

THE BLOODLINE WITH LLS

A PODCAST FOR PATIENTS AND CAREGIVERS

Episode: 'Patient-Doctor Perspectives: Hope for Myeloma Patients'

Description:

Join us in this next installment of our series, *Patient-Doctor Perspectives*, where we explore a diagnosis from the view of a patient and doctor. In this episode, we speak to Bryon Daily, a myeloma survivor and Dr. Scott Solomon from Northside Hospital in Atlanta, GA. Diagnosed in 2018, Bryon shares his experience living with myeloma after an autologous stem cell transplant. Bryon has also started working at LLS in our Myeloma Link Program where he is helping to close the healthcare disparity gap in communities of color. Dr. Solomon then delves deeper into myeloma treatments, and what is new on the horizon for myeloma treatments. He also discusses how clinical trials and having greater treatment options are providing hope to those diagnosed with myeloma.

Transcript:

Elissa: Welcome to *The Bloodline with LLS*. I'm Elissa.

Edith: I'm Edith.

Lizette: And I'm Lizette. Thank you so much for joining us on this episode.

Elissa: Today we will be speaking with Bryon Daily and Dr. Scott Solomon. Bryon is a multiple myeloma survivor and a staunch advocate for closing the disparity gap in healthcare. Diagnosed in early 2018, Bryon went through several months' chemotherapy, leading up to an autologous bone marrow transplant. Since his diagnosis, he dedicates time to speaking publicly about the importance of self-advocacy and risk mitigation related to health and wellness.

Bryon has also recently started working for LLS and serves as the National Community Outreach Manager for Myeloma Link. This program was launched in 2017 to promote awareness of the LLS resources available to communities of color that are impacted

disproportionately by a multiple myeloma diagnosis at a rate that is twice as high for black patients compared to white patients.

Dr. Scott Solomon is a hematologist/oncologist and medical director of the Northside Hospital Blood and Marrow Transplant Program and Stem Cell Processing Laboratory. Dr. Solomon's clinical and translational research interests include novel approaches to treating leukemia, lymphoma, and myeloma. His work has primarily focused on the role of allogeneic and autologous immune system modulation to treat various blood cancers. He has been recognized as among Atlanta's top doctors in his specialty by Castle Connolly, a publication that annually lists top doctors around the country.

In this episode of our *Patient-Doctor Perspectives* series, we will be discussing the latest advances and treatments for multiple myeloma and the experiences of one patient through multiple treatments and his advocacy for fellow myeloma patients.

Welcome Bryon and Dr. Solomon.

Scott Solomon, MD: Thank you.

Bryon Daily: Hi, Elissa.

Elissa: So, let's start with Dr. Solomon. What got you started in the field of medicine and study in myeloma and other blood cancers?

Dr. Solomon: Well, I've wanted to be a doctor as long as I can remember, actually. My dad, two older brothers were physicians and role models to me.

Elissa: Oh, wow.

Dr. Solomon: And I, honestly, never remember not wanting this as my career.

As far as my desire to forge a career in oncology and blood cancers in particular, it stemmed from an experience in medical school where, unfortunately, I had a very good friend who had a relapse of childhood leukemia and fought a very hard battle

with the disease and, unfortunately, lost that battle. But it was at that time I decided to dedicate at least my career to helping patients with blood cancers live better and more fruitful lives.

Lizette: So, Dr. Solomon, our main focus today is on myeloma, also called multiple myeloma. Can you explain to our listeners what myeloma is?

Dr. Solomon: Sure, I'd be happy to. So multiple myeloma is a cancer of plasma cells, which live in the bone marrow. And normally these cells produce antibodies and play an important role in the immune system, however when you have uncontrolled growth of these cells in the bone marrow, it could lead to things like bone pain, fractures, anemia, infections and other complications. And in the United States, it's approximately 4 people in a hundred thousand each year diagnosed with this disease. It is slightly more common in men than women and as you noted before it's about twice as common in African American patients as in Caucasians with an average age of diagnosis of about 65-70 years

Edith: Now Bryon, you were diagnosed with Myeloma in 2018. What were the signs and symptoms leading to your diagnosis?

