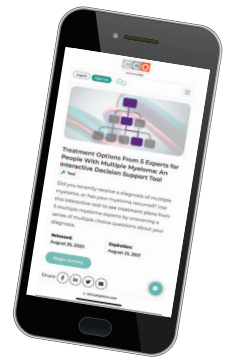


Patient-Focused Interactive Treatment Tool:

Gathering Key Information for Dealing With Your Multiple Myeloma



The patient-focused treatment tool (clinicaloptions.com/MyelomaPatientTool) was developed in partnership by Clinical Care Options and Smart Patients for patients with multiple myeloma. The goal of the tool is to increase your understanding of your multiple myeloma and its treatment options. Knowledge and understanding make you better equipped to partner in decision-making with your oncology care team.

You will want as much information as possible about your multiple myeloma before you begin. If you do not have all this information yet, ask your hematologist or oncologist to help you fill out this checklist with answers about your diagnosis. Then you will be ready to use the interactive treatment tool.

The interactive tool has a short series of multiple-choice questions. Once those questions are answered, the tool will provide treatment suggestions from 5 highly regarded multiple myeloma experts.

As you learn more about multiple myeloma, you will become more confident in decision-making for your disease. Working together, you and your doctor can make sure your health and treatment are balanced with all the other parts of your life.

My Life Concerns:

What do I need to tell my doctor?

Think carefully about your personal expectations, desires, and hopes for treatment and how this affects your life.

Are there events you don't want to miss or activities you don't want to give up? Will work or family situations make it difficult to be available for treatment? How will you get to and from the clinic? Do you have a social/familial support system? Will you need additional help at home? Are you a snowbird who will need treatment at both a home and away location? Are you planning to move to a different region? Do you need help talking with loved ones? Cost issues? Fears? What other concerns do you have? Make notes about the things you want to discuss with your doctor.

Your satisfaction with treatment requires weighing all the factors for medical success and a happy life. You may need to give more weight to one or the other from time to time. Knowing what you value will help you do this.

Make notes as you think about it, and keep them up to date as time goes by. If something changes for you in your priorities or situation, tell your doctor.



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My Upcoming Treatment:



What do I need my doctor to tell me?

If your answer to any question is “I don’t know,” consult with your specialist or a member of your healthcare team to get the answer. As you learn more about multiple myeloma, you will become more confident in decision-making for your disease. Working together, you and your doctor can make sure your health and treatment are balanced with all the other parts of your life.

What stage of treatment will you be entering?

- ☐ Induction therapy (first or primary treatment)
- ☐ Maintenance therapy (follow-up treatment)
- ☐ Relapsed/refractory therapy
- ☐ I don't know

IF YOU ARE CONSIDERING INDUCTION THERAPY:

1. Are you eligible for an autologous stem cell transplant?

- ☐ Yes
- ☐ No
- ☐ I don't know

2. Do you have high-risk cytogenetics or disease features (high-risk multiple myeloma)?

- ☐ Yes
- ☐ No
- ☐ I don't know

3. Do you have any of the following health issues that might influence which treatments are right for you?

- ☐ Cardiac dysfunction (heart problems)
- ☐ Renal insufficiency (low kidney function)
- ☐ Peripheral neuropathy (damage to nerves in hands/feet with tingling, numbness, etc)
- ☐ Frailty (increased physical vulnerability requiring treatments to be mild)
- ☐ None of the above
- ☐ I don't know

What induction therapy are you and your healthcare team considering? _____

IF YOU ARE CONSIDERING MAINTENANCE THERAPY:

1. Did you have an autologous stem cell transplant?

- ☐ Had stem cell transplant
- ☐ Harvested stem cells and froze them
- ☐ Eligible but declined it
- ☐ Not eligible (*please skip questions 2-4 and see comment below*)

