

VETERANS AND MILITARY BENEFICIARIES, ARM YOURSELVES WITH INFORMATION...

TAKE ACTION TO LEARN ABOUT MULTIPLE MYELOMA

Multiple myeloma is an important medical priority for America's veterans. The Health and Medicine Division of the National Academy of Sciences, Engineering, and Medicine concludes that there is [suggestive evidence of an association between exposure to the herbicides used in Vietnam and the development of multiple myeloma.](#)¹

All models are used for illustrative purposes only.

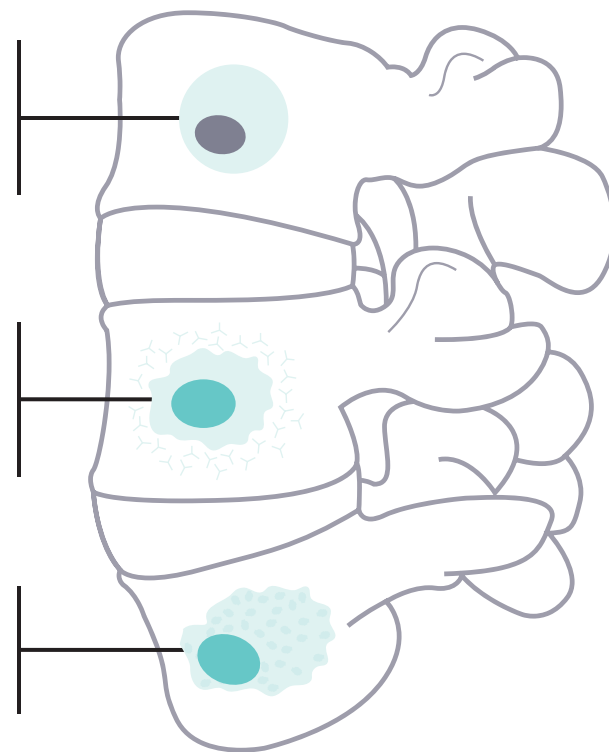
WHAT IS MULTIPLE MYELOMA?²

Multiple **myeloma** (MM) is a blood cancer that affects a type of **white blood cell** called a **plasma cell**. These white blood cells are found mostly in bone **marrow**, the soft substance inside some hollow bones where blood cells are made.

Normal, healthy plasma cells are white blood cells that produce antibodies. Antibodies are part of the **immune system** and help the body fight infections.

When plasma cells have **DNA** damage, they can produce abnormal proteins (or **M-proteins**). M-proteins can damage the **kidneys** and weaken the immune system.

These damaged (**cancerous**) plasma cells rapidly spread and replace normal cells with tumors, usually in the bone marrow.



WHAT ARE COMMON RISK FACTORS FOR MM?

Multiple myeloma is more common in men, African Americans, and adults ages 65 -74, though it can vary from person to person.³ There were an estimated 32,110 new cases of MM in 2019, 18,130 of them were men.⁴

COMMON RISK FACTORS INCLUDE³:

- ▶ Older age
- ▶ Male gender
- ▶ African American heritage
- ▶ Obesity
- ▶ Family history
- ▶ Other plasma cell disease

**See Finding Support
on page 15 for
resources to learn more**

Key terms in orange throughout this brochure are in the Key Terms Defined on pages 13-14.

VIETNAM VETERANS AND EXPOSURE TO AGENT ORANGE

According to the Veterans Health Service, veterans who served in Vietnam between January 9, 1962, and May 7, 1975, may have been exposed to Agent Orange.⁵ Some studies suggest there is an association between development of certain disabling medical conditions, including multiple myeloma, and exposure to Agent Orange.⁶

Veterans who were exposed to Agent Orange or other herbicides during military service may be eligible for a variety of benefits offered by the U.S. Department of Veterans Affairs (VA). Visit the VA's Agent Orange website at: <https://www.publichealth.va.gov/exposures/agentorange/locations/vietnam.asp> or call (800) 827-1000.

Surviving spouses, dependent children, and dependent parents of veterans who were exposed to herbicides during military service and died as the result of multiple myeloma may be eligible for survivors' benefits. See more at: <http://www.publichealth.va.gov/exposures/agentorange/benefits/survivors.asp>.

INFORMATION ABOUT FILING A CLAIM WITH THE US DEPARTMENT OF VETERANS AFFAIRS (VA)

Visit the local regional VA office for personal assistance in filling out claim forms, or get help online through the Veterans Online Applications program at: www.va.gov.


