ATLANTA AREA MULTIPLE MYELOMA SUPPORT GROUP INC.

Meeting Minutes

Northside MM Support Group

February 7, 2026

Business and News

Thank you to Jim M. and Dirk B. who facilitated the virtual meeting with approximately thirty-five participants. Rosie Pruitt, a PA of Emory, joined us as a guest speaker at the meeting. We then heard updates from group participants and welcomed a new member, Jennifer D. The discussion ended with participants expressing appreciation for Rosie's insights and with Jim's reminder that March is Multiple Myeloma (MM) Awareness Month.

Guest Speaker

Rosie Pruitt, PA, has worked with the Emory Winship Team for over 7 years, commenting that she recognized many faces and names from the support group. Rosie joined the meeting to discuss her role with clinical trials (CTs), treatment options, and myeloma care. She talked about the challenges of coordinating patient care and screening for clinical trials. Rosie also addressed the availability of clinical trials at different stages of myeloma, impact of budgets at Emory, and emphasized the importance of individualized treatment approaches within the evolving landscape of myeloma therapy. Jim M. began the discussion by asking about MM clinical trials (CTs) at Emory.

Clinical Trial Related Q&A:

Q: What myeloma CTs are you (Rosie) working on at Emory? A: Rosie explained that she is involved with all the MM CTs at Emory, as she is extremely interested in them. There are currently 17 open MM CTs, not including those for MGUS and Smoldering MM (SMM) as well as those that open and close constantly.

Q: What are the biggest issues related to CTs? A: Rosie explained the challenges and processes involved in clinical trials, including screening, coordination of care, and the role of clinical research coordinators (CRCs) and clinical registered nurses (CRNs), noting that new CRNs have been added to improve CT patient care at Emory. CT screening eligibility and signup processes are challenging due to the regulations with strict time limits. There is a 28-day window with lots of tests and coordination required. It becomes easier once a patient is accepted on a CT.

Q: Why does a patient sometimes feel disconnected with their regular doctor when they participate in a CT?

A: This is a coordination of care issue that Emory is actively working on to improve. The Phase 1 clinical trials, and Phases 2, 3, and 4 CTS are run by two separate units. The disconnected feeling is more likely to happen in Phase 1 CTs using new drugs because Phase 1 unit is closely scrutinized with assigned people involved, and several levels of regimens and protocols. In Phase 1 CTs, patients work closely with the CT care provider, rather than with their regular doctor. In Phases 2, 3, and 4 CTs patients see both their CT doctor and their regular doctor, so the connection to their regular doctor continues to feel intact.

Q: When can patients enroll in CTs? A: It depends on the individual. Some patients enroll in CTs as a first line therapy, prior to other treatments and some enroll later after having already received other treatment(s).

Discussion continued with eligibility of clinical trials for patients with second malignancies like melanoma.

After the CT discussion Rosie continued answering many other questions for us.

Q: Some patients never get a paraprotein (M-protein) level = zero after a stem cell transplant (SCT). Does this affect life expectancy? A: Deeper remission after SCT usually indicates longer remission. Sometimes the use of maintenance drugs after a SCT results in a reduction of paraprotein, and some patients reach MRD-negative using maintenance drugs post SCT. The goal is to control the paraprotein level, not that the number is zero.

Q: What determines when or if a patient is taken off maintenance Revlimid post SCT? A: This decision is very specific to the individual. Factors considered include if the patient is MRD-negative for three consecutive years post SCT, if taking Revlimid is impairing the patient's quality of life, or if taking the drug is not beneficial to the patient.

Q: Is there a cut-off date for IVIG infusions? A: Insurance companies typically consider paying for IVIG therapy until IG levels are around 400 mg/dL.

Q: How is typical light chain MM different from non-light chain MM? A: Light chain MM involves plasma cells producing only the light chain portion of the immunoglobulins, without the heavy chain portion. Non-light chain MM produces intact immunoglobulins that contain both light chains and heavy chains.

