



## The 11th World Congress on CONTROVERSIES IN MULTIPLE MYELOMA (COMy)

# Real-World Surveillance, Treatment Strategies, and Patient Perspectives on Early Intervention in Smoldering Multiple Myeloma - A Cross-Sectional Survey Study

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### INTRODUCTION

- Smoldering Multiple Myeloma (SMM) is an asymptomatic plasma cell disorder with a variable risk of progression to symptomatic multiple myeloma (MM).
- Two clinical trials have shown that early intervention in high-risk SMM improves progression-free survival; one demonstrated an overall survival benefit.
- Despite this, clinical management of SMM remains highly variable.
- Most patients with high-risk SMM are managed with active surveillance.
- Among observed patients, there is also inconsistency in surveillance strategies, including frequency and types of follow-up testing.
- There is limited real-world data on surveillance, patient management patterns, and patient preferences in SMM.
- We conducted this study to evaluate real-world surveillance and treatment strategies in SMM and understand patients' perspectives on early intervention

### METHODS

- This is a cross-sectional survey study, which collected self-reported data from SMM patients enrolled in HealthTree Cure Hub.
- Patients were invited to participate in the survey through email on March 10, 2025.

### RESULTS

#### Patient Characteristics:

- 115 patients completed the survey; 25% had high-risk, 24% intermediate-risk, 24% low-risk SMM; 26% were unsure of their risk status.

#### Patient Concerns:

- Most common concerns included risk of progression (84%), preventing progression (77%), treatability (65%), and life expectancy (63%).

#### Monitoring Practices:

- Labs were obtained every 3 months (67%), 6 months (15%), or monthly (13%).
- Bone imaging was done annually (45%), every 2 years (13%), every 6 months (5%), or if progression was suspected (22%).
- Imaging modalities included PET-CT (67%), MRI (32%), and X-ray (21%).

#### Early Intervention (N=30)

- (N=26% received early treatment (43% in clinical trials)
- DRd, KRd, and Rd were the most common regimens.
- Only 1 person discontinued due to toxicity.
- All but 2 persons would choose early treatment again.

#### Patients Without Early Treatment (N=85):

- Only 17% were offered treatment.
- Reasons for not pursuing included insufficient knowledge (25%) or preference to decline (24%); others would consider it if offered (24%), curative (14%), affordable (12%), part of a trial (12%), or with more data (36%).

#### Progression:

- 23% progressed to MM; this was detected via labs (69%) or imaging (19%).
- At progression, 12% were symptomatic, 12% were hospitalized, 8% had fractures.

### CONCLUSIONS

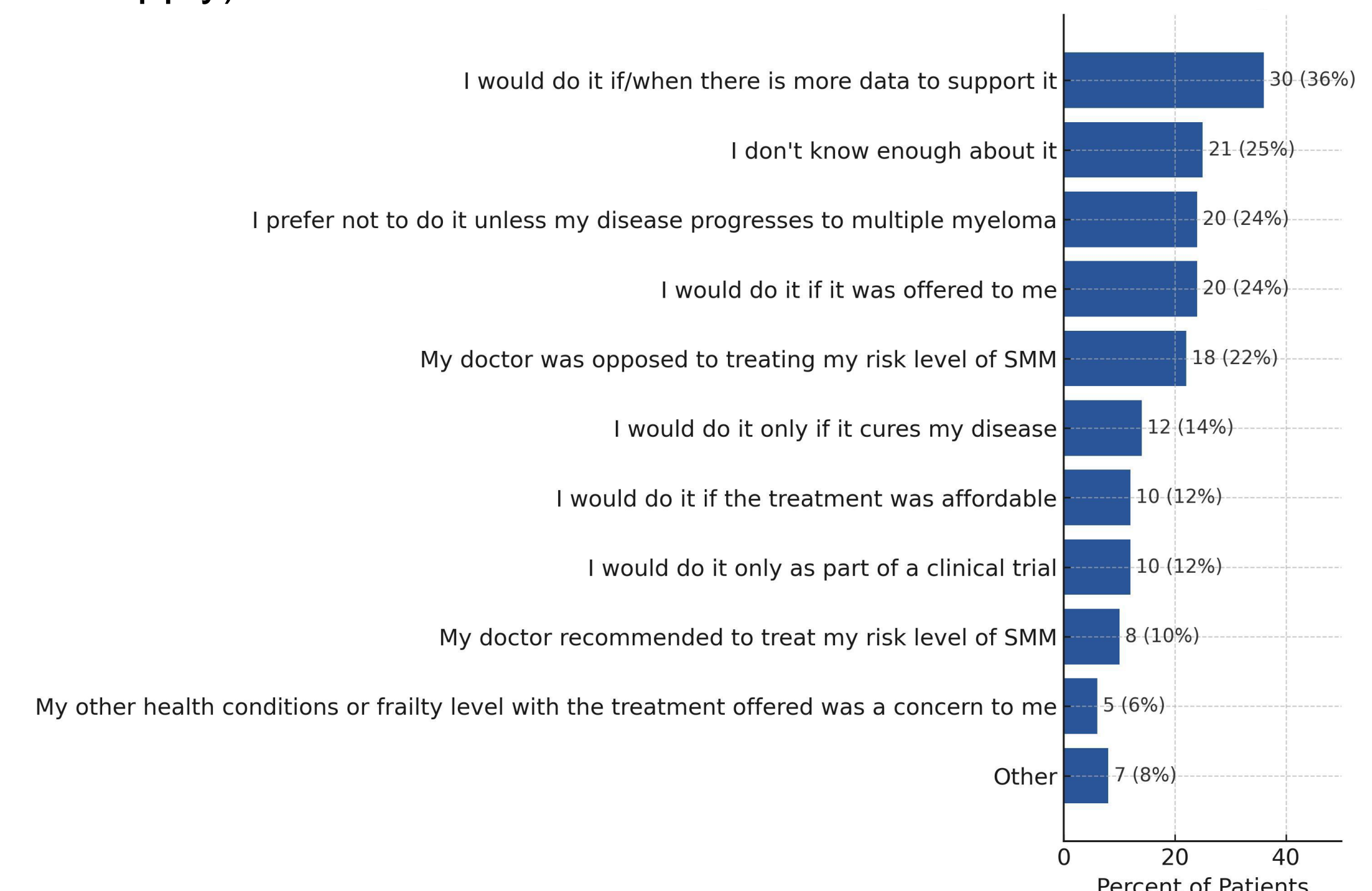
Our findings highlight variability in SMM management and disparities in patient education and access to early intervention, underscoring the need for standardized care strategies.

