

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/disease-spotlight-multiple-myeloma/15048/>

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www.reachmd.com
info@reachmd.com
(866) 423-7849

Disease Spotlight: Multiple Myeloma

Announcer:

You're listening to *Project Oncology* on ReachMD. On this episode we'll discuss the clinical challenges and unmet needs of patients with multiple myeloma with Dr. Ruben Niesvizky. He's a Professor of Medicine and Director of the Multiple Myeloma Center at New York Presbyterian Hospital/Weill Cornell Medical Center. Here's Dr. Niesvizky now.

Dr. Niesvizky:

Multiple myeloma is the second most common blood cancer in the world, and there are an estimated 95,688 people living with multiple myeloma right now. 70 percent of the patients experience pain, and the survival rates have fortunately increased. This is 1.5 times more frequent in men, more frequently in individuals in the sixth and seventh decade of life, and is twice as common in individuals from African descent.

Some of the challenges that physicians encounter when they're exposed to these patients is the difficulty in the diagnosis. It is estimated that it may take anything between two to six months to make a formal diagnosis of the disease as the patients present with pain and they are treated before formal studies have been done. So it is imperative that physicians understand the pathophysiology of the disease and how the patients present with an intractable pain, which is progressive, which is localized in the axial skeleton that is in crescendo and that requires proper imaging to make the diagnosis. In addition, there's some group of patients—about 20 percent of the patients—that may present with a silent disease in which the only manifestation is kidney damage, and therefore, patients may present with alterations of the kidney function without having any symptoms. It is imperative that the physicians detect these and follow up with the proper studies to try to identify the cause of this kidney dysfunction and address it as soon as possible because early intervention at this time will translate in better survival.

To improve multiple myeloma care, several steps have to be addressed. Number one, earlier detection and identification of the syndromes associated with the disease so they can be addressed and improve outcomes. Number two is trying to use the best regimen possible that may defer from individuals who are fit versus individuals who are unfit or frail. But all those patients may receive combinations of three, or even four medications, that can be tailored to each one of the patients but offering them responses that can go to complete response and improve the organ damage that occurs in the disease.

Announcer:

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