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# Patient Experiences and Perspectives on Early Intervention in Smoldering Multiple Myeloma: A Cross-Sectional Survey Study

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## Background

The approval of daratumumab for high-risk smoldering multiple myeloma (SMM) represents a paradigm shift from observation toward earlier treatment. Despite this, early intervention is not uniformly offered in practice, and patient knowledge and perspectives regarding early treatment remain poorly characterized.

## Methods

- We conducted a cross-sectional survey of patients with current or prior diagnosis of SMM enrolled in the HealthTree Cure Hub.
- The survey included questions on SMM monitoring and treatment, knowledge and perspectives on early intervention, and progression.
- Invitations were distributed by email from March 2025 until January 2026.

## Results

### **A total of 317 patients completed the survey.**

- Self-reported risk was 27% high-risk (HR), 22% intermediate-risk (IR), 27% low-risk (LR), and 24% unsure.
- Most patients received care at an academic center (54%), followed by community oncology centers (33%).

### **Early intervention (N=85):**

- Early intervention was reported in 85 patients (27%), with higher rates among HR patients (51%) compared with IR (17%) and LR (14%). The most common interventions included lenalidomide (52%), daratumumab (33%), dietary interventions or supplements (24%), physical activity programs (16%), and zoledronic acid (13%).
- At the time of the survey, 38% (of the 85 pts) were still on treatment, while the rest had completed a time limited intervention (30%), stopped after achieving remission (15%), or stopped due to treatment-related adverse events (12%), progression (4%), or financial/insurance barriers (4%).
- Most treated patients (81%) were satisfied with their decision, while 13% reported they would have preferred monitoring and 4% expressed regret.

### **No early intervention (N=232):**

Among untreated patients (n=232), only 13% had been offered early intervention on a clinical trial, 7% outside a trial, and 3% both options; 76% were not offered early treatment (60% HR, 74% IR, 83% LR).

Knowledge gaps were common, with 30% reporting insufficient understanding of early intervention.

When asked about willingness to pursue early treatment, 26% would accept if offered, 35% if more efficacy data were available, 14% if curative potential existed, 12% if affordable, and 11% only within a clinical trial; 23% preferred monitoring.

### **SMM to Active Myeloma:**

- At survey completion, 19% (60/317) had progressed to MM (25% in HR, 13% in IR, 13% in LR, 25% in unknown risk).
- Progression most commonly occurred within 1–5 years (53%).
- Among those progressing, the most commonly reported defining events were high levels of myeloma proteins (58.3%) and increased bone marrow plasma cells (56.7%), followed by anemia (40%) and bone lesions on imaging (30%). Kidney injury was uncommon (3.3%).
- Progression was most commonly detected during surveillance visits through laboratory testing (65.0%) or imaging (21.7%). A minority were identified after new symptoms prompting unplanned testing (10%), bone fracture (6.7%), or hospitalization for a myeloma-related complication (6.7%).

## Conclusion

- Despite growing evidence for early intervention, one-third of patients with SMM reported insufficient knowledge on early intervention, and most high-risk patients were not offered early intervention.
- These findings highlight the need to enhance patient education and expand discussions around clinical trials to support informed, shared decision-making on early intervention.

## REFERENCES

Mateos, M.-V. et al. Daratumumab or Active Monitoring for High-Risk Smoldering Multiple Myeloma. *New England Journal of Medicine*, 392(18), 1777–1788. <https://doi.org/10.1056/NEJMoa2409029>

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