Bryon: My signs were very subtle; I didn't present any bone pain. I did have bubbles in my urine just to kind of describe it in a little more detail.

Elissa: Oh, that's interesting.

Bryon: Yeah, and that's unusual. I didn't pay much attention to it, but my wife did. I thought it was just by drinking beer or something of that nature. Another symptom that I had that I didn't really pay much attention to was, I was pretty active, and I'd go to the gym maybe 3 or 4 times a week. Playing basketball with you know 20- and 30-year-olds as a 50-year-old, not a very smart idea, but I thought I was just out of shape because of my age. But, you know, I would get frequent fatigue. Stamina was just really low. And one time I actually caught the ball wrong, bent my finger back,

thought I had a sprain. Didn't pay much attention to it until maybe three weeks later when it didn't go down. So, I got x-rayed, and it was determined that I had a fracture. At that point, my doctor ordered some labs to check my protein levels and found that it was escalating. So, putting all those together kind of determined that the next step was to go see an oncologist. And that's when the diagnosis was made about maybe a week after that.

Elissa: That must have been pretty shocking, just kind of having those kinds of symptoms like a fracture and bubbles in your urine that could be anything else besides blood cancer.

Bryon: Yeah, I mean that never came to mind for me. I didn't have a history in my family of cancer of any type.

Elissa: Now could you tell us about your treatment? We mentioned in the bio that you had started with chemotherapy.

Bryon: Yes, so upon being diagnosed, I was lucky to have two oncologists. I had one through my primary care provider, which was Kaiser Permanente. And so, she decided to get some expertise from outside of the organization. And at that point she selected The Bone Marrow Transplant Group of Georgia, where Dr. Solomon practices. So, we put a plan together. Dr. Solomon was diligent in explaining all the options, including clinical trials; and I chose a route that was more straightforward and common versus participating in a clinical trial.

Elissa: So that was then just chemotherapy specifically in preparation for your bone marrow transplant to clear out the bone marrow?

Bryon: Right. So, we did chemotherapy that lasted for several months, leading up until a bone marrow transplant in the month of August. So, I got diagnosed in January and the bone marrow transplant took place in August.

Elissa: Okay, so several months. So that leads me to a question for Dr. Solomon. How common is it for a myeloma patient to get a bone marrow transplant, and why is that step taken?

Dr. Solomon: So, first, I should probably discuss what a bone marrow transplant is.

Elissa: Yes, definitely.

Dr. Solomon: So, it's also called a stem cell transplant. These are considered the same thing, just two different terms. And it's actually typically done as part of the initial therapy of a newly diagnosed patient with multiple myeloma. As in Bryon's case, you usually get two to four months of chemotherapy first, often with a three-drug cocktail; and that is to try to get one into a good remission before going into stem cell transplant.

The stem cell transplants that we're talking about are called autologous transplants because they use a patient's own stem cells.

Elissa: Okay, versus the allogeneic which is a donor's.

Dr. Solomon: Exactly. So, for myeloma, we are almost always talking about autologous stem cell transplant. And although these therapies are not curative therapies, they can significantly increase the time that a patient is in remission. And in many studies, they've actually shown a survival advantage, meaning people live longer if they get stem cell transplants. So, it really has become the standard of care across the United States for patients that are deemed transplant eligible.

Now in the US, there's no strict age limit for transplant eligibility. I would say we consider multiple factors in addition to age, such as competing health problems and patients' functional status. And most patients, up to about 70 years of age, are considered transplant eligible. They don't have significant health problems. And even select patients over 70 can be transplant patients as well if they're in good health.

Bryon can tell you, there are significant side effects related to transplant that patients have to go through; but luckily these are rarely life threatening. And transplants are typically safe in centers that perform lots of these procedures.

Elissa: So when are these stem cells removed from a myeloma patient, with an autologous transplant?

