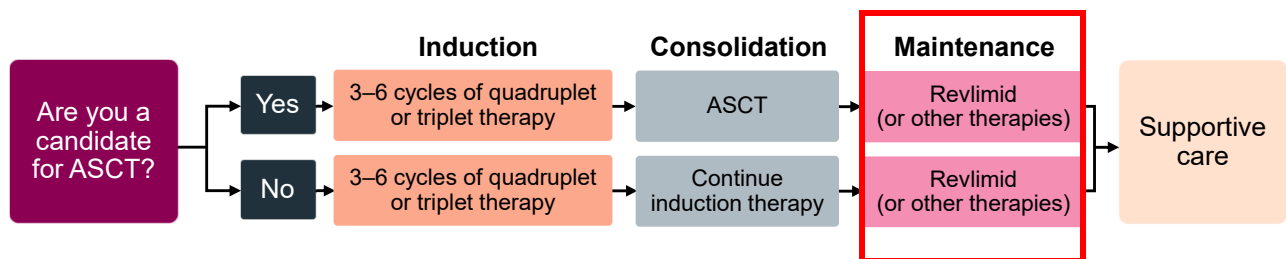
Recovery takes several months



ASCT, autologous stem cell transplantation

33

Overview of Treatment Approach for Active Multiple Myeloma



ASCT, autologous stem cell transplantation

Induction, initial treatment given to a newly diagnosed patient; consolidation, treatment given to a patient after initial treatment to target remaining cancer cells; maintenance, treatment given over a long period of time to patients in remission to reduce the risk of relapse

34

Maintenance Therapy Following a Stem Cell Transplant

A prolonged and often less-intensive treatment after achieving a response to initial therapy

To prevent disease progression for as long as possible while maintaining favorable quality of life

To deepen responses by reducing minimal residual disease (MRD)

Based on response and risk

• Options

- Revlimid alone or with:
 - Kyprolis
 - Darzalex
 - Velcade
- Ninlaro

35

Measuring Response to Therapy

Response to treatment is measured in terms of the reduction of myeloma cells

Responses range from stable disease (no change in the number of myeloma cells) to stringent complete response (no myeloma cells)

Degree (or depth) of response is usually associated with better prognosis

Some patients do well despite never achieving a complete response

Requires blood tests and bone marrow biopsy

36

MRD Testing Requires Bone Marrow Biopsy + Imaging Tests

TEST RESULTS

If standard tests find no myeloma remaining in your body, your doctor may test you for the presence of MRD.

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.

MRD, minimal residual disease

37

Questions to Ask Your Care Team About Treatment



What tests do I need before we can decide on treatment?



What are my treatment options?



If my myeloma is considered high risk, what are the preferred treatment options?



Will I experience any side effects from my treatment?



How are the treatments administered (infusion, injection, or pill)?



How long should I expect to be on this treatment?



Is there a clinical trial that might be appropriate for me?



Am I eligible for a stem cell transplant? If so, should I get one?

38

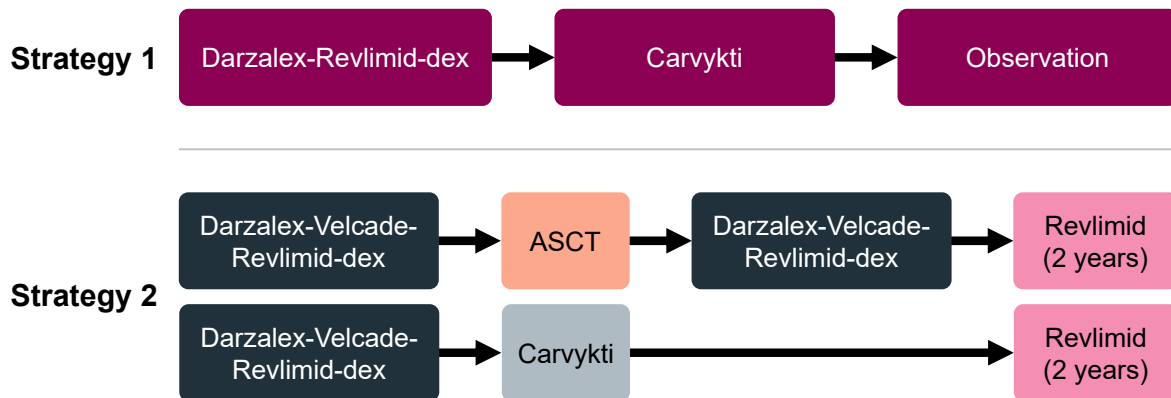
Summary

- Patients are living longer because of new drugs and new combinations of drugs.
- Quadruplet regimens are becoming the new standard treatment for newly diagnosed myeloma patients.
- Maintenance therapy helps patients extend time before relapse.
- The outlook for patients with myeloma will continue to improve with the approval of additional new agents.

