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Red Flag Symptoms of AL Amyloidosis in Patients with Myeloma

Welcome to *Managing Myeloma*. I am Beth Faiman, a nurse practitioner at the Taussig Cancer Institute in Cleveland, Ohio. Today I'd like to discuss *Red Flag Symptoms of AL Amyloidosis in Patients with Multiple Myeloma*. This was an abstract presented at the International Myeloma Workshop, the Nursing Symposium component, in Boston in 2019. Basically, AL amyloidosis as you very well are aware is like myeloma in that it is a plasma cell dyscrasia and it is caused by deposition of the amyloid fibrils which are misfolded from immunoglobulin light chains. Those immunoglobulin light chains fibrils can impact organs such as heart and the GI tract, as well as kidney. We know that from prior research, 10% of patients with multiple myeloma will have amyloidosis and some studies suggest that 30% of patients will have subclinical amyloidosis without necessarily symptoms. In this study, investigators performed a retrospective review of 79 patients seen from 2009 to 2018 with evidence of multiple myeloma based on International Myeloma Working Group (IMWG) criteria and biopsy proven AL amyloidosis by Congo red staining. Investigators looked at organ involvement, patient symptoms, and time to diagnosis. Abdominal fat aspirates were very commonly obtained at this institution and those results were also tallied. A total of 992 patients with AL amyloidosis were seen from 2009 to 2018 at the institution and 79 were classified as myeloma-related or -associated AL amyloidosis. That represented about 8% of all cases. Of the 79 patients that had amyloidosis, 55% had cardiac involvement, 44% had renal involvement, 43% had soft tissue involvement, and there was a percentage of patients that had at least two organs involved. There were 57% of patients actually that had two or more organs involved. Some of the symptoms that patients had complained of that led to the diagnosis were primarily related at a soft tissue component, being joint pain due to arthropathy, followed by soft tissues masses, and macroglossia. I think it is important to note what I took out of this study is that the median time between a symptom onset and diagnosis of amyloidosis was seven months, which was in a large multi-hospital system who specializes in amyloidosis in myeloma, and the median time of diagnosis for myeloma to amyloidosis was one month. In summary, 8% of patients at the institution did have coexisting amyloidosis and multiple myeloma, but it is important as providers to recognize the symptoms, primarily arthropathy, cardiovascular when it relates to heart, and albuminuria that relates to renal involvement. It is also important to know the importance of an abdominal fat pad aspiration; this is a very easily obtained test. Those patients with Congo red positive fat pad aspirate were 78%, so you are looking at a very sensitive test at diagnosing the amyloidosis which can lead to an expedited intervention and plasma cell-directed therapy and highlights also the importance of supportive care as well. Thank you for viewing this activity.

Reference: Mendelson L, et al. Red Flag Symptoms of AL Amyloidosis in Patients with Myeloma. IMW 2019. NS-095.