Q: What are there any known long term negative side effects to being on Revlimid? A: Developing a secondary cancer is a side effect of Revlimid, but it is exceedingly rare. Long-term use of Revlimid after Melphalan increases the risk of developing a secondary cancer. If a

patient must stop Revlimid because of toxicity or intolerance there are other treatments available

Q: There is research about conducting a full body MRI to identify any EMD when a PET scan may not identify it. Any update? A: A full body MRI is not necessary to identify extramedullary disease (EMD), which is not usually subtle when it occurs and can be identified in other ways such as PET scans.

Q: Post CAR T, I was put on Pomalyst for maintenance. Is that considered normal? A: Yes, Pomalyst is being used for post CAR T maintenance to keep CAR T cells engaged and extend remission without a lot of side effects.

Q: When do the side effects of Talvey begin to relax? A: After around 3 months.

Q: Are there studies that track the prevalence of cataracts and high doses of Dex? A: Cataracts are a known side effect of Dex, which can increase the rate of naturally occurring cataract formation or cause cataracts.

Q: For someone on a bi-specific regimen, is there a need for storing T cells for later CAR T use? A: No, we do not store T cells for later CAR T treatment like we do with stem cells in preparation for a future stem cell transplant.

Q: We were told that some patients get Parkinson's following CAR T. How prevalent is that? How is this treated? A: What some patients experience is not true Parkinson's disease (a dopamine deficiency), but rather, disease-like symptoms (parkinsonism) post CAR T-cell therapy, caused from a rare, delayed autoimmune-like process. Symptoms such as a shuffling gait and issues with balance, motion, speech, hoarseness, handwriting, and personality changes may be present. This is rare, but is a definite side effect of CAR T. We are still learning how to intervene to mitigate and be proactive in controlling it.

Discussion & Updates

MaryAnn achieved zero M-spike in July, followed by a spike in September and recent increase to 0.18. Her local oncologist is focusing on monitoring the immunofixation results rather than the M- spike at this time.

Sandy W. is on Day 45 post CAR T treatment and is doing well. She shared her recent experience as an outpatient on CAR T treatment at the Mayo Clinic in MN. The clinic uses a remote patient monitoring (RPM) program that was efficient and impressive. She was provided with a kit that contained a BP cuff, thermometer, pulse oximeter, and a tablet for monitoring purposes and was required to enter her personal medical vitals data four times a day. Sandy explained that Mayo has a huge CAR T center and along with patient daily RPM recording for post CAR T monitoring. She was also onsite every day for two weeks. The online RPM system was also used for questions and communication with quick response times. The only side effects that Sandy experienced from her CAR T was on Days 10 & 11 when she developed low blood pressure and a fever, but she was never hospitalized. She has returned to Atlanta and is following the protocol that Mayo provided, getting weekly blood monitoring and plans to share her monitoring experience at Mayo with her local doctors. Marilyn M. commented that normal IG numbers are not always a barrier to IVIG approval. She has been on IVIG therapy since October 2024, and it has helped her immune system tremendously. For her, despite having high in-range numbers, the immunoglobulins were not working properly, and she was experiencing a lot of serious illnesses and frequent infections. Marilyn had to push to get IVIG approval by her insurance and urge others to do the same if needed. An infectious disease doctor approved IVIG therapy for her, not her oncologist. Several others commented that they have also experienced big benefits with IVIG

therapy, including Jim M. who used it to boost his immune system and recover from the flu.

Submitted by Wendy R

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Meeting Minutes

Southside Virtual MM Support Group

Saturday, February 28, 2026

Next Meetings: General. Saturday, March 28 @ 10:30 AM (Hybrid). In-person at Evelyn G. Lowery Atlanta/Fulton County Library. Speaker – Danielle Roberts, PA-C, Emory Winship. What's the meaning of this lab result?

For Men (with Myeloma) Only. Tuesday, March 24 @ 6 PM – Virtual Only.

