

Transcript | Mental Health Resources for Multiple Myeloma Patients

Cindy Chmielewski:

Hi everyone. And thanks for joining us today for our *Answers Now* series discussing multiple myeloma. My name is Cindy Chmielewski, and I am a myeloma patient, a research advocate, and the Curriculum Director of HealthTree University.

May is Mental Health Awareness Month. And we are thrilled to be joined here today by Dr. Joshua Richter from Mount Sinai, and Yu Mee Song, the Program Coordinator for the Center of Excellence for Multiple Myeloma at Mount Sinai, to talk about the impact [multiple myeloma](#) can have in all aspects of one's health.

Welcome, Dr. Richter, and welcome Yu Mee. If you are watching this program live, we would like to encourage you to send your questions through the question and answer button at the bottom of the page.

So now, let's begin the program. And I'm glad to see Dr. Richter made it just in time. And we're going to start off with you, Dr. Richter. When patients are nearly diagnosed, it's a very, very stressful time for them, and they're feeling all types of emotions. And what do you do to prepare them for the journey ahead of time? Do you just focus on the immediate steps that are in front of them, or do you give an overview of what to expect along their [journey](#)?

Dr. Richter:

I think, at least my approach is the way we approach myeloma in terms of therapies is, we really try to make it very personalized. There are some patients that want to know the two-month plan, the two-year plan. There are some patients that "I don't want to do it. Just, let's move forward." And I think there are a couple of key factors in – we described myeloma; we use the term "journey" very often. It's not a sprint. It's a marathon. So we really try to set expectations about what to expect in the short-term, what to expect in the long-term. And really try to prep patients that, their life has really just been turned upside down by this, but they're not alone. And not being alone is a multifaceted thing. It's reminding them that many patients have caregivers and loved ones who are supporting them.

When they come to our institution or any institution and [care team](#), those people have just now been added to their cohort, to their team, to fight for them, from every standpoint. And it's not just the doctor and the nurse in the room. It's the social worker who comes in with them. It's the pharmacist who's going over everything. It's the person answering the phone upfront, to make sure their appointments are set up, radiology, and so on. So it's a whole team that's behind them to look after every facet.

And the other thing that I always encourage people to know is, you don't get extra points for suffering. Whether or not that suffering is physical pain, emotional pain, spiritual pain, they need to be communicative with their care team so that we can use all the resources available to address it.

Cindy Chmielewski:

Good. Yeah, I agree. You have to know where that patient is. Because even when I talk to

patients in coaching, some patients just want to know the answer to their question that they ask you and that's it, and other patients want to know more. So yeah, you have to figure that out.

And Yu Mee, you're the Coordinator of this Multiple Myeloma Center of Excellence. Can you first explain what a Center of Excellence is?

Yu Mee Song:

Dr. Richter, you might want to add in. But we're designated Center of Excellence for Multiple Myeloma because not only do we have specialized physicians who – I feel like they eat and breathe myeloma (laughs). Patients have access to a very comprehensive care, just like Dr. Richer just described. Access to cutting-edge research treatments, a team of nurse practitioners, social workers, dieticians, inpatient hospital, outpatient infusion center, specialized lab testing. Please add more, Dr. Richter.

Dr. Richter:

No, I think Yu Mee is describing it perfectly. So the head of our physician group is Sundar Jagannath, who many people may know. And one of the terms that Dr. Jagannath loves to use is the term "full thickness." And the reality is that, if you think about treating myeloma, a lot of patients may know RVD: Revlimid (lenalidomide), Velcade (bortezomib), dex (dexamethasone). You can go to your local hem/onc care team and get RVD, get the prescriptions, come in and leave.

But our center goes way above and beyond just providing the therapy itself. It's making sure, at all levels, people are covered through treatment, as Yu Mee pointed out, through [clinical trials](#) and access to next-generation diagnostics, next-generation therapeutics. But access to social work, access to literally every facet of their disease. So that's pretty much where we think, as Bill and Ted would say, "We're excellent."