Dr. Solomon: Typically removed after the patient completes anywhere from three to six cycles of upfront therapy. At that point, they should be in a maximal response; and their stem cells, at that point, are collected and stored, usually for a transplant, soon after that, but they could be stored for a transplant at a later time.

Edith: My next question will be to Bryon; did you have any complications or side effects?

Bryon: I did not have any significant complications or side effects.

Edith: Wow.

Bryon: The thing is, there's a requirement to be out of public domain for a period of time after you receive your bone marrow transplant because your immune system is recovering from that procedure. And so, there were some issues that I was made aware of that could possibly happen like, a certain type of pneumonia or infection could occur. And I did have to take medication for upper respiratory infections. But my understanding is that it was common. So other than that, I didn't really have any real significant complications to speak of.

Elissa: That's good.

Dr. Solomon: This is Dr. Solomon. Bryon did extremely well, probably better than most patients; and that's probably due to playing basketball with 30-year-olds.

Elissa: That's good to hear. See, it benefitted you in some way.

Lizette: It did.

Elissa: Even if you couldn't keep up.

Lizette: Yeah, Dr. Solomon, that was my question. Is this typical? I'm so glad to hear that Bryon didn't go through a lot of complications or have side effects. Is that something that is typical for myeloma patients who do get the autologous transplants?

Dr. Solomon: No. I think it is a challenging therapy, both physically and emotionally for most patients; and a lot of times as years go by, you sort of forget some of those trials and tribulations.

But I would say for most patients, the problems are short-lived. Things like fatigue can be pretty intense. There are problems with decreased appetite and taste disturbances which can make eating difficult. And these all make the early time after transplant; it can be quite challenging for patients. But Bryon did exceptionally well.

Bryon: Yeah, I want to add onto what Dr. Solomon said about side effects. I mean once you come off all that chemical bombardment to your body, you're going to lose weight. So, it was my goal to kind of really pay attention to my nutrition and the type of foods I eat because you want to get that weight back so your body can start repairing itself.

The other thing is those chemicals do tend to have an impact on your emotions as Dr. Solomon said as well. And so, it's important to pay attention to that because there's a thing called chemo brain, and I didn't learn that until I was preparing for the bone marrow transplant. They told me to pay particular attention to that because you're going to have loss of memory potentially. You're going to be fatigued. Your brain function is not going to be at 100%. And that could also impact your emotions.

So, your mental state will be compromised as well. And that's something that's important to note because you're not going to return to work after bone marrow transplant and expect to perform the same way you did prior to that. And your family

and all your caregivers should recognize that you're still in a fragile state emotionally, even though you're physically returning to normal, hopefully.

Elissa: Did you end up going to therapy to help with the emotional impact?

Bryon: I did.

Elissa: Good.

Bryon: I did. I'm an advocate of that.

Elissa: Wonderful.

Bryon: And I wanted to understand all the nuances of recovering from cancer. It's an incurable disease. I would ask Dr. Solomon, if I do everything right, as much as I can control, how many years do I have? So, Dr. Solomon, the answer was, it really depends.

I mean, there are statistics and research says that the life expectancy for someone in my category is five years. Right? I didn't really understand what that meant. But he explained that that doesn't necessarily mean that after five years, there's a higher risk of mortality. It just means that statistically, and this is taking into account that the people who have been diagnosed with myeloma are typically older; and I think he mentioned that early on as well, and he explained it to be, 30 years ago, this was considered an old white man's disease because that was the profile. But now we're seeing more African Americans and more people being diagnosed at a younger age.

Lizette: Dr. Solomon, how do you react when patients come in and really ask you that question that Bryon asked you? How long do I have, doc? How long do I have to live after I have received this cancer diagnosis?

Dr. Solomon: Yeah, so I think it's important to give information for patients. I think that's the most important thing is when they come, oftentimes they've been reading on the internet or hearing from other people and getting misinformation. And I find the

most important job I have is giving them accurate information, so that they can make sensible decisions and I think it relieves a lot of anxiety just knowing the data.