We opened the meeting with a series of deep breathing exercises as centering. We welcomed three new members. Laura (and husband Victor) was diagnosed in the spring of 2023 with smoldering myeloma which quickly progressed to active myeloma. She had a SCT (Stem cell transplant) in July 2025 at Emory Winship. She did not have many side effects in the hospital but was diagnosed with pneumonia when she went home. She is currently being treated by Dr. Gupta at Emory and had a port implanted for weekly infusions of Kryprolis with oral Pomalyst. Side effects now are pretty bad with constant mouth sores, like a bad sunburn. She had shingles around her eyes, which took her to her ophthalmologist with a damaged retina. She has dry eyes, as she was told the retina helps to provide moisture for her

eyes. This treatment regimen is scheduled to be a three-year plan, but with less than six months in, there are concerns.

The ophthalmologist was a prior blood cancer patient and referred her to an oncologist for with suspicion of myeloma. Laura is also experiencing depression, anxiety, and difficulty sleeping. Her primary care doctor is addressing the sleep issue with medications and working on improving her appetite. She is working to increase protein in her diet. Laura has a progressive weakness which is being addressed. She has had a PET scan which showed tumors on her lung and pancreas. She was referred to the Support Group by an Emory Social Worker (Aya Khaleed Naser). Her primary concerns are her lack of appetite and sleep. She also felt alone with the diagnosis. Laura raised many important issues in her detailed description of her myeloma: how quickly she went from smoldering to active myeloma; her shingles being the sign that sent her for further testing; the need to address additional symptoms like depression and anxiety; communication between her primary care doctors and ONC/HEM specialists; and options when a three-year plan is a problem in month five. Most comments from the group spoke about the importance of having a candid conversation with her doctor. Some thoughts for questions include reducing dosages, expectations for the duration of symptoms, other options for changing regimen altogether.

Eva W. is a nurse and was diagnosed in October 2022. Her symptoms were back pain, which was diagnosed as sciatica and referred to Physical Therapy (PT). She had a battery of lab test including a colonoscopy. Symptoms included nausea/diarrhea, dehydration. Her calcium was high. She had a bone marrow biopsy which confirmed her myeloma diagnosis. Eva is from Virginia but has moved to Georgia to be near family. She sees Dr. Gupta at Emory and was in remission for a year. She had Carvykti CAR-T. She has been advised that options

include a clinical trial or maybe a second CAR T. Nancy was concerned about the wisdom of a second CAR-T so soon. Gail suggested she talk with her doctor about ALL her options, write them all down with their benefits and risks, go home and research, come back with more questions and concerns. Ask your doctor how much time you have to make some decisions.

Raymond is in Michigan and located the Men's Only Group through the IMF website. Central Michigan has no Support Groups at this time, and he is considering starting one. He was diagnosed in November 2025 and had been anemic for 2 years. He saw an oncologist, but after meeting with Men's Only group decided to see a myeloma specialist. He has about 10% plasma involvement, no bone lesions, or outside the bone (extramedullary) evidence. His light-chains were high. He wanted to hold off on treatment with his doctor's support so he could take his grandson to Europe. One of Raymond's questions had to do with financing this very expensive cancer treatment. Financial toxicity can be at least as devastating as chemical toxicity. We were near the end of the meeting, but Gail pointed out several resources to learn about, including Blood Cancer United (see our January minutes), Healthtree (Diahanna Valentine), and links included in the Agenda for this February meeting. We can revisit it at another meeting. Nancy may be able to direct him to start an IMF Support Group for central Michigan, as she worked with them for many years.

***Happy 20th Anniversary Southside ATL!* We celebrated Doris as the founder of the Southside ATL MM SG. 2026 is the 20th anniversary for the group. Doris said her ideas for the group were for people to learn about myeloma, to care about each other, no sadness, just uplifting. Others thanked Doris for her wisdom and many years of commitment. Nancy mentioned how many lives we have touched in that time. Joyce J. said the SG literally saved her life. Thirteen years ago, she was**

looking for a SG on a disease she had never heard of and found Doris. It was the meetings in person, the uplifting dynamic and the love Doris spread throughout.

