

Frequently Asked Questions: Multiple Myeloma Support for Navigating Your Treatment Journey



ONCOLOGY
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Treatment Planning and Monitoring

How is my treatment plan developed?

Your treatment plan will be developed based on a variety of factors specific to you and your disease, including transplant eligibility, cytogenetic risk, disease status (newly diagnosed vs relapsed/refractory), age, overall health, and personal preferences.¹

How do I know my treatment is working? What are signs that my disease has relapsed?

While on treatment, your care team will monitor you for signs of response. Many of the same tests used to diagnose multiple myeloma are also used to assess treatment response, such as free light chain assay, serum and urine protein electrophoresis, serum and urine immunofixation electrophoresis, and imaging tests. Tests to assess measurable residual disease (MRD) may also be used. Signs of treatment response include MRD negativity (indicating a lack of myeloma cells), reduction in M protein level, and normal free light chain ratio. The detection of myeloma cells, increased M protein levels, the return of symptoms, or the appearance of new symptoms are signs of relapse.^{2,3}

Scan this QR code for more resources to help you on your journey.



How should I prepare for my upcoming chimeric antigen receptor T-cell (CAR T) therapy?

The CAR T therapy process includes several steps: leukapheresis (T-cell collection), lymphodepleting chemotherapy, and CAR T infusion. It can be helpful to have a care partner with you at these appointments to keep you company and help you with transportation. For T-cell collection, wear comfortable loose clothing and bring something to pass the time (eg, book, crossword puzzles), as the procedure takes several hours.⁴

Do I need to receive bridging therapy to be treated with CAR T therapy?

Bridging therapy is therapy administered between apheresis and the initiation of lymphodepleting chemotherapy, while the CAR T product is being manufactured, to provide disease control and decrease the risk of adverse events associated with CAR T therapy. Bridging therapy is recommended for patients with high disease burden and those at risk of developing multiple myeloma-related illness during the manufacturing period. While not all patients receive bridging therapy, many do.⁵⁻⁷

How long will infusion-based procedures take?

The length of an infusion session varies based on the type and volume of the treatment being given. Stem cell infusion takes 30 minutes to several hours. Chemotherapy infusions can last several minutes to several hours. CAR T infusions typically take 15 to 30 minutes.^{5,8,9}



Learn more about
a **treatment for multiple**
myeloma after first relapse

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