An Invisible Presence

Myeloma UK Precursor Framework:
changing the future of precursor conditions,
leading the way to prevention and cure.

MyelomaUK

Autumn 2025

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Introduction

Together with our dedicated community we have helped transform treatment and care for people living with myeloma in the last 25 years.

But we need to go further, faster to deliver a cure and make sure that everyone affected by myeloma can live the best life possible.

For the first time, our strategy focuses on preventing myeloma. To explore if prevention is possible in myeloma, we are committed to increasing our efforts for people living with myeloma precursor conditions as well as those living with active myeloma.

Every person diagnosed with myeloma will have had a precursor condition. The past decade has seen a step change in treatment for myeloma – the time is right to make sure that the same transformational change is delivered for people living with precursor conditions and to explore the potential of precursor research to unlock a cure and map a route to prevention. This Framework, developed under our Myeloma UK Precursor Programme, brings together the actions needed to deliver that change

This Framework will be used to inform the next phase of the Programme where we will press for an acceleration in new avenues of research and foster best practice in care and support for people living with and affected by myeloma precursor conditions.

Framework Recommendations at a glance

1 Greater investment in and support for research

that will unlock the biology of precursor conditions and enable ways to identify who is most likely to progress to active myeloma.

2 "Take stock" on screening

to assess current evidence and determine the feasibility and benefits of a screening programme, to inform decisions on whether screening for precursor conditions (MGUS and smouldering myeloma) should be pursued now or in the future.

3 Optimise clinical trial design and access

establishing priorities that will lead to trials that could change clinical practice for precursor conditions.

4 Generation and publication of accurate data

on people living with precursor conditions, in order to improve monitoring, care, support and to explore treatment options in precursor conditions.

5 Development and implementation of a national model

to manage and monitor monoclonal gammopathy of undetermined significance (MGUS), tailored to the needs of different parts of the UK.

6 Implementation of best practice for monoclonal gammopathy of renal significance (MGRS) management

and follow recommendations of the UK Kidney Association (UKKA) Rare Disease Group for MGRS.

7 Greater investment in laboratory diagnostic services

to ensure resource and capacity to deliver appropriate diagnostics and testing infrastructure to meet demand now and in the future.

8 Equity of access to a holistic support model

for people affected by precursor conditions, including their carers and their families that better meets their needs, including underserved groups, across age and life stages.

9 A guarantee that patient insight underpins all recommendations outlined

within this Framework across diagnosis, treatment and care.

These recommendations will only be achieved through partnership and collaboration from a broad spectrum of stakeholders and decision makers including industry, the NHS and third sector.

Preventing myeloma: the Myeloma UK Precursor Programme

Our strategy sets out three core areas that underpin everything we do – preventing myeloma, treating myeloma, and living well with myeloma.

Our work to prevent myeloma is driven by the Myeloma UK Precursor Programme. The aims of the Programme are:

- Explore precursor conditions as a route to myeloma prevention and cure
- Better detection, diagnosis, and management of precursor conditions and myeloma
- Better identification of those most at risk of progressing from a precursor condition to active myeloma
- Better understanding of what it means to live with precursor conditions
- Ensure the patient voice is central to the development and delivery of new precursor treatments and care

The Precursor Programme is built on insights from our research programmes, evidence that informed our research strategy, information gathered via our support services such as our Myeloma Infoline, and opinion from world leading clinicians and researchers.

A key milestone in building the Programme was our International Precursor Roundtables which brought together clinicians and researchers from the UK and beyond, people living with precursor conditions and key UK decision makers.

The roundtables explored the themes of basic research, clinical trials, screening and detection, management and patient insights and were designed to:

- Build consensus
- Identify priority work areas in precursor conditions
- Forge the partnerships needed for delivery

Further information on the roundtables can be found in Appendix 2 of this Framework.

About myeloma precursor conditions

In the UK, over 33,000 people are living with myeloma – a blood cancer arising from a type of white blood cell called plasma cells. These form part of the immune system and are found in the bone marrow.

Myeloma develops when abnormal plasma cells spread through the bone marrow and release an antibody known as paraprotein. The abnormal cells and paraprotein cause the signs and symptoms of myeloma.

Myeloma patients have one of the longest pathways to diagnosis, with around half of people waiting over 5 months and a quarter over 10 months for the right diagnosis. This delay leads to many being diagnosed through an emergency care route, with significant symptom burden (e.g spinal fractures, serious infections) and poorer survival compared to those receiving prompt diagnosis through primary care. The impact on quality of life, which can be particularly severe in myeloma is also too often overlooked.

Everyone diagnosed with myeloma will have had a precursor condition; monoclonal gammopathy of undetermined significance (MGUS) and smouldering myeloma. Most people don't know they have a precursor condition until it has progressed to symptomatic myeloma. We are therefore missing an opportunity to prevent myeloma developing or treat early before significant symptom burden develops if it does progress to myeloma.

Monoclonal gammopathy of undetermined significance (MGUS)

MGUS, like myeloma, is a condition where there is abnormal paraprotein, but it is not a cancer and does not usually cause symptoms.

Only a very small number of people with MGUS will go on to develop myeloma. Despite this, for people with MGUS, it's essential to have blood tests at regular intervals to check for any change in the condition. MGUS is usually diagnosed by chance, when tests are being done for other reasons.