39

Future Directions for Treatment of Newly Diagnosed Multiple Myeloma Being Studied in Clinical Trials

Incorporating immunotherapy (CAR T or bispecific antibodies) in the treatment of newly diagnosed myeloma



40

Please take a moment to answer two questions about this presentation.

41

Treatment for Relapsed/Refractory Multiple Myeloma: Early Relapse

Rachid Baz, MD

42

Objectives

At the conclusion of this presentation, you should be better able to:

- Know what is considered relapsed/refractory multiple myeloma
- Know the options available to treat relapsed/refractory multiple myeloma patients who have had fewer than four lines of treatment
- Know what to expect on CAR T-cell therapy for relapsed/refractory multiple myeloma

43

What is relapsed/refractory disease and a line of therapy?

- **Relapsed:** recurrence (reappearance of disease)
- **Refractory:** treatment no longer works
- **Progression:** increase in M protein/light chain values
- **Line of therapy:** change in treatment that is not working or has unmanageable side effects
 - **Note:** initial (or induction) therapy + stem cell transplant + consolidation/maintenance therapy = 1 line of therapy



44

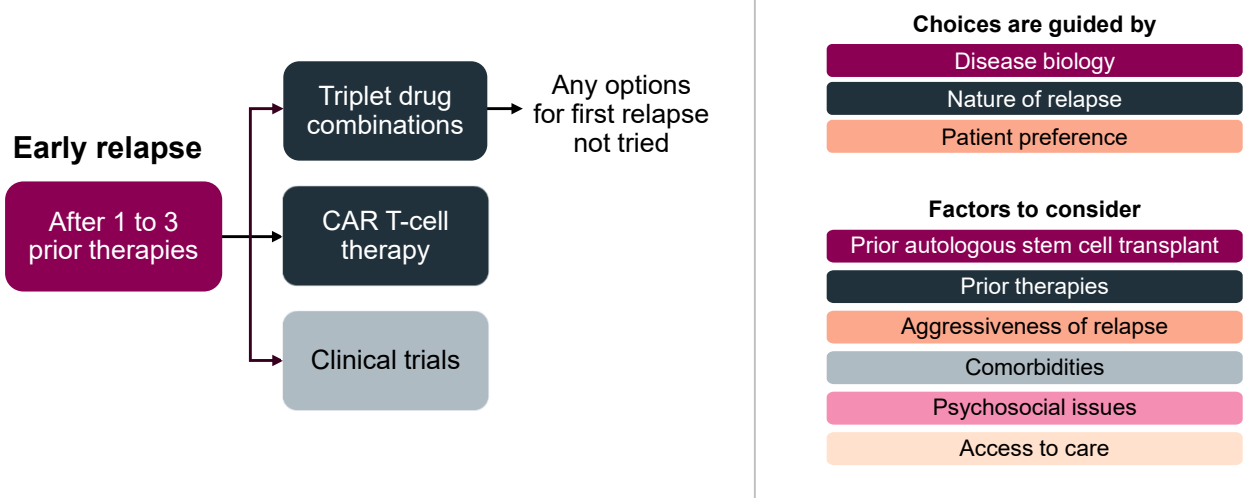
Classes of Drugs

Proteasome inhibitors	Velcade	Kyprolis	Ninlaro
Immunomodulatory agents	Revlimid	Pomalyst	
Monoclonal antibodies	Darzalex	Sarclisa	Empliciti
CAR T-cell therapy	Abecma	Carvykti	
Bispecific antibodies	Tecvayli	Elrexfio	Talvey
Small-Molecule inhibitors	Xpovio	Venetoclax*	

*Not approved for treatment of patients with multiple myeloma

45

Treatment Choices for Relapse After 1 to 3 Prior Therapies



46

Treatment Choices for Relapse After 1 to 3 Prior Therapies

Triplet Drug Combinations

When compared to doublet regimens, triplet regimens results in more patients...

