

APP MENTORSHIP PROGRAM

TRANSLATING KNOWLEDGE TO PRACTICE

WEEK 6 CURRICULUM



Improving Lives **Finding the Cure®**

Learning Objectives

Apply content through real-world case scenarios, quality improvement examples, and strategies for integrating new knowledge into local workflows

Mercedes

PATIENT NOTES:

- 78-year-old woman
- Diagnosed with MM in May 2023
 - High risk: del(17p)
 - Treatment plan: RVd → ASCT → maintenance
- August 2023 → Insufficient response (PR) to RVd induction
 - Anti-CD38 added to RVd (CR)
- December 2023 ASCT
- February 2024 maintenance (clinical trial)
- Monthly monitoring of M protein; Doubling with new EMD



*HIPAA-compliant, not actual patient name, stock photo.

ASCT = autologous stem cell transplant; CR = complete response; del = deletion; HIPAA = Health Insurance Portability and Accountability Act; M protein = monoclonal protein; MM = multiple myeloma; PR = partial response; RVd = lenalidomide, bortezomib, dexamethasone.

© 2022, International Myeloma Foundation. All rights reserved. MME Confidential

3

Relapse Workup

LAB TESTS

- CBC + differential + chemistry (metabolic panel)
- Serum free light chain (FLC) assay
- Serum protein electrophoresis (SPEP)
- Urine protein electrophoresis (UPEP)

CONSIDER BONE MARROW BIOPSY

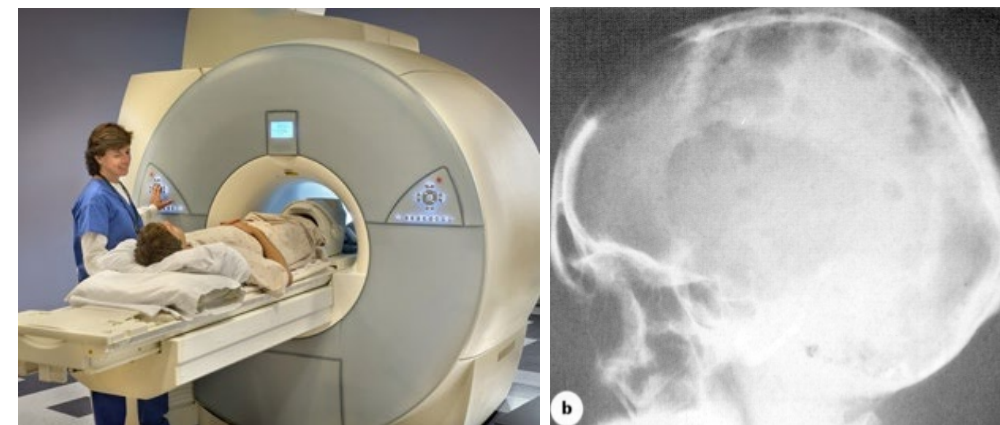
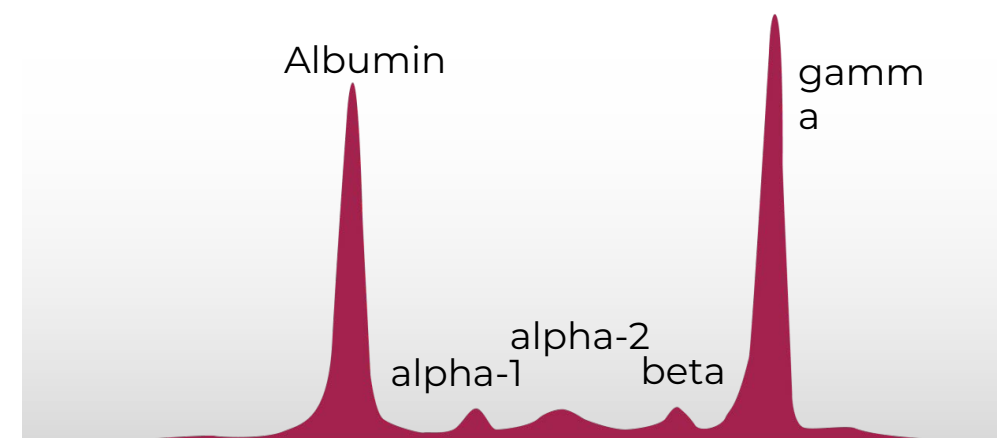
Cytogenetics and FISH (some risk factors can be acquired)