Veterans with multiple myeloma may be eligible for US Department of Veterans Affairs benefits, including healthcare and disability compensation.


For information from the US Department of Veterans Affairs, download the 2018 Online Edition of Federal Benefits for Veterans, Dependents and Survivors Guide at: https://www.va.gov/opa/publications/benefits_book/2018_Federal_Benefits_for_Veterans.pdf or call VA Benefits at (800) 827-1000.

The guide is also available in Spanish at: https://www.va.gov/opa/publications/benefits_book/2018_Federal_Benefits_for_Veterans_Spanish.pdf.

WHAT ARE COMMON SYMPTOMS OF MM?


Symptoms can vary by person, and in early stages there may be no symptoms. Symptoms might be general or overlap with other diseases.

 **Bone damage and pain (often in the back, hips, and skull)**, weakness, and fractures

 **Low red blood cell counts (anemia)** may cause weakness and tiredness

Low white blood cell counts (leukopenia) may increase the risk of infections

Low platelet counts (thrombocytopenia) may increase the risk of bleeding





 **Kidney problems** that make it harder for your body to remove excess salt, fluid, and body waste

Ca^{2+} **High levels of calcium** in blood that can strain the kidneys

While bone pain and tiredness are the most common symptoms, some people have no symptoms.⁸

HOW IS MM DIAGNOSED?

Blood tests and a bone marrow biopsy are used to confirm the diagnosis of multiple myeloma.

INITIAL TESTS	ADVANCED TESTS
<p>Blood Tests </p> <p>The first tests check for levels of albumin, calcium, lactate dehydrogenase (LDH), blood urea nitrogen (BUN), and creatinine (a marker of how well the kidneys are working). Your number of red blood cells, white blood cells, and platelets are also tested.</p>	<p>Blood Tests </p> <p>These tests help doctors understand specifics about each person's disease. The test results help guide the treatment choices. Tests include SPEP, SFLC, B2M, and SIFE, which can measure certain proteins and pieces of antibodies in the blood.</p>
<p>Radiologic Imaging Tests </p> <p>Imaging tests, such as CT, PET/CT, MRI, and skeletal survey, help check for bone loss or bone marrow damage.</p>	<p>Procedures </p> <p>A bone marrow biopsy provides tissue samples to perform a flow cytometry and other tests to measure abnormal cells and determine your cytogenetics.</p>

B2M = beta-2-microglobulin

CT = computed tomography

MRI = magnetic resonance imaging

PET = positron emission tomography

SFLC = serum free light chain

SIFE = serum immunofixation electrophoresis

SPEP = serum protein electrophoresis

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WHAT IS STAGING?

Staging describes how much disease is in the body. Knowing the stage helps you and your healthcare provider decide the best course of treatment. Kidney function, age, and overall health can also affect treatment choices and outcomes.

DISEASE STAGING IS BASED ON 4 FACTORS*:



Albumin level – Albumin is the main **protein** found in blood.



Beta-2-microglobulin level – Beta-2-microglobulin is a protein found on the surface of most cells and sheds into the blood.