Cindy Chmielewski:

So to me, I was a teacher my whole life, so it's like the "blue ribbon schools of healthcare," so you go above and beyond of what's expected.

So let's now since this is Mental Health Awareness Month. Let's talk a little bit about – Yu Mee, you're the social worker at the Center of Excellence, and when do myeloma patients usually come see you? Do you see every myeloma patient that comes through your door, or they recommend it? Do you reach out? What does that interaction look like, and what are some of the resources that you have?

Yu Mee Song:

Sure. I wish you could see every patient that walked in. But if I told you the number of active patients we have, it wouldn't be possible. We get referrals from many points on a patient's treatment journey. It could be at their initial consult with a physician if they're displaying distress. Or if the doctor, the nurse, nurse practitioner picks up on issues that they've expressed or if they're fearful. A lot of cancer centers now are using distress screens, so if they screen in for high distress, depending on how they answer the questions, they could also request to see me.

It depends also on where they have the initial contact. So, depending on when and how they're diagnosed, they could be newly diagnosed or [in the hospital](#) for the first few weeks or months. And that usually means it was discovered in not the easiest way. It may have involved a fracture or something that completely changes their life acutely.

So in that way, in that setting, you'll have the inpatient – we have a myeloma social worker dedicated to seeing myeloma patients in the hospital, and then there are four outpatients. So, as they transition out, they're referred back to us. But at any point during their infusion treatment, their clinic visits, definitely, before their transplants and CAR T therapies, we can receive referrals from various team members in our program.

Cindy Chmielewski:

And you said something; myeloma social workers. So the social workers that myeloma patients see are just seeing myeloma patients, is that correct?

Yu Mee Song:

Correct. Yes.

Cindy Chmielewski:

Oh, wow. That's-

Yu Mee Song:

Center of Excellence, Cindy (laughs).

Cindy Chmielewski:

And how about, you mentioned they could be referred in different ways. Can a patient self-refer themselves?

Yu Mee Song:

Absolutely, and it may be for a variety of reasons. And sometimes they don't feel comfortable sharing certain things with the medical team, maybe, that they want to share with us, or need help from us in presenting their feelings about certain things. And our physicians are very open, luckily, to our input and advocating for our patients.

Cindy Chmielewski:

Yeah. And I'm aware, there are lots and lots of resources a social worker could provide. There's financial and transportation, and the list goes on and on. But today, we're going to just focus a little bit on the mental health type of resources. And what types of mental health resources do you have available at Mount Sinai?

Yu Mee Song:

So, all of the myeloma social workers are master's graduate-level social workers, so we can provide brief individual counseling. And if we feel like it needs more long-term, we definitely refer them out to community agencies that are able to offer individual or group support. We have a psychiatrist at the cancer center that sees all cancer patients that we have access to and can refer them.

Cindy Chmielewski:

Okay, good. Now I know there are patients, like me, who may just be coming to Mount Sinai for a consultation and maybe going back to their community to be treated. Are those resources available to me as a patient if I'm only coming to Mount Sinai on a consultation basis?

Yu Mee Song:

Yes, there are many national organizations that offer counseling and support. Myeloma-specific, I would say, MMRF, IMF, LLS. I just spitted out that (laughs). Just sounds like the alphabet

soup. But I think the audience all know Multiple Myeloma Research Foundation, International Myeloma Foundation, Leukemia & Lymphoma Society. And then CancerCare, American Cancer Society, Bone Marrow & Cancer Foundation, they all offer counseling and support. But if you start with just one of those organizations, they can also help you find what's available in your area.

Cindy Chmielewski:

Okay, good. And one question from one of the people who are watching the show. If a patient goes to see a social worker, is that free, or is there a financial obligation that the patient incurs?

Yu Mee Song:

It's free here. It should be free at the other cancer centers. The organizations I mentioned, they offer free counseling.

Cindy Chmielewski:

Okay. That's great.

