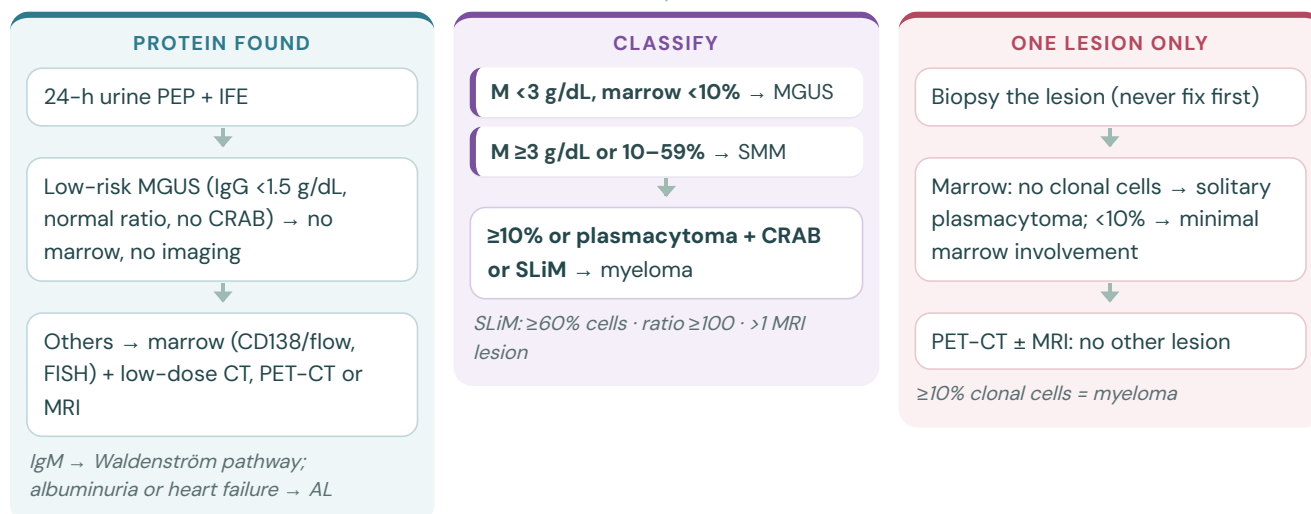


Multiple Myeloma: Suspected plasma cell disorder: to a named diagnosis

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist
& Hemato-Oncologist

Back pain with anaemia, raised protein or ESR, unexplained kidney injury, high calcium, lytic lesion, recurrent infections → CBC, calcium, creatinine, SPEP + immunofixation, serum free light chains, immunoglobulins



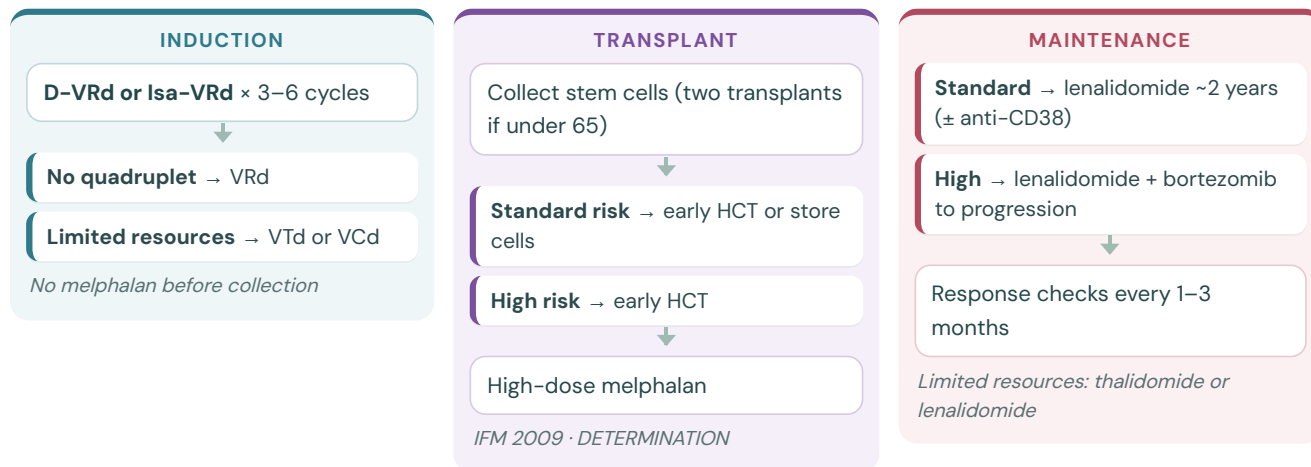
All: protect the kidneys (no NSAIDs, no dehydration) while tests run · MRI the whole spine within 24 h for back pain with weakness.

