

Multiple myeloma is one of the malignancies with the greatest disparity in incidence and prevalence between African Americans and white Americans.^{1,2}

Actual multiple myeloma patient.

- Multiple myeloma is the second most common hematologic malignancy in the United States, and the most common hematologic malignancy for African Americans^{3,4}
- African Americans represent 13.4% of the US population and 20% of patients with multiple myeloma^{5,6}



^aCancer incidence rates represented are for males except uterine corpus and breast. Rate ratios are depicted and are the unrounded rate in blacks divided by the unrounded rate in whites. Rates are per 100,000 and age adjusted to the 2000 US standard population.

Standing in the Gaap was created to help spread the word about how multiple myeloma affects African Americans, in order to improve the care they receive.



Over the last decade, survival in patients with multiple myeloma has improved⁷



OS=overall survival; SCT=stem cell transplantation.

African Americans have had a smaller improvement in survival compared with white patients⁸



SEER=Surveillance, Epidemiology, and End Results.

Disparity in improvement of survival for African Americans may be due to the lack of access to the same therapies as white patients⁹

 African Americans are less likely to undergo stem cell transplant¹⁰ and to receive triplet therapies for multiple myeloma¹¹



Multiple myeloma presents with a spectrum of clinical manifestations¹²⁻¹⁴



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Recognize the signs of multiple myeloma

Definition of multiple myeloma using 2014 IMWG guidelines¹⁵

- Clonal bone marrow plasma cells ≥10%, or
- biopsy-proven bony or extramedullary plasmacytoma^a and
- any 1 or more of the following myeloma-defining events:

	Comorbidity ¹⁵		IMWG Guidelines ¹⁵		
C	Hypercalcemia		Serum calcium >0.25 mmol/L (>1 mg/dL) higher than the upper limit of normal or >2.75 mmol/L (>11 mg/dL)		
R	Renal insufficiency		Creatinine clearance <40 mL/min ^ь or serum creatinine >177 µmol/L (>2 mg/dL)		
A	Anemia		Hemoglobin value of >2 g/L below the lower limit of normal, or a hemogloblin value <10 g/L		
B	Bone lesions		\geq 1 osteolytic lesion on skeletal radiography, computed tomography (CT), or positron emission tomography CT°		
S	60% plasmacytosis BM plasma cell infiltration ≥60%	Light cl FLC rat FLC (no involved	Light chains involved:uninvolved serum FLC ratio: Involved and uninvolved serum FLC (not urine FLC) ratio ≥100 (with involved FLC >10 mg/dL)		MRI ≥1 focal lesion >5 mm

BM=bone marrow; FLC=free light chain; IMWG=International Myeloma Working Group; MRI=magnetic resonance imaging.

Symptoms associated with multiple myeloma may be accompanied by recurrent infections due to a weakened immune system.¹²

Consider referring to an oncologist or hematologist if multiple myeloma is suspected. Early recognition and diagnosis are key to helping patients get appropriate care.¹⁶

^aClonality should be established by showing κ/λ light chain restriction on flow cytometry, immunohistochemistry, or immunofluorescence. Bone marrow plasma cell percentage should be estimated preferably from a core biopsy specimen; in case of a disparity between the aspirate and core biopsy, the highest value should be used.

^bMeasured or estimated by validated equations.

° If bone marrow has <10% clonal plasma cells, >1 bone lesion is required to distinguish from solitary plasmacytoma with minimal marrow involvement.

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