MGUS has historically been the focus of monoclonal gammopathy research and clinical effort. However, there is now growing awareness and greater understanding of different types of monoclonal gammopathy.

These types of gammopathy have been recently defined and are not widely used:

- Monoclonal gammopathy of renal significance (MGRS)
- Monoclonal gammopathy of clinical significance (MGCS)
- Monoclonal gammopathy of neuronal significance (MGNS)

Unlike in MGUS, the paraprotein in these types of gammopathy causes one of several complications. It most commonly affects the kidneys, the nerves or the skin.

For the purposes of this Framework, the term MGUS includes related conditions MGRS, MGCS and MGNS.

While we know certain factors are associated with risk of progression and can identify people whose risk is extremely low, there is no definitive test to determine whether someone will progress from MGUS to myeloma.

It is estimated that around **6,000 people** are diagnosed with MGUS each year in the UK and each year, around **1 in 100** of these people will be diagnosed with myeloma or related conditions

Smouldering myeloma

Smouldering myeloma is an early form of myeloma that usually progresses to active myeloma, but it may take some time to do so. The risk of progressing to active myeloma is lower if you have had smouldering myeloma for a long time.

In smouldering myeloma, abnormal plasma cells can be detected in the bone marrow, and abnormal protein can be detected in the blood and/or urine. However, patients do not have the typical symptoms related to active myeloma, such as those associated with kidney, immune system or bone problems.

In this Framework we discuss MGUS and smouldering myeloma as myeloma precursor conditions. However, it is important to note the distinction between the two conditions. MGUS is a benign condition that has a small chance of progression to myeloma, a cancer, whilst smouldering myeloma is a very early form of myeloma.

Around half of those diagnosed with smouldering myeloma will progress to active myeloma or AL amyloidosis within five years of being diagnosed

Emerging clinical strategies on treatment and care

Currently, smouldering myeloma is not routinely treated on the NHS. However, there are international clinical trials with sites in the UK looking at whether treatment could delay progression of smouldering myeloma to active myeloma.

In spring 2025, the first treatment for people with high-risk smouldering myeloma received a favourable recommendation from the US Food and Drug administration (FDA) Oncologic Drugs and Advisory Committee (ODAC). The recommendation was based on the results from the AQUILA (daratumumab vs active monitoring in high-risk smouldering myeloma Phase 3 study) clinical trial which showed that treatment was associated with longer progression-free-survival and overall survival and is the first step towards approval in the US. If approved, this treatment (daratumumab) would become the first ever used to delay the progression of high risk smouldering myeloma in the US.

Subsequently, in summer 2025, the European Commission (EC) approved daratumumab for high-risk smouldering myeloma. This means that the treatment can be sold or marketed through EU member states.

The positive recommendations from the US and the EU are a sign that treatments for smouldering myeloma could be available globally soon.

For the treatment to be available in the UK, it needs to be licenced by the Medicines and Healthcare Products Regulatory Agency (MHRA). Companies can apply for a licence from the MHRA through an International Recognition Procedure (IRP) that takes into account the EC review and recommendation. A decision awaits on whether daratumumab will be licensed in the UK. Without a license from the MHRA, the National Institute for Health and Care Excellence (NICE) cannot approve the routine funding of the treatment on the NHS. However, patients may be able to access the drug through private healthcare.

These recent developments reflect the evolving practice in smouldering myeloma treatment which could revolutionise our definition of myeloma and disease progression and have a huge impact for patients living with the condition.

> “Its an invisible presence that you can’t escape…it’s particularly difficult when you’re going for your check-up. You fear what those results might be. Is this when your life will change dramatically? If you have untoward changes in your bodily function, you think oh gosh is this the start of it? You know, how will my life change? How will I cope with that? How will my family cope with that?”
>
> – person with lived experience

Pushing for a new approach – the paradigm shift

Historically MGUS and smouldering myeloma have not been prioritised for research funding or service investment. There are multiple reasons for this including:

- The challenge of detection and diagnosis
- A view that these conditions have less clinical burden and significance
- A focus on tackling the considerable and pressing need in active myeloma

However, there is a clear and growing body of evidence about both the burden of living with a precursor condition and the opportunity that the precursor field offers in terms of moving the fight against myeloma "upstream" – reducing both the physical and financial costs of myeloma treatment and care and opening up new avenues to prevention and cure.

The need to shift from sickness to prevention has been clear for some time and has been reconfirmed in the 10 Year Health Plan for England. The paradigm shift that is now needed is to move from classic symptom awareness and public health prevention campaigns to a new, smarter model built on innovation and interception.

Internationally there is emerging research and appetite within the clinical community to understand and answer fundamental questions relating to precursor conditions which could impact the route to prevention in myeloma.

