ATLANTA AREA MULTIPLE MYELOMA SUPPORT GROUP INC.

Meeting Minutes

Northside MM Support Group

March 7, 2026

Thank you, Nancy B, for hosting the meeting of the Atlanta Area Multiple Myeloma Support Group held on March 7. There were 35 participants in attendance. The discussion included patient updates, treatments, and evolving therapies for multiple myeloma. The session shared real-world experiences with a focus on stem cell transplants, targeted CAR-T and bispecific antibodies therapy, patient experiences with side effects, disease relapse and progression, and quality of life issues. Both long-term survivors and newly diagnosed or relapsed patients participated, offering perspectives across different stages of the disease.

Patient Updates

Sandy B, long-term survivor (36 years post-diagnosis) reported maintaining stable myeloma disease at 0.4-.5 and has been taking 15mg Revlimid for over fifteen years. Her side effects include dental complications from oral infections and receding bone structure from 20+ years of bone-strengthening drugs. Doctors are now aware of the long-term effects and have limited Zometa type drugs to 2-3 years. Sandy also suffers from chronic neuropathy in her hands and feet originating from her first treatment, Thalidomide, which interferes with her walking and mobility. Despite these ongoing limitations she is *grateful and humbled to still be here enjoying the support group, listening to others, and seeing what she can share or learn to help live* *better.* Sandy stands by her statement: “Myeloma is not the end of life. You can still have a good quality life and do the things you enjoy. You learn how to live with it.”

Jennifer has SMM and is near completion of a clinical trial in March at Emory. Dr. Joseph and Rosie are her healthcare team. Jennifer is doing great, her M-spike is currently one gram, and she is taking alpha lipoic acid for her neuropathy which greatly reduces the effects to a numb tingling in her feet. She has already harvested stem cells for future use. Jennifer is looking at going straight to CAR-T through a clinical trial.

Belinda C. received her CAR-T in a clinical trial (CT) from MD Anderson last year. She is off all treatment drugs, and her biopsies have shown no myeloma since the treatment. She is not totally at zero but is nearly non-detectible. Belinda had a stem cell transplant at Emory last year in April that didn’t work. Emory would not offer treatment for six months, so she chose to go to MD Anderson in Houston, TX for a CAR-T clinical trial immediately rather than waiting. She was one of only two patients that were eligible and had to return to MD Anderson weekly during treatment as an inpatient. All the travel arrangements were handled for the CT. Her trial modifies the T cells and incubates them for just two weeks prior to infusing them back into your body as “teenage cells.” Belinda experienced no side effects from the CAR-T. She is feeling great and is glad she went to MD Anderson for treatment. She professes the importance of getting a second opinion from a myeloma center.

Jeff W. had CAR-T therapy in January 2024 at Emory. He started with RVD but was refractory since his myeloma is IgG with 11/14 translocation. Dr Kaufman recommended a clinical trial using Venetoclax which Jeff was in remission for over 5 years. Once his myeloma began progressing, Jeff was eligible for CAR-T as a third line of therapy. He collected stem cells prior to treatment. His treatment went very well with minimal side effects. Jeff’s T-cells were sent to J&J for modification. J&J offers travel reimbursement for patients living further than 30 miles from participating institutions through the CARVYKTI program. It includes expenses for transportation, lodging, meals and incidentals for the patient and caregiver during the screening, infusion and 30-day monitoring period.

Laura is new to the support group. She has tumors in her pancreas and lung and is scheduled for a PET scan to determine if they are malignant. Her oncologist is in Canton and she also sees Dr. Gupta at Emory. She received a stem cell transplant but still has the myeloma. She is interested in hearing more about clinical trials and thought her days were numbered before attending the meeting.

Sandy W received her CAR-T at the Mayo Clinic in Rochester, MN on Christmas Eve. She is at day 72 post treatment and is doing well with very few side effects. Patients are required to stay within 30 minutes of the CAR-T center for up to 30 days post treatment. Since she lives 40 miles from Emory Winship, she chose to go to Mayo as an outpatient. She had her SCT in 2013 at Mayo as an outpatient and stayed at the Gift of Life House for tumor and blood cancer patients in Rochester. The CAR T department handles all post treatment monitoring for up to 40 blood cancer patients a day. The nursing staff is very thorough and compassionate. Mayo uses an RPM Remote Patient Monitoring system that allows outpatient access while providing vitals online (BP, temp, O2, heart rate) directly to the clinic 4 times a day. This keeps patients and caregivers (eyes and ears) engaged on potential adverse effects from the CAR-T. Sandy developed low blood pressure and fatigue at Day 10 followed by a fever on Day 12. Quick response from LLC staff warded off any significant issues. Her bone marrow biopsy (BMB) came back MRD-neg (minimal residual disease), no myeloma present in bone marrow and an 80% reduction of active myeloma visible on the PET scan. It was a great experience even at 10 to minus 20-degree weather.

