

What education or instruction are you providing to your patients with myeloma who are already immunocompromised?

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Welcome to *Managing Myeloma*, I have recently been asked, “What education or instruction are you providing to your patients with myeloma who are already immunocompromised?” Are you continuing treatment as planned? I think one of the challenges that we struggle within the context of the potential exposure to COVID-19 and ongoing treatment again is assessing risk and benefit. And one of the key pieces that we have undertaken is for patients, for instance, who in the midst of it are ready to go to an autotransplant, we have delayed many of those autotransplants until we can get through this. If it is, however, medically necessary, for instance, in the context of high-risk myeloma, then we are proceeding with that treatment. The same approach is with any of the intravenous or IV treatments that we are using, particularly we are trying to reduce the exposure to daratumumab potentially to once a month. We are continuing patients on IMiD-based approaches because there is some theoretical concern that IMiD-based maintenance may actually be protective through activation of T-cells and NK-cells, and we are trying to reduce the exposure to dexamethasone, again as we know that may suppress T-cell mediated immunity. Those are the strategies we are undertaking to try and reduce the risk for immunocompromised patients.