



Multidisciplinary Approaches to Cancer Symposium

Hematologic Tumor Board

Smoldering Myeloma

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Disclosures

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- *Consultant for BMS, Janssen, Janssen-Investigator Response Committee, Legend Biotechnology; and Grant/Research Support from BMS, Janssen, Fate Therapeutics*

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This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

This presentation has been peer-reviewed and no conflicts were noted.



Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

The following CLC & IB components will be addressed in this presentation:

- *Socioeconomic barriers to clinical trial enrollment, higher prevalence of precursor plasma cell conditions in Blacks*
- *Disparities in care due to race/language barriers*



Define Plasma Cell Neoplasm

68M with hypertension, hyperlipidemia, prediabetes, localized prostate cancer treated with definitive XRT and 6 months ADT, depression, and anxiety who has been monitored for SMM for the past 2 years.

More recently, his M-protein has been trending up.

MYELOMA LABS 1/1/2026	
λ FLC	75.44 mg/dL
κ FLC	1.59 mg/dL
iFLC/uFLC ratio	47.4
IgG λ M-spike	1.06 g/dL
Hgb	11.2 g/dL
Cr / Ca / albumin	WNL

BONE MARROW 1/1/2026	
Plasma cells	20–25%
Flow	3.6%
Cellularity	Normocellular
FISH	Gain 1q21 (CKS1B)
Additional	Trisomy 5, trisomy 9
IGH	Partial 5' loss

PET/CT 1/1/2026	
Lytic lesions	None identified
Marrow SUVmax	1.9, physiologic
Rib uptake	Healing fractures



Define Risk vs Benefit of Applying a Treatment

20/2/20 Prediction

**HIGH
RISK**

According to the 20/2/20 model, the patient has an **HIGH RISK (44.2%)** risk of progressing to multiple myeloma in two years.

Ref: Mateos et al., Blood Cancer J (2020)

PANGEA Risk Prediction

TIMELINE	PROBABILITY OF PROGRESSION	PROBABILITY OF PROGRESSION
	WITHOUT HISTORY MODEL	WITH HISTORY MODEL
RISK	INTERMEDIATE RISK	-
1 Year	11.3%	-
2 Years	19.2%	-
5 Years	40.5%	-
10 Years	63.5%	-

→ 60-month PFS rates, %:

IMWG 2020 Risk group	Daratumumab	Active monitoring
Low	78.2	71.6
Intermediate	56.2	42.9
High	60.4	23.6

PFS active monitoring vs daratumumab monotherapy, high-risk group:
62.8% vs 37.5% events
HR 0.36 (95% CI: 0.23, 0.58)

PFS



Apply Treatment

AQUILA Trial Inclusion Criteria

Bone marrow plasma cells $\geq 10\%$
No CRAB features of SLiM criteria
Duration of SMM ≤ 5 years from diagnosis