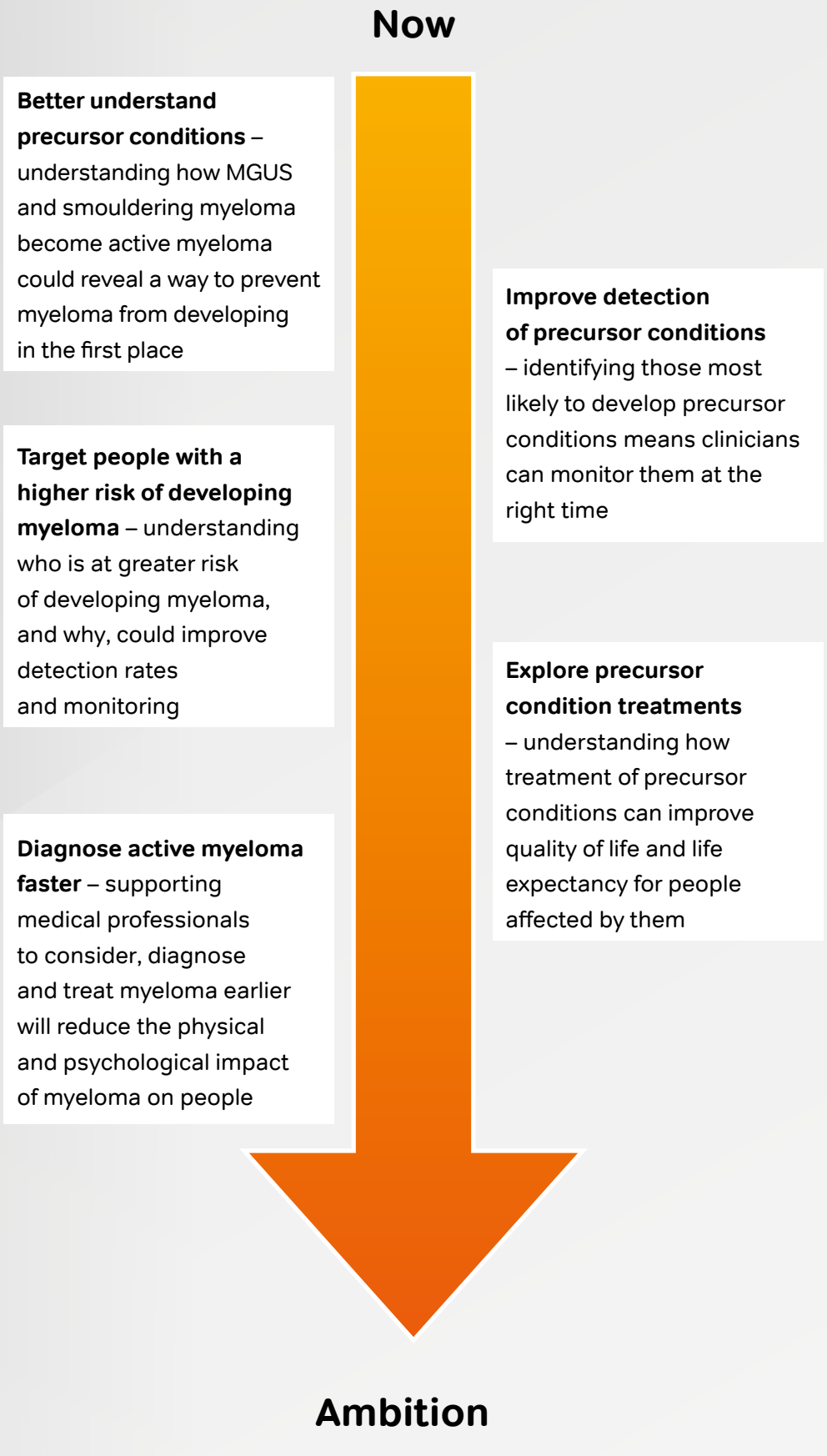
Additionally, recent trial and regulatory outcomes have underscored a clinical shift from watchful waiting to early intervention, particularly for patients with high-risk features.

The benefits of timely myeloma diagnosis for overall survival and quality of life are well-known and drive exploration of how better detection of precursor conditions can improve diagnosis performance.

Finally, it is only now that we are beginning to ask important questions about the lived experience of people living with precursor conditions – about the physical burden and the psychological challenge and how best this can be alleviated.

These changes, across every element of the precursor landscape, mean it is time for a holistic, patient-centred approach to transforming precursor research, detection, diagnosis, treatment and care.

A road map to accelerate the paradigm shift in precursor conditions



Commitment to addressing health inequalities

Health inequalities exist across healthcare and across different health conditions. For example, our gender, class, race, sexuality, disability, geographic location, digital literacy and migration status can all influence our experience of healthcare systems.

The need to address health inequalities at every level of these recommendations is highlighted when we consider the experience of Black people.

Black people are more likely to develop precursor conditions. Our research also tells us that people with myeloma from the Black community have poorer healthcare experiences and outcomes compared to white people.

Black people therefore must play a leading role in conversations about the future shape of research and services in precursor conditions because they are disproportionately impacted by shifts in management, treatment and care.

It is paramount that the needs of people from underserved groups are represented in optimal research, treatment access, support and care.

We must remember that inequalities never exist in isolation. Where different characteristics overlap, it can increase the possibility of discrimination and exclusion. People's experiences of care therefore differs based on multiple intersecting factors and, because of this, we need an intersectional approach to tackling healthcare challenges.

This is true for myeloma and precursor conditions.

Implementing the actions in this Framework therefore must be underpinned by intersectional awareness to address healthcare inequalities and overcome systemic barriers.