2. Which induction (or primary or first) treatment did you receive?

- ☐ VRd: *Velcade + Revlimid + dex* (bortezomib, lenalidomide, dexamethasone)
- ☐ KRd: *Kyprolis + Revlimid + dex* (carfilzomib, lenalidomide, dexamethasone)
- ☐ DVRd: *Darzalex + Velcade + Revlimid + dex* (daratumumab, bortezomib, lenalidomide, dexamethasone)
- ☐ DKRd: *Darzalex + Kyprolis + Revlimid + dex* (daratumumab, carfilzomib, lenalidomide, dexamethasone)
- ☐ DVTd: *Darzalex + Velcade + Thalomid + dex* (daratumumab, bortezomib, thalidomide, dexamethasone)
- ☐ Other
- ☐ I don't know

3. Do you have high-risk cytogenetics or disease features (high-risk multiple myeloma)?

- ☐ Yes
- ☐ No
- ☐ I don't know

4. Do you have any of the following health issues that might influence which treatments are right for you?

- ☐ Cardiac dysfunction (heart problems)
- ☐ Renal insufficiency (low kidney function)
- ☐ Peripheral neuropathy (damage to nerves in hands/feet with tingling, numbness, etc)
- ☐ Frailty (increased physical vulnerability requiring treatments to be mild)
- ☐ None of the above
- ☐ I don't know

What maintenance therapy are you and your healthcare team considering? _____

If you are not eligible for stem cell transplant, talk to your healthcare team about your options for continuing therapy.

IF YOU ARE CONSIDERING TREATMENT FOR RELAPSED/REFRACTORY MYELOMA:

(Relapsed means your multiple myeloma has advanced or come back after earlier treatment. Refractory means your myeloma has stopped responding to treatment that formerly helped.)

1. Is your disease refractory to previous therapy?

- ☐ Not refractory
- ☐ Refractory to *Revlimid* (lenalidomide)
- ☐ Refractory to *Revlimid* and *Velcade* (bortezomib) or *Ninlaro* (ixazomib)
- ☐ Refractory to *Revlimid* and *Kyprolis* (carfilzomib)
- ☐ Refractory to *Revlimid* and 2 proteasome inhibitors (*Velcade*, *Ninlaro*, *Kyprolis*)
- ☐ Refractory to 2 proteasome inhibitors and 2 or more immunomodulatory drugs (*Revlimid*, *Pomalyst*, *Thalomid*)
- ☐ Triple refractory to an immunomodulatory drug, a proteasome inhibitor, and an anti-CD38 monoclonal antibody (*Darzalex*, *Darzalex Faspro*, *Sarclisa*)
- ☐ Penta refractory (2 or more immunomodulatory drugs, 2 or more proteasome inhibitors, and an anti-CD38 monoclonal antibody)
- ☐ Other, such as a drug or combination in a clinical trial
- ☐ I don't know or don't recall

2. Does your disease have t(11;14) translocation?

- ☐ Yes
- ☐ No
- ☐ I don't know

3. Do you have high-risk cytogenetics or disease features (high-risk multiple myeloma)?

- ☐ Yes
- ☐ No
- ☐ I don't know

4. Have you received BCMA-targeted therapy?

- ☐ No
- ☐ Yes, *Blenrep* (belantamab mafodotin)
- ☐ Yes, *Tecvayli* (teclistamab)
- ☐ Yes, CAR T-cell therapy, eg, *Abecma* (idecabtagene vicleucel) or *Carvykti* (ciltacabtagene autoleucel)
- ☐ I don't know

5. Are you eligible for and do you have access to CAR T-cell therapy?

- ☐ Yes
- ☐ I've already had CAR T-cell therapy
- ☐ No
- ☐ I don't know

6. Have you received *Xpovio* (selinexor)?

- ☐ Yes
- ☐ No
- ☐ I don't know

What therapy are you considering for your relapsed/refractory disease? _____



For additional tips, please see the section on
“How to Talk to Your Oncologist” in the online tool.

If you are a healthcare professional, you can find our
healthcare professional-focused tool here:

<https://www.clinicaloptions.com/myelomatool>



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