Yu Mee Song:

You can also, if you have commercial insurance, reach out to member services to see what your benefits are for therapists.

Cindy Chmielewski:

Good. And this organization is one last question before I go to Dr. Richter. Dr. Richter, I didn't forget about you, so don't fall asleep over there. I remember when I was newly diagnosed, and I really needed to go see a counselor. And I contacted the member services of my health insurance, and they gave me a whole list of counselors. But there were no descriptors that said, this one specializes in oncology, or this one specializes in divorce, or this one specializes in whatever. Is there a place where I could call that someone may help me find a counselor in my area that may specialize in oncology social work?

Yu Mee Song:

I'm sorry you had that experience. They should have been able to filter out therapists who specialize in oncology. There are many platforms now, I feel like, in the last couple of years, especially since COVID. There are a lot of telehealth services available, and you can filter your search, like *Psychology Today*. *BMTinfonet.org* has a list of providers who specialize in transplants, so you should be able to filter specifics.

Cindy Chmielewski:

And probably, is there the AOSW, the Oncology Social Worker Association? Would they-

Yu Mee Song:

Yes. They have a listing as well. Like I said, I used to know, maybe, the three big organizations. Now I tell people, "Don't Google." But I'm googling all the time, to get the most up-to-date information, and there's always some new platform and new program, new service, new agency.

Dr. Richter:

Yeah. But again – so that's one of the reasons why coming to a place like ours or a Center of Excellence is worthwhile. Because there are phenomenal social workers out there, and there are phenomenal doctors out there. And unfortunately, patients may have the experience of the fractured nature of healthcare in our country. That you go see a cardiologist who tells you one

thing. Then you go see your primary care, who didn't speak to the cardiologist, doesn't know all of these things. The benefit is that I see a patient who then speaks to Yu Mee. Yu Mee walks down the hall. She and I talk. I say, "Oh, this is on the horizon for the patient. This is going on," and she says, "The patient may not have made you aware, but they're going through this at the same time."

So it's that integrative approach that really makes this more optimal at even a further level. We know that the average community oncologist sees zero to 10 cases of myeloma per year. And outside, social workers probably have a similar type distribution, as opposed to people like Yu Mee. The reality is that myeloma patients face fairly unique challenges throughout their journey; that Yu Mee has exquisite knowledge about because she sees it every single day. So it's her increased experience and knowledge and us working together to tackle it from all standpoints.

Cindy Chmielewski:

That sounds great. And that's why you're a Center of Excellence.

Dr. Richter:

And that's why we're a Center of Excellence.

Cindy Chmielewski:

Yeah, it just makes sense. Because I did that fragmented approach in the beginning, and it just didn't work because I ended up explaining more to the therapist about myeloma and what I was going through than the therapist trying to help me.

Dr. Richter:

Mm-hmm (affirmative).

Cindy Chmielewski:

So I think that that is what's so unique. I was just so impressed that there were myeloma social workers there.

Now Dr. Richter. There are so many personalized treatments out there. And I know there are lots of options now, not only for the newly diagnosed, but at relapse refractory myeloma, and at all steps along the way. So when you're talking to patients about a next treatment option, how does this [quality of life](#) weigh into your discussion? And is it playing more of a role these days, or has it always played a role? Can you just talk a little bit about that?

Dr. Richter:

Absolutely (coughs). Sorry. I swear it's not COVID. When it comes to choosing therapies in myeloma, there's no clear roadmap, and everyone's journey, really, is unique. And when we are choosing a therapy for myeloma, we say that there are three factors that we look upon to make that decision: treatment-related, disease-related, and patient-related. Disease-related: is the disease moving up fast? Is it causing kidney issues, bone issues? Treatment-related: have you had this treatment before? Did it do well? Did it not do well?

And then, at the core of the focus, is the patient. What comorbidities do they have? Are they fit or are they frail? Is route of administration of drugs an issue? We have some patients that we opt for oral therapies because the only way they can get to clinic is when their daughter-in-law is able to drive them to clinic, and that's not once a week. In which case, we look at oral alternatives.