> "I am aware that it (myeloma) tends to happen in the Black community more often than the white community... I'm not saying only targeting those areas but getting out to those areas as well"
>
> – person with lived experience

Recommendations

1 Greater investment in and support for research that will unlock the biology of precursor conditions

Further research is needed to examine the biological changes that drive progression from precursor conditions to active myeloma as well as understand and identify people whose condition is most likely to progress and when.

> "I feel there is a sense of urgency to understand where is my point of no return? You know, this is a thing that just sits on my shoulders."
>
> – person with lived experience

Challenges to be addressed

- Not enough is known about the biology of MGUS and smouldering myeloma to understand what causes the disease, and why it develops and progresses to active myeloma
- There is a need for better risk stratification models for MGUS and smouldering myeloma to help us refine our understanding of who is most likely to progress to active myeloma
- Guidance is needed on the appropriate time period to stop MGUS monitoring for low-risk patients
- There needs to be a better understanding of possible drug targets

> "Once it's too late I know the track that I'm on, and of course I don't want to go there. Things are very uncertain and very unknown and that is quite difficult to live with."
>
> – person with lived experience

Actions	Solutions and impact
Conduct research to better understand the biology of precursor conditions, informing better risk stratification tools and drug targets.	Identification of patients at the highest risk of progression and in the most need of early intervention to: • Enable possible screening programmes • Support better monitoring approaches, tailored to the individual • Reduce the risk of unnecessary treatment This would enable the development of novel drug targets and therapeutics specifically for precursor conditions.
Conduct clinical trials to inform the understanding of the biology of smouldering myeloma	Trials could strengthen and expand our knowledge about the benefits and risks of treating smouldering myeloma. This could reveal ways to prevent or delay myeloma developing, make active myeloma easier to treat, help to optimise current management of smouldering myeloma patients in clinic and reveal whether smouldering myeloma should be treated, and if so, how.

2 “Take stock” on screening to assess current evidence and determine the feasibility and benefits of a screening programme

There continues to be an active debate about the potential value of a screening programme for myeloma and its precursor conditions. The case is strong in principle; if we detect and monitor people early, we reduce the harm and financial costs of late myeloma diagnosis.

However, when we consider the balance of potential harm vs benefit, and the complexities and possible scale of a national screening programme, the issue is less clear cut.

It has become clearer that any screening programme would have to be targeted at those most at risk of developing active myeloma; to achieve an acceptable balance between the benefits of early detection and harms from factors such as psychological impact and burden on healthcare services.

The UK National Screening Committee (UKNSC) governs screening programmes in the UK and has strict criteria for assessing their feasibility and appropriateness. In practice it can be very challenging to meet these criteria. There are ample examples of thoroughly researched and highly resourced campaigns for cancer screening programmes which have yet to be approved many years after they were initiated.

In myeloma we are some distance from a successful application to the UKNSC. We need to ensure therefore that energy and resources are directed at gaining clarity on where screening sits in a sequence of actions to improve detection, diagnosis, treatment and care. We need to focus on what evidence is required and how best to gather that evidence to inform the desirability and model of a screening programme.

> “When it comes to reference ranges, are they the same in Black people as they are in white people? The genetics does need to be looked at and a screening programme could be one way of getting more information”
>
> – person with lived experience

Challenges to be addressed

- Better evidence and data to assess whether a screening programme for precursor conditions is beneficial and feasible
- Better understanding of the nature and level of the challenge; e.g. pressure on laboratory diagnostic capacity
- Better understanding and identification of at risk populations for potential targeted screening and the benefits of early detection
- Better patient insight into the benefits and harms of participation in a screening programme

Actions	Solutions and impact
Develop a consensus statement on a UK screening programme	This would provide clarity on the potential benefits and opportunity costs of pursuing a screening programme and the evidence base necessary before any application to UKNSC is considered. The evidence base would have to include: • How to identify those most at risk and suitable for targeted screening • Patient insight on involvement in a screening programme • Service and health economic considerations

3 Optimise clinical trial design and access

Clinical trials are required to understand how to better manage precursor condition patients now, and whether treatment at this earlier stage may prevent or delay progression to myeloma. There are some key questions to be considered within this space. For example, do the benefits of treating smouldering myeloma outweigh potential side effects, and does treating early have any negative longer-term outcomes.

We need researchers and clinicians in the UK to establish clinical trial design priorities that could lead to change in clinical practice for precursor conditions.

Challenges to be addressed

- There are limited clinical trials in the UK for precursor conditions and geographical inequality in access. Current UK trials are COSMOS, SECURE and MODIFY.
- There is widespread heterogeneity in international clinical trial design and a lack of consensus on what trials need to take place.