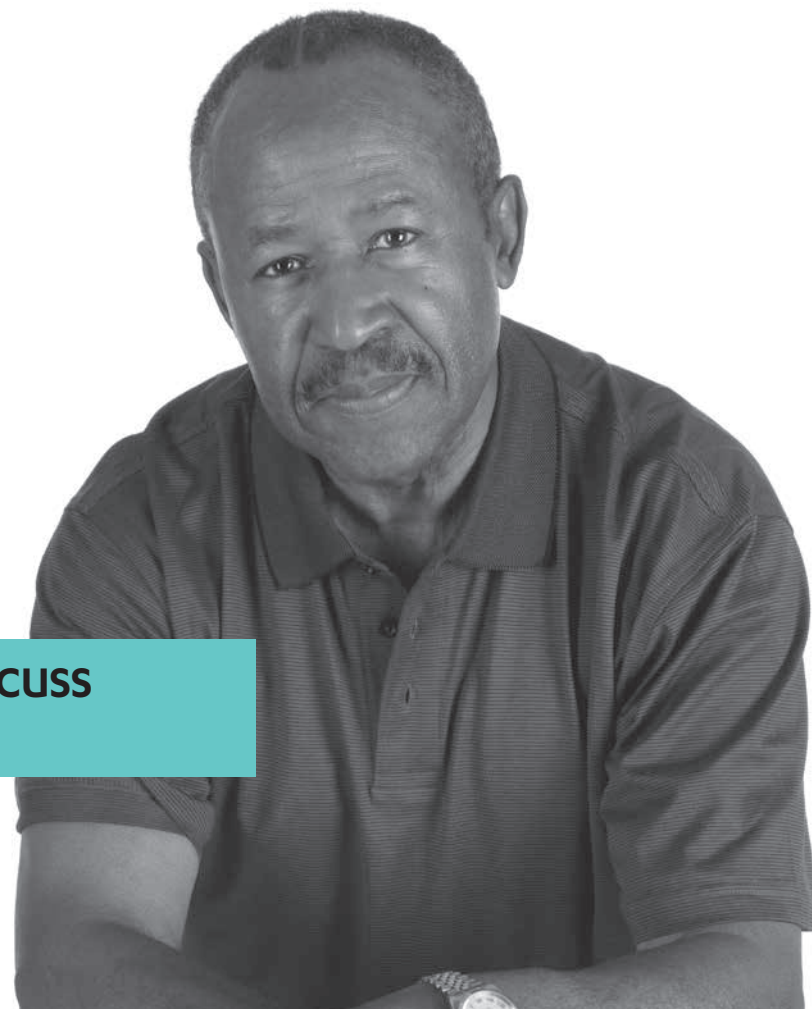


Lactate dehydrogenase (LDH) level – Lactate dehydrogenase is a protein that helps produce energy in the body.



Cytogenetics – Cytogenetics is a lab test that looks at changes to genetic information (DNA) in cancer cells.

*According to Revised International Staging System.



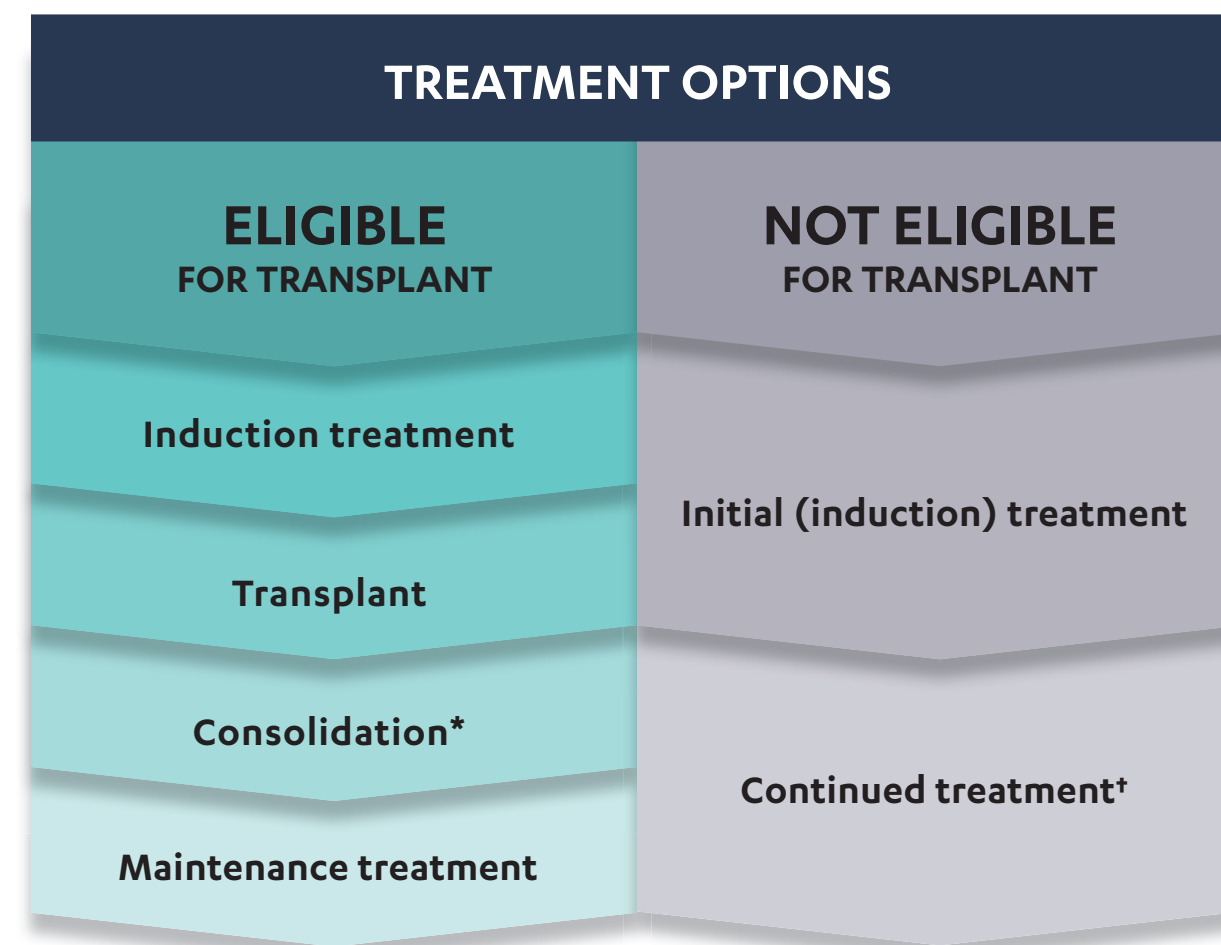
STAGING CAN BE COMPLEX, SO DISCUSS IT WITH YOUR DOCTOR.