Nancy Y had her CAR-T cell infusion 19 days ago at Northside. She lives a half hour from the hospital and was able to go home every day, preparing meals and doing activities around the house. She was hospitalized for four days due to a fever and observation for any additional symptoms. Nancy was diagnosed in 2007 and had 2 stem cell transplants (SCT) back-to-back at Northside as an outpatient. She was in remission for six years without maintenance. Nancy stays active, exercises to avoid neuropathy and pain. She enjoys line dancing. long walks and gardening once her immunity returns. Keep moving is important for your circulation and keeping up your strength.

Joe H will be post CAR T one year milestone in April and still doing quite well. He has been taking Pomalyst for the first year for maintenance after treatment. Dr. Lonial thinks it will energize the CAR T cells a little more, making everything last longer. Joe received CARVYCTI treatment without side effects.

Rodolfo N is new to the group. His daughter, Sandra, is also attending to learn from the discussion.

They are hopeful with so much information that has been shared. Rodolfo was diagnosed in 2023. He had a SCT and just recently relapsed after two and a half years. He is currently on Revlimid but is not responding. Rodolfo has an appointment with the transplant oncologist to hear what is available. They are glad to find the support group and the members who share their stories and learn about clinical trials and second opinions. Rodolfo lives in Roswell and Sandra is in New York.

Joyce was diagnosed in 2012 and has received three stem cell transplants. Her doctor has mentioned CAR T as her next line of treatment at Northside. She is glad to hear of the successful outcomes with CAR T but is still nervous of the adverse effect of possible death. She has been on DPd (Dara/Pom/dex) for three and half years. Her numbers are all in the normal range and is still in remission. The longer you wait, the more treatments will advance, and new options will become available. Joyce is also looking into bispecifics as treatment alternative along with developing T-cell modification within your own body. Clinical trials make all these advancements a reality.

Group Discussion

Several members report years of remission following stem cell transplants or CAR-T therapy, reinforcing that multiple myeloma can be managed long-term   Alpha lipoic acid has been recommended for neuropathy in combination with L-carnitine. Patients emphasize maintaining quality of life by staying active and adapting to chronic side effects such as neuropathy.

Bispecific therapies are discussed as another form of immune therapy that redirects T-cells to kill myeloma cells without harvesting them from the patient. Unlike CAR-T, bispecifics are described as ongoing treatments (weekly → bi-weekly → monthly infusions). Some patients report significant side effects (taste changes, weight loss, skin/nail issues) but note that the drugs can still be effective when other treatments fail. Optimal sequencing of CAR T vs. bispecifics is still under study.

Stem transplants remain an important option, with some patients achieving multi-year remissions. Some hospitals perform transplants outpatient to reduce infection risk while others emphasize inpatient monitoring to reduce patient risk. Infection risk is one of the greatest concerns for myeloma patients, even in remission. Precautionary measures of long-term antiviral medications, IVIG infusions and close monitoring for fevers and neurological symptoms. Practical strategies shared include masking, limiting exposure, and using personal air purifiers during travel. Patients emphasized the importance of exercise, physical activity, and nutrition as critical components of long-term health and recovery.

Jim and Dirk talked about Northside Hospital. Dirk had his transplant there and received excellent care. Dirk noted that Northside does not promote their services as much as Emory, but they took good care of him. Northside also does CAR T for many other blood disorders, and they do stem cell transplants mostly as outpatient. Nancy said that her husband had his transplant at Northside as an outpatient but had to spend one week inpatient due to a fever. He got eight years of remission from the transplant and that was before maintenance was the standard. Joyce had three stem cell transplants at Northside, and they were all inpatient per her request. They all went well. The staff were excellent. Marilyn noted that she went to Northside, and it seemed that they had more resources for financial assistance.
Nancy noted that Northside will be giving a presentation to our group in the coming months. Stay tuned for announcements.