Responding (with many patients achieving a complete response)

Living longer before their disease progresses

Achieving the deepest response possible (MRD negativity)—depending on the specific triplet regimen used

MRD, minimal residual disease

47

CAR T-Cell Therapy

Your body's own T cells are modified to find and destroy myeloma cells

Targets BCMA on myeloma cells

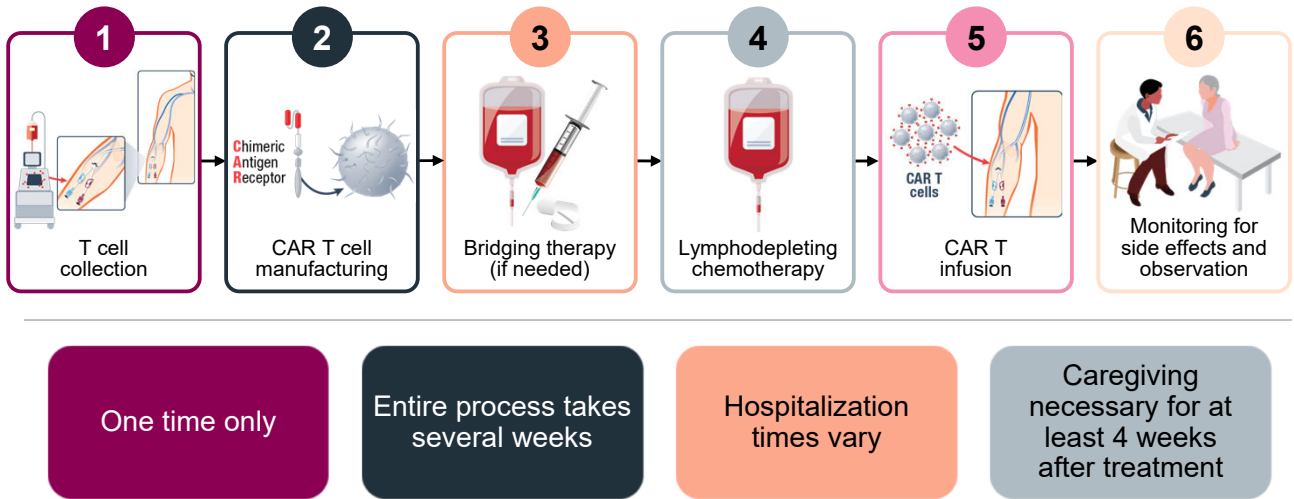
Approved CAR T-cell therapies include:
Abecma and Carvykti

Carvykti can be used in Revlimid-refractory patients with 1 to 3 prior lines of therapy

Abecma can be used in patients who have received 2 to 4 prior lines of therapy



48

Steps Involved With CAR T-Cell Therapy and What to Expect



49

CAR T: Expected Toxicities and Management

Side Effect	Symptoms		Onset After CAR T-Cell Infusion	Duration	Treatments
Cytokine release syndrome (CRS) 	<ul style="list-style-type: none"> Fever Difficulty breathing Dizziness Nausea Headache 	<ul style="list-style-type: none"> Rapid heartbeat Low blood pressure 	1–9 days	5–11 days	<ul style="list-style-type: none"> Actemra (tocilizumab) Corticosteroids Supportive care
Neurotoxicity (ICANS) 	<ul style="list-style-type: none"> Headache Confusion Language disturbance 	<ul style="list-style-type: none"> Seizures Delirium Brain swelling 	2–9 days	3–17 days	<ul style="list-style-type: none"> Antiseizure medications Corticosteroids

CAR T-cell therapy can lower white blood cells needed to fight off infection



Hygiene and environment



Vaccinations



Preventive medicines (such as monthly intravenous immunoglobulin (IVIG) treatment or growth factor injections)

50

Which CAR T-cell agent to choose?