IMAGING



- PET/CT
- WBLDCT
- MRI

Imaging type depends on individual's symptoms and available testing options



CBC = complete blood count; CT = computed tomography; FISH = fluorescence in situ hybridization; FLC = free light chain; MRI = magnetic resonance imaging; PET = positron emission tomography; SPEP = serum protein electrophoresis; UPEP = urine protein electrophoresis; WBLDCT = whole-body low-dose computed tomography.

Noonan K, et al. *J Adv Pract Oncol.* 2022;13(suppl 4):15-21. Rome SI, et al. *Clin J Oncol Nurs.* 2017;21(5 suppl):47-59. Hillengass J, et al. *Lancet Oncol.* 2019;20(6):e302-e312. Ghobrial IM, et al. *Blood.* 2014;124:3380-3388. Rajkumar SV, et al. *Lancet Oncol.* 2014;15:e538-e548. Faiman B. *Clin Lymphoma Myeloma Leuk.* 2014;14:436-440.

© 2022, International Myeloma Foundation. All rights reserved. MIF Confidential

Principles of Treatment Selection in Relapse



T

Timing of relapse



R

Response to prior therapy



A

Aggressiveness of relapse



P

Performance status



P

Patient preference

How do you address treatment selection and sequencing therapy in your practice?

ASCT = autologous stem cell transplant; mAb = monoclonal antibody.

Rajkumar SV. *Am J Hematol*. 2022;97(8):1086-1107.

© 2022 International Myeloma Foundation. All rights reserved. MFE Confidential

Case 1

Given Mercedes' treatment history and current status, which of the following treatment options would you be most likely to select?

- 1. Rechallenge with IMiD-based therapy**
- 2. Bispecific antibody +/- anti CD38**
- 3. CAR T-cell therapy**
- 4. Belantamab mafodotin**
- 5. Clinical trial**

Case 1

Now triple-class exposed, refractory to both lenalidomide and daratumumab, and has progressed on three prior lines of therapy

- No prior exposure to BCMA-targeted therapy
- Patient status: Mercedes is generally healthy, with a good performance status, preserved organ function, and no infections, and no comorbidities of note; but shared decision making is essential

Considerations:

- Rapid symptomatic progression
- Support system
- Willingness to travel (CAR T vs bispecific)
- Tolerance for treatment-related toxicity
- Therapy preference

;

Case 1

Considerations:

1) Infection prevention

2) Bone health

3) Restaging

4) Site of ramp-up , future site of administration

5) Financial/ Social Support

;

Case Scenario 1

Mark is a 81-year-old man with multiple myeloma, hypertension, COPD. Lives with wife who has dementia. Soc: 2 kids live out of state.

Treatment history

- First-line: VRd → AutoSCT → lenalidomide maintenance; achieved sCR lasting 30 months
- Second-line: DKd; achieved PR with progression after 14 months
- Third-line: Selinexor + bortezomib + dexamethasone; initial disease stabilization with progression after 6 months

Current Status

- No fevers, active infections, or neuropathy
- No signs of organ dysfunction or cytopenias and no comorbidities of note



Case Scenario 1

Given Mark's treatment history and current status, which of the following treatment options would you be most likely to select?

1. Rechallenge with IMiD-based therapy
2. Bispecific antibody
3. CAR T-cell therapy
4. Belantamab mafodotin
5. Clinical trial

OUR MISSION:

Improving the quality of life of myeloma patients while working toward prevention and a cure.

OUR VISION:

A world where every myeloma patient can live life to the fullest, unburdened by the disease.