TREATMENT OPTIONS FOR MULTIPLE MYELOMA

After your diagnosis, you and your doctor will work together to find the treatment approach that is right for you. The first treatment is usually with one or more medicines, called **induction treatment**. If you are eligible (and not every patient is), a **stem cell transplant** may be the starting point.

Initial treatment, or induction treatment, may include a combination of newer medicines (novel agents).

Later on, you may receive continued treatment or **maintenance treatment**, which helps “maintain” the results of prior treatments you’ve received.



*Not all patients will receive **consolidation** treatment.

†**Continued** treatment with one or more of the induction medicines.

You and your doctor will work together to determine the treatment **regimen** that is right for you.

FURTHER TREATMENT FOR MM

If the disease comes back (relapses) or is **resistant** (or **refractory**) to therapy, new treatments—including those available through **clinical trials**—may work even if other treatments have stopped working. Significant advances have been made in recent years in the treatment of multiple myeloma. Another stem cell transplant may also be considered, if you are eligible.

FACTORS THAT AFFECT TREATMENT

While there is no one treatment plan, usually treatment is decided based on your staging and **health status**. Health status includes any other medical conditions, transplant eligibility, and overall physical fitness.

Continuing treatment will depend on your past treatment experience. This includes dosage, how long it worked, and what **side effects** you may have had.

A TAILORED TREATMENT PLAN DEPENDS ON:



Current health

- ▶ Age and general health
- ▶ Other medical conditions (also known as comorbidities)



Previous experience

- ▶ Signs and symptoms experienced with **relapse**—high calcium levels, reduced kidney function, anemia, and bone problems



What's happening now with your multiple myeloma

- ▶ Extent of the disease
- ▶ Symptoms and complications
- ▶ New tumors that are growing or high-risk cytogenetics



Your preferences

- ▶ Quality of life
- ▶ Side effect tolerance
- ▶ Symptom relief
- ▶ Personal lifestyle or situation

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on page 15 for
resources to learn more**

MEDICINES THAT MAY BE USED IN TREATMENT

It is important to discuss all the potential benefits and risks associated with the treatment options that you are considering.

- ▶ **Monoclonal antibodies** kill cancer cells directly and help the immune system attack them
- ▶ **Immunomodulatory agents** can send signals to the immune system to destroy cancerous cells
- ▶ **Proteasome inhibitors (PIs)** interfere with actions inside cancer cells that help them grow and spread
- ▶ **Steroids** can help decrease inflammation and swelling
- ▶ **Conventional chemotherapy** either kills cancerous cells or stops them from spreading
- ▶ **Conditioning** (high dose **chemotherapy** and other drugs) is used as preparation for a stem cell transplant* and destroys cells in the blood, including the cancerous plasma cells; then the stem cell transplant replaces them with healthy stem cells
- ▶ **Bone support medications** help improve bone strength and prevent loss of bone mass

*Not everyone is eligible for stem cell transplant.

In addition to these options, there are clinical trials with drugs in development that may be considered.