And then the other thing is I try to give hope. I mean really, this is a disease where the outcomes have improved significantly over a very few years. Over my career, it's gone from a pretty fatal disease in the early '90s to one where average survival is now pushing a decade, which is amazing. Not to mention the pipeline of things to come. So, I think there's a lot of hope. Yes, it's not a curable disease at this time, but there's a lot of promise and hope. And I think the important thing to do is live your life, enjoy every day that you get, and realize that there's no promise for any day that you get. You just live.

Lizette: Yeah, and I think it's been, over the past ten years I have learned so much about all of the new therapies that have come out for myeloma; and, doctor, you're so right. There's so much hope for myeloma patients at this time with the new treatments and really new treatments that can bring patients a good quality of life. And I know, Bryon, you've been talking about quality of life and feeling well; and you were treated during this global pandemic. And usually that's really scary for blood cancer patients.

Dr. Solomon, what was the risk for the myeloma patients to get a more severe COVID-19; and how have they been doing with the vaccines that have become available?

Dr. Solomon: Okay, so that's a very good question because it's been a big part of our lives for the last several years is doing what we do in the context of an ongoing pandemic.

And, what I think the lesson we've learned is that you can do transplants safely; you can treat cancer patients safely in the context of COVID if all the right precautions are taken. And I think that's held up over the last several years. And sort of one, I would say unexpected benefit of the COVID pandemic is a lot of the other viruses that we typically saw were reduced because people were wearing masks and social distancing;

and so, we weren't seeing influenza and some of the other dangerous viruses that come around.

So, I would say, for the most part, the myeloma patients and all of our blood cancer patients did quite well. But I think it is important to encourage all myeloma patients, their friends, their families to get vaccinated. I think that's a message that I would like to get across.

There's no question that myeloma, affects the immune system, the treatments that we get for myeloma affect the immune system. And myeloma patients definitely respond less well to vaccines than somebody with a normal immune system. But the vaccine almost certainly will provide benefit to patients and reduce the risk of hospitalization and death from COVID infection. And so, the most important thing I would say a myeloma patient can do in this setting of this pandemic is get vaccinated, get your friends, family vaccinated to protect yourself.

And in my experience, myeloma patients have done very well with the COVID vaccines without any unexpected reactions or risks, similar to the general populations. I don't think there's any safety fears of getting the vaccine for myeloma patients.

Elissa: That's good. LLS started a study earlier this year to test the response of the vaccines in blood cancer patients and found that 25% of blood cancer patients from all different kinds of cancers did not develop a robust antibody response to the vaccine. Now Bryon, you were vaccinated earlier this year. What was your response to the vaccine?

Bryon: Yeah, I was vaccinated in April. I got the Pfizer vaccine, and I had both of the initial doses. And by July, I asked my doctor for an antibody test. And they reluctantly approved the test, only because they didn't feel that it was going to reveal, the true sense of whether or not I was protected. But nonetheless, when the results came back, I didn't present any antibodies; so, I was concerned about that because I felt I had a risk of exposure that someone who did develop antibodies would not have.

And so, I got the third Pfizer vaccine on September 11, and I'm waiting, actually, at the end of this week, my doctor ordered an antibody test to see what the results of that would be.

Elissa: Oh, great. Well, I hope you get some after the booster.

Bryon: I hope so too.

Elissa: There has been a few updates from the LLS study; and it looks like about 50% of the people that did not develop antibodies did get some after the third dose. So, we are hopeful that that could work for you.

Bryon: Yeah, that's encouraging. I'm also aware that myeloma patients, in particular, have a relatively higher rate of presenting antibodies after the second Pfizer vaccine, at a rate of about 80%. But I fall into the category of those that did not present antibodies. So, there are those people like myself out there as well.

Elissa: Yeah, but they are testing T-cell response as well, so, hopefully, for those that did not develop an antibody response, there will still be some level of protection. We're hopeful. But we do hope that you get some antibodies.

So outside of the vaccine and, worried about that, how has life been as a myeloma patient during this crazy pandemic?