Sandy W made one more point regarding CAR T versus bispecific. She had two choices and really had to look at it and what led her towards the CAR T was that it's still being boasted, more or less, as the one and done. Or they'll just put some short maintenance after it. Bispecific, you need to do it long-term. So, she wanted to get a break from treatment long enough to do some other things. They're still trying to figure out which is the best sequencing. Some experts were saying, CAR T before bispecifics but that probably will change over time, or maybe it won't be a difference. But there's a lot of data that is still being assessed.

Joyce asked about the definition of long term bispecifics. Sandy W responded that you start weekly and then graduate to bi-weekly and work up to once per month, based on how well you are tolerating the treatment. Treatments continue until the myeloma returns or it is stopped due to side effects. This could change with more patients using this option. Although CAR T is one and done, Joe is on Pomalyst maintenance. Revlimid and Pomalyst are immunomodulators, which juice up the immune system to fight the myeloma. Using these as short term maintenance is expected to make the T-cells last longer against the myeloma. We will watch the data on this.

Belinda talked about her CAR T experience at MD Anderson. She was on IVIG monthly for six months to boost her immune system. She was also on Bactrim for infections and an ant-viral treatment to avoid shingles. So, it is not really one and done. Then she is going to get all her vaccinations again. Jeff said that Dr. Kaufman told him that he did not need childhood shots over again because it is not like a stem cell transplant where they kill your immune system. He said that he is off the IVIG and Bactrim but still takes the anti-viral daily which is standard for most MM patients. Belinda said that MD Anderson had a test to see if she needed the shots and she does need them. She said that her myeloma was different since she has three negative markers.

Jim M joined the meeting with an update. He went on a clinical trial last summer that didn't work. Now he is on the bispecific drug talquetamab (Talvey) since right before Christmas and it has been tough. The challenge is to keep on weight when you lose all your sense of taste and smell. The skin and nail issues are no big deal but the struggle to eat solid foods is difficult. His goal is to see how many calories he can get in a day. He drinks lots of protein drinks and some of his taste is coming back. He went through increased dosing, and the third dose created the food problems. In January he had the flu, which delayed treatment. Most important is that his light chains are normal and the paraprotein keeps dropping. So, it is working! Talvey looks for a different target on the MM cell. It is different from the other bispecifics and CAR T treatments.

Nancy talked about all the new choices with immune therapy. Patients and care partners need to do research to have a meaningful discussion with their healthcare team. There are a lot of resources (at the end of the newsletters). Use them and get familiar with the terminology and options. Watch the videos and use the chatbot to ask questions here - Find Multiple Myeloma Information & Support | IMF . Look at the references sent on the Southside monthly agenda. Great videos on many different sites!

Be your own best advocate. Ask questions. Seek second opinions. Consider clinical trials. Remember, the caregivers are essential partners who also need support and self-care.

Submitted by Sandy W and Nancy B

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Meeting Minutes
Southside Virtual MM Support Group
March 21, 2026

Next Meetings

Southside meeting Saturday**, April 25, 2026, at 10:30 AM. (HYBRID).** Presentation: Palliative Care Explained *AND* optimize your use of IMF Resources. Speaker: Katie Atkins, MSW, LCSW, LCAS, CCS, OSW-C Associate Director, Support Groups

"For Men (with Myeloma) Only: Tuesday, April 28, 2026, at 6:00 PM (VIRTUAL ONLY)

Business and News

Thank you Gail for hosting the March meeting. The Southside group started with two minutes of deep breathing to relax and refocus energies on the meeting going forward. It reduces stress and develops correct breathing techniques through daily practice.

Gail welcomed a new member, **Beatrice R,** who was invited by Paulette at a Healthtree event. She attends the Blood Cancer United/LLS and Northside Hospital cancer support groups. Beatrice was diagnosed in 2023 with 'non-iron deficiency anemia' with severe fatigue and hair loss symptoms. She was also dealing with a lay-off and her ill father dying. After a battery of tests, Beatrice was diagnosed with multiple myeloma. Her initial treatment was four cycles of VRd followed by a SCT (stem cell transplant) which were not successful. Northside supported her financial issues. The social workers were instrumental in setting her up with the funds needed for her myeloma journey. Through her research, Beatrice found out that Northside doctors were general oncologists, not myeloma specialists. From Healthtree, she was referred to as a second opinion to Dr. Lonial at Emory Winship . She learned a great deal about her myeloma, including being at high risk with mutation t(11;14). Beatrice is stable in VGPR (Very Good Partial Response) on Darzalex/Pomalyst. She developed *steroid-induced diabetes* from dex.

