



NCCN QUICK GUIDE™

Multiple Myeloma



This NCCN QUICK GUIDE™ sheet summarizes key points from the complete [NCCN Guidelines for Patients®: Multiple Myeloma](#). These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit NCCN.org/patients or, to order printed copies, visit Amazon.com

NCCN Guidelines
for Patients®
Page Number

What is multiple myeloma?



Multiple myeloma is a cancer of white blood cells called plasma cells. It starts in the bone marrow—the soft tissue in the center of most bones where blood cells are made.	10
Myeloma can spread throughout bone marrow, causing much damage to bones and other organs.	10
Doctors use many types of tests to find and confirm (diagnose) multiple myeloma.	15

How do doctors classify myeloma to plan treatment?

Doctors assess the extent of myeloma cells and severity of symptoms	<ul style="list-style-type: none"> ■ A solitary plasmacytoma is when there is only one mass of myeloma cells in the body. 	39
	<ul style="list-style-type: none"> ■ Smoldering multiple myeloma is when there's an increased number of myeloma cells in the bone marrow, but the cancer is not causing symptoms. 	
	<ul style="list-style-type: none"> ■ Active multiple myeloma is when there's an increased number of myeloma cells in the bone marrow and the cancer is causing symptoms. 	

What are the main (primary) treatment options for myeloma?

Solitary plasmacytoma	Radiation therapy ± surgery	40
Smoldering myeloma	Observe at 3- to 6-month intervals or clinical trial	42
Active myeloma	Myeloma therapy and bisphosphonates or denosumab. Supportive care treatment as needed.	43

How will I know if treatment is working?

<ul style="list-style-type: none"> ■ An outcome or improvement caused by treatment is called a treatment response. ■ Doctors use a number of follow-up tests to check for a treatment response. 	46
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What are the options after primary treatment for active myeloma?

<p>Myeloma responded to primary treatment</p>	<ul style="list-style-type: none"> ■ Autologous stem cell transplant (high-dose chemotherapy to destroy cells in the bone marrow and then replace them with your own healthy blood stem cells) ■ Allogeneic stem cell transplant (high-dose chemotherapy to destroy cells in the bone marrow and then replace them with blood stem cells from another person called a donor) ■ Stay on primary treatment (until best response) or maintenance therapy. If relapse or progression, see options below. 	<p>47</p>
<p>Myeloma did not respond to primary treatment</p>	<ul style="list-style-type: none"> ■ Therapy for previously treated myeloma therapy (see page 49) ■ Clinical trial ■ Autologous stem cell transplant ■ Allogeneic stem cell transplant <p>* All options may be followed with palliative care</p>	

What are the options after a stem cell transplant?

<p>You had an allogeneic stem cell transplant</p>	<p>If tests show a treatment response or stable disease:</p> <ul style="list-style-type: none"> ■ Maintenance therapy on a clinical trial ■ Observation <p>If tests show progressive disease:</p> <ul style="list-style-type: none"> ■ Therapy for previously treated myeloma on or off a clinical trial ■ Donor lymphocyte infusion 	<p>51</p>
<p>You had an autologous stem cell transplant</p>	<p>If tests show a treatment response or stable disease:</p> <ul style="list-style-type: none"> ■ Maintenance therapy ■ Clinical trial <p>If progressive disease after any option above:</p> <ul style="list-style-type: none"> ■ Therapy for previously treated myeloma, or clinical trial ± additional autologous stem cell transplant, or allogeneic stem cell transplant <p>If tests show progressive disease:</p> <ul style="list-style-type: none"> ■ Therapy for previously treated myeloma ■ Clinical trial ■ Allogeneic stem cell transplant 	<p>52</p>

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