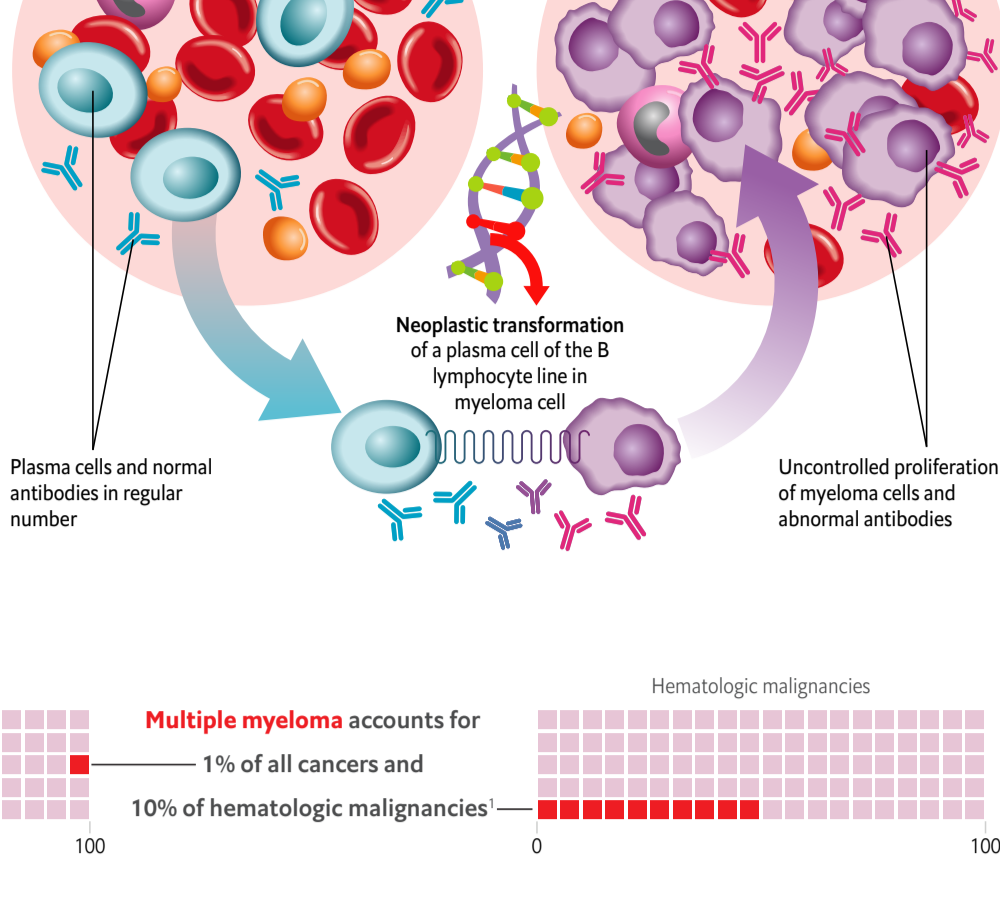


# Understanding Multiple Myeloma in Latin America

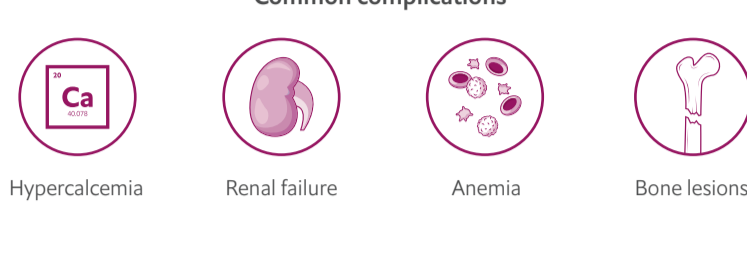
Supported by **Johnson & Johnson**

## Introduction to multiple myeloma

Multiple myeloma (MM) is a haematological malignancy characterised by the abnormal expansion of plasma cells in the bone marrow.<sup>1</sup>



