Every patient with multiple myeloma is different

There is no one typical patient with multiple myeloma (MM). Each patient will have different comorbidities, treatment concerns and preferences. Although commonly considered a disease of the elderly, a substantial proportion of patients (~37%) are aged <65 years at diagnosis (Figure 1) and, as such, their challenges will differ accordingly.

Figure 1. Median age at diagnosis of patients with MM (adapted from Palumbo et al)

Whilst every patient is different, common disease, regimen and patient-related factors should be considered when choosing the right treatment for patients with MM:

- Disease stage
- Age
- Comorbidities (e.g. renal impairment, bone marrow function, anaemia, bone status etc)
- Physical fitness/frailty
- High-, intermediate- or standard-risk genotypes
- Emotional/psychosocial status
- Previous treatment

Your multiple myeloma patients need an individual approach

In each of your patients, the achievement of symptom reduction and disease control needs to be effectively balanced by efforts to minimise the adverse effects of potentially long-term treatment, in order to improve patient quality of life and promote adherence.
Multiple myeloma – the patient journey

Patients face many challenges during their journey

- Understanding their disease, diagnosis and the likely disease course
  - Patients may have difficulty coming to terms with an uncertain future and a continued need for treatment, and have a need for simple and supportive information.

- Treatment decision making
  - Patients need to balance which factors are most important for them during the treatment selection process, e.g. increased survival, side effects, quality of life.
  - Depending on the region and local healthcare, access to medical care or effective therapies can be a concern for patients.

- Managing side effects
  - Supportive therapy, such as pain relief, vaccination to prevent infection, iron supplementation for anaemia, and aspirin or warfarin to prevent thrombosis may be required. These depend on the patient's age, symptoms and comorbidities.

- Staying on therapy – adherence
  - Many factors can influence adherence to MM treatment, such as treatment complexity, side effects, disease symptoms, difficulties in obtaining prescription medicines and cost (see Table 2).

- Maintaining a good quality of life
  - This can be challenging during therapy and well-being is often best during remission.
  - Patients must deal with the emotional consequences of treatment relapse.

Table 1 shows cases of patients with MM. From personal information e.g. age and comorbidities alone, it is difficult to predict how disease will progress. Every patient is different.

### Table 1. Illustrative cases of patients with MM

<table>
<thead>
<tr>
<th>Personal description</th>
<th>SCT*</th>
<th>Non-SCT*</th>
<th>Non-SCT*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-aggressive disease</td>
<td>Aggressive disease</td>
<td></td>
</tr>
<tr>
<td>57 years old; married</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother of 2 children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Successful in her job</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never been sick before</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82 years old; retired</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 grandchildren</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comorbidities: diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69 years old; retired</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No comorbidities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relapse</td>
<td>After 25 months</td>
<td>18 months without measurable disease</td>
<td>Progression within 6 months, despite treatment</td>
</tr>
</tbody>
</table>

*These patient profiles have been created for illustrative purposes. Any resemblance to real persons, living or dead, is purely coincidental.

SCT, stem cell transplantation

### Table 2. Factors influencing treatment adherence

<table>
<thead>
<tr>
<th>Adherence and persistence are influenced by various individual factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal factors</strong></td>
</tr>
<tr>
<td><strong>Treatment factors</strong></td>
</tr>
<tr>
<td><strong>Interaction with system</strong></td>
</tr>
</tbody>
</table>

Adapted from Ruddy et al. with permission of CA Cancer J Clin 2009.

### Patient journey milestones

The diagnosis and treatment pathway of MM has several keys steps, that each bring distinct challenges (Figure 2).

**First-line therapy**

- First relapse: Disease detected at greater levels than the end of first-line treatment.

**Second-line therapy**

- Second relapse: Disease detected at greater levels than the end of second-line treatment.

**Third-line therapy**

- Third relapse: Disease detected at greater levels than the end of third-line treatment.

**Palliative care**

New treatment strategies may be attempted but are ineffective. Treatment is limited to general supportive care.
Multiple myeloma – the patient journey

Optimising outcomes for the individual

Optimising outcomes in MM can be complex, requiring a balance between patient, treatment and healthcare factors. Each of these factors should be regularly reassessed during the patient journey as the disease biology and patient needs change (Figure 3).

Figure 3. Outcomes are influenced by many factors in patients with MM

DISEASE BIOLOGY
- Cytogenetics
- ISS Stage

PATIENT FACTORS
- Comorbidities
- Functional status
- Goals of care

ENVIRONMENTAL FACTORS
- Access to care
- Social support

Individualised treatment

Disease response

Toxicity of therapy

DURATION OF SURVIVAL

QUALITY OF LIFE

Positive relationship/influence

Negative relationship

ISS, International Staging System

Summary points

- There are milestones common to the journey of most patients with MM, and each of these presents distinct challenges for patients and clinicians
- Treatment of MM requires a personalised approach for each individual patient
- Optimising outcomes in MM can be complex, requiring a balance between patient, treatment and healthcare factors

References


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