To find a clinical trial, visit

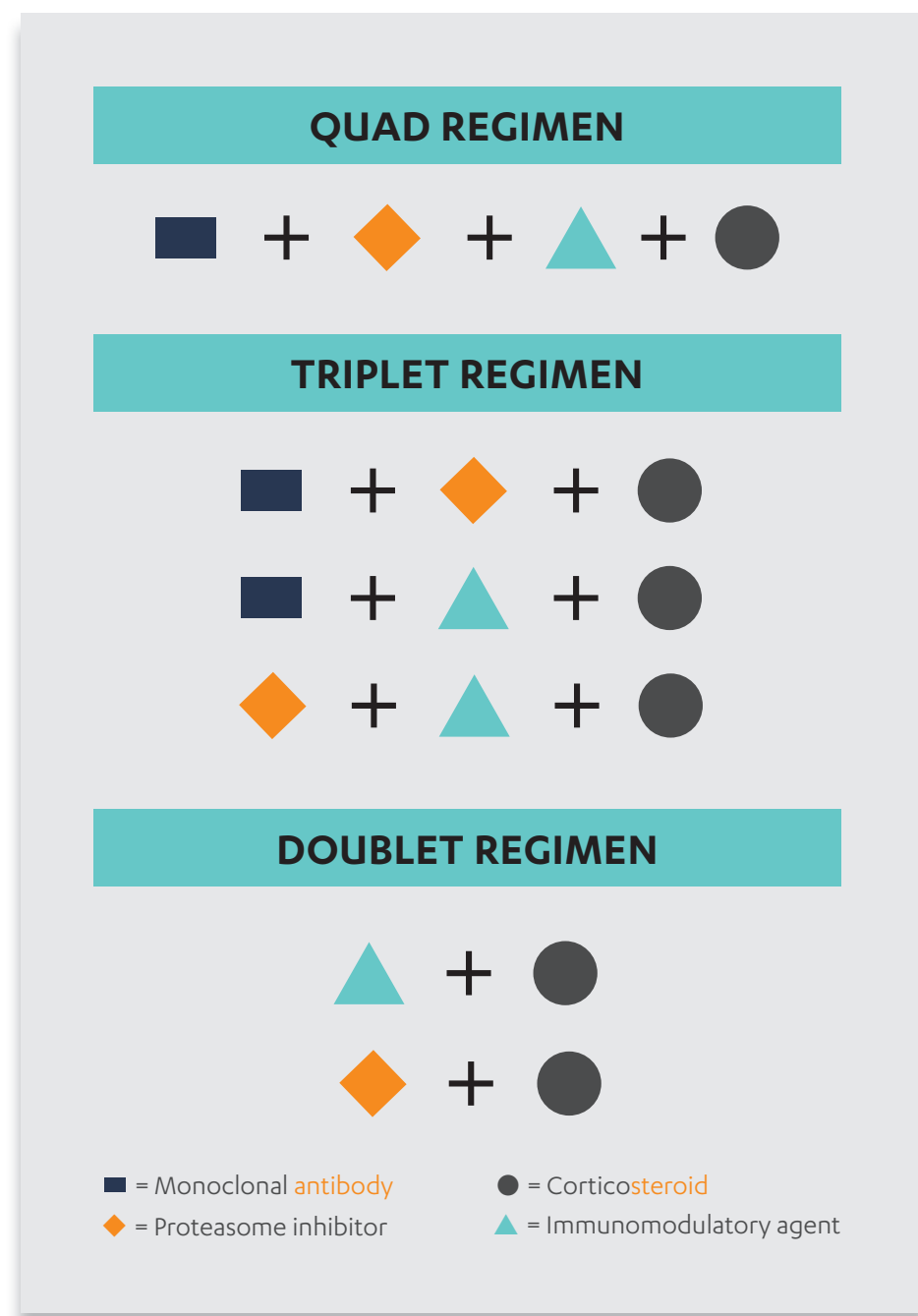
www.research.va.gov/for_veterans/find_studies.cfm

For information about participating in a clinical trial, visit

www.research.va.gov/programs/csp/participation.cfm

HOW THE MEDICINES WORK TOGETHER

Ultimately, treatment depends on many factors, including staging and the risk of side effects. Often, treatments are combined because they fight the cancer and/or symptoms in different ways. It's common to be on a combination of two or more drugs. Four drugs at the same time is called a quad regimen. Taking three medicines at the same time is called a triplet regimen. Two drugs at the same time is called a doublet regimen. Some examples of how these medicines can be combined for your individual treatment regimen are listed below.



LIVING WITH MM

MANAGING THE DAY-TO-DAY

It's helpful to speak with your doctor about challenges that may come with multiple myeloma. If you are unsure or overwhelmed, don't be afraid to ask for more information or have the doctor explain it again. You may want to bring someone as support during your appointments. Together, you can take notes to better understand your options.

ASK YOUR HEALTHCARE PROVIDER ABOUT...