For Men (with Myeloma) Only

Anderson and Ted reported they had a great meeting in February. The group has become a "family" of men listening, supporting, sharing about myeloma successes and challenges. They always have stimulating conversation – and welcome all the men with myeloma. They meet virtually for just one hour and try to respect the time of those who attend. Dirk shared that some men might feel more comfortable sharing among other men and in a smaller group. Raymond joined their last meeting. They were encouraged to get contact information from any new men who join, so we can add them to our list for future meetings and communication.

Blacks and Myeloma

February was observance of Black History Month. We shared (in your meeting agenda) several videos and other resources on Blacks and Myeloma. Myeloma is the most prevalent blood cancer in Blacks. Blacks are 2-3 times as likely to be diagnosed with myeloma as whites. Blacks are diagnosed at younger ages, take a longer time to be diagnosed, and die earlier from myeloma than whites. Blacks represent about 20% of myeloma patients, and about 4% of those participating in clinical trials. There are disparities and inequities from incidence of the disease to mortality. These are the reasons for special emphasis on this population, including IMF's MPower program and other programs at Blood Cancer United and Healthtree. We encourage this population to get family members to participate in the Promise Study (promisestudy.org) to help determine their risk of getting myeloma.

Myeloma Vocabulary and Medication classes. This is a brief description of myeloma medications. There are different kinds of myeloma and medications may be different for newly diagnosed and first line treatment versus medications used after relapse. Use this as information to help with conversations with your myeloma team. There are brochures that are more detailed at IMF's web site - myeloma.org. See APPENDIX for chart.

Myeloma Awareness Month

A number of members offered ideas of how we could spread the word of myeloma. Some ideas were to present to small groups – of family members, church members, sororities and fraternities. We stressed that sharing myeloma (not melanoma!) definition and side effects with one person could mean a lot. Other ideas included placing flyers in pharmacies, primary care doctor's offices, and churches (Sandy, Doris, and Dirk). Book clubs and senior groups (Alma) are other places to share. *We did not mention libraries where we meet each month!*

Gail will reach out to about 8 Georgia landmarks to ask that they participate in the "Light the World Red" international awareness initiative. She will also reach out to select Atlanta NPUs (Neighborhood Planning Units) to see if she can present at their March or April meeting.

Patients and Care Partner Voices

Nancy asked what questions new patients might have. There are patients/care partners who have been on the journey for over 10 years. There have been many new medications and discoveries in myeloma over the past 20 years. We highly recommend you choose resources that are of interest to you. Don't try to learn everything at once. Quality of life is extremely important and something to discuss

with your doctor. Laura shared that her heme-onc had recently reduced her Kryprolis dosage. Nancy's husband was diagnosed in 1998, when there were few resources. They gave him two years to live. He lived for 12. Fight for a good quality of life. Doctors have a lot of options, but they are very busy. Take the time with them you need. Be an informed best advocate for your own health.

Sandy W. noted how well all these new patients articulated their myeloma journeys, how well they seemed to grasp the complicated myeloma vocabulary, and areas where they may have concerns or questions. Their knowledge of their disease in these early stages is remarkable, and we should not take this for granted. Having just gone through CAR-T, there were over 50 side effects that her team was still trying to figure out. You (patient/care partner) are a part of this team – it's happening to you. You must share your side effects and ask questions that lead to both the control of myeloma and the quality of life you need over your lifetime with this "chronic disease." Because people are living much longer with myeloma, it is now often referred to as a chronic disease versus an incurable cancer.

David's updates on myeloma research and treatment. David shared a video from Dr. Lonial on CELMoDs. CELMoDs are next generation of IMiDs (Revlimid, Pomalyst, etc.) actually kill the cancer cells (cytotoxic). These drugs are more effective in this class. FDA approved the drug use in February. More of generic Revlimid will be on market. The patent for BMS was terminated in January (drugs.com). There is a new CAR T, called Anito-cel. Anito-cel targets the same protein, BCMA (B-cell maturation antigen) targeted by currently approved CAR-T therapies like Abecma and Carvykti. In clinical trials for over 5 years, benefits show improved effectiveness (over 90%), fewer neurological side effects like CRS, improved safety profile, and high

maintained effectiveness. Not yet FDA approved. A study showed that Carvykti may be more effective than Abecma as a CAR T therapy.