So the reality is that, with all of the options out there and the tons of data, there's not a lot of head-to-head for every option. So in a data-free zone, where we have three or four options at many inflection points in the treatment of a patient, things like that have to rise to the top. "Doc, this is a really busy month. It's got to be all oral. Or my kid-"

I'll give an example. I'm speaking to a young woman, who is getting married this September, and she's in line for a CAR T. She says, "I really want to do a CAR T, but can we do it at the end of September after my wedding?" That has to be a really important thing. The goal of all of this is to allow patients to live their lives as fully as possible at all measures of what that means, so, any way that we can maneuver. There are some times where I say, "Listen, I know you wanted to take that trip. Got to cancel. Bad stuff is happening." But for the majority of the time, we're able to make accommodations and pick therapies that may be different to better accommodate things.

Cindy Chmielewski:

Sounds good. Let's talk about what kinds of signs are you looking for in your patients, to think that maybe they're really not handling things as well as they could be. And, maybe, sending them to talk to Yu Mee might be a good thing. So what types of things?

Dr. Richter:

Sure. I mean I think one of the wonderful things about being a myeloma physician is developing relationships with patients and really knowing them. When we get to learn them we know, when somebody's off when they see that they seem more reserved. I have patients that I know downplay everything. The room could be on fire, and they'll say, "I'm fine." I have patients that when the wind blows a little too much, they say, "Ah, it's horrible in here."

And this is us getting to know people and getting to know their baseline. And when patients deviate from their baseline behaviors, their baseline attitudes, their baseline outlook. And even, oftentimes, going back to some of those – there's that mnemonic, SIGECAPS – looking for signs or symptoms of depression; is really critical to try to figure out, well, you know what? The therapy is working. The disease is in control. But that's not the whole picture. This patient is shutting down at some level. There's something else, internal, or external going on. Let's have a social worker come in.

Because I think Yu Mee's point is extremely important: sometimes patients don't want to admit these things to the nurse. And they'll admit it to the doctor, or to the doctor but not the nurse, or not to either of them. But when the social worker sits down there and sits down with an empathetic ear, they may open up more. So I think those are the things we really look for.

Cindy Chmielewski:

Yeah, I agree. There are a number of places where patients can reach out to.

And what do you suggest, Yu Mee? What are the types of things that you think that patients should be telling their doctors, or nurses, or even requesting a social worker? What types of issues might be weighing on their mind?

Dr. Richter:

Anything. So one of the things that – I was involved in a study, a number of years ago, looking at the things we call health-related quality of life. And we asked patients the standard questions everyone asks, "Are you happy? You're doing these things. Do you have any financial issues?"

But we added one more level of question beyond that to say, how impactful is that to you? Because, for some people, having major financial issues is not a problem. For some people, having minor financial issues is a major problem. For some people, having horrible family interactions is not important to them.

So the reality is that everyone is an individual in terms of what has the biggest impact on their life. We have patients that – the biggest thing in their life is, they love to go out and hiking. They love to go out to be in the woods and they're having side effects, and that's being affected. If that's what's important to you, then it's important to us, even if, at an objective – or someone else's viewpoint, it may not be a big thing. It doesn't matter. If it's important to you, it's important to us.

Cindy Chmielewski:

Good. And one last thing Dr. Richter about this is, is there at any point, where maybe a patient might be so anxious or depressed that antidepressants or some type of pharmaceutical can be prescribed, and would these have interactions with their myeloma therapy?

Dr. Richter:

So in general, most of these medications, a lot of medicines can interact, but at very, very minor levels. The overwhelming majority of anxiolytics or antidepressives can be given without significant interaction with myeloma therapy. But the way we often approach it is, just as our group of doctors, and nurses, and social workers, and PAs, and pharmacists have exquisite knowledge about myeloma. There are those care teams out there that have an exquisite knowledge about those types of treatments, and we may get them involved.