- ▶ **Protecting your bones** – Maintain **bone density** to reduce fractures and bone pain
- ▶ **Reducing the risk of infection** – Keep up-to-date on vaccinations against pneumonia, shingles, the flu, and any others recommended for you
- ▶ **Managing effects on blood cells** – Treat low red cell count, low white cell count, and low platelet count, which can help reduce the risk of bleeding or blood clotting

CONSIDERING OTHER CHRONIC CONDITIONS

You may have other chronic conditions that put you at risk for additional health problems. When such conditions exist, it's important to ask about how treatments may affect each other, to help lessen these risks.



IF YOU HAVE ADDITIONAL HEALTH CONCERNS, ASK YOUR DOCTOR ABOUT SUPPORTIVE SERVICES TO HELP MINIMIZE YOUR RISK OF HOSPITALIZATION.



DO go to follow-up appointments and let your healthcare providers know about any new symptoms or side effects.

DO drink plenty of fluids to stay well hydrated and help your kidneys.

DO take as directed all medications your healthcare providers prescribe.

DO ask your healthcare team for counseling and support group recommendations if you feel depression, stress, or anxiety.

DO call your healthcare providers if you have symptoms of spinal cord compression: back pain, loss of coordination in feet or hands, tingling or numbness in feet or hands, or loss of bowel or bladder control.

DO call your doctor if you have bruising or blood in stool, urine, phlegm, vomit, or a persistent nose bleed.

DO ask your healthcare team for help maintaining a healthy body to reduce **fatigue**.



DON'T participate in high-impact activities or lift heavy items. It can increase the risk of bone fractures.

DON'T suffer. Let your doctor know if you have new or worsening pain.

DON'T miss follow-up appointments. Your doctor needs to repeat blood, imaging, and urine tests to check and identify changes as early as possible or decide to start or change treatment.

KEY TERMS DEFINED

These are some terms that are used within this brochure and/or that you may hear throughout your treatment journey—either in conversations with your healthcare providers or in other materials.

Albumin – The main protein in blood plasma (yellowish part of blood).

Anemia – A condition marked by a low level of red blood cells, which may cause weakness, fatigue, shortness of breath, and dizziness.

Antibody – Also called “immunoglobulin,” a protein produced by plasma cells that helps protect the body from infection and disease.

Asymptomatic – Having no signs or symptoms of disease.

B-cell – A type of white blood cell that turns into a plasma cell in response to germs.

Beta-2-microglobulin – A small protein made by many cells, including white blood cells and myeloma cells.

Biopsy – Removal of small amounts of tissue from the body to be tested for disease.

Bisphosphonates – Drugs that help improve bone strength and prevent loss of bone mass.

Bone densitometry – A test that uses x-rays to make pictures that show **bone density**—how strong or thin bones are.

Bone marrow – The soft, sponge-like tissue in the center of most bones. It produces white blood cells, red blood cells, and platelets.

Bone marrow biopsy – The removal of a small amount of solid bone and bone marrow to test for disease.

Blood urea nitrogen (BUN) – A test that helps show how well your kidneys are working.

Calcium – A mineral needed for healthy teeth, bones, and other body tissues.

Cancerous – Affected by cancer.

Chemotherapy – Treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from dividing.

Clinical trial – Research on a test or treatment to assess its safety or how well it works.

Complete response – The disappearance of all signs of cancer in response to treatment. This does not always mean the cancer has been cured. Also called complete remission.

Computed tomography (CT) scan – A test that uses x-rays from many angles to make a picture of the inside of the body.

Conditioning – A regimen that uses chemotherapy to destroy as many myeloma cells as possible before a stem cell transplant.

Consolidation – Treatment that is given after cancer has disappeared following the initial therapy in order to kill any cancer cells that may be left in the body.

Creatinine – A waste product of muscles that is filtered out of blood into urine by the kidneys.

Cycle – Days of treatment followed by days of rest.

Cytogenetics – Study of chromosomes (strands of DNA and protein that hold genetic information) to help diagnose a disease, plan treatment, or find out how well treatment is working.

Diagnose – To confirm or identify a disease or health condition.

Diagnosis – Identifying a disease by its signs or symptoms, and by using imaging tests, lab tests, or biopsy.

DNA – Deoxyribonucleic acid, the main component of chromosomes, and the carrier of genetic information.

Fatigue – Severe tiredness despite getting enough sleep.

Flow cytometry – A test that measures myeloma cells in the bone marrow.

Fracture – A crack or break in a bone.

Free light chain – The unattached, shorter fragments of M-proteins that are made by myeloma cells.

Health status – A generic term referring to the health of a person.