Additionally, Hearn Jay Cho, chief medical officer of the Multiple Myeloma Research Foundation (MMRF), said the 80 percent of patients whose cancer hadn't progressed after three years on the Tecvayli-Darzalex combination is unprecedented. "It didn't just outperform the control arm," he said. "It smashed it." Darzalex latches on to myeloma cells and flags them for the body's immune system to eradicate. Tecvayli grabs on to myeloma cells and the body's T cells and brings them together to kill the cancer. Combined, the drugs deliver a one-two punch. The foundation is researching the optimal dose of Tecvayli with support from Johnson & Johnson. "It's like conducting an orchestra," Cho said. "It's not like dropping a bomb."

We don't often have reports from the MMRF, but during the past month, the MMRF has had lots to share. IMF, MMRF, and Healthtree are all organizations founded by at least one patient (IMF founded by patient, care partner, and physician). All seek to close the gap between patient-doctor-healthcare systems. Highlights from MMRF news includes: updates on the CoMMpass study on how the immune system behaves in myeloma; several critical discoveries to describe specific immune system changes in myeloma patients over time; The MMRF Immune Atlas data that powered this research was born out of the MMRF's seminal CoMMpass Study, the largest, most detailed myeloma dataset available today; just launched its agile, next-generation Translational Research Umbrella (TRU) program to answer some of the most pressing questions facing multiple myeloma; and innovations in clinical trials called the Horizon Clinical Trials program, which is run by the MMRF's Multiple Myeloma

Research Consortium® (MMRC®). Please go to your "Agenda" from February for more details.

Resources, Educational Opportunities, Updates

Blood Cancer United (formerly LLS)

- **Free Service – Highly trained Information Specialists -- Nurse navigators and oncology Social Workers are available to you to answer questions and help guide you. Clinical Trials information available. M-F, 9AM -9PM. Call: 800-955-4572.**

- **Unite to Nourish: Nutrition Pre- and Post-Autologous Transplant. Webcast Replay from Jan 29. https://bloodcancerunited.org/resources/educational-resources/webcast/unite-nourish-nutrition-pre-and-post-autologous-transplant?utm_source=sfmc&utm_medium=email&utm_campaign=Nutrition+Webinar+Jan+2026+REPLAY+-+non-gmail+24+months&utm_term=https%3a%2f%2fbloodcancerunited.org%2fresources%2feducational-resources%2fwebcast%2funite-nourish-nutrition-pre-and-post-autologous-transplant&utm_id=796185&sfmc_id=344642147**

CURE

- **Iberdomide and the Rise of CELMoDs in Multiple Myeloma. Dr. S. Lonial. Video – 1:12. https://www.curetoday.com/view/iberdomide-and-the-rise-of-celmods-in-multiple-myeloma**

Healthtree Foundation

- ***Black History Month Webinar. 90-minutes - REPLAY. Dr. Blue and** others. https://healthtree.org/myeloma/community/events/feb26-black-myeloma-health-progress

- Technology, Trust, and Our Health: Understanding AI in Cancer Care. Webinar Replay. https://healthtree.org/myeloma/community/events/jan26-black-health-ai-cancer?utm_source=intercom&utm_medium=email&utm_campaign=followuprecording&utm_content=general

IMF (myeloma.org)