Yes, could I write a prescription for Zoloft (sertraline)? In a heartbeat. But do I have the granular knowledge to know when Zoloft, versus Paxil (paroxetine HCl), versus Prozac (fluoxetine)? I am the first to admit, I do not. So instead of me giving you optimal treatment for your myeloma and giving you third-rate treatment, from a pharmaceutical standpoint, we'll involve some of our psychiatrist colleagues to say, "Ah, you know. It turns out, for this patient, they have depressive symptoms. But they have extra energy; this is the right drug for them."

Cindy Chmielewski:

Okay, good.

And Yu Mee, same question for you. What advice would you give patients? What things should they be sharing with their healthcare team when it comes to mental health?

Yu Mee Song:

I think it's just as important as them keeping a list of their side effects or new symptoms to report to their physicians. I think if they're experiencing disturbances in their sleep and not finding pleasure in things that used to bring them joy anymore. I think it's just as important to say, "Look. I took this medication on that day, and I had nausea for five days after," or "I'm having new chest pains." It's just as important.

And like Dr. Richter was describing, how patients will just say, "Yes, I'm fine. No problems, no problems." I often then look to the caregiver, or the partner, or spouse. "Are they really fine?" Or they're in the background going, "No."

So whether it's because they want to downplay that or they're just not aware; it's good to get feedback from their caregivers. So I encourage them to report any changes in their mood because it could be related to some medication or treatment, right?

Cindy Chmielewski:

Exactly.

Yu Mee Song:

And if you are seeing a psychiatrist, or on medication from before, it's important to let your oncologist know that too.

Cindy Chmielewski:

Yeah. You must be reading my questions that I was planning to ask. Because I was going to say, are there ever times that a caregiver may see that their patient or their loved one needs help when they can, and you answered that question. Yes, there are times.

And I sometimes think that patients sometimes may think, "If I say something, maybe my doctor might withhold my treatment." And that's the one thing patients never want to happen. But it's important to say that type of information.

Let's flip that scenario a little bit. Cancer is a family affair. What about the caregiver? What kind of services can we provide the caregiver if their loved one is going through a cancer diagnosis?

Yu Mee Song:

Yes, it affects more than just a patient, your immediate family, your extended family. There are support groups for caregivers here. Sometimes they're also wanting to speak to other caregivers who are going through similar situations, so there are many peer support programs. If you're at a big center, you could definitely ask your care team to see if there's maybe someone similar in my situation, a parent or somebody my age.

But yeah. I think support groups are great. Seek out your own counselors. You have to take care of yourself to be able to take care of your loved one. And like Dr. Richter mentioned, it's a marathon, so it's not a short period. It's going to be a long-term period. As long as they keep finding treatments it's going to be a long, long journey.

Cindy Chmielewski:

Yeah, thankfully, right? And is there a special type of license that a therapist should have, or that myeloma patients should be looking for when they're trying to pick a therapist to work with?

Yu Mee Song:

I would say, I mean obviously, if you're looking to see a psychiatrist – they're doctors. But, I would say definitely, a licensed social worker or a psychologist. There are other mental health professionals, but yeah. I would stick to social workers or psychologists unless you're looking for an alternative type therapist. Whether that's – I don't know how you feel, Dr. Richter, about a hypnotherapist, or meditation, mindfulness. There are other therapists that practice other-

Dr. Richter:

Couldn't agree more.

Yu Mee Song:

Yeah.

Dr. Richter:

I don't have to understand how something works for it to work for some people. It's not a requisite. It really isn't. If it was, we wouldn't have half the therapies we have, because I barely know how they work. So I think that it's an ongoing interaction and discussion with your care team. If someone comes to me and says they want to do yoga, meditation, they want to go to those things, absolutely. Some alternative medicine may have some risks. Things like chiropractic involvement or some herbal therapies, they may have some risks. So it's worthwhile to be open with your care team and not hide it. But I'm extremely – and most of us are extremely supportive about standard and alternative approaches.

