Monoclonal Gammopathy of Undetermined Significance (MGUS)

MGUS typically has no signs or symptoms and is characterized by an abnormal protein in the blood or urine.

Smoldering Myeloma

Slow-growing type of myeloma that does not present with symptoms. Patients with smoldering myeloma have a higher chance of needing treatment, so blood and urine studies are ordered regularly.

Multiple Myeloma

A buildup of plasma cells in the bone marrow that crowds out healthy cells, causing symptoms and other problems in the body.

Cytogenetics (also known as karyotyping): Testing that identifies changes in chromosomes. This test is routinely performed on the bone marrow of newly diagnosed myeloma patients and is sometimes repeated following treatment.

Fluorescence in Situ Hybridization (FISH): A chromosome test used to identify specific genes or chromosome changes.

MRD (minimal residual disease): Measurement of the number of myeloma cells found in the bone marrow of patients in remission after a clinical response to treatment. MRD is relevant as the residual myeloma cells may indicate progression or relapse.

Risk Stratification: Quantifying a patient as low-risk or high-risk based on a range of internal and external factors. Myeloma test results aid in determining one’s risk, and include other factors such as age and other comorbidities.

Types of Myeloma

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2. **Smoldering Myeloma** Slow-growing type of myeloma that does not present with symptoms. Patients with smoldering myeloma have a higher chance of needing treatment, so blood and urine studies are ordered regularly.

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CARE TEAM

- Hematologist / oncologist
- Advanced practice providers (APP), such as nurse practitioners or physician assistants
- Nursing team of specialists
- Nursing team for medication administration
- Pharmacist
- Social worker

TREATMENT CONSIDERATIONS

- Patient-related – age, overall health, presence of comorbidities
- Disease-related – aggressiveness, rising up quickly/slowly, presence of extramedullary disease
- Treatment-related – previously tried treatments and your response/side effects

EXPERT ADVICE

1. **Be you best advocate.** Learn everything you can about your disease and don’t be afraid to ask questions.

2. **Have a second set of ears with you.** Sometimes it can be overwhelming, so it’s important to have someone, a loved one, or a caregiver with you.

3. **Speak up.** If you’re in pain, let your team know. They can provide a lot of supportive care.