- New Special Interest Support Group. “Myeloma in the Middle”…meets the last Tuesday of each month at 7:30 ET.
- Myeloma Action Month (MAM) 2026. March is Myeloma Action Month (MAM). This year, the IMF leads the global myeloma community to come together and show what it means to be #MoreThanMyeloma. From lighting up landmarks in red, to sharing powerful patient stories and live expert events, there are many ways to get involved and make an impact.
- Legislative Advocacy Master Class (LAMC). a 12-week immersive advocacy training course, and a combined collaboration between the International Myeloma Foundation and Patients Rising—"a leading grassroots patient advocacy organization. For more information on the Advocacy Master Class, email Michael Riotto at mriotto@myeloma.org.
  - *ASH 2025 Myeloma Update: Bispecific Antibodies & 3-Year Remission Data. Dr. Joe. Video – 8 min:30 sec. https://www.myeloma.org/videos/ash-2025-myeloma-update-bispecific-antibodies-3-year-remission-data
- Smart Patients: https://www.smartpatients.com/partners/imf

MMRF - https://themmrf.org/

Groundbreaking New MMRF-Led Studies Shed Light on Immune System's Role in Multiple Myeloma

- **The immune system and myeloma. Nature Cancer (article)… to better understand how the immune system behaves in myeloma, the team studied bone marrow samples from 337 newly diagnosed patients who enrolled in the MMRF's CoMMpass Study.**
- **Blood Cancer Discovery Journal article: Findings from large MMRF dataset…102 patients. By following these patients and collecting unprecedented data, the team made several critical discoveries to describe specific immune system changes in these patients over time:**
- **Patients who had longer remissions after stem cell transplant had more B-cells (a type of immune cell) that were "naïve," meaning that they hadn't been exposed to myeloma cells before.**
- **When patients had high levels of inflammation, their immune system had a harder time forming a lasting "memory."**
- **In about 40 percent of patients, myeloma cells activated the expression of genes encoding certain "cancer-testis antigens" not normally part of risk models.**

Overall, the paper showed…immune system's ability to recover after treatment strongly predicts how long patients will stay in remission. Measuring immune health after treatment may eventually help doctors identify patients who are at a high risk of relapse and then

optimize their treatment. This study also opens the door for further research into targets for immunotherapy and other strategies to strengthen patients' immune systems. The MMRF Immune Atlas data that powered this research was born out of the MMRF's seminal CoMMpass Study, the largest, most detailed myeloma dataset available today. This collection of patient data and clinical outcomes, tumor genomics, clinical samples, and Immune Atlas data is publicly available to the scientific community and continues to generate new insights. This dataset, by virtue of size, multi-center origin, and MMRF's commitment to rapid data sharing, will facilitate a variety of new insights.

- **The Multiple Myeloma Research Foundation® (MMRF®) has just launched its agile, next-generation Translational Research Umbrella (TRU) program to answer some of the most pressing questions facing multiple myeloma patients now.**
    - **TRU builds on the CoMMpass Study and Immune Atlas, two landmark MMRF data-generation initiatives that changed our understanding of multiple myeloma. Leveraging cutting-edge technology and partnerships with top medical centers, TRU enables us to rapidly gather data about how patients respond to treatments in the real world.**

Innovations in Clinical Trials

- **The Horizon Clinical Trials program, which is run by the MMRF's Multiple Myeloma Research Consortium® (MMRC®), is innovative by design, starting with the fact that it's aiming to optimize treatments for patients with significant unmet need. Horizon One is enrolling patients with relapsed and refractory multiple myeloma, while the forthcoming Horizon Two trial will enroll high-risk, newly diagnosed patients.**

  - **Horizon is what's known as an adaptive platform clinical trial. This unique design allows investigators to test several treatments at the same time and has built-in flexibility to add or remove therapies in real time—all with the goal of generating data and insights at an accelerated pace.**
  - **The MMRC's Horizon trial is working to reach the broadest myeloma population—and succeeding. As of now, more than 25 percent of patients enrolled in Horizon One identify as Black. Seventy-one percent of patients are 71 or older, with more than 20 percent between 81 and 90 years old, percentages that are rarely, if ever, seen in other myeloma trials.**
  - **Horizon One is also working to enroll across a mix of geographical locations, including in rural areas and at 25 community hospitals and clinics. Working closely with the MMRC's Health Equity Advisor Dr. Craig Cole of Karmanos Cancer Institute, the Horizon team has surveyed MMRC sites, collecting data and insights about why patients enroll and, importantly, why they don't.**