Guest Presentation

Gail introduced **Danielle Roberts, PA-C** from Emory Winship who works with Dr. Lonial and the rest of the myeloma team. She is also the Associate

Director of professional development in education for Emory Healthcare. Her clinical experience includes community oncology, graft vs host disease, and survivorship. Danielle is passionate about continuing education for patients and health professionals. Her presentation is titled **"Decoding Your Myeloma Labs."**

Lab Tests/Values – Brief summary

Myeloma at its core is a *disease of plasma cells*. There is a lot of vocabulary to learn along the myeloma journey. Blood draw tests include:

CBC (Complete Blood Counts) red blood cells, white blood cells, and platelets

CMP (Comprehensive Metabolic Panel) kidneys, liver, electrolytes, calcium levels, and body fluids

Heavy Chain Quantification (IgG, IgA, IgM, etc**.)** and **Light Chains** (kappa/lambda) levels

M-Spike, IFE (immunofixation), and **MRD** (minimal residual disease).

Myeloma disease status monitored through PET scans and MRIs are looking for trending increases, decreases, or any change in numbers causing abnormal test results. *Monitoring* ***trends*** means looking at values over time, not a one-day test result spike that can occur from a current illness (not myeloma) or even dehydration. You are able to see trends in your MYCHART or electronic medical chart. There are additional resources included from the IMF on myeloma vocabulary and lab tests. Danielle broke the presentation down into three pillars.

- **Tracking the tumors**
- **Protecting your organs/CRAB Criteria**
- **The Deep Dive**

Pillar 1 – Tracking the tumors: seeing the disease at the cellular level.

Initial diagnostic tests conducted include the **SPEP** serum and **UPEP** urine Protein Electrophoresis to measure the total amount of *abnormal protein* in the blood or urine. **IFE/**Immunofixation – [measures the exact type of abnormal protein/immunoglobulins, e.g., IgG/IgA/IgM -- kappa or lambda]. Myeloma (disease) cells are clones and produce antibodies resulting in the **M-spike** (also called the *monoclonal protein or paraprotein*)**.** The height of the M-spike tells you how active the myeloma/tumor is. Calcium can be lost from the bone. Many patients are on bisphosphonates (*Zometa, Aredia, Xgeva*) to strengthen our bones. The bisphosphonates take calcium from the blood to transfer to the bone. This may lower the calcium, and often calcium and Vitamin D supplements are recommended.

Light chains: sFLC – Serum **Free Light Chain** Assay. In about 15% of myeloma patients, excess light chains (kappa or lambda) are produced without the heavy chains. The kappa to lambda is the important number.

Plasma cells are made in the bone marrow and are responsible for making **immunoglobulins** that are your **antibodies**. The job of the antibodies is to fight off infections. When your antibodies identify something is not normal, they direct an attack on those (myeloma) cells. These immunoglobulins are most commonly called by IgG, IgA, IgM, with some IgD and IgE. ***Do you know what kind of myeloma you have?***
Myeloma resources available at myeloma.org. i.e.) Myeloma Vocabulary, Your Test Results.

Pillar 2 - Protecting your Organs/CRAB Criteria: how treatment is working

Signs and symptoms of myeloma are diagnosed using CRAB criteria. Excess **Calcium** in blood or urine, **Renal** (kidney dysfunction), **Anemia** (Low Hemoglobin or hematocrit), and **Bone** (bone damage). Calcium levels are high when active myeloma, your bones break down and secrete calcium into the blood. When treated with bone strengtheners (bisphosphonates), calcium is taken out of the bloodstream and directed to the bone, reducing calcium levels. This is why calcium and Vitamin D supplements are recommended. When your body releases abnormal antibodies, the **kidneys and liver** cannot function to release the toxins from the disease or medications used to treat the myeloma. An increase in the **creatinine** level signals that the kidneys are having trouble. Be sure your fluid intake is maintained; water helps the kidneys to do their job. Caffeinated beverages like coffee, sodas, and teas are natural diuretics that do not count in your fluid intake. Medications are also hard on the kidneys. RX, nutritional, and vitamin deficiencies (iron, B-12, and D) can impact anemia. If any new bone pain occurs, imaging tests (PET scans or MRIs) are ordered to look for any new and current change in number of lesions and uptake activity (e.g., are they bigger or more painful?).