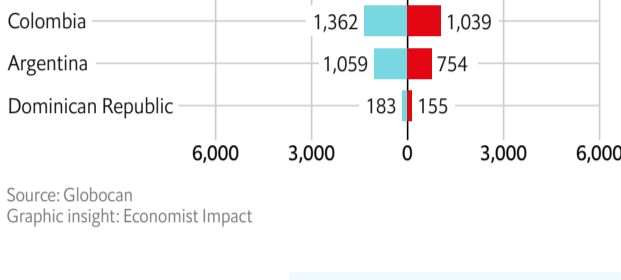
### Common complications<sup>1</sup>



## Multiple myeloma in Latin America

In Latin America, the detection and treatment of multiple myeloma (MM) faces challenges due to resource limitations and disparities in access to advanced treatments. GLOBOCAN 2022 data reveals that Brazil reports the highest multiple myeloma cases and deaths (5,000 and 4,000 in 2022), while the Dominican Republic has the lowest, potentially due to underreporting or diagnostic gaps.<sup>1,2</sup>

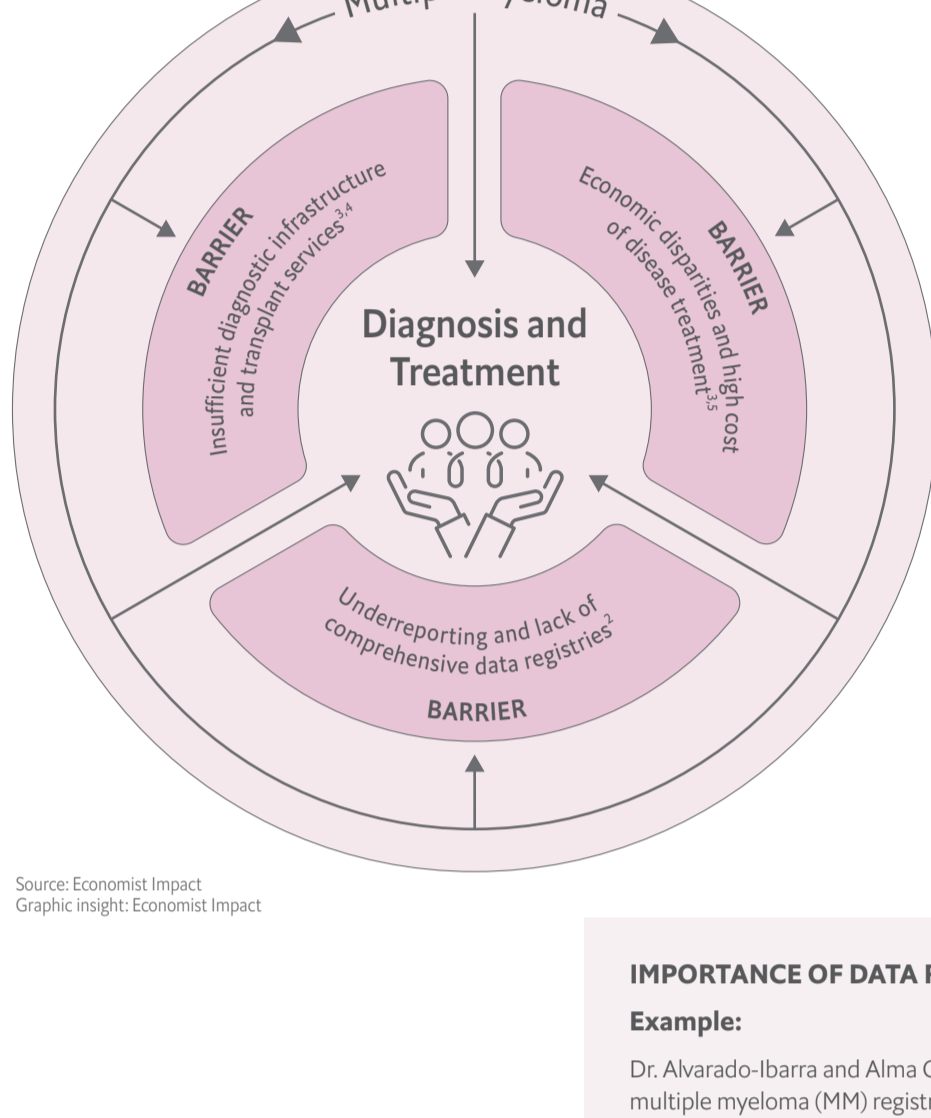
**Figure 1: Absolute numbers for multiple myeloma incidence and mortality in 2022**