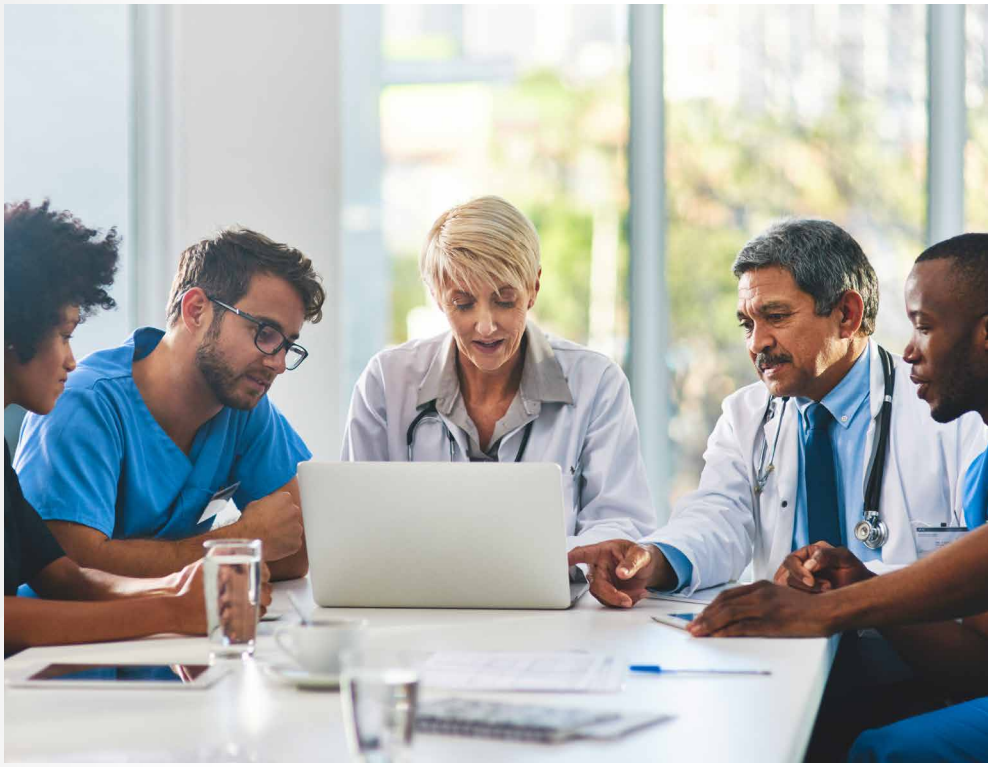
Actions	Solutions and impact
Secure consensus on clinical trial design priorities	A consensus will help to define: ● The most appropriate patient group to enrol on clinical trials ● The best risk stratification models (who and when to treat) ● Treatment regimens and durations ● Clinical trial endpoints (are we aiming to delay progression or cure?) ● Necessary patient insight which includes ethical considerations (do benefits outweigh side effects).
Design, develop and implement new clinical trials (observational and treatment-based trials) for smouldering myeloma in the UK	This will help us to understand how myeloma develops and which treatments are effective in people with smouldering myeloma, as well as improving access and reducing geographic and racial inequalities.

> “I’m also very interested to understand that balance of when does the therapeutic effect of treatment outweigh the negative effect of treatments? If you were to treat smouldering myeloma, would that treatment have a negative impact on the myeloma once it becomes active? There’s that question all the time of when does organ damage set in? How can we find out? That all feels very urgent to me.”
>
> – person with lived experience

4 Generation and publication of accurate data on patients with precursor conditions

If there is to be improvement in monitoring, care, support and exploration of treatment options in precursors we need better data, which is essential to establish a clear and accurate number of patients nationally.

Therefore, the first step in this space is an audit to develop an accurate baseline dataset of MGUS and smouldering myeloma patients in all settings – primary and secondary care, and virtual clinics.



Challenges to be addressed

- There is no publicly available data on the number of people diagnosed with MGUS in primary or secondary care for us to know if this is recorded robustly.
- Existing available data does not represent the true numbers of people with MGUS and we are aware there are issues with codes used to identify people with MGUS in GP IT systems – codes either don't exist or are incorrect
- There is no publicly available data on the number of patients with smouldering myeloma in secondary care (coding is the same as active myeloma)
- There is no publicly available data which allows us to identify if there are issues with smouldering myeloma coding nationally

Actions	Solutions and impact
Conduct a national audit of people diagnosed with MGUS managed by primary and secondary care	This will allow assessment and understanding of the number of people with MGUS and how they are currently managed nationally. This data could inform the development of MGUS monitoring models. This could highlight coding errors, which if solved could improve strategies for data collection and reporting.
Conduct a national audit of people diagnosed with smouldering myeloma managed in secondary care	This would provide data on the current number of people with smouldering myeloma in secondary care. Validation of this data would ensure potential issues with data quality and accuracy are acknowledged, leading to improvement strategies for data collection and reporting. An audit could help to identify variations in management and support solutions to implement best practice.
Improve data collection on risk stratified MGUS and smouldering myeloma patients	This would improve our understanding of risk and progression rates and how the disease evolves. In the UK where treatment is not yet routinely available this will enable researchers to compare treated and untreated patients and provide important data for the research community. A precursor registry is one option which could be explored.

5 Development and implementation of a national model to manage and monitor monoclonal gammopathy of undetermined significance (MGUS)

Currently there is widespread variation in how MGUS patients are managed nationally. We know that MGUS patients may be followed up in primary care, secondary care or a combination of the two. Protocols and local commissioning can vary.

Some low-risk MGUS patients are managed exclusively in primary care and referred only to secondary care if there are signs of progression. Others are managed solely in secondary care. We also know that the imperfect current system is coming under increasing strain with both primary and secondary care in some parts of the UK unable to provide adequate monitoring services.