And I think the same would be true for – as in myeloma, sometimes you go see a second opinion. If you go to see one psychiatrist and you don't like that interaction, you're not locked in there. This is a journey, as Yu Mee brought up. You need to be with this person long-term. If you get that vibe that this is not right, there's someone else out there.

And I think for alternative stuff, I've seen a lot of people when they get diagnosed, friends and family come out of the woodwork with all types of suggestions, "Oh, I saw this essiac tea. You have to drink the essiac tea." "Oh, I saw cupping gets rid of it. You have to go do that immediately."

There are a lot of suggestions. I think it's really important to discuss these with your care team. To thank people for their suggestions, but to also let them know this is an individualized journey, so what may work for some may not work for others. But I think Yu Mee's point is extremely important; that we don't have to follow every approved everything. That there are some alternative therapies that may have extreme benefit for patients.

Cindy Chmielewski:

Yeah. And Dr. Richter, do you see that your mental health and your mental status at all impacts your treatment or how willing you're to be compliant, or do you see any relationship between mental health and physical?

Dr. Richter:

Yes. Well, I mean I have a very low bar. As long as your mental health is better than mine, I think you're in good shape. So – no. All kidding aside. No, mental health is key through this. I think a lot of us struggle with issues of anxiety and depression on a daily basis when cancer is not top of mind or bubbling to the surface when the lights go out at night, and we close our eyes. These can be crippling things that can prevent us from taking appropriate steps.

I mentioned to a patient recently, "You need to start a certain medicine." And the anxiety about side effects was so overwhelming they didn't take the medicine, and that could potentially lead to bad outcomes. So there are some direct ways. And the direct ways are not following things, being non-compliant. There are some indirect ways as well, and some of them we may not know about. But again, I think maximizing everything in your care, not just the chemo, not just your blood counts. But maximizing your mental health is key to dealing with this long-term and enjoying life to its fullest capacity.

Cindy Chmielewski:

Good. One of the things that gave me the most hope and helped me get out of that depression was seeing all those treatments that were being developed for myeloma, all those new treatments. So that if one stopped working, there was something else to try. I know I always get hope every time I attend a medical conference.

So, on that note. Dr. Richter, what is some of the current research that's happening that you're the most excited about?

Dr. Richter:

Sure. So one of the most important facets of research right now is something called bispecific antibodies. So taking a step back, CAR T therapy, everyone is very excited about CAR T. And for those people who may not be as familiar, CAR T is where we collect your T cells, and T cells are our immune cells that fight bacteria, viruses, cancer. But what we can now do is collect them in the lab, engineer them, and then put them back into your body to fight the myeloma. These things are amazing, they're unbelievable and may be part of a curative strategy for some in the future.

However, you can only get those if you are young enough, healthy enough, and have access to a major institution that gives them. And the reality is that the biggest lion's share of myeloma patients are older, have comorbidities, and don't live in the middle of New York City, where you could take a heavy rock and hit six great myeloma centers.

So the reason why I love bispecific antibodies is because they are off-the-shelf products that harness our own immune system like CAR T. But they can be given anywhere at any time, which means they're more available to more patients. And to me, that's the big thing. Is that the 80-year-old, who lives in a rural area, that has to drive half an hour to the one place that treats cancer, she will have access to that, where CAR T may not be so easy for her to get. And there are many of these in clinical trials. And the first one to be FDA approved, fingers crossed, is going to be this August. So only a few months away to our first commercially-available, bispecific. I couldn't be more excited about it.

Cindy Chmielewski:

Yeah, very exciting. And would the first indication probably be in the relapsed/refractory setting for-

Dr. Richter:

Yeah. In general, the first indication, for almost all therapies in myeloma, starts when people have had everything that's been approved beforehand. So I don't know what the FDA label is going to be. But it will likely look something like patients who've had at least four lines of prior treatment, including an IMiD drug like Revlimid, a proteasome inhibitor like Velcade, and an antibody drug like daratumumab (Darzalex).