### MULTIPLE MYELOMA PREVALENCE

Of the five countries of focus Brazil leads in prevalence with over 4,000 cases annually, while the Dominican Republic reports the fewest cases.

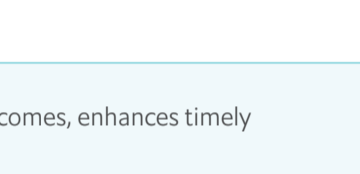
## Key barriers to diagnosis and treatment



### IMPORTANCE OF DATA REGISTRIES

#### Example:

Dr. Alvarado-Ibarra and Alma Ortiz are working on establishing a national multiple myeloma (MM) registry to gather real-world data. This registry aims to track MM caseloads, public insurance patients, access to drugs and diagnostics, patient histories, and provider involvement. The goal is to analyze how varying access to innovations affects outcomes and present these insights to decision-makers, advocating for improved practices and better patient outcomes.



## Clinical guidelines: a tool to standardize care and address regional inequalities



**Critical role:** standardizes care, supports clinician decisions, improves outcomes, enhances timely diagnosis, addresses care disparities.<sup>5-8</sup>



**Global influences:** American Society of Hematology, European Society for Medical Oncology, and National Comprehensive Cancer Network guidelines used as benchmarks.<sup>9-11</sup>



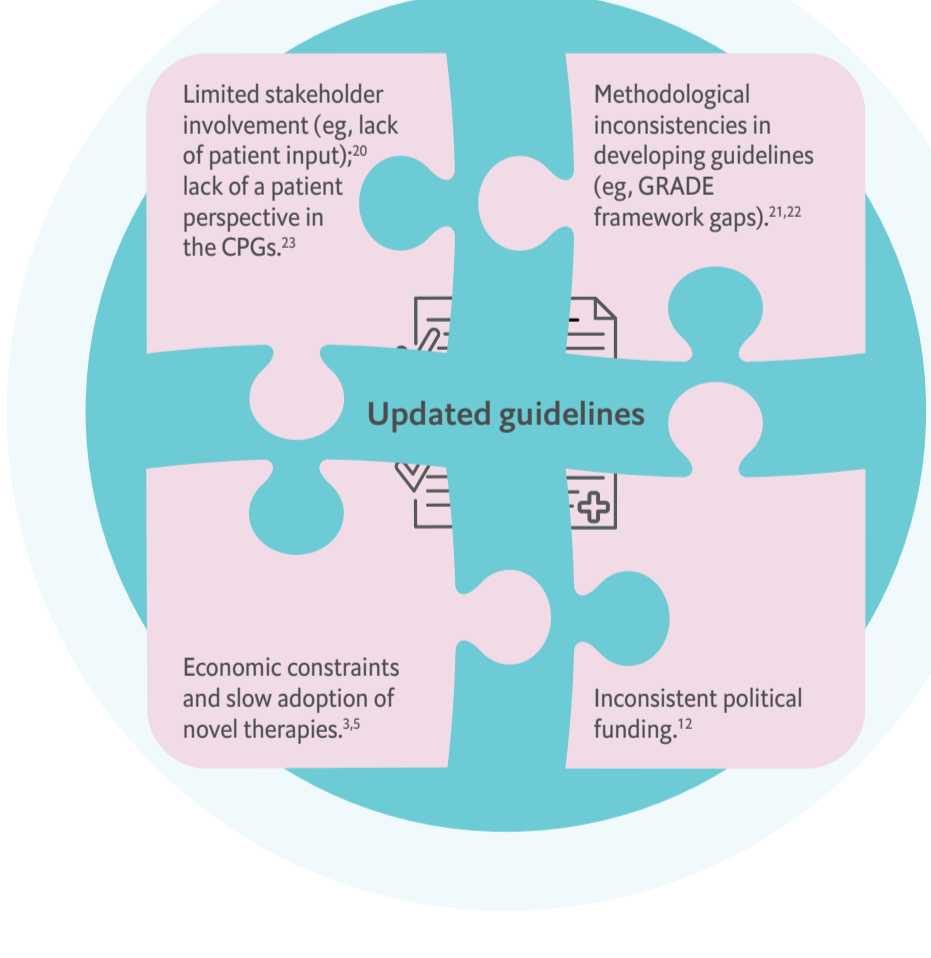
**Regional context:** lack of unified LATAM-specific guidelines.<sup>3</sup> Fragmented adaptation across countries.<sup>12</sup>