It is essential to manage MGUS properly so that people can live well with their condition. We need to develop a model for a nationally commissioned MGUS monitoring service, tailored to the needs of different parts of the UK.

> "There needs to be more awareness about MGUS amongst GPs and non-haematological doctors. Articles in the medical press, pre and post graduate educational meetings about haematological disorders, and their detection should be more prominent."
>
> – person with lived experience

Challenges to be addressed

- There is a lack of a nationally commissioned MGUS monitoring model or service, leading to disparity in quality of services and geographic inequality in access
- Lack of insight into what 'good' management looks like for patients, for the NHS as a whole and for healthcare professionals
- Lack of understanding of the health economic impacts of different MGUS monitoring and management models.

Actions	Solutions and impact
Develop a model for a nationally commissioned MGUS monitoring service tailored to different parts of the UK	This is vital to ensure people are monitored appropriately, to reduce variation and inequalities and support healthcare professionals to deliver optimal services. Work to develop a precursor management model must be developed in true partnership with people living with precursor conditions and healthcare professionals in primary and secondary care. It must be informed by insight from people living with precursor conditions and should consider the use and development of technology to deliver the most patient focused and economically effective solutions.

> “...my case demonstrates a long history, of stable, low level paraprotein levels that is no guarantee against progression and more reliable monitoring methods need to be developed for general practice, including regular recall...”
>
> – person with lived experience

6 Implementation of best practice for monoclonal gammopathy of renal significance (MGRS) management

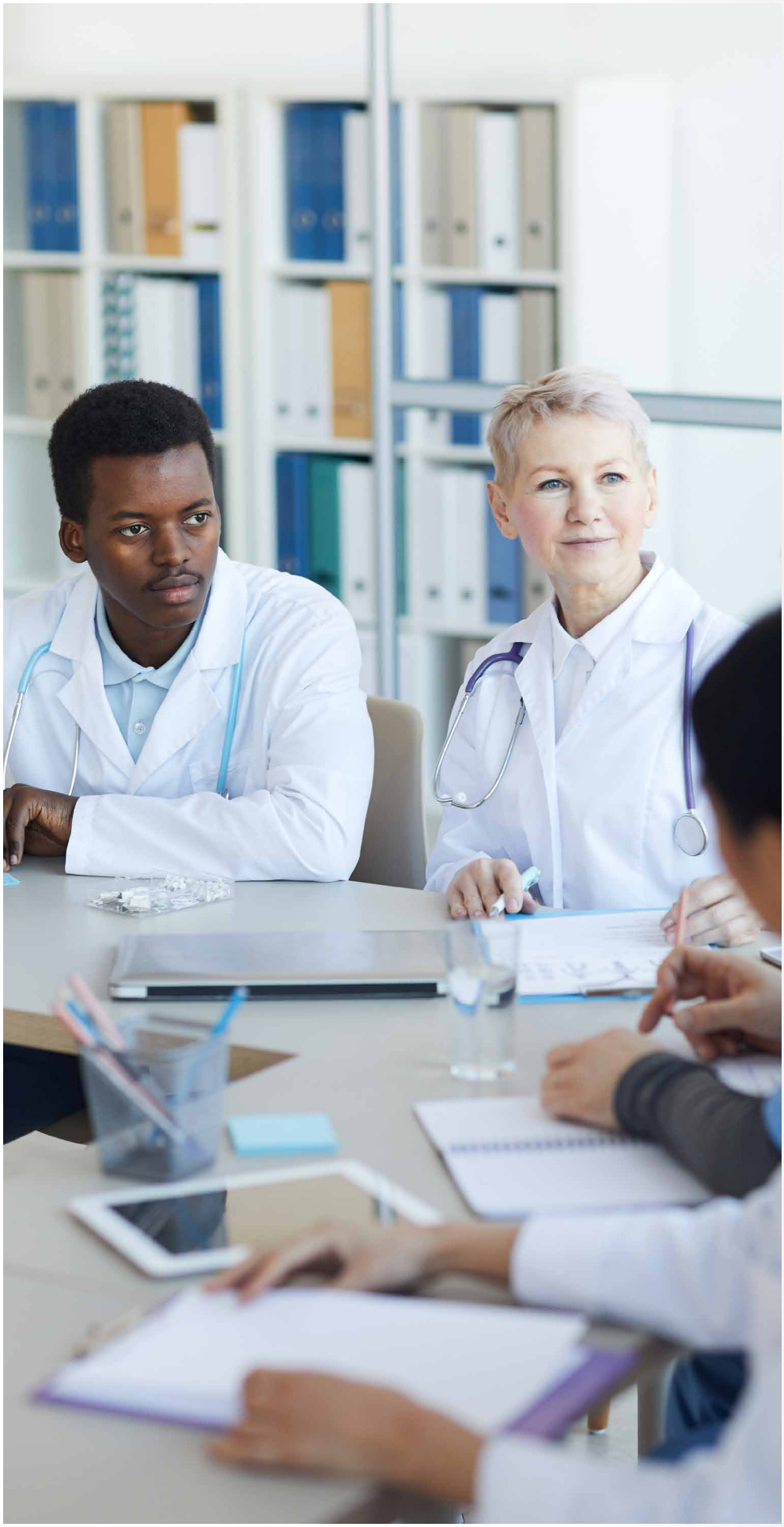
MGRS can affect the function of the kidneys. A proportion of patients may be at risk of developing severe kidney disease or kidney failure, where the kidneys no longer work at all.