### REFERENCES

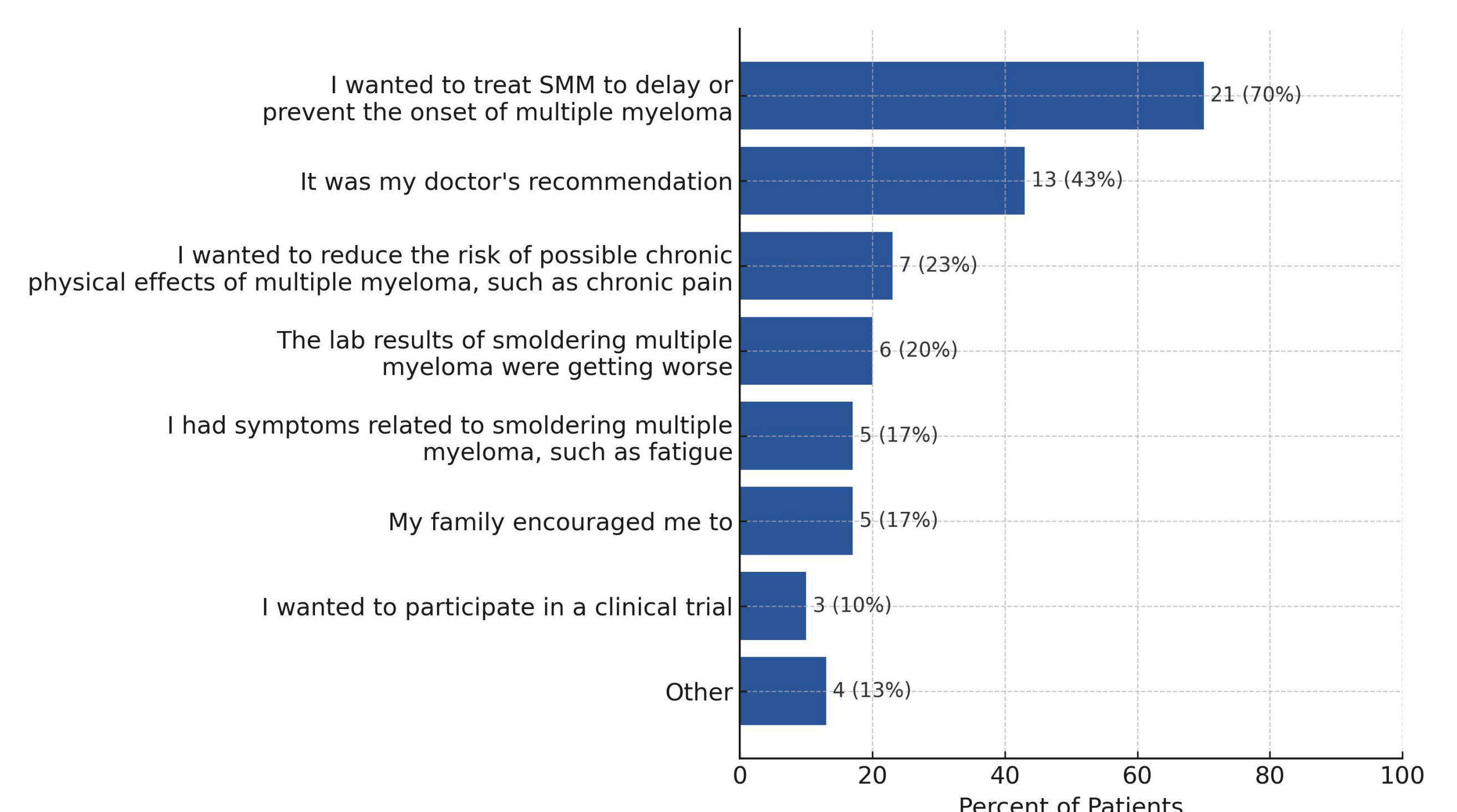
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- Mateos MV, Hernández MT, Salvador C, et al. Lenalidomide-dexamethasone versus observation in high-risk smoldering myeloma after 12 years of median follow-up time: a randomized, open-label study. *Eur J Cancer.* 2022;174:243–50