Patient Empowerment Network

- ***Strengthening the Patient-Provider Partnership in Myeloma Care - Roundtable. Video - 44 min. https://powerfulpatients.org/2025/06/18/hcp-roundtable-strengthening-the-patient-provider-partnership-in-myeloma-care/?utm_source=PEN+Connect+List&utm_campaign=7f9ea80c46-EMAIL_CAMPAIGN_2025_06_24_07_47&utm_medium=email&utm_term=0_-16df1fc5fa-540581198**

Patient Power

- On Jan. 27, the U.S. Food and Drug Administration (FDA) approved the addition of daratumumab and hyaluronidase-fihj (Darzalex Faspro) to the standard three-drug regimen of bortezomib, lenalidomide, and dexamethasone (VRd) for patients who are ineligible for autologous stem cell transplant (ASCT). Regulators at the FDA based their decision on the four-drug combination, known as D-VRd, on results from the phase 3 CEPHEUS clinical trial. The study included 395 adults with newly diagnosed multiple myeloma who were not eligible for autologous stem cell transplant (ASCT) or chose not to receive a transplant. Trial participants were randomly assigned to receive either D-VRd or VRd alone.
- Stem Cell Transplant Recovery for Multiple Myeloma. Narrative on what to expect in weeks and months following the procedure. https://www.patientpower.info/multiple-myeloma/stem-cell-transplant-recovery?ap=nl2159&rhid=6219a20b5bfc30348a38f5fa&lid=6477566&mkt_tok=NTQxLUdLWi0yNDMAAAGgLwfJol6pGjUOnb1xIOgzqTO1OWunFEA7R3NB_LacXMwtfzZNWrOdECYhE4yamE5vmyBp7ImBS73nJcfa1Q0naT0Py7Jd6AAJh8qsV2u8XLpd
- Book: Sheryl Sandberg’s Option B: Facing Adversity, Building Resilience, and Finding Joy. “Option A is Never Coming Back.” https://www.patientpower.info/multiple-myeloma/option-a-is-never-coming-back?ap=nl2159&rhid=6219a20b5bfc30348a38f5fa&lid=6477566&mkt_tok=NTQxLUdLWi0yNDMAAAGgLwfJotyrLO6qX_IKb1EYxc

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- **“Scanxiety” Continues to be Significant Issue for People with Cancer, Study Finds.** https://www.patientpower.info/navigating-cancer/scanxiety-continues-to-be-significant-issue-for-people-with-cancer-study-finds?ap=nl2165&rhid=6219a20b5bfc30348a38f5fa&lid=6477566&mkt_tok=NTQxLUdLWi0yNDMAAAGgKfytIEs1-orZxysu-aZ6V0eZV6_pnBLTuQ-uzC1cHlQL4NGdZKq6pyeiT0cuB_IqBNLGlKUVPb9EuXvAI_qAHgWwmajiseDV_lvFyXO4B_a4
- **What Is the Most Important Blood Test for Multiple Myeloma? Narrative about SPEP and other important tests.** https://www.patientpower.info/multiple-myeloma/most-important-blood-test?ap=nl2159&rhid=6219a20b5bfc30348a38f5fa&lid=6477566&mkt_tok=NTQxLUdLWi0yNDMAAAGgGlLQRShl2zMW71SWRTnLYaaBIeDeYel2gy7CghX-I_A97nU1izXkLqwdr77G4LW_134Darjzz1OR9x3CybDyGtsl9Co1XrQbiYj0reBJx2cV
- **Prepared List of Questions to Ask Your Doctor About Cancer Diagnosis and Treatment. Some questions to help you with your conversation with your doctor.** https://www.patientpower.info/navigating-cancer/essential-questions-your-starting-point-for-navigating-cancer-diagnosis-and-treatment?ap=nl2159&rhid=6219a20b5bfc30348a38f5fa&lid=6477566&mkt_tok=NTQxLUdLWi0yNDMAAAGgCuAeAcBBj3Wn2Qj

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Respectfully submitted, gail

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