AND at least 1

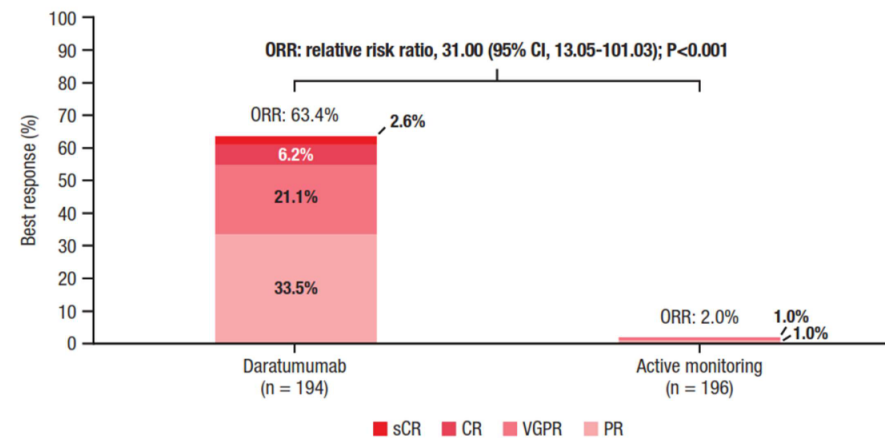
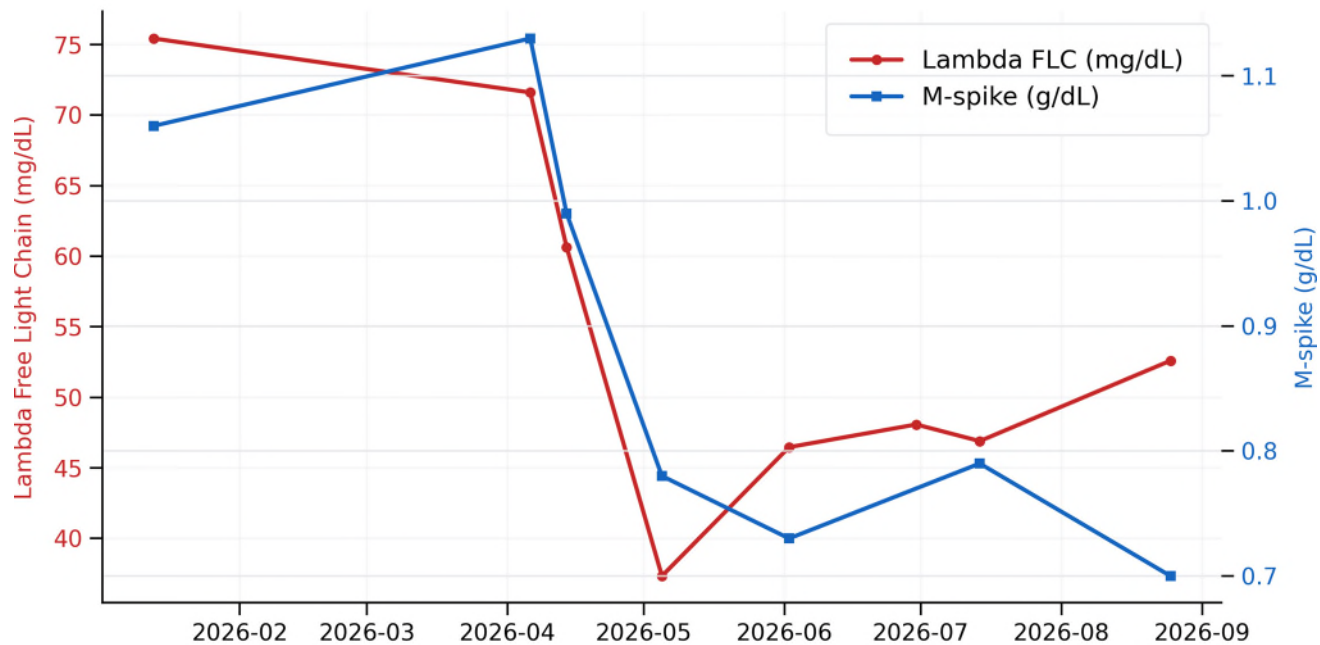
Serum M-protein $\geq 3\text{g/dL}$
IgA isotype
Immunoparesis of 2 uninvolved
IFLC/UIFLC ≥ 8
Clonal Plasma Cells $> 50\%$

Daratumumab X 3 years
With steroid premed



Adjust as Needed

Disease Marker Trends (2026)



Illustrative Progression Scenario to Active Myeloma (Hypothetical)

