

## MULTIPLE MYELOMA

Multiple myeloma is a rare systemic malignancy of plasma cells (cells which form part of the blood system and which are found in the bone marrow), which either presents as a solitary lesion (termed plasmacytoma) or with wide spread systemic involvement (termed multiple myeloma or bone marrow cancer).

The latter is much more common and involves the bone marrow as well as the peripheral blood and immune system where specific abnormalities are often found. When diagnosed as a solitary lesion, it is often cured; when wide spread, long term cure is more difficult. It is however regarded as being slow growing in nature and good disease control can still be obtained for long periods of time.

Males with a median age of 65 years are affected more frequently. The onset is always insidious and non-specific signs and symptoms often mask the diagnosis. Myeloma usually presents as anemia, but can also present with bone pain, elevated calcium levels, renal failure and recurrent bacterial infections.

To establish a diagnosis and to determine the extent of disease the following investigations are useful:

- Bone Marrow examination
- Chest X-ray and/or skeletal survey
- Blood and/or Urinalysis

*Your doctor may require further investigations depending on your symptoms at presentation.*

### TREATMENT OPTIONS

*Treatment will depend on the nature and extent of the disease as well as on your general state of health.*

Treatment options include chemotherapy, radiation and bone marrow transplants. Radiation can be curative for solitary lesions, but it is mostly used for palliation of painful bony lesions in widespread disease with excellent responses.

Chemotherapy is the mainstay of therapy for the widespread format of the disease and can be given as oral therapy or more aggressive intravenous combinations.

Bone marrow transplant can be considered in highly selected cases (usually younger patients with excellent performance status) utilising aggressive chemotherapy upfront to select the most suitable candidates.

*The foregoing information is quite generalized. The specifics of your disease and treatment should be discussed with your oncologist to establish the optimal treatment plan for you as an individual.*