

International Myeloma Society Recommendations for the Management of Myeloma Patients During the COVID-19 Pandemic

General recommendations:

- Make patients aware of their vulnerability to COVID-19 infection due to their weakened immune system
- Stress the need to adhere to recommendations to prevent infection including social distancing, cleaning surfaces, washing of hands frequently, avoiding travel (except for treatment) and limiting contacts

Special recommendations:

- Therapeutic decisions should be made on a case by case basis, considering disease stage, risk, frontline vs relapse, cytogenetics/FISH, age, comorbidities
- Limit patients' contacts while undergoing therapy.
- Conduct telemedicine: phone consults and/or virtual visits whenever possible
- Prescribe oral drugs as much as possible (immunomodulatory drugs, and oral proteasome inhibitor if available). If IV drugs are used consider using it at reduced frequency.
- Dexamethasone use and dose should be reduced

*** For young patients with newly diagnosed MM:**

- Frontline ASCT should be postponed, if possible. Patients should be tested for COVID-19 before undergoing ASCT whenever possible
- Induction regimen can include up to 6 cycles; and for standard-risk patients, it is possible to delay ASCT by additional induction cycles and/or lenalidomide maintenance.
- In patients with active/high-risk disease, treatment should not be postponed

*** For elderly patients with newly diagnosed MM:**

- Prescribe treatments based on oral administration, ie, lenalidomide-dexamethasone and with interval phone calls to monitor tolerability and outcome. Dexamethasone should be reduced to 20 mg weekly
- If good response to frontline lenalidomide-dexamethasone, discontinue dexamethasone and maintain response with lenalidomide alone.

*** For relapsed/refractory MM:**

- Similar recommendations to that given in the upfront setting: in case of good response to a three-drug intravenous regimen, modify treatment to minimize need for clinic/hospital visits by 1. using weekly instead of biweekly regimens (ie, carfilzomib, bortezomib,), 2. Using oral agents, ie ixazomib, if possible; and 3. switching to monthly administration of daratumumab as soon as possible.

Clinical trials:

- Follow the recommendations of the authorities in each country.
- The inclusion of new patients in clinical trials should be carefully evaluated to consider benefits and risks.
- Patients already participating in a study should be continued. Options to reduce clinic visits through telemedicine, avoiding visits only for the purpose of correlative studies unless required for safety assessment, and when possible shipping oral investigational drugs to the patient
- Consider alternative bridging therapies until the COVID-19 situation improves.