

ERIC J. MILLER - 8TH APPOINTMENT QUICK REFERENCE

DOB: 07/22/1967 | MR#: 3329796 | Provider: Dr. Rakesh Bagai

MY CURRENT STATUS

Diagnosis: High-risk smoldering MM
FISH: 1q21 gain (4 copies, 19%), TP53 abnormal (3 copies, 24%)
Baseline: FLC 655.69 mg/L, M-spike 1.07 g/dL
Current Rx: Daratumumab monotherapy (started 12/21/25)
Day-5 CBC: WBC 9.4, Hgb 16.4, Plt 293 ✓ EXCELLENT

TOP 10 QUESTIONS (CHECK OFF)

Q1: Treatment Escalation

"Should we add lenalidomide + bortezomib + dex (D-RVd quadruplet) NOW or wait for 4-week labs?"

Q2: My Prognosis with D-RVd

"With 1q21 gain + TP53 abnormality, what sCR rate and median PFS?"
(GRIFFIN: 50% sCR, 54.8% MRD-neg in high-risk)

Q3: How D-RVd Targets MY Abnormalities

Lenalidomide → suppresses 1q21 genes, bypasses p53
Bortezomib → neutralizes Mcl-1, stabilizes p53
Dex → blocks NF-κB (driven by 1q21)
Dara → immune killing (p53-independent)

Q4: MRD Testing Plan

"When/how will we test MRD? NGS or flow? 10⁻⁵ or 10⁻⁶ sensitivity?"

My target: MRD-negative at Week 12 & Month 6

Q5: What If MRD-Positive?

"If MRD-positive at Week 12 but ≥PR, do we continue D-RVd or escalate to CAR-T?"

Q6: CAR-T Timing

"Would you consider CAR-T as early consolidation (if MRD-positive Month 6) or only salvage?"

Options: ide-cel (Abecma) or ciltacel (Carvykti)

Q7: Bispecific Antibodies

"Are teclistamab/elranatamab available at Ironwood? When would you use them?"

Q8: Transplant (ASCT)

"Am I a candidate at age 57? Your recommendation: ASCT after induction or skip?"

Q9: Maintenance Plan

"If MRD-negative Month 6, what maintenance? Dara-R? Duration?"

Can we stop if sustained MRD-neg ≥18 months?

Q10: Monitoring & Safety

"Lab frequency? Side effects to watch? 24/7 contact for emergencies?"

KEY TARGETS (MY NUMBERS)

Timepoint	Free Kappa	M-Spike	MRD
Week 12	<328 mg/L (≥PR)	<0.5 g/dL	Neg 10 ⁻⁵
Month 6	<33 mg/L (SCR)	Undetectable	Neg 10 ⁻⁶

D-RVd DOSING (TO CONFIRM)

Daratumumab: 16 mg/kg IV weekly ×8 → Q2W ×8 → monthly

Lenalidomide: 25 mg PO days 1-14 (21-day cycle)

Bortezomib: 1.3 mg/kg SC days 1,4,8,11 (21-day cycle)

Dexamethasone: 40 mg PO weekly

RED FLAGS (CALL IMMEDIATELY)

Fever >100.4°F

Severe fatigue/weakness

Bleeding/bruising

Numbness/tingling (neuropathy)

Shortness of breath

Chest pain

24/7 Contact: _____

BACKUP PLANS (IF D-RVd FAILS)

<PR at Week 12: → CAR-T or clinical trial

MRD-positive Month 6: → CAR-T consolidation

Early relapse <18 mo: → Bispecific antibody (teclistamab)

2nd relapse: → Clinical trial

POST-APPOINTMENT CHECKLIST

- Prescriptions obtained
- Week-12 bone marrow biopsy scheduled
- MRD test ordered (NGS or flow)
- Infection prophylaxis plan (acyclovir, levofloxacin, IVIG?)
- Next appointment: Date _____ Time _____
- Insurance pre-auth submitted
- CAR-T referral (if discussed)

REFERENCES (SHOW DOCTOR IF NEEDED)

GRIFFIN: D-RVd → 54.8% MRD-neg vs 32.4% RVd (high-risk)

Real-world: Dara mono PFS 14 mo (1q21+); D-RVd ~2x better expected

MRD data: Sustained MRD-neg → OS 90 vs 71 mo

CAR-T: 73-98% ORR (ide-cel, ciltacel)

Full reports: genspark.ai/api/files/s/bQAfjoE