

Multiple Myeloma Roadmap

BEGIN

Diagnosis^{1,2}

Diagnosis of MM will include:

- Medical history, physical exam
- Blood tests, urine tests, bone marrow biopsy
- Imaging tests (low-dose CT, PET/CT scan, MRI)
- Cytogenetic and FISH testing
- Revised International Staging System

As navigators caring for a patient diagnosed with multiple myeloma (MM), you will find each journey to be unique. The path forward for patients may not always be the same; however, nurses and patient navigators can support patients and their families by offering support as they navigate their MM diagnosis. This tool is intended to help guide oncology navigators through the MM patient journey in order to facilitate effective patient-care team interactions and provide valuable support through the patient's cancer diagnosis.

Treatment (primary)^{1,2}

- Treatment depends on whether the patient may be eligible for a stem cell transplant

Nurse navigator considerations

- Meet with patients to develop a trusting relationship; provide contact information for navigator and care team
- Provide patient and family education regarding diagnostic testing and staging
- Assess for health, culture, and language literacy
- Ensure patients understand their diagnosis; discuss risk stratification and overall prognosis
- Discuss frequency of diagnostic, laboratory, or imaging testing
- Review treatment goals with patients
- Assess patients' ability to perform activities of daily living



Eligible for stem cell transplant

Primary therapy

- Standard therapy will consist of a 3- to 4-drug regimen
 - A common 3-drug regimen can include a proteasome inhibitor, immunomodulator, and corticosteroid
 - A common 4-drug regimen can include a monoclonal antibody in addition to the above
 - This regimen may or may not include chemotherapy

Not eligible for stem cell transplant

Primary therapy

- Standard therapy will consist of a 3-drug regimen
 - A common 3-drug regimen can include a combination of immunotherapy/monoclonal antibody, targeted therapy, immunomodulator, or steroid
 - A 2-drug regimen may be used depending on frailty

Nurse navigator considerations

- Utilize shared decision-making with patients to choose the ideal treatment regimen
- Communicate how frequently treatment is given and schedule office visits; aid with transportation
- Set expectations to when patients should see improvements
- Assess barriers to medication compliance
- Help patients navigate financial concerns before starting treatment
- Monitor for side effects and review side effect management with patients (eg, monitoring for neutropenic fever)



Eligible for stem cell transplant¹

- Understand if patient is eligible for stem cell transplant
- Perform autologous stem cell transplant with chemotherapy

Nurse navigator considerations

- Review transplant process and procedure expectations with patient
- Schedule appointments



Follow-up tests and treatment response monitoring²

Common tests to evaluate treatment response:

- Ongoing monitoring of serum protein electrophoresis, immunoglobulins, serum free light chains, blood tests (CBC, platelet count), imaging tests (MRI, low-dose CT, or PET/CT scan)
- Less common tests: 24-hour urine test, bone marrow aspiration and biopsy, imaging tests (eg, PET scan)
- Blood tests for safety monitoring (Cytopenia, anemia, DVT, infection)

Nurse navigator considerations

- Provide reminders about appointments and follow-up care
- Provide education regarding labs, frequency of visits, and understanding of lab trends
- Help with disability paperwork if required to take time off from work



Maintenance therapy^{1,2}

- Maintenance therapy is given less often or in lower doses to prevent or delay disease progression
- More follow-up tests will be conducted to determine treatment response and evaluate any harmful effects from treatment

Nurse navigator considerations

- Provide education on therapy goals
- Discuss additional or new adverse effects/management and report any changes
 - Understand how to control complications caused by specific treatments (eg, neuropathy, chemotherapy- or opioid-induced constipation)
 - Understand treatments for alleviating bone pain
 - Recognize the importance of infection prevention
- Continue to assess barriers to adherence
- Discuss timeline and frequency of follow-up tests



After primary treatment, there are 3 possible results²:

- Response: signs and symptoms of cancer decrease

- Relapse: cancer returns after being in remission for a while
 - Most patients with MM can expect to relapse

- Refractory: cancer does not respond or progresses within 60 days of last therapy³

Treatment (relapsed/refractory MM [RRMM])^{1,2}

- There are additional treatment options for when the cancer has relapsed after initially improving post-treatment

Nurse navigator considerations

- Ensure patients and families have the correct information to make an informed decision
- Educate patients on treatment options, including novel therapies and available clinical trial options
- Ensure patients have a good framework of psychosocial support (especially during disease progression)
- Assist with identification and screening of potential candidates for clinical trials and aid in enrollment if necessary
- Understand patients' goals of care and ensure they are communicated to the care team
- Provide educational materials for selected treatment options



Supportive care^{1,2}

- The care team can provide additional support, including:
 - Financial support
 - Psychological support
 - Access to advocacy groups
 - Additional medications to relieve symptoms
 - Can include medication for bone disease, anemia, infection, kidney dysfunction, or others
 - Transportation/support with appointments
 - Caregiver and family support
 - Clinical trials

Nurse navigator considerations

- Provide patients with the best form of contact for the healthcare team (email, phone number, etc)
- Help navigate financial barriers and address employment concerns
- Eliminate barriers to patient care and provide educational materials
- Evaluate if current treatment approach is still meeting patients' goals of care
- Assess for symptoms and coordinate with appropriate resources, such as pain management, orthopedics, PT/OT, palliative care, radiation oncology, and/or IR for procedures to relieve pain and help improve quality of life
- Assess home care needs and expectations of caregivers



Survivorship, surveillance, and end-of-life care¹

- Monitor patients in remission
- Health maintenance, bone health, mobility and safety, renal health, sexual dysfunction
- End-of-life supportive care: palliative care, hospice care

Nurse navigator considerations

- Provide education on the difference between hospice and palliative care
- Collaborate with social work and pastoral care to provide needed resources during the end-of-life stage
- Discuss available resources, such as support groups, with patients and care partners
- Provide a point of contact for patients and care-partners during care transitions



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References:

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