Most patients respond to treatment

Carvykti may have higher effectiveness, side-effect profiles are similar

Carvykti can be used earlier in relapsed patients (after 1 prior line of therapy) than Abecma (after 2 or more prior lines of therapy)

Monitoring for side effects is critical for patients on either therapy

51

Myeloma Clinical Trials at Moffitt

Newly diagnosed multiple myeloma

- CARTITUDE 6
- ADVANCE
- Maintenance
- Ixertin vs lenalidomide
- DRAMMATIC

Relapsed/refractory multiple myeloma

- ABBV-383 + combinations
- MONUMENTAL 3

CAR T-cell therapy

- CARSGen
- CARTITUDE 2 (cohort G)
- GPRC5D CART
- BCMA/GPRC5D dual targeting CAR T

52

Summary

- We have many different options for relapsed myeloma depending on patient and myeloma factors at relapse.
- Therapy choices will require teamwork between physician, patient, and caregivers and are based on factors.
- Combinations of many different drugs with differing mechanisms of action improve time until disease progression.
- CAR T cells result in high response rates even in patients who have received several prior therapies.
- Patients are encouraged to discuss with their doctor if participation in a clinical trial is a good option for their disease.

53



Please take a moment to answer two questions about this presentation.

54

Treatment for Relapsed/Refractory Multiple Myeloma: Late Relapse

Ivan M. Borrello, MD

55

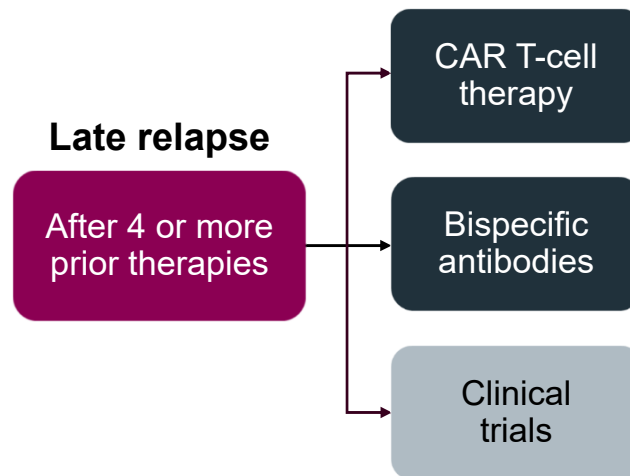
Objectives

At the conclusion of this presentation, you should be better able to:

- Know the options available to treat relapsed/refractory multiple myeloma patients after four or more lines of treatment
- Know what to expect on bispecific antibody therapy for relapsed/refractory multiple myeloma

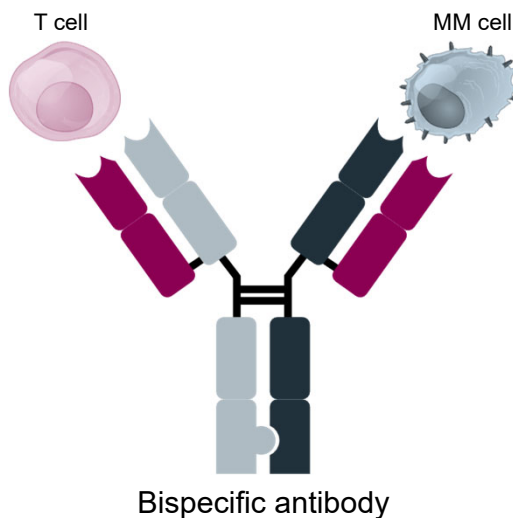
56

Treatment Choices for Relapse After 4 or More Prior Therapies



57

Bispecific Antibody Therapy



Approved therapies and myeloma cell targets

- BCMA
- Tecvayli (teclistamab)
 - Elrexfio (elranatamab)

- GPRC5D
- Talvey (talquetamab)

58

Bispecific Antibodies

What to Expect?

Available off the shelf, allowing for immediate treatment

Does not require lymphodepletion or other preparation

Administered by subcutaneous (under the skin) injection

To minimize side effects and to monitor patients closely, first two to three doses are administered in the hospital

Requires ongoing administration until disease progression or unacceptable side effects

59

Bispecific Antibodies:

Expected Toxicities and Management



Cytokine release syndrome (CRS)



Neurotoxicity (ICANS)



Skin changes/rash
Taste changes (dysgeusia)*



Infections



Low blood counts

Talvey-Associated Side Effects

Affected area	Symptoms and effects	Management
Skin	Rash, skin peeling	Not painful; self-limiting, and manageable with emollients
Nails	Nail thinning and loss	Takes time to resolve
Oral	Difficulty swallowing, dry mouth, taste changes	Can lead to weight loss; have longer duration and can affect quality of life. Most successfully managed with dose modification. Supportive measures may be used (eg, NaCl mouth rinse, artificial saliva spray, diet modification)

