



Do You Have Multiple Myeloma? Recognizing the Signs and Taking Action

Myeloma is a cancer of the plasma cells. Normal plasma cells live in the bone marrow and produce normal polyclonal (many types) antibodies that can fight different types of infections. For example, when you are vaccinated, the plasma cells learn to produce the antibodies needed to protect you against a specific illness.

Myeloma cells are monoclonal (duplicates of a single cell) cancerous plasma cells that grow out of control in such a large number that they crowd the bone marrow. They produce an abnormal protein known as monoclonal protein (myeloma protein, M-protein), which damages the bone, bone marrow, and/or other tissue.



Do you have multiple myeloma? Keep reading to learn about this condition, the likelihood of it developing, and the most common causes and symptoms.

What Is Multiple Myeloma?

Multiple myeloma is a cancer in the plasma cells. It is called “multiple” because it usually involves multiple areas in the body.

Currently, multiple myeloma is not curable (/node/12891/), but it is treatable. Many patients around the world have found success in their multiple myeloma diagnosis through advanced therapies, allowing them to manage their conditions for extended periods. (/node/12890/)

Where Does Multiple Myeloma Develop in the Body

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myeloma can appear as both a tumor and/or an area of bone loss. In either case, this is called a "lesion." Areas of bone loss caused by myeloma are referred to as "[lytic lesions](/bone-disease/lytic-lesions/)." The only time that myeloma is not "multiple" is in rare cases of a solitary plasmacytoma of bone (SPB) or an extramedullary plasmacytoma (EMP).

Multiple Myeloma Causes: Understanding Risk Factors

For most patients, the cause of their myeloma is unknown. Theories for the most common causes of multiple myeloma include:

- Changes in the immune system.

- Advancing age.

- Exposure to toxins, pesticides, and herbicides (e.g., Agent Orange).

Myeloma tends to be more common in first responders, particularly in firefighters.



Who Is at Risk of Myeloma?

Several factors contribute to the risk of developing multiple myeloma, such as:

Age: It is common among people between the ages of 65 and 74.

Gender: Men have a higher chance of developing multiple myeloma than women.

Race: There is a higher prevalence of multiple myeloma among African Americans compared to other racial or ethnic groups.

Underlying conditions: An abnormal amount of protein in the blood and plasma cell diseases can increase the risk of multiple myeloma.

Exposure to toxins: While not proven, exposure to toxins, pesticides, and herbicides (e.g., Agent Orange) may cause changes to the immune system.

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Is Multiple Myeloma a Hereditary Disease?

Myeloma is not hereditary. Yet, approximately 5% to 7% of myeloma diagnoses occur in individuals who have a close relative previously diagnosed with monoclonal gammopathy of undetermined significance (/node/1005) (MGUS), smoldering multiple myeloma, or active myeloma.

If you have a family member (mother, father, brother, sister, son, or daughter) with MM or MGUS, mention this to your primary care physician so it is in your permanent medical record. Your doctor can then be more aware of early symptoms and signs and can order appropriate testing, if necessary. If you have multiple myeloma, tell your family members to mention it to their doctors.

What Is the Incidence of Myeloma?



Data from the Surveillance, Epidemiology, and End Results program of the United States National Cancer Institute show 36,000 new cases of myeloma were estimated for 2026 (<https://seer.cancer.gov/statfacts/html/mulmy.html>), representing 1.8% of all new cancer cases. Based on the latest data available, there were an estimated 202,793 myeloma patients in the U.S. in 2023.

Multiple myeloma is the second most common (<https://pmc.ncbi.nlm.nih.gov/articles/PMC10818257/>) hematologic cancer worldwide, with men being more likely to develop symptoms than women. Myeloma is typically diagnosed in older individuals between 65 and 74 years old, but people younger than 50 can also exhibit symptoms. It is less common in people under 40 (about 5% to 10%) and extremely rare among children.

The incidence of myeloma continues to increase in several parts of the world, especially in Asia. In the U.S. and worldwide, there are significant myeloma survival disparities (/node/7367) due to delayed diagnosis and reduced access to treatment. Myeloma is the most common blood cancer in individuals of African descent.

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myeloma at a younger age and with more advanced disease than when white individuals are diagnosed with the disease.

When barriers to early diagnosis and treatment are removed, Black and Hispanic patients with myeloma have survival rates similar to those of White patients. In all myeloma patients, earlier diagnosis can result in earlier treatment and better outcomes. The IMF is committed to improving patient outcomes by breaking down barriers to healthcare equity and raising myeloma awareness through various initiatives, including the [M-Power Project \(https://mpower.myeloma.org/\)](https://mpower.myeloma.org/).

How Is Multiple Myeloma Diagnosed?

Most myeloma patients are diagnosed by a primary care doctor or internist. Some myeloma patients are diagnosed by doctors with other medical specialties, such as nephrologists, neurologists, rheumatologists, or orthopedic surgeons. If you or your doctor suspect you have myeloma, promptly consult with a myeloma specialist if possible.

Myeloma specialists at large "high-volume" treatment centers or academic institutions care for hundreds of myeloma patients. They conduct clinical trials with novel myeloma therapies and develop the expertise needed to guide your treatment decisions.

The warning signs myeloma include any ONE of the following:

Bone pain (persistent or recurrent)

Back pain (persistent or recurrent)

Fatigue (unexplained progressive tiredness)

A correct diagnosis of myeloma that is made earlier in the disease course can result in earlier treatment and fewer secondary complications. A study found when a patient is diagnosed by a primary care doctor, the typical diagnostic

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for Myeloma Patients

Myeloma is a highly individualized disease. It can be slow-moving or aggressive. A local hematologist-oncologist might see a few myeloma patients or none at all. This is why it has become commonplace for a local doctor to collaborate with a myeloma specialist in administering the care of a patient with myeloma.

Get Support From Myeloma Experts

The International Myeloma Foundation is a globally recognized organization dedicated to providing extensive support to people living with myeloma. We work with various institutions around the world to advocate for healthcare equity and develop treatments for multiple myeloma. Contact our team to learn how you can [support our cause \(/node/1014\)](/node/1014).

What's Next?



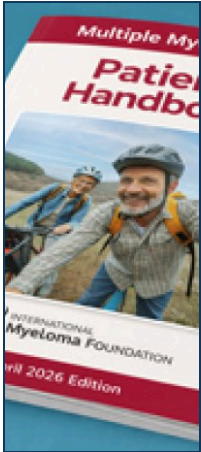
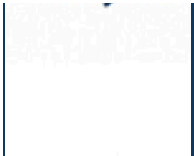
Learn About the Criteria Used to Diagnose Myeloma (/newly-diagnosed/multiple-myeloma-diagnostic-criteria)

The IMF's International Myeloma Working Group has developed CRAB and SLiM CRAB criteria for clinicians to reference when diagnosing the disease.

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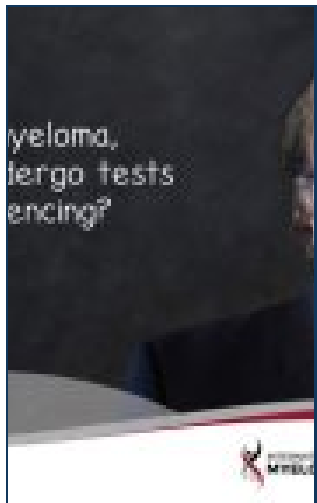
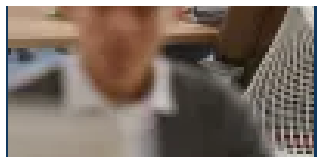


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