### SURVEY RESULTS

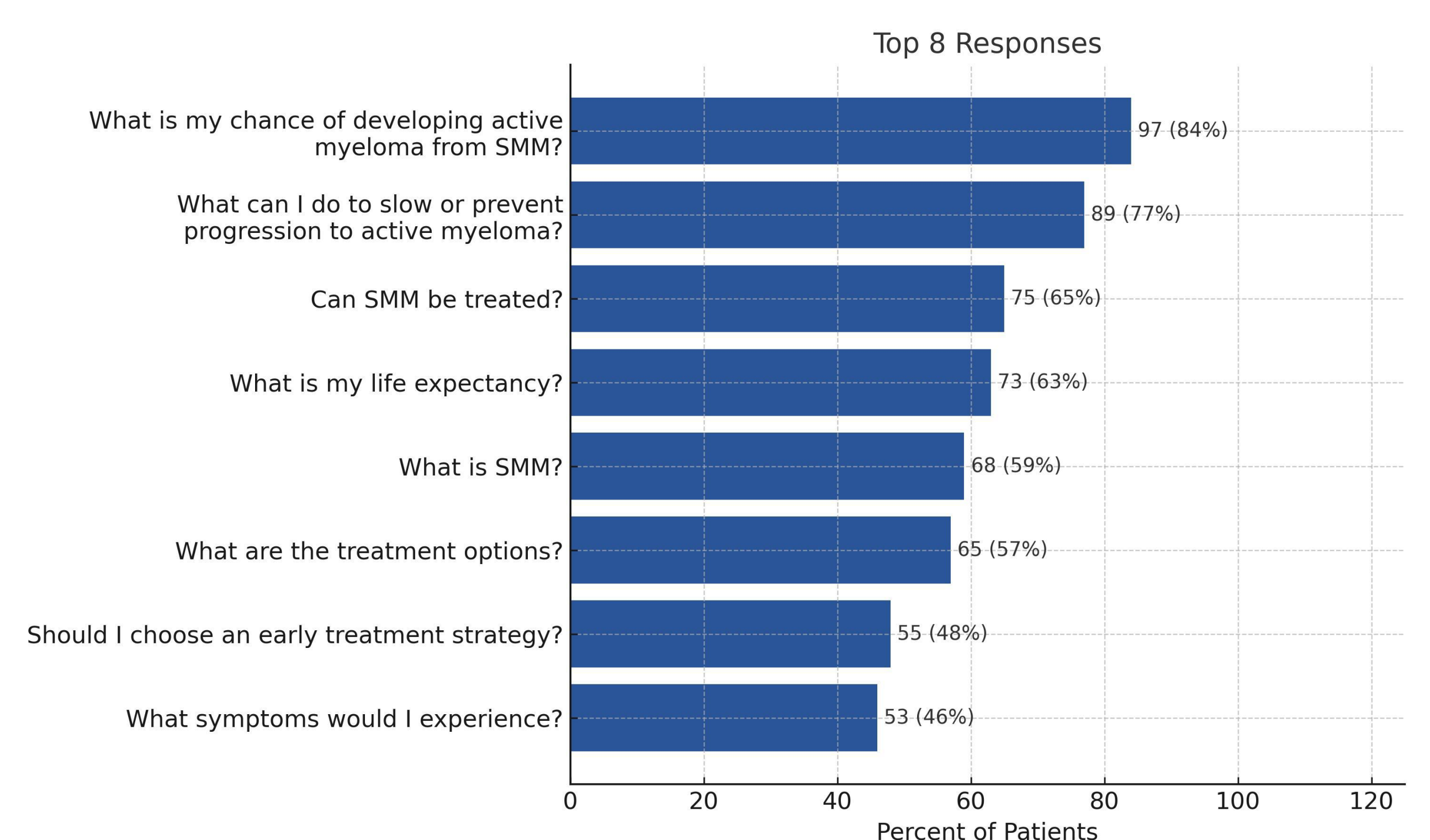
What do you think about early treatment for smoldering multiple myeloma? (Select all that apply)