*Specific to Talvey

60

Similarities and Differences Between CAR T-Cell Therapy and Bispecific Antibodies

	CAR T-cell therapy	Bispecific antibody
Approved product	Abecma, Carvykti	Tecvayli, Elrexfio, Talvey
Efficacy	++++	+++
When given	After at least 1 (Carvykti) or 2 or more (Abecma) prior lines of therapy	After at least 4 prior lines of therapy
How given	One-and-done	IV or SC, weekly to every 4 weeks until progression
Where given	Academic medical centers	Academic medical centers
Notable adverse events	CRS and neurotoxicity, close monitoring required	CRS and neurotoxicity, close monitoring required
Cytokine release syndrome	+++	++
Neurotoxicity	++	+
Availability	Wait time for manufacturing	Off-the-shelf
Advantages	<ul style="list-style-type: none"> Personalized Single infusion (“one and done”) Potentially persistent 	<ul style="list-style-type: none"> Off the shelf No lymphodepletion Minimal steroids
Disadvantages	<ul style="list-style-type: none"> FACT-accredited center required (hospitalization likely required) CRS and neurotoxicity Dependent on T-cell health (manufacturing failures) Requires significant social support; caregiver required 	<ul style="list-style-type: none"> Initial hospitalization required CRS and neurotoxicity Dependent on T-cell health (T-cell exhaustion) Requires continuous administration

61

Should I get a CAR T or bispecific antibody?

Either option is acceptable for patients with relapsed or refractory multiple myeloma.

Both are associated with the risk of certain side effects.

Wait time is a key difference between these two therapies.

Patient preference and logistics are considerations in deciding between either option.

Bispecific antibodies are often used as a bridge to CAR T-cell therapy.

- CAR T-cell therapy may be the better option if feasible
- A patient may find the “one-and-done” treatment more attractive than ongoing therapy

Treatment selection is part of a conversation with your doctor to determine which will best meet your unique circumstances.

62

Additional CAR T Cells and Bispecific Antibodies Under Investigation



For more information contact the MMRF Patient Navigation Center at 1-888-841-6673



To find a trial near you, go to the MMRF Clinical Trial Finder

63

Selected Emerging Immunotherapy Options

Cereblon E3 ligase modulators (CELMoDs)

Related to the immunomodulatory drugs (IMiDs) but are more potent and may overcome resistance to IMiDs

Oral agents; common side effect is low blood counts

Investigational agents:
iberdomide, mezigdomide

Antibody–drug conjugates

Antibodies that are combined with a cancer-fighting substance, either a drug or a toxin

Eye toxicities are a common but manageable side effect

Investigational agent:
belantamab mafodotin

Additional bispecific antibodies

Another BCMA-targeted agent + a new target: FcRH5

Infections, CRS, and low blood counts are common side effects

Investigational agents:
linvoseltamab, cevostamab

64

Summary

- Bispecific antibodies are very active even in heavily pretreated patients.
- Side effects of bispecific antibodies include cytokine release syndrome, low blood counts, and confusion (rare)—all of which are treatable.
- Infections have emerged as a more challenging toxicity, but—with experience—strategies are forming to mitigate the risks.
- Bispecific antibodies represent an off-the-shelf immunotherapy option.
- Several additional bispecific antibodies and other immunotherapies are under clinical evaluation.

65



Please take a moment to answer two questions about this presentation.

66

Questions?

67

Managing Symptoms and Side Effects

Kenneth Shain, MD, PhD

68

Objectives

At the conclusion of this presentation, you should be better able to:

- Recognize the main symptoms of multiple myeloma and how they are managed
- Recognize common side effects of multiple myeloma treatments and how they are managed
- Talk to your care team about symptoms or side effects that interfere with day-to-day activities

69

Symptom or Side Effect?