Cindy Chmielewski:

Okay, good. Yeah, I'm very excited about the bispecific antibodies also.

And Yu Mee, this is Mental Health Awareness Month. And over the last two years, I know, even not having cancer, with everything that was dealing with COVID, COVID lockdowns; worked on our mental health also, and just everything. So what words of encouragement and advice would you give to people to try to get back on track with their mental health?

Yu Mee Song:

I think the first step of acknowledging that, or just asking for help or seeking help if you are in need of any type of counseling or support. But I think it's really, really important. I don't know. I think it was in the beginning that Dr. Richter touched on this. To really, when you're diagnosed with cancer, to think about, really, what – a lot of people have shifted their perspective on life. And try to get rid of things that may have brought them down or stressed them out, and really focus on their meaningful few relationships, or really think about what really brings them joy.

And I think COVID also did that for a lot of people. You see a lot of people leaving their jobs of decades or moving because they're realizing, "Okay, I don't know why I've spent so much time and energy on this. But what really brings me joy is someplace quiet in the woods or wherever, out of the city."

So I think it's, whether it's reconnecting with family, making more time for family, working less, getting out more outside, exercising, taking up a hobby. Just really reflect on what are the times that really brought you happiness and joy and try to do more of that. Yeah.

Cindy Chmielewski:

It sounds like great advice.

And one last question for either of you. It's from a patient who just wrote in that they're dealing with isolation. I remember, during the height of COVID, I was getting depressed. I felt like I could never go in public again. And some myeloma patients are very immunocompromised, and there's still – feel the need for isolation, and they can't wear the N95 mask long enough. Any advice for myeloma patients dealing with both COVID, myeloma, and feeling isolated?

Dr. Richter:

I think these are unprecedented times, but I think there are ways to help fight that. And again, they may not work for everyone. But first of all, right now, we're having an online discussion and connecting with other people online. There are a lot of online resources like this that people can connect with. So, a first step is, there are a lot of resources online through a lot of the organizations that Yu Mee had mentioned. For example, I'm speaking with a myeloma group in New Jersey next Wednesday, and we're doing a webinar that way. So that's one way.

The other is that I recognize wearing N95s, or double-masking, and indoors can still be quite bothersome and can be – you could feel concerned when you're in small places. It is, at least in New York right now. And it's a little too hot, but you can go outside. And there are ways to interact with people. You can have a get-together and have a reasonable distance between people. If the N95 is too much, a regular surgical mask. Have six feet between you. Have a conversation. Reconnect with people that way.

So I think we're all missing that intimate connection that we used to have with people on a much more regular basis. And Lord-willing, and avoiding monkeypox and COVID, we will get back there. But I think there are surrogates that we ought to embrace right now, and I think those are a few of them.

Cindy Chmielewski:

Yes. Anything you would like to add, Yu Mee?

Yu Mee Song:

Just enjoy. Take advantage of the nice weather outside, like Dr. Richter mentioned, as a safe place. Take up on the offers of your friends and family who have offered, "Is there anything I can do?" "Yeah. I would like to go on a walk once a week." Or outdoors. Get some vitamin D. Socialize (nods). And online groups, so you're not alone. Groups are a great way to not feel alone and to feel less anxious and stressed. And see other people going through the same things that you are going through or have gone through. So it's a great platform.

Cindy Chmielewski:

Okay. Good words of advice. And I think we are now ready to close our show. So thanks to our very special guests today, Dr. Joshua Richter and Yu Mee Song from Mount Sinai.

To our audience: if you have any new questions for your doctor based on today's program, we encourage you to write them down. And if you haven't already, please subscribe to the *Patient Power Multiple Myeloma Newsletter* at patientpower.info. That's also where you can catch and watch earlier webinars in this series and in other series.

Immediately following this show, a survey will appear. And we would appreciate it, that if you would take a minute or two to fill it out. And remember that this former fifth-grade teacher thinks knowledge is the best medicine of all. So goodbye, and I hope everyone learned a little bit of something today. Take care.