Due to the different clinical needs of patients with MGRS, we need to follow recommendations of the UK Kidney Association (UKKA) Rare Disease Group for MGRS to ensure MGRS patients are recorded on the UKKA national registry of rare kidney diseases (RaDaR). We should support the outputs of the UKKA working group to ensure solutions which encourage best practice and optimum management and care are implemented.

Challenges to be addressed

- There is no publicly available data on how many MGRS patients there are nationally, or data which allows us to understand if there is variation in how MGRS patients are managed.

Actions	Solutions and impact
Ensure all MGRS patients are recorded on the UKKA RaDaR registry	This will enable an understanding of the number of people with MGRS nationally and could help us to understand how they are managed.
Support the UKKA Rare Disease Group for MGRS aims and recommendations	This will enable development of standards for the treatment of MGRS, better patient information and support and promote research.



7 Greater investment in laboratory diagnostic services

Diagnostic laboratories are currently operating under significant strain. We know many facilities are under resourced and underfunded in terms of staffing and infrastructure, making it increasingly difficult to meet current testing demand. In this context, any proposals for new initiatives, including service improvement, new monitoring and management models or screening programme proposals must be developed in direct consultation with laboratories.

Laboratory diagnostic service improvement should be prioritised, ensuring sufficient resource and capacity to deliver a laboratory operating model where appropriate diagnostics and testing infrastructure meet demand now and in the future.

Challenges to be addressed

There are issues associated with laboratory diagnostic capacity to deliver monoclonal gammopathy testing. These issues include:

- A lack of standardisation of lab practices
- A lack of standardisation of test result comments
- Some GPs not understanding or interpreting results correctly
- A lack of skilled technicians
- Aging IT or laboratory information management system (LIMS) infrastructure
- A lack of automation and ability to ‘scale up’ testing
- A lack of ‘point of care’ test capability
- Commissioning difficulties with components of monoclonal gammopathy testing due to funding challenges and other factors creating inequity of access

Actions	Solutions and impact
Invest in laboratory diagnostic service improvement to ensure adequate IT infrastructure, workforce and resource needs	As part of the implementation of the 10 Year Health Plan for England, ensure that the right level of investment and robust expert models are supported in the NHS. This is vital to ensure a laboratory operating model which is able to meet diagnostic demand needs now and in the future. Laboratory models must be developed in partnership and acknowledge the different capacities and needs of different parts of the service.
Implement best practice in models of laboratory support for primary care	Ensure interpretive guidance is made available to GPs in relation to monoclonal gammopathy testing. This will support GPs to make diagnostic decisions by helping them to understand and interpret results correctly. This could reduce the number of separate tests that are requested and free up laboratory technician time.
Develop novel diagnostic technologies and innovations in automation and point of care testing for monoclonal gammopathy	Point-of-care tests for use in GP surgeries or patient-operated at-home tests for MGUS could revolutionise the approach to MGUS monitoring, significantly reducing service burden and providing more independence and control for patients. Technological developments must go hand in hand with patient insight work if these shifts from hospital to community are to work in practice and reflect the needs and preferences of patients.

8 Equity of access to a holistic support model for people affected by precursor conditions

We know from our own research that individuals with a precursor condition experience a considerable psychological burden and, while there is much more to be done to understand this fully, we know more needs to be done to support people today.

There is evidence that being compassion-focused and psychologically-informed is key for living well. People living with a precursor condition and their families and carers should have access to a psychologically-informed and holistic support model that better meets their needs, including underserved groups, across age and life stages.

Challenges to be addressed

- Existing support offers do not meet the needs of patients
- There is national variation in access to support
- There is a need to collect more data and insight to understand the support needs of patients with precursor conditions

Actions	Solutions and impact
Develop and ensure access to a holistic support model that meets the needs of people, families and carers living with a precursor condition	Ensure new and evolved support offers are co-designed with people with lived experience of precursor conditions, including those from underserved groups. Building a holistic support model means the emotional and psychological needs of people affected by precursors are routinely supported. People feel more emotionally equipped to navigate uncertainty and change.

9 A guarantee that patient insight underpins all recommendations outlined within this Framework

Research such as the Icelandic study, Iceland Screens, Treats, or Prevents Multiple Myeloma (iStopMM), has significantly progressed our understanding of precursor conditions. However, it remains the case that limited research has been carried out specifically investigating the unmet needs of people living with MGUS and smouldering myeloma.

Further work on understanding the impact of a diagnosis on patients as well as patient priorities in research, with an intersectional awareness is needed. The generation of new data should help to reduce health inequalities, and this insight should underpin all activity in precursor conditions relating to recommendations outlined within this Framework.

