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What We Currently Know About Smoldering Myeloma

Faiman: Hello, I am Beth Faiman, nurse practitioner for the multiple program at the Cleveland Clinic Foundation. It is my pleasure to be with you today with Dr. Joseph Tariman. Joseph is a PhD assistant professor at the College of Science and Health and College of Nursing at DePaul University in Chicago, Illinois, and we are here live at the 39th annual Oncology Nursing Society meeting in Anaheim, California. Dr. Tariman, you presented yesterday for the International Myeloma Foundation's Nurse Leader Board meeting, and you presented specifically on the overview of myeloma and the role of the smoldering myeloma patient. Are there any clinical trials that you would like to highlight that were presented by you?

Tariman: Certainly. One of the highlights of the conference was that we updated the nurses with the most recent report from Dr. Mateos that she published her papers on high-risk smoldering multiple myeloma that showed overall survival advantage and progression-free survival advantage in high-risk smoldering multiple myeloma. As a quick review, in the past, we never touched patients who are considered asymptomatic, and one of this group of patients are smoldering multiple myeloma; however, the group from Spain with Dr. Mateos and colleagues, they were able to identify a select group of smoldering multiple myeloma with high-risk features using multi-flow data cytometry and also advanced technologies to identify these patients, and so there is now at least some initial movement that perhaps there is a subset of patients who are smoldering multiple myeloma who can really have a benefit in early treatment.

Faiman: Excellent. So smoldering multiple myeloma, we all know MGUS is pretty much an asymptomatic disorder with a longer disease trajectory and may never require treatment, how are those smoldering multiple myeloma patients different? What are the testings that you do? Do you obtain tests and what would they be, is it every month, or every six months, or every year? How do you monitor your patients with smoldering myeloma?

Tariman: Well with smoldering multiple myeloma you really have to look at the myeloma disease burden, although there are some variability when you do a bone marrow biopsy but when you get a high tumor burden of 80% plasma cells and then you also do the cytogenetics and the FISH and if there are high-risk features that we know such as del 17p, we also know that the 4;14, 14;16 are considered high risk, and the most recent one of course is the multi-flow cytometry and the serum-free light chain assay that shows the kappa-lambda ratio. And if they have more than 100 as the ratio for serum-free light chain, that is considered as a high-risk feature for smoldering multiple myeloma and therefore these are I would say the perfect patients for clinical trials because again the initial report from Dr. Mateos' group is that they can benefit with overall survivals and progression-free survival. In fact, in the United States now, the ECOG group with Dr. Rajkumar's leadership, they are already starting to replicate the clinical trials that has been conducted by their European counterpart so that we can really find out and we can

also validate the findings from the European groups, and hopefully that might be a change in paradigm in the future.

Faiman: I heard you say that smoldering myeloma in clinical trials, so it is still recommended unless they have high-risk features? I think there was a paper by Dr. Rajkumar that came out that highlighted who should get treatment and not. Is this similar to what you have observed in your practice where we are still offering clinical trials but not recommending treatment? Watchful waiting.

Tairman: We are still in the phase where it has to be done in a clinical trial. I would highly recommend for those patients who are having high-risk features and they are asymptomatic, which mean that they don't have one of the CRAB features, they don't have hypercalcemia, they don't have renal insufficiency, they don't have anemia, and they don't have bone damage, I highly recommend that they would seek out clinical sites that are conducting these clinical trials. It is conducted by the ECOG group and there is a specific trial really looking at this right now.

Faiman: So you had highlighted lenalidomide-dexamethasone versus observation in the Mateos trial, and I believe there was also another trial that has a smaller amount accrued with Dr. Langrin. Tell us about that trial, what the agents are that they are using.

Tairman: The same thing, Dr. Langrin identified a select group of high-risk smoldering multiple myeloma and then treated patients with carfilzomib, Revlimid, and low-dose dexamethasone. And again, it showed a very good response rate and there are some preliminary reports that the patient might have progression-free and overall survival advantage. That is the key message. Why would you want to treat this patient early if you don't get an overall survival benefit? So hopefully, with more data from Dr. Langrin's group and more data from Dr. Rajkumar's group we can create a meta-analysis in the future and that might shape the future of the smoldering multiple myeloma patient.

Faiman: That is great. We talked with Sandy Kurtin, Page Bertolotti, Beth Finley-Oliver about adherence, survivorship, various topics in this series here from the Oncology Nursing meetings, one of the things that I would like to hear from you would be side-effect management, that is an overarching theme. The drugs that you cited were lenalidomide and dexamethasone and carfilzomib, what are some of the challenging side effects you see if the patients are in the clinical trials for the smoldering myeloma, what are managing the toxicities?

Tairman: Side-effect management should be at the top priority of nurses because the bottom line here you are treating someone who is asymptomatic, so why would you want to create problems and why would you want to mess up with their quality of life, and therefore anybody who is asymptomatic who has smoldering myeloma and participating in a clinical trial, the nurse is so critical to make sure that the side effects are being monitored, that they are being addressed. And the most common side effects that we have seen in this early clinical trial is because they are using lenalidomide based, at least from Dr. Mateos and Dr. Langrin and even in the ECOG trial it is also a lenalidomide-based regimen, and therefore you do need to pay attention to blood clots, you do need to pay attention to myelosuppression, you need to pay attention to monitoring, and they have to be adherent to the REMS program, and then, again, make sure that those patients are educated with these potential side effects because they are taking the risk of those side effects and they are asymptomatic, so that is really the ethical part

of why would you want to treat asymptomatic patients and put them into this equation where there is a potential damage or creating problems to them and creating some kind of disruptions in their quality of life. So I think that it is so important that nursing colleagues will be on top of this and that they should really carefully monitor the patient and nip it in the bud.

Faiman: And last question, I could talk with you for hours Joseph, but the last question I have for you is you have done a ton of research on shared decision making, this is so critical of a topic. I would love for you to maybe briefly tell us something about your research and findings and how we can use this to better take care of our myeloma patients.

Tariman: Wonderful. I am very passionate about shared decision making and I am very passionate about informed patient decision making, so one of the things I have always emphasized to my colleagues is never underestimate your ability to provide the patient with the right information, direct them to the right resources so that they get the right information. I think the bottom line is that a patient cannot participate in the decision-making process if they do not know anything, so that is the basic part. The nurses need to really provide this information to the patient. One of the core functions of the nurse in the decision-making process is the provision of the information, and then they can also do advocacy and making sure that they empower the patient to really exert their autonomy. Every patient has the right to make their own decision, and especially in a situation where the outcome is still debatable and the benefit is not very clear which one is better than the other, I think that the patient needs to know all those factors so that they can make the informed decision.

Faiman: Absolutely. Well it was certainly a pleasure speaking with you today from Anaheim and thank you all for listening. Please be sure to view additional highlights from this 39th annual Oncology Nursing Society meeting in Anaheim. Have a great day and thank you.

Tariman: Thank you Beth, my pleasure.

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