The other routine tests include the **CBC** (complete blood cell) counts. **RBC** (red blood cells) carry oxygen throughout the circulatory system. **Hemoglobin and hematocrit** monitor red cell development . When the RBC is low, fatigue, weakness, or shortness of breath are common symptoms. **WBC** (white blood cells) are infection fighters. Low WBC count can increase your risk of infection. There are several types of WBCs like neutrophils and eosinophils. There is medication to help the bone marrow produce more WBCs. Neutrophils are a specific type of WBC that is monitored to reduce the chance of infections. MM treatment may be withheld if the WBC count is too low. Since myeloma is a disease of the immune system (or antibodies or immunoglobulins), patients are at higher risk of infections. The **platelets** are the clotting factors. Easy bruising or bleeding may indicate low platelets. Many treatments may contribute to low platelets. Treatment may also be withheld due to low platelet count. It is important to monitor if you are on blood thinners. Platelets that are too high can increase risk of strokes and heart attacks.

With the chemistry counts, **creatinine, BUN, and calcium** are monitored. Creatinine (waste) monitors the kidneys, BUN monitors the kidneys and hydration, and calcium monitors the bones. We must be careful of our hydration to help the kidneys do their job. Water intake should be about 2-3 liters per day.

Beta-2 **hydrogenase and LDH.** Sometimes doctors only monitor the Beta-2 hydrogenase protein at diagnosis because it is part of the staging process. LDH (Lactase dehydrogenase – different from your lipid/fat LDH measured with cholesterol, for example) is a better marker and is an enzyme that is released when cells are actively damaged. It is an inflammatory marker made by the liver and can be monitored on a regular basis.

Pillar 3 – The Bone Marrow Biopsy: BMB testing to determine if myeloma is present.

Our bodies are made up of cellular proteins called **antibodies**. Unlike dietary protein, each antibody is made of two parts – *heavy chain and light chain*. That looks like a stick figure under the microscope. The light chains are called either **kappa or lambda**.

This can be very uncomfortable, but the bone marrow is the factory where the cells are made – plasma cells, RBCs, WBCs, myeloma cells. If more than 60% of plasma cells are abnormal (myeloma) cells, it's defined as active myeloma. Fewer than 60% of plasma cells can be classified as **MGUS or Smoldering** myeloma (not active myeloma). The bone marrow is taken from within the bone to be analyzed.

The fluid (aspirant) that is pulled from the bone marrow can tell you your myeloma or **MRD** (Minimal Residual Disease) status. **FISH (Fluorescence in Situ Hybridization)** is chromosome analysis that comes from the aspirant. From the FISH testing, a look at chromosomes can determine **standard risk vs. high risk. AI** machines help to identify chromosome abnormalities like t(4;14) or deletion (17p). Genetics or changes in status can be determined from the aspirant. Just because there is a chromosome mutation does not mean high risk myeloma. Talk to your providers for further explanation.

At Emory, all patients are given the same treatment at diagnosis . Dara/VRd (Daratumumab, Velcade, Revlimid, and dex)are the standard initial treatment. With post-transplant relapses, the patient treatment may vary.

MRD is a special test using samples of the bone marrow looking for non-detectable myeloma. One of the ways MRD is being used is as a criteria for stopping Revlimid after three years of measuring MRD negative. The goal is to keep you in remission for as long as possible. At post-transplant or post CAR-T, the MRD is generally conducted once a year.

Three Questions to ask for your next visit.

1. What are my primary markers doing today?
2. How are my kidneys and blood counts managing the treatment?
3. Are we ready to test for MRD?

Group Questions

Q*. What sources of Calcium or Vitamin D should we take?* **A**. Calcium and Vitamin D tolerance can be hard on the gut and cause nausea. First choice is calcium carbonate with Vitamin D3.

Q. *Does Vitamin D cause anemia?* ***A.*** Vitamin D supplement does not cause you to become anemic. Being low in Vitamin D may cause you anemia. Vitamin D can help reverse it. The recommended daily dosage is Calcium is 1,200 mg. and Vitamin D3 - 1,000 International Units. Ask your provider to test for vitamin D3 deficiencies.