Multiple Myeloma: Newly diagnosed myeloma, transplant eligible

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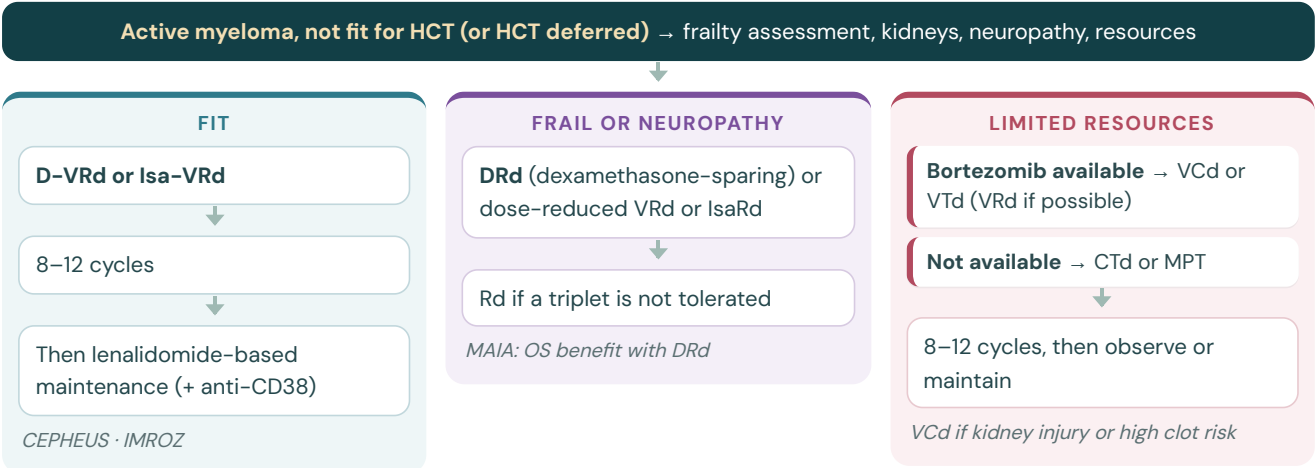
Active myeloma, fit for HCT → FISH risk, kidneys, neuropathy, clot and infection risk; bone drug, dental check, prophylaxis



All: weekly dexamethasone · subcutaneous bortezomib · aspirin or anticoagulant with IMiDs · levofloxacin first 3 months · aciclovir · vaccines.

Multiple Myeloma: Newly diagnosed myeloma, not transplant eligible

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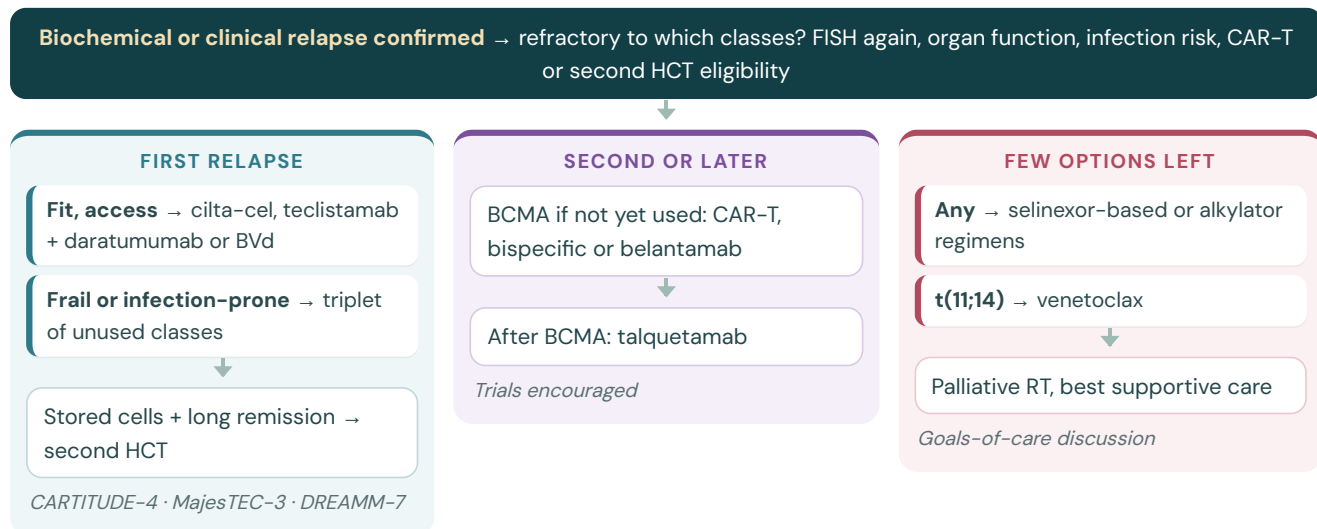


All: treat now (untreated symptomatic myeloma kills within a year) · bone drug by creatinine clearance · clot and infection prevention.

Multiple Myeloma: Relapsed myeloma

Dr. Haritha Chiramana

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All: CRS and ICANS training for T-cell therapies · IVIG if IgG low · PJP and antiviral prophylaxis · eye checks with belantamab.

Multiple Myeloma: Precursors and solitary plasmacytoma

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

No myeloma-defining event → what is it, and how risky?

MGUS

Low risk → tests at 6 months, then every 2–3 years

Others → yearly

Organ damage from the protein → MGRS or other MGCS work-up

No treatment for MGUS itself

SMOLDERING

MRI; repeat tests in 2–3 months

Low/intermediate → observe every 3–4 months

High (20/2/20) → daratumumab or lenalidomide ± dex, or trial

AQUILA: PFS and OS benefit

SOLITARY PLASMACYTOMA

Bone → RT 35–50 Gy

Soft tissue → RT 40–50 Gy if not fully excised

Then observe: M protein, light chains, imaging

Minimal marrow involvement: closer watch

All: educate about red-flag symptoms · bone drug only for osteoporosis · progression can be abrupt.

Multiple Myeloma: Follow-up and survivorship plan

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Hemato-Oncologist

Help the treatment work

- Take tablets exactly as scheduled
- Clot-prevention tablet or injection daily
- Antibiotic and antiviral tablets as prescribed
- Drink 2–3 litres of water a day unless told otherwise
- No painkillers like diclofenac or ibuprofen

Red flags to report

- Fever of 38 °C or chills: same day
- Back pain with leg weakness or bladder change: now
- Less urine, vomiting, confusion, great thirst
- Leg swelling or sudden breathlessness
- Burning or numb feet, falls

Do not forget

- Dental check before bone injections
- Blood and urine tests every cycle
- Vaccines: pneumonia, flu, shingles
- Calcium and vitamin D if advised
- Keep the written treatment summary