Heavy chain – The longer protein chain that is part of an antibody.

Imaging test – A test that makes pictures (images) of the inside of the body.

Immune system – Several types of cells and organs that work together to help the body fight infections and other diseases.

Immunomodulatory agents – Drugs that change a patient’s immune response by enhancing or suppressing the immune system.

Immunotherapy – Drugs that stimulate the immune system to help treat or prevent disease.

Induction treatment – The first treatment given to destroy as many myeloma cells as possible before a stem cell transplant or continued treatment with medicines.

Inflammation – Redness, heat, pain, and swelling from injury or infection.

Intravenous (IV) infusion – A way of giving medicines or other fluids by inserting them into the bloodstream through a needle or tube in a vein.

Kidneys – A pair of organs that filter blood and remove waste from the body through urine.

Lactate dehydrogenase (LDH) – A protein found in the blood that is involved in energy production in cells.

Leukopenia – Low levels of white blood cells, which can increase your risk of infections and weaken the immune system.

Light chain – The shorter protein chain that is part of an antibody.

Lymphocyte – A type of white blood cell that helps to protect the body from infection.

Magnetic resonance imaging (MRI) scan – A test that uses radio waves and powerful magnets to view parts of the inside of the body and see how they are working.

Maintenance treatment – Medicine that is given in a lower dose or less often to keep (maintain) good results of prior treatments.

Malignant (cancerous) – Malignant cells can invade and destroy nearby tissue and spread to other parts of the body.

Mass spectrometry (MS) – A new method of measuring plasma cells to help determine the presence of M-proteins in the blood.

KEY TERMS DEFINED (cont'd)

Mindfulness – The practice of maintaining a state of complete awareness of one's thoughts, emotions, or experiences on a moment-to-moment basis.

Minimal residual disease negativity (MRD negativity) – MRD-negative status means to have a low level of disease. This assessment tool may be used to determine the effectiveness of therapy.

Monoclonal antibodies – A man-made molecule that binds to substances in the body, including cancer cells.

M-protein – An abnormal antibody made by myeloma cells that doesn't fight germs. Also called monoclonal protein.

Myeloma – Cancer that arises in plasma cells, a type of white blood cell.

Partial response – A decrease in the size of a tumor, or in the extent of cancer in the body, in response to treatment. Also called partial remission.

Physical exam – A review of the body by a health expert for signs of disease.

Plasma – The yellowish liquid part of blood that carries blood cells.

Plasma cell – A type of white blood cell that makes germ-fighting proteins.

Positron emission tomography/computed tomography (PET/CT) scan – A test that uses radioactive material and x-rays to see the shape and function of organs and tissues inside the body.

Prognosis – The likely outcome or course of a disease; the chance of recovery or recurrence.

Progression – The course of disease as it gets worse or spreads in the body.

Proteasome inhibitors (PIs) – Drugs that slow down cancer cell growth by interfering with processes that play a role in cell function.

Protein – A chain of small chemical compounds that are needed for the body to function properly. Proteins are the basis of skin, hair, and other substances in the body.

Radiation therapy – The use of high-energy rays (radiation) to destroy cancer cells.

Regimen – A treatment plan that specifies the dose, schedule, and duration of treatment.

Relapse – The return or worsening of a disease that had previously responded to therapy.

Resistance (refractory) – To remain unaffected by treatment.

Response – An improvement related to medical treatment, determined by a healthcare professional or clinical trial.

Risk factor – Something that increases the chance of developing a disease.

Serum free light chain assay – A blood test that measures the amount of the shorter fragments of the proteins made by myeloma cells.

Serum immunofixation electrophoresis (SIFE) – A test used to identify the type of M-proteins in the blood.

Serum protein electrophoresis (SPEP) – A test that measures the amount of M-proteins in the blood.

Side effect – An unwanted or unexpected reaction to a drug. Side effects can vary from minor problems like a runny nose to life-threatening events, such as a heart attack. Sometimes referred to as an adverse event.

Skeletal survey – A set of x-rays of the entire skeleton to look for broken or damaged bones. Also called bone survey.

Spine – The bones, muscles, and other tissues along the back from the base of the skull to the tailbone.

Staging – Doing exams and tests to learn the extent of the multiple myeloma and how far it has progressed.

Stem cell – A cell that grows and divides to produce red blood cells, white blood cells, and platelets. Stem cells are found in bone marrow and blood.

Stem cell transplant – Treatment that uses chemotherapy to destroy cells in the bone marrow and then replaces them with healthy blood stem cells.