Symptom →

Something a person experiences that may indicate a disease or condition

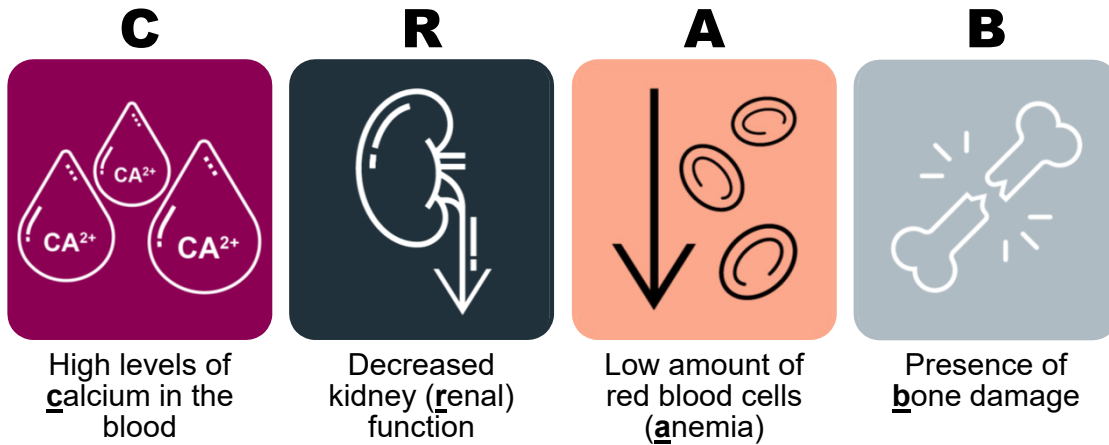
Side effect →

An unfavorable and unintended secondary development that is related to a medical treatment or procedure

70

Multiple Myeloma Affects Your Bones, Blood, and Kidneys

The clinical features that are characteristic of multiple myeloma



71

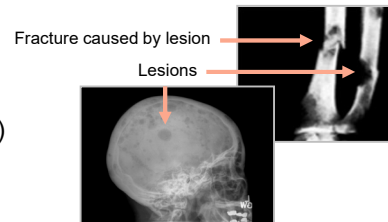
Effects of Myeloma *Bone Disease*

• Symptoms and signs

- Increased levels of calcium in the blood (hypercalcemia)
- Pain
- Pathologic fractures
- Spinal cord compression/collapse
 - Weakness of extremities, focal numbness/tingling, bowel and bladder dysfunction
- Loss of height

• Treatment

- Myeloma-directed therapy
- Medications that minimize/prevent bone loss: *
Zometa (zoledronic acid), Xgeva (denosumab)
- Bone health support
 - Vitamin D 600–1,000 IU daily + calcium
 - Calcium 1,000–1,200 mg daily



*Risks: atypical and/or rebound fractures, osteonecrosis of the jaw (ONJ; a breakdown of bone in the jaw), kidney injury

72

Recommendations for Reducing the Risk of Osteonecrosis of the Jaw (ONJ)

- Complete major dental work before beginning treatment for bone disease
- Practice good oral hygiene
- Schedule regular dental visits
- Let your dentist know that you are receiving treatment for bone disease
- Keep your doctor informed of dental issues/need for dental work; bone modifying agents will likely be held



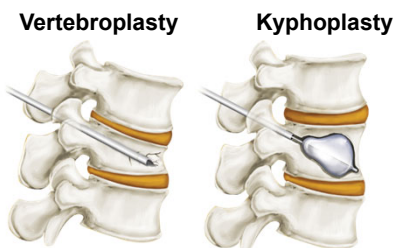
ONJ, a breakdown of bone in the jaw

73

Adjuvant Procedures for Bone Involvement *Surgical and Radiation Intervention*

Surgical Intervention

- Minimally invasive procedures
- Can be performed without hospitalization
- Small incision
- Cement filler stabilizes bone
- Potential for relatively rapid symptom relief (approximately 1 month with kyphoplasty)



Radiation



- Destroys myeloma cells
- Stops bone destruction
- Pain control
- Targeted and localized therapy
- Can affect bone marrow function
- Can affect adjacent tissues

74

Pain Management Medications

Acetaminophen
(Tylenol)

NSAIDs
(nonsteroidal
anti-inflammatory
drugs)*

Opioids

Corticosteroids
(dexamethasone,
prednisone)

GABA analogues
(gabapentin and
Lyrica)

Discuss the right option with your health care team. Please let your care team know if you are experiencing any pain.