## Country-by-country comparison

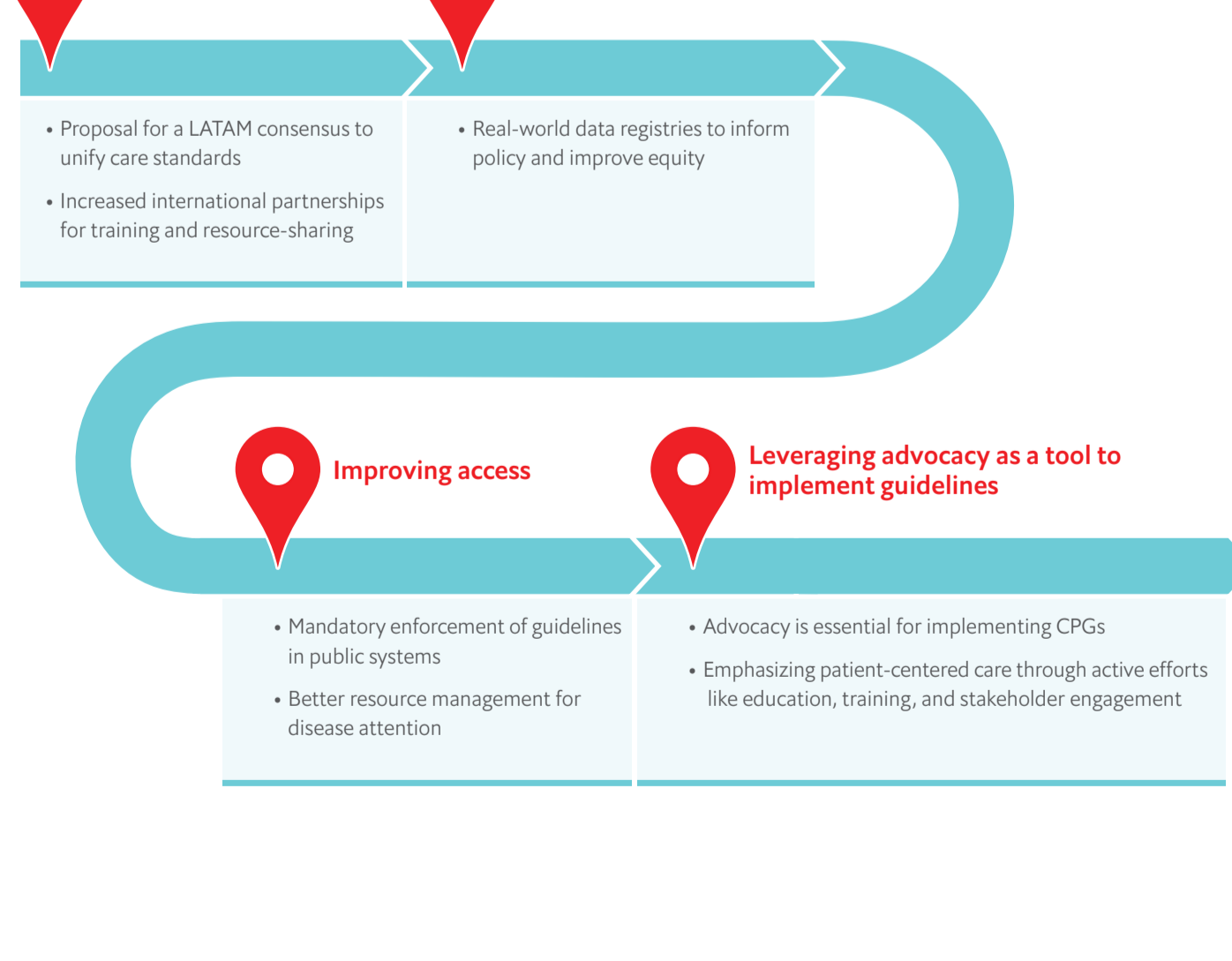
Region	ASIR*	Active guidelines and policies
<b>Latin America</b>	n.a.**	<b>Clinical practice guidelines (CPGs) for multiple myeloma in Latin America.<sup>18</sup></b> <ul style="list-style-type: none"> <li>Region-specific CPGs addressing MM in Latin America, with emphasis on adaptation to local healthcare contexts.</li> <li>Recommendations on adapting international CPGs to local contexts and increasing access to timely diagnosis and treatment.</li> <li>Addresses genetic, demographic, and economic variability in Latin America that influences disease manifestation.</li> </ul>
<b>Argentina</b>	2.1	<b>Argentina does not have a CPG specific to MM but relies on international guidelines.<sup>16</sup></b> <ul style="list-style-type: none"> <li>Argentina relies on international guidelines such as NCCN and ESMO to inform treatment protocols.</li> <li>The 2023 Guidelines for Diagnosis and Treatment of Monoclonal Gammopathies, published by the Argentine Society of Hematology, provide a comprehensive resource for managing plasma cell disorders, including MM.</li> <li>These guidelines include diagnostic criteria, risk stratification, treatment protocols, and maintenance strategies, but disparities in access, particularly in the public sector, limit their full implementation nationwide.</li> </ul>
<b>Brazil</b>	2.5	<b>Haematological approaches to multiple myeloma.<sup>13</sup></b> <ul style="list-style-type: none"> <li>Brazil-specific guidelines focus on initial treatment, including autologous stem cell transplantation (ASCT), and providing standardised recommendations through systematic reviews and expert analysis for MM treatment.</li> <li>Highlights healthcare disparities in Brazil's public and private sectors, impacting guideline implementation.</li> </ul>