Steroid – A drug used to reduce swelling, redness, and pain.

Supportive care – Treatment for symptoms of cancer or side effects of cancer treatment.

Symptom – A physical or mental problem a person experiences that may indicate a certain disease or health condition.

Systemic therapy – Drugs that spread to reach cells, including cancer cells, throughout the body.

Targeted therapy – A type of systemic therapy that targets a specific or unique feature of cancer cells.

Thrombocytopenia – A low blood platelet count.

Urine protein electrophoresis (UPEP) – A test that shows the amount of M-proteins in the urine.

Vaccinate – To insert a biological agent (vaccine) into the body to prevent a disease.

White blood cell – A type of blood cell that fights infection.

X-ray – A type of radiation used to take pictures of the inside of the body, such as bones.

FINDING SUPPORT*

A number of organizations are available to provide support on your VA- and/or cancer-related concerns.

- > **American Cancer Society**
(800) 227-2345
www.cancer.org
- > **The American Legion**
(800) 433-3318
www.legion.org
- > **AMVETS**
(877) 726-8387
www.amvets.org
- > **CancerCare®**
(800) 813-HOPE (4673)
www.cancer.org
- > **Cancer Support Community**
(888) 793-9355
www.cancersupportcommunity.org
- > **Catholic War Veterans & Auxiliary of the United States**
(703) 549-3622
www.cwv.org
- > **Center for Minority Veterans**
(202) 461-6191
www.va.gov/CENTERFORMINORITYVETERANS
- > **Disabled American Veterans (DAV)**
(877) 426-2838
www.dav.org
- > **International Myeloma Foundation**
(800) 452-CURE (2873)
www.myeloma.org
- > **Jewish War Veterans of the United States of America**
(202) 265-6280
www.jwv.org
- > **Korean War Veterans Association, Inc.**
(217) 345-4414
www.kwva.us
- > **Leukemia and Lymphoma Society**
(800) 955-4572
www.LLS.org
- > **Marine Corps League**
(703) 207-9588
www.mclnational.org
- > **Military Family Network**
(412) 531-1978
www.emilitary.org
- > **Military Officers Association of America**
(800) 234-6622
www.moaa.org
- > **The Military Order of the Purple Heart**
(888) 668-1656
www.purpleheart.org
- > **Multiple Myeloma Research Foundation**
(800) 603-MMRF (6673)
<https://themmrf.org>
- > **The Myeloma Beacon**
<https://myelomabeacon.org/>
- > **Myeloma Crowd**
www.myelomacrowd.org
- > **National Cancer Institute**
(800) 4-CANCER
<https://www.cancer.gov/>
- > **National Comprehensive Cancer Care Network® (NCCN®)**
<https://www.nccn.org/patients/>
- > **Paralyzed Veterans of America**
(800) 424-8200
www.pva.org
- > **Uniformed Services University of the Health Sciences**
(800) 515-5257
www.usuhs.edu
- > **Vet Center Program**
Veterans Crisis Line
(800) 273-8255
Vet Center Call Center
(877) 927-8387
www.vetcenter.va.gov
- > **Veterans of Foreign Wars**
(816) 756-3390
www.vfw.org
- > **Veterans Health Council®**
(301) 585-4000
www.veteranshealth.net
- > **Walter Reed National Military Medical Center**
(301) 319-2900
<https://tricare.mil/mtf/Walterreed>
- > **Wounded Warrior Project**
(877) 832-6997
www.woundedwarriorproject.org

This is not a complete list of advocacy groups. Additional advocacy support is available at www.advocacyconnector.com.

*The information provided represents no statement, promise, or guarantee by Janssen Biotech, Inc., concerning levels of reimbursement, payment, or charge. Please consult your payer organization with regard to local or actual coverage, reimbursement policies, and determination processes. Information is subject to change without notice. Nothing herein may be construed as an endorsement, approval, recommendation, representation, or warranty of any kind by any plan or insurer referenced herein.

ADDITIONAL SUPPORT*

> **Advocacy Connector**

www.advocacyconnector.com

Advocacy Connector is a resource to help connect you with the relevant advocacy group resources, either on your own or with the help of your healthcare providers.

> **Cancer.com**

www.cancer.com

Cancer.com is intended to provide information and resources that may be helpful to you along your treatment journey. It is not intended to provide medical advice, replace your treatment plan with your doctor or nurse, or provide treatment direction.

Advocacy Connector and Cancer.com are owned by Janssen Biotech, Inc.

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