Bryon: Well, I'll tell you I'm very fortunate in that I have a job that doesn't require me to be in the public very often, in a face-to-face situation. I'm not working retail where it's necessary for me to be out and in front of people to do my job. So, for me, that's a little bit of a relief. And, additionally, I still continue to focus on health and wellness, so I exercise. I was on the bike yesterday; I did about 11 miles. I don't do that many miles often, but I get it at least three days a week in. And I feel like that's my part that I can do to keep myself healthy and the people around me healthy as well.

But, other than just what we're all experiencing with COVID, I feel like I'm back to normal in terms of being able to do day-to-day things.

Elissa: That's great.

Bryon: Yeah.

Edith: Dr. Solomon, what advice would you give to myeloma patients who have been vaccinated but may not have developed an antibody response?

Dr. Solomon: I think it's the same advice that I would give anyone that has been vaccinated, which is, "Be careful out there." You've got to protect yourself and things like wearing a mask when you're out in public is important and handwashing and social distancing. And these are all things that are still important for us all because the vaccines aren't perfect for anyone, even with competent immune systems.

But I would like to reiterate what was already said is that I think these antibody tests that are out there right now are far from perfect. There's not a general consensus about what level of antibodies are necessary and what are the best tests to use in a situation. And as you've pointed out, there are parts to the immune system other than the antibodies that are important, such as T-cell responses. There's a lot we don't know, and I think, there's a good chance that even if you don't have protective levels of antibodies, you do have some protection that, hopefully, will dramatically reduce your risk of what we really care about, which is hospitalization and severe infection.

Elissa: Right. After the vaccines came out, LLS's kind of motto was, "Get vaccinated but act unvaccinated." Because we still don't know what kind of response is adequate, so, it's still good to take precautions as a blood cancer patient so that, again, you don't end up in the hospital or worse.

So, Bryon, moving on to life after transplant, we mentioned in the introduction that you started a new job at LLS recently. We are so excited to have you as a colleague. Could you tell us about your position and, also, Myeloma Link program?

Bryon: I sure can. I feel privileged to be in a position where I can share my story with people and, also, enlighten them as to some of the resources that I was exposed to while being at the Blood Marrow Transplant Group of Georgia, which is where I learned about LLS and the many resources that they have for patients and their families.

Myeloma Link is the program that started in 2017 recognizing that there were discrepancies in underserved and, in particular, African American communities where there's a higher rate of diagnosis for this disease. That's the reason why myeloma was chosen of all the blood cancers. And there was a grant that was applied for and that was used to develop the program as a pilot in two cities.

The focus is to get information out by means of community outreach, participating in in-person events, which had to be pivoted to virtual events with platforms like Zoom and Teams and all the other conferencing platforms that we have now. And that was to just, expose to people in those communities that there's information at your disposal that's free. There are resources through learning about nutrition. If you're a patient that has blood cancer, if you have to travel because of a clinical trial, sometimes that doesn't cover the expense. If you have to go out of state, LLS can assist you with that. There's a lot of resources that are available.

And so, the Myeloma Link program is currently set up in 13 cities.

Elissa: That's great

Bryon: Most of them have a high concentration of African Americans in those cities and those often meet other criteria, such as facilities where that disease is being treated. It's a ground-roots approach that we take mainly through churches where they're typically based in the community; generally, you've got influencers who can connect you with other organizations where members of that community are participating. For me, I get a high level of personal satisfaction from it. And we haven't yet opened up travel 100%. They've been courteous enough to consider that

I'm immunocompromised so that I can't go to some of the cities I would like to, but I'm hoping that, after getting this antibody test and as we're seeing the numbers go down in terms of COVID, 2022 will be a good year and we'll be able to do more.

Elissa: That's wonderful. There's definitely something to be said about having that in-person interaction with people and sharing about the disease that you have and, hopefully, getting them the information so that if they do have it or if their family or friend gets it, then they will be prepared and know where those resources are.

Bryon: Exactly.

Lizette: Yeah. And Bryon, you were mentioning that the purpose of Myeloma Link is to provide outreach to the Black and African American communities. Dr. Solomon, do we know why Black and African American patient communities are twice as likely to develop myeloma?