<b>Colombia</b>	1.8	<b>Healthcare professionals refer to the European Society for Medical Oncology (ESMO) and the National Comprehensive Cancer Network (NCCN) guidelines.<sup>19</sup></b> <ul style="list-style-type: none"> <li>According to the Colombian Association of Hematology and Oncology (ACHO), Colombia's standard to manage MM aligns with ESMO and NCCN in several key areas such as diagnostic criteria, management of relapsed or refractory MM, supportive care.</li> </ul>
<b>Dominican Republic</b>	n.a.**	<b>The Dominican Republic relies on international clinical practice guidelines to guide its management of MM.</b> <ul style="list-style-type: none"> <li>The country does not have its own nationally-developed protocols for MM.</li> </ul>
<b>Mexico</b>	1.6	<b>Mexico follows both international and national clinical guidelines for MM management<sup>15</sup></b> <ul style="list-style-type: none"> <li>Mexico's 2009 clinical guidelines were developed by hematologists, adapting US and European protocols to Mexican medical practice.</li> <li>Diagnostic criteria typically include laboratory tests, bone marrow evaluation, imaging, and staging systems.</li> <li>Treatment protocols address induction therapy, stem cell transplantation, maintenance strategies, and supportive care.</li> </ul>

\*Age-standardized incidence rate per 100,000 individuals<sup>1</sup>    \*\*Not available

## Challenges in updating guidelines



## Opportunities for improvement



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