Challenges to be addressed

- Currently there is not enough insight into patient preferences, in research, clinical trial access and design for precursor conditions
- There is limited understanding of what the psychological and symptomatic burden is for individuals living with a precursor condition
- There is not enough known about patient perspectives and preferences relating to treatment and screening for a precursor condition
- There is a need for insight generation into what 'good' management and monitoring looks like for people with precursor conditions – including preferences on how patients would like to be managed (i.e. virtually or face to face).

> "People call it a sword of Damocles, I think I'd describe it as a sense of foreboding"
>
> – person with lived experience

Actions	Solutions and impact
Gather patient insight at each point during a patient's precursor pathway from early MGUS diagnosis to smouldering myeloma to active myeloma.	A whole pathway approach will deepen the understanding of what is important to patients and will enable the myeloma community and clinicians to react to patient need where supportive tools and information can be readily shared at the most appropriate time in a patient's journey. This will give insight into the psychological and emotional impact of a myeloma precursor condition diagnosis on patients and how this can change throughout the pathway.
Gather patient insight into topics and themes of the Framework such as: • screening and detection • clinical trial design • management models • holistic support offers • best practice • research priorities	This will ensure lived experience informs a patient-centric, holistic roadmap in precursor conditions by providing the evidence and insight needed to develop solutions, tools, research and innovations which reflect patient priorities and need.

How can we make change happen?

Our Myeloma UK commitment

The recommendations in this Framework are needed to transform research, services and support in precursor conditions, on the road to prevention and cure.

Myeloma UK is uniquely placed to support these recommendations by advocating for improvements, convening expertise, and delivering change across policy, research and care.

Myeloma UK will be at the forefront of delivering change in developing a new model of precursor management, understanding the holistic physical and psychological support needs of people living with precursor conditions and providing robust patient insight research.

We are also “moving the dial” by investing in precursor research, through both individual projects and our clinical trials support.

Delivery through partnership and collaboration

We will use this Framework to drive change in partnership with healthcare professionals, researchers, decision makers in the NHS, Government and industry and people living with precursor conditions.

The time for change is now and together we can ensure transformational change for people living with precursors, mapping a route to prevention and cure.

Appendix

Appendix 1: Evidence and insight

The Precursor Programme and associated insights outlined within this Framework have been built on evidence gathered from people living with precursor conditions and people living with myeloma, particularly through our Unmet Need Research Programme, findings from the development of our research strategy, our support services such as the Infoline, alongside expert opinion from world-leading clinicians and researchers.

Insights have also been derived from expert advisory groups, internal working groups, external stakeholder engagement and information from our Clinical Service Excellence Programme (CSEP) and policy team.

Appendix 2: International Roundtables

In 2024, the Myeloma UK Precursor Programme launched, bringing together myeloma experts (professionals and people with lived experience) at two roundtable events which discussed several themes. The roundtables informed the direction and priorities for work needed to drive the prevention agenda forward in myeloma precursor conditions.

Objectives

The objectives of the roundtables were to:

- Build consensus in the myeloma community on key next steps in precursor condition research
- Identify priority work areas in precursor conditions for Myeloma UK and the wider research community
- Identify key partnerships needed to progress these priority work areas in precursor conditions

Scope

The roundtables discussed the following precursor conditions:

- MGUS (MGCS, MGRS and MGNS)
- Smouldering myeloma

Themes and questions explored

The roundtables explored fundamental questions in relation to the below topic areas:

- Basic research
- Clinical trials
- Detection and screening
- Management
- Patient insight

The roundtable participants were asked which were the most urgent priorities or unanswered questions in myeloma precursor conditions. The below word cloud demonstrates the outcome of the roundtable poll.

What are the most urgent priorities or unanswered questions in myeloma precursor conditions?

Plan of action

Following the two roundtable meetings, Myeloma UK committed to produce a Framework document that sets out recommendations for the clinical, research and wider myeloma community to take forward in progressing the precursor agenda and “asks” for key decision makers.

Who attended?

The roundtables were attended by:

- People living with precursor conditions and myeloma
- Clinicians from the UK and across the world
- Researchers from the UK and across the world
- Key decision makers including people from the NHS, industry and the third sector

Precursor lived experience insight

Quotes taken from people living with precursor conditions can be found throughout the document. These insights were given at the international round tables.

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Myeloma UK services

MyelomaUK HCP Hub

Our Myeloma UK HCP Hub is a platform for healthcare professionals to access the latest insights, news and resources from across the myeloma community.

To find our more please go to **hcp.myeloma.org.uk**

The HCP Hub features shared practice case studies outlining how healthcare professionals around the UK are changing myeloma and precursor care for the better.

There are case studies outlining novel approaches to the monitoring and management of MGUS and laboratory support for primary care in the interpretation of myeloma screens.

To find out more please go to **hcp.myeloma.org.uk/shared-practice**

Myeloma UK Support Services

We're here so no one faces myeloma – or its precursor conditions alone

Call the Myeloma Infoline on **0800 980 3332**

Email Ask the Nurse at **AskTheNurse@myeloma.org.uk**

Visit our website at **myeloma.org.uk**

MyelomaUK

Myeloma UK is the only UK charity focused on myeloma and its related conditions. We provide support and influence access to treatments, while researching a cure.

Every day we work with people affected by myeloma, healthcare professionals, researchers and scientists, policy makers, partner organisations and others who want to be part of driving change.

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