*Prefer to avoid with multiple myeloma due to increased risk of kidney injury

75

Effects of Myeloma

Low Blood Counts

Low red blood cells (anemia)



• Symptoms

- Fatigue; depression/mood changes; difficulty breathing; rapid heartbeat; dizziness

• Treatment

- Identify and treat causes other than myeloma; supplements; medications to increase number of red blood cells; blood transfusions

Low platelets (thrombocytopenia)



• Symptoms

- Easy or excessive bruising; superficial bleeding into the skin; prolonged bleeding from cuts; bleeding from the gums or nose; blood in urine or stool

• Treatment

- Identify and treat causes other than myeloma; platelet transfusion; hold blood thinners

Low white blood cells (leukopenia)



• Symptoms

- Fatigue; frequent infections

• Treatment

- Medications to stimulate production of white blood cells; antibiotics; infection prevention

76

Effects of Myeloma

Decreased Kidney Function



- **Symptoms and signs**
 - Decreased amount of urine
 - Increase in creatinine and other proteins
- **Treatment**
 - Fluids
 - Avoid substances that are toxic to kidneys
 - Nonsteroidal anti-inflammatory drugs (NSAIDs) such as Aleve, Advil/Motrin
 - Plasmapheresis (plasma exchange)
 - Treat other causes
 - Dialysis (severe)

77



Side Effects and Management of Multiple Myeloma Therapies

78

Symptom or Side Effect?

Symptom

Something a person experiences that may indicate a disease or condition

Side effect

An unfavorable and unintended secondary development that is related to a medical treatment or procedure

79

Myeloma Therapies *Steroid Side Effects and Their Management*

Insomnia



- Timing steroids to be taken first thing in the morning
- Split dosing
- Healthy sleep habits

Fluid retention



- Monitor for swelling of extremities and "puffy" face
- Monitor weight changes/gain

Mood changes



- Practice self care-exercise to boost mood; engage in hobbies that bring joy and relaxation
- Talk to friend, family member or support group
- Seek professional support

Dyspepsia-heartburn



- Dietary modifications (avoid spicy, acidic foods)
- Avoid NSAIDs
- Acid-blocking medications
- Take steroid with food; use enteric-coated aspirin with food

Elevation in glucose



- Monitor glucose and refer/treat as needed

80

Common Treatment Side Effects and Their Management



Blood

- Blood clots → blood thinners
- Low blood counts → close monitoring and/or dose adjustment, supportive care*



Cardio-vascular

- Hypertension → monitor closely, dose adjustment
- Shortness of breath → rule out blood clot; dose adjustment

*Care for the prevention and management of treatment side effects

81

Common Treatment Side Effects and Their Management



Central nervous system

- Peripheral neuropathy (disorder of the nerves that can disrupt sensation or cause burning/tingling in the hands and feet) → gabapentin, pregabalin, duloxetine, acupuncture, dose adjustment



Gastro-intestinal

- Constipation → stool softeners, laxatives, fiber
- Diarrhea → Imodium, cholestyramine*, supportive care†, dose adjustment
- Nausea, vomiting → anti-nausea medications, dose adjustment

*Specific to Revlimid; †Care for the prevention and management of treatment side effects

82

Common Treatment Side Effects and Their Management



Respiratory

- Upper respiratory infections → antibiotics, antivirals, and/or supportive care*



Skin

- Rash → topical treatments, Benadryl and Claritin, and/or dose adjustment



Other

- Fatigue → sleep hygiene, regular exercise, dose adjustment
- Infusion reactions → supportive care

*Care for the prevention and management of treatment side effects

83

Infection Prevention

Avoid crowds

Ensure handwashing, hygiene

Growth factors

IVIG for hypogammaglobulinemia

Immunizations

COVID-19 prevention

Zoster prophylaxis

IVIG, intravenous immunoglobulin

84

Beyond Myeloma Treatment: Taking Care of Yourself

Proper nutrition

- Eating a healthy diet high in fiber-rich foods to boost energy and mood
- Your team may recommend a nutritionist

Exercise

- Getting regular exercise can improve your physical and mental health

Mental health and emotional support

- Support groups are available
- Stress-reducing activities like yoga and meditation can help reduce anxiety

Sleep

- Practice good sleep hygiene (routines, no TV or phone screen close to bedtime)



85

Communicating With Your Care Team

Side Effects and Support Services

**Talk to your provider
about side effects and
how to make treatment
more tolerable**

Questions to Ask

-  What support services are available to me?
-  What financial resources are available to me?
-  Are there any myeloma patient support groups available to me? Are any in my area?
-  What is the best way for me to contact you in case of emergency?
-  Should I tell my other doctors/my dentist about my diagnosis?