Dr. Solomon: There's more that we don't understand than we do. It's believed that it's a pretty complex association and related to genetic, environmental, and socioeconomic factors that all interplay with each other. There's clearly problems with access to care that we need to fix to allow more underserved populations access the healthcare system. But I think the good news is that the data's pretty clear that when African American myeloma patients do receive appropriate care, they achieve the same results as everybody else. So, we just need to work on getting patients to the right care.

Elissa: Now, Dr. Solomon, we've now covered quite a bit about myeloma. I'm sure our listeners would love to hear about what treatments are available for myeloma patients. What are the latest advances and what do you see potentially coming in the future?

Dr. Solomon: Well, that's an incredibly exciting time in myeloma therapy, as many of your listeners know. And I would say probably the hottest area right now is the class

of therapies we call immunotherapy. And instead of directly killing cancer cells, like our traditional chemotherapies do, these agents seek to enhance the body's immune response to killing myeloma. And one of these therapies, which is called CAR T-cell therapy, is a form of cellular immunotherapy that's actually now available. It's been recently FDA approved. And this works by taking one's own T-cells from their blood and genetically modifying them in a special manufacturing facility to become cancer-fighting immune cells.

And, as I said, one of these CAR T products was recently approved by the FDA and multiple myeloma patients that have failed multiple lines of therapy can now access that care at our center or other centers around the country. Furthermore, other of these CAR T-cell products are almost certainly going to be approved in the near future. And then there are a number of other types of immunotherapy, which include things like bispecific antibodies which involve an infusion type of therapy that can activate one's own T-cells against myeloma. There are also drugs, we call them CELMoDs, which can modulate the immune response against cancer.

And, I think, the point is that all of these immunotherapy agents have the potential to really make a dent in the natural history of this disease. They're certainly going to change the treatment landscape in the future, and I'm hoping that we're not too far from that magical cure.

Elissa: That's wonderful. And it's really good to hear that there are so many new potential treatments coming out for myeloma patients who have relapsed from the chemotherapy, stem cell transplant. And so it's really great to know, especially for Bryon knowing that if he needs it, there are multiple treatments out there to help out and hopefully get him closer to a much longer life.

Dr. Solomon: Amen

Elissa: Because we still need you Bryon, you need to stay around. We love you.

Bryon: Well, thank you. I appreciate that. Yeah, I can remember Dr. Solomon telling me that it's more likely that I'm going to die from something else, than myeloma because of the success of this particular therapy that I'm currently on, which I'm responding well to.

Elissa: And what is that? What current treatment are you on?

Bryon: I'm on a treatment, it's a drug called lenalidomide, which is also brand named Revlimid®, and it's produced by Celgene. It's a chemotherapy in pill form. I take it daily three weeks on and I take a week off. I'm not sure how long I've got to do it, but I think it's like five years and then they'll determine whether or not I need to continue. It's going pretty good so far. I've had no real side effects.

I know that it does have side effects. I was told to take a low-dose aspirin to avoid the possibility of blood clots because that's one of the side effects but drink a lot of water, which is what I do anyway.

Elissa: That's a good habit.

Bryon: Yeah, it is. It is a good habit. It's a good regiment that I'm on and good doctors.

Elissa: Wonderful.

Bryon: Yup.

Elissa: And a lot can happen with new treatments in five years, especially if you look at really the last five or ten just how much blood cancer research has evolved and progressed. So that's great. I'm so glad to hear that you are responding well to it.

Bryon: Yeah. In fact, Dr. Solomon mentions T-cell therapy, and we talked about that about two-and-a-half years ago after my six-month check in after my bone marrow transplant. At the time, it wasn't FDA approved, but it was heading in that direction.

But, you know, I'm glad to hear now that it's something that is FDA approved and people are responding well to it.

Elissa: That's great.

Edith: So, Bryon, on our patient podcast home page, we have a quote that says, "After diagnosis comes hope." Based on your cancer journey, what word would you choose to complete that sentence? "After a diagnosis comes?"