Q. *How often should I get a Bone Marrow Biopsy?* **A.** BMB every 5 years when the patient's myeloma is stable or in remission. In a relapse setting, it may be done more often. For Post CAR-T, BMB is done annually. Clinical trials have their own timelines for bone marrow biopsy.

Q. *Is MRD testing considered part of the treatment plan and is it paid for by insurance?* **A.** Yes. MRD is payable under standardized testing at Emory. MRDs are done each time there is a BMB.

Q. *Is a CBC the same as a CMP?* **A.** CBC test is a blood count of red, white, and platelet cells. The CMP (Complete Metabolic Panel) includes liver enzymes, kidney function, and electrolyte levels are monitored to assess treatment progress and possible AEs (adverse effects).

Q. *Is CAR-T a more aggressive form of therapy? I am on KP (Kyprolis and Pomalyst), and insurance stopped paying for Pomalyst. I have a grant for Pom. I am having side effects from medications. Would CAR-T be a consideration?* **A.** Patients can have trouble with Kyprolis side effects. CAR-T therapy may be easier than SCT regarding side effects. Carvykti is approved by the FDA as a second line CAR T cell therapy. CAR T response rates continue to improve for CAR T (5-year OS-overall survival). Other therapies include Bispecifics and Teclistamab in combination with Daratumumab as a second line therapy.

Q. *Why do treatments not go back to a previous therapy? Is it medical? insurance? Or another reason?* **A.** Normally, doctors do not go back to a previous therapy because it is considered no longer effective and the

patient becomes refractory to that medication. It can change over a period of time. Drugs may be introduced again after a wash-out period of time or in combination with other treatments.
Q, *What is the testing timeline for post-CAR-T therapy after 30 days?* **A.** There are routine CBC, Differential , and patient specific labs for the first couple months. BMB and PET scan and full blood work tests are done on day 100. At year 1 post CAR T, scans, biopsies, and MRD testing are re-checked yearly. MM labs should continue every 3 months.
Q. *I have smoldering myeloma and have just completed a 2-year Clinical trial. My question is how important is nutrition in reducing further cancer risk? What are the merits of increasing fruits and vegetables and reducing processed foods? Is there a difference between solid tumor cancers and blood cancers?* **A.** There are research studies on the gut microbe and myeloma, focusing on the impact of a plant-based diet on myeloma and MM progression. Emory currently has a trial on nutritional benefits for newly diagnosed patients. Research shows that colorful fruits and veggies on your plate are best – less meat. No smoking and limited alcohol consumption is recommended as well as maintaining a healthy weight. Eating organic can be expensive, so just be sure to wash your vegetables for pesticides.
Note: Watch **Dr. Urvi Shah webcast presentation** on plant-based diet and the gut microbe.
Q. *If you participated in one clinical trial, would that exclude you from other trials*? **A**. No, each CT (clinical trial) has inclusion and exclusion criteria. It may depend on where you are in your myeloma journey – newly diagnosed, first relapse, certain mutations, etc. The myeloma cancer center needs to qualify patients to participate in clinical trials. Ask if there is a trial available. Remember not all CTs work for you. People who are on Clinical trials often report feeling much more supported because multiple people are checking on you.

Final messages from Danielle –
MMRF provides a service to help you translate your latest lab report. Call 1.800.841.6673.
"Understanding labs gives patients power. You are your own best advocate. Never be afraid to ask."

"For Men (with Myeloma) Only" – Anderson reported they had a good meeting with lots of sharing. They encourage all men to attend their group on the 4th Tuesday of each month.

Additional announcements

- For Myeloma Awareness month, we did two presentations. Portia and Joyce were attending a Health Fair at a church.
- **Beatrice R**. is doing a pilgrimage through Spain as a fundraiser for Healthtree. She would like to enlist the support of the Group. We will send a formal request via email.
- **Dr. Hoffmeister** is also doing the bike ride iSTOPMM expedition in Iceland for the IMF.
- **Wanda P.** was getting immunoglobulin infusion while listening to the meeting. Very dedicated!
- **Diane C.** will undergo her SCT on April 22. Since she lives in Fayetteville, they will stay at the Hope House near the VA Hospital.
- **Nancy** will send out a flyer for the Support Groups for everyone to share with their networks.
- **THANK YOU Blood cancer United for providing lunch for us today.**