

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
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Page Number

What is multiple myeloma?



Multiple myeloma is a cancer of plasma cells that starts in the bone marrow—the soft tissue in the center of most bones where blood cells are made. Myeloma can spread throughout the bone marrow and cause much damage to bones and other organs.	8
Doctors use many types of tests to find and confirm (diagnose) multiple myeloma.	14

How do doctors classify myeloma for treatment planning?

Doctors assess the extent of myeloma cells and severity of symptoms	■ A solitary plasmacytoma is when there is only one mass of myeloma cells in the body.	8
	■ Smoldering multiple myeloma is when there's an increased number of myeloma cells in the bone marrow, but the cancer is not causing symptoms.	10
	■ Active multiple myeloma is when there's an increased number of myeloma cells in the bone marrow and the cancer is causing symptoms.	10

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

Solitary plasmacytoma	■ Radiation therapy ■ Surgery	38
Smoldering myeloma	■ Clinical trial ■ Observation with testing every 3 to 6 months	40
Active myeloma	■ Chemotherapy, targeted therapy, and/or steroids, plus ○ Adjunctive treatment for myeloma symptoms and side effects	42

How will I know if treatment is working?

■ An outcome or improvement related to treatment is called a treatment response.	41
■ Doctors use a number of follow-up tests to check for a treatment response.	41



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 <i>(high-dose chemotherapy to destroy cells in the bone marrow and then replace them using your own blood stem cells)</i> ■ Allogeneic stem cell transplant on clinical trial <i>(high-dose chemotherapy to destroy cells in the bone marrow and then replace them using blood stem cells from another person called a donor)</i> ■ Stay on primary treatment until progression or best response, then observation ± maintenance treatment. Once tests show relapse or progression, see options below for “Myeloma did not respond to primary treatment” 	<p>44</p>
<p>Myeloma did not respond to primary treatment</p>	<ul style="list-style-type: none"> ■ Autologous stem cell transplant ■ Additional treatment on or off clinical trial <ul style="list-style-type: none"> → If progressive disease after either option above: <ul style="list-style-type: none"> ○ Additional treatment on or off clinical trial ○ Allogeneic stem cell transplant on clinical trial ○ Palliative care 	<p>50</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 treatment on clinical trial ■ Observation <p>If tests show progressive disease:</p> <ul style="list-style-type: none"> ■ Additional treatment on or off clinical trial ■ Donor lymphocyte infusion 	<p>46</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 treatment ■ Planned second round of high-dose chemotherapy and autologous stem cell transplant within 6 months of the first ± maintenance treatment ■ Observation → If progressive disease after any option above: <ul style="list-style-type: none"> ○ Additional treatment on or off clinical trial ± autologous stem cell transplant, or allogeneic stem cell transplant on clinical trial <p>If tests show progressive disease:</p> <ul style="list-style-type: none"> ■ Additional treatment on or off clinical trial ■ Allogeneic stem cell transplant on clinical trial 	<p>48</p>

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