Bryon: Good question. I would agree with that. Hope is a good word because it's not a selfish word. You want other patients to come through successfully. And I'll share this with you. I have a church member of mine that I've known casually for about maybe 25 years, and he was diagnosed with myeloma in 2019. That was after my diagnosis, 2018. I didn't know what illness he had, what the specific illness was up until about a month ago. And we don't talk often, but I gave him a call three weeks ago to see how he was doing, and I found that he didn't respond as well to his treatment as I have. And we talked about this one genetic trait that I have that favored recovery that he recognized what I was talking about; he said he didn't have it.

And so, he was having pain. He also got diagnosed a little later than I did. I got diagnosed relatively in early stage, which I think helped in my recovery. But he was struggling with different treatments through several clinical trials, and nothing seemed to really stick. And unfortunately, yesterday was his funeral, and I went to his funeral. And I didn't get a chance to really get him some information about that. Not that that would've helped his condition, but I think he would've been more informed about the disease and some of the options that were available because he didn't know about LLS as I did. I was exposed early to it. And I was surprised that he wasn't familiar with the organization and all the resources that we had. So that was a little bit regretful in terms of what could I have done to at least get the information.

But back to your original question, yeah, in terms of hope, I'm hoping that people are their own best self-advocates. Make sure that they pay attention to symptoms, if something's not right, especially if you get a certain age. Sometimes you just don't know. You chalk it up to you're getting older and your body's not working like it used to. But men in particular, we have a tendency not to talk about how we feel, and our health and so forth, and that's something that I hope changes.

Elissa: Well, you're doing great work to get the information out there, so I'm sure that you will have effect on many lives. Now regarding hope, a question to you, Dr. Solomon. With the current treatments and those on the horizon, what would you say to patients and their families to give them hope after a diagnosis of myeloma?

Dr. Solomon: Well similar to what we've said earlier in the broadcast is that there are so many treatments now that are very effective, and this is no longer a death sentence that it was 20 years ago. I mean it is not a curable disease, but it's a disease we manage over a very, very long time. And I think what we try to do is maximize quality of life and trying to get you back into living again and that's really the goal.

There's a lot of diseases out there we can't cure. Take diabetes or hypertension or anything, we control them and-

Elissa: Yeah.

Dr. Solomon: -you live, and you live your life. And that's what we hope to turn myeloma in until we get the magical cure.

Elissa: Yeah. The hope for just a long life with-

Dr. Solomon: Yeah.

Elissa: -extended years. Well, thank you so much, Bryon and Dr. Solomon for joining us today. We really appreciate you coming on to tell us all things myeloma. I hope that myeloma patients who are listening will have gained so much new information,



and we'll have some info on our Myeloma Link program, so our listeners could definitely check that out. But we really appreciate your time today, so thank you.

Dr. Solomon: Well, thank you.

Bryon: Thank you.

Elissa: And thank you to everyone listening today. *The Bloodline with LLS* is one part of the mission of The Leukemia & Lymphoma Society to improve the quality of lives of patients and their families. To help us continue to provide the engaging content for all people affected by cancer, we would like to ask you to complete a brief survey that can be found in the Show Notes. This is your opportunity to provide feedback and suggested topics that will help so many people. We would also like to know about you and how we can serve you better. The survey is completely anonymous and no identifying information will be taken.

We hope this podcast helped you today. Stay tuned for more information on the resources that LLS has for you or your loved ones who have been affected by cancer.

Have you or a loved one been affected by a blood cancer? LLS has many resources available to you – financial support, peer-to-peer connection, nutritional support, and more. We encourage patients and caregivers to contact our Information Specialists at 1-800-955-4572 or go to [LLS.org/PatientSupport](https://www.lls.org/PatientSupport). You can also find more information on myeloma, including our Myeloma Link program, at [LLS.org/Myeloma](https://www.lls.org/Myeloma).

Thank you again for listening. Be sure to subscribe to *The Bloodline* so you don't miss an episode. We look forward to having you join us next time.