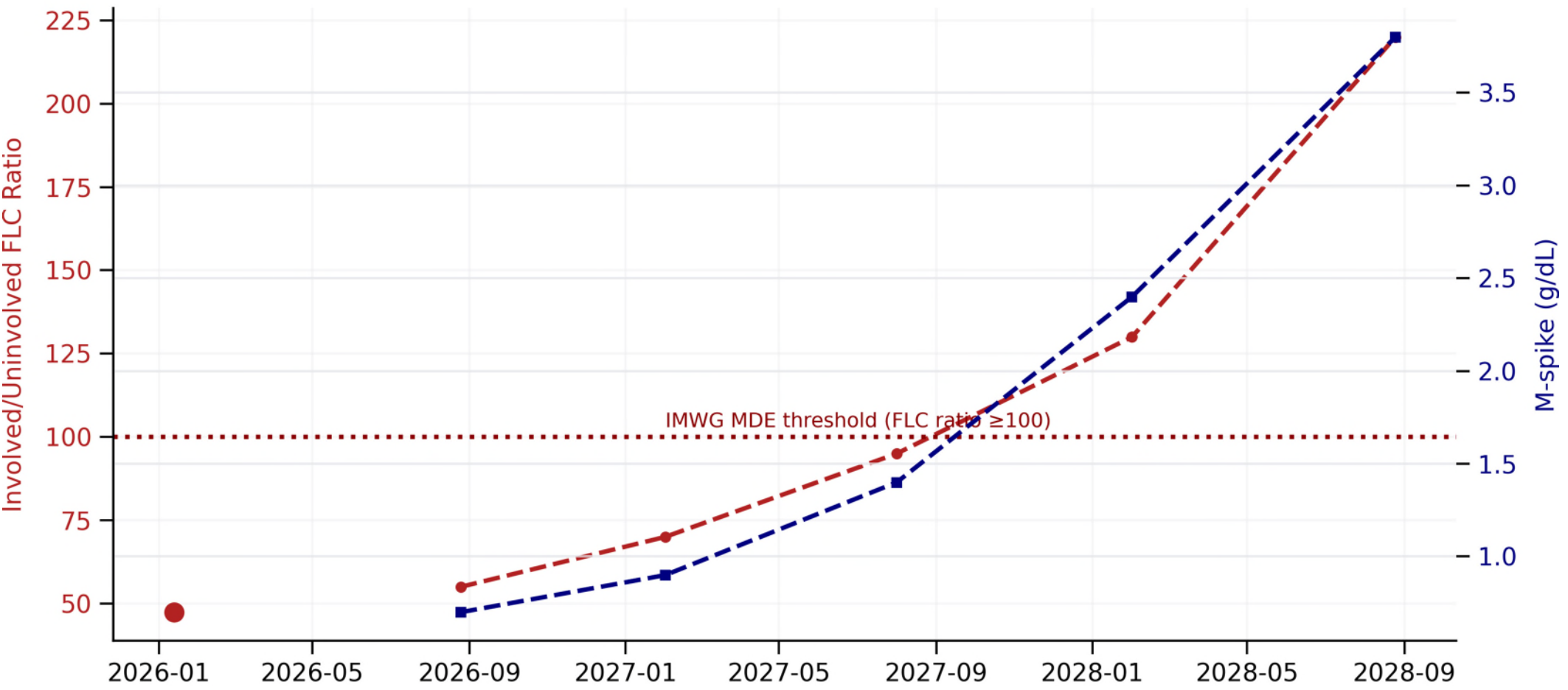


Table 2. Summary of Progression Events (Intention-to-Treat Population).

Event	Daratumumab (N = 194)	Active Monitoring (N = 196)
Disease progression or death — no. (%)	67 (34.5)	99 (50.5)
Disease progression — no./total no. (%)*	62/67 (92.5)	94/99 (94.9)
CRAB criteria		
Calcium level elevation	0/62	2/94 (2.1)
Renal insufficiency	0/62	0/94
Anemia	2/62 (3.2)	14/94 (14.9)
Bone disease	10/62 (16.1)	18/94 (19.1)
SLiM criteria		
≥60% Clonal plasma cells in bone marrow	5/62 (8.1)	16/94 (17.0)
Serum FLC ratio ≥100	33/62 (53.2)	33/94 (35.1)
>1 Focal lesion on magnetic resonance imaging	12/62 (19.4)	16/94 (17.0)
Death without disease progression — no./total no. (%)	5/67 (7.5)	5/99 (5.1)

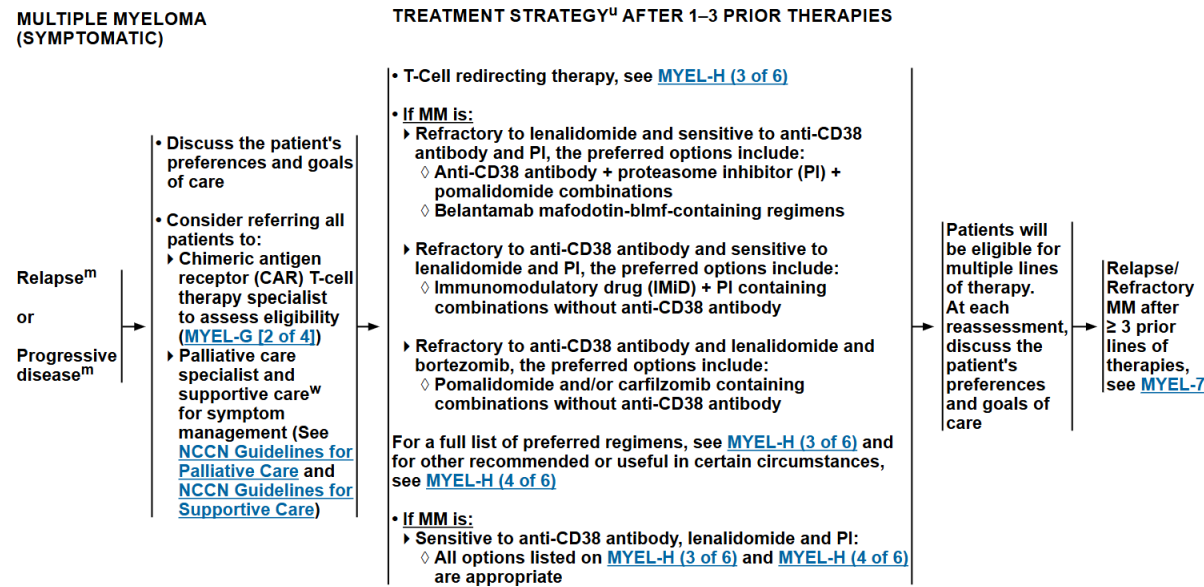
* Disease progression was assessed by an independent review committee in accordance with the International Myeloma Working Group SLiM–CRAB diagnostic criteria for multiple myeloma.⁶ A patient could meet more than one criterion for disease progression.



Adjusting Treatment Points to Consider

Patients may be relapsing on daratumumab. Does that make them daratumumab refractory and higher risk patient?

How would you treat the patient at 70 years old?



Thank You

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