86

Please take a moment to answer two
questions about this presentation.

87

Questions?

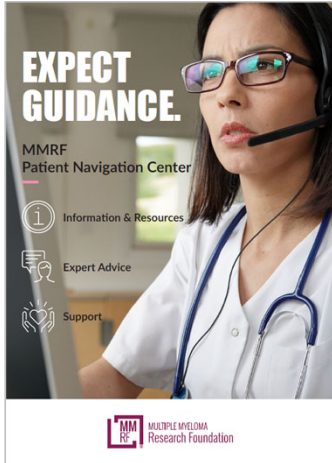
88

Patient Journey

Lucy Rebelo

Thank you!

MMRF 1:1 Patient Support Options



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 myeloma journeys and experiences.



Contact the Patient Navigation Center at **888-841-6673** to learn more!

Patient Education Programs 2024

Multi-channel offerings

- Patient Summits
- Patient Webinars
- Myeloma Matters* Podcasts
- FB Livestreams
- Conference Highlights
- Nursing Fireside Chats
- The MMRF Patient Toolkit
- High-Impact Topic Videos
- Fast Facts in Myeloma* Infographics

Upcoming Patient Education Events

Save the Date

Program	Date and Time	Speakers
Clinical Trials FAQs <i>Livestream</i>	Wednesday, November 20, 2024 4:00 PM ET	Andrew Yee, MD Emerentia Agyemang, C-NP
Understanding Targeted Therapies <i>Webinar</i>	Tuesday, December 3, 2024 6:00 PM ET	Cesar Rodriguez, MD Jing Christine Ye, MD, MSc
Highlights from the American Society of Hematology <i>Webinar</i>	Thursday, December 12, 2024 4:00 PM ET	Malin Hultcrantz, MD, PhD Shaji Kumar, MD
Understanding Targeted Therapies FAQs <i>Livestream</i>	Thursday, January 9, 2025 12:00 PM ET	Ravi Vij, MD, MBA Angela Vickroy, ANP-BC, OCN
American Society of Hematology FAQs <i>Livestream</i>	Monday, January 13, 2025 2:00 PM ET	Hans C. Lee, MD Tiffany Richards, PhD, ANP, AOCNP

For more information or to register,
visit themmrf.org/educational-resources



93

Join the MMRF Community!

National Walk/Run Program



Dallas | 11.16.24

Houston | 11.23.24

Scottsdale | 12.7.24

National Virtual | 12.14.24



Other MMRF Event Programs



Moving Mountains for Multiple Myeloma



Half and Full Marathons



Bike/Road to Victories



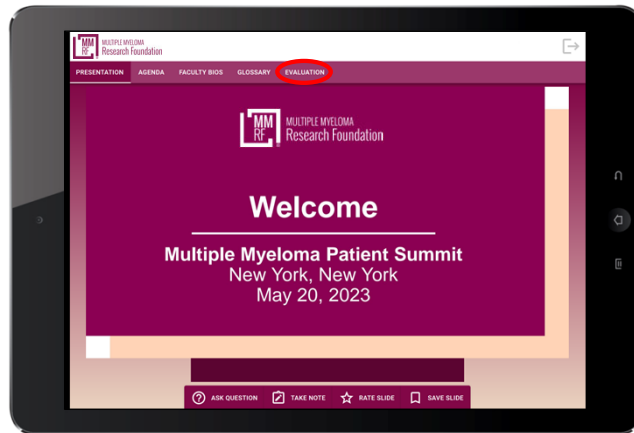
Create Your Own Fundraiser



94

Don't Forget!

Complete your evaluation
Leave the iPad at your seat



95

abbvie

AMGEN

Bristol Myers Squibb™

cure®
curetoday.com

Genentech
A Member of the Roche Group



Johnson & Johnson

Karyopharm®
Therapeutics

LEGEND
BIOTECH

Pfizer

REGENERON
SCIENCE TO MEDICINE®

sanofi

96