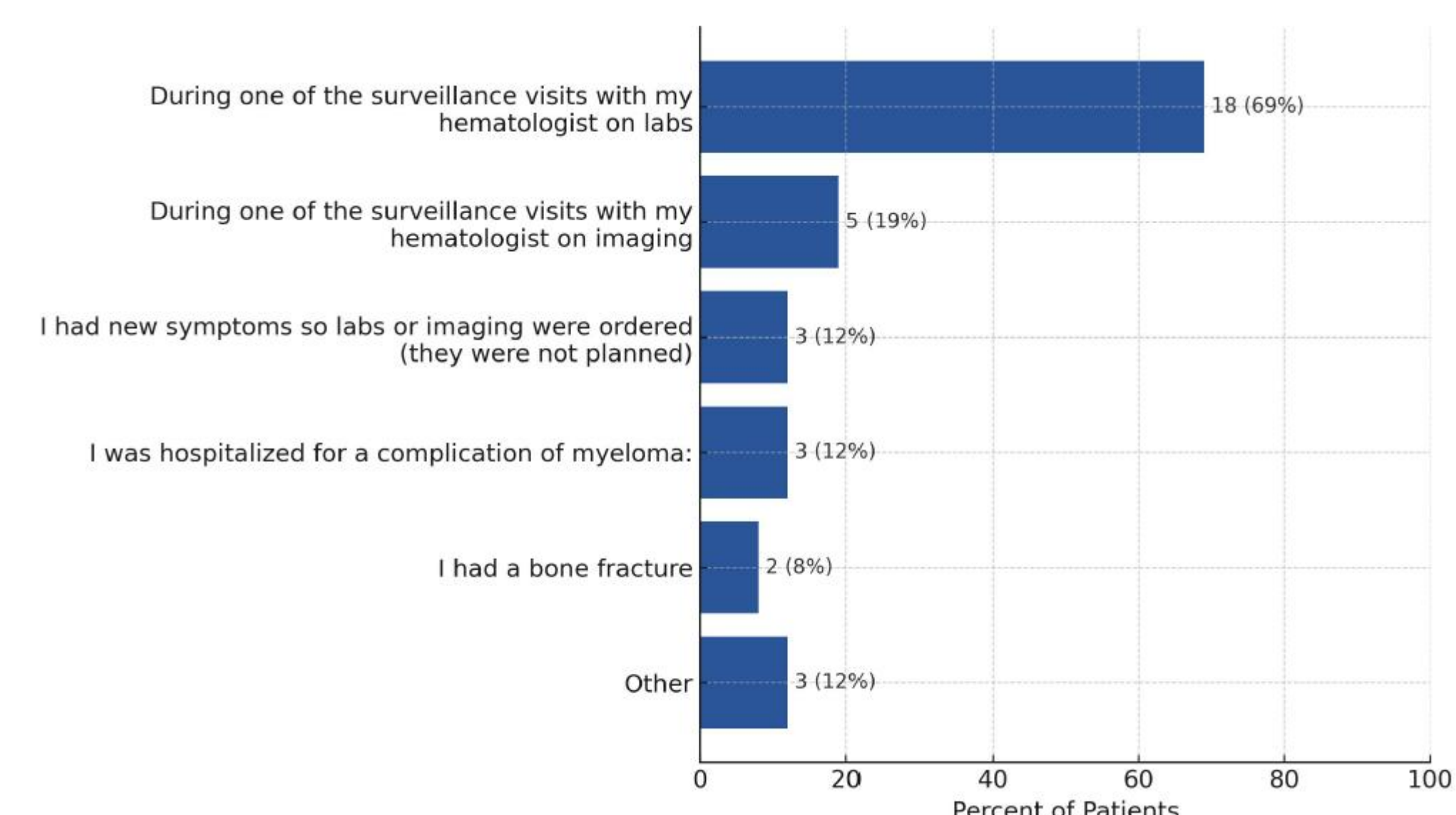
Why did you decide to get treatment for smoldering multiple myeloma? (Select all that apply)



What questions did you have when you were initially diagnosed with smoldering multiple myeloma (SMM)? (Select all that apply)



How was the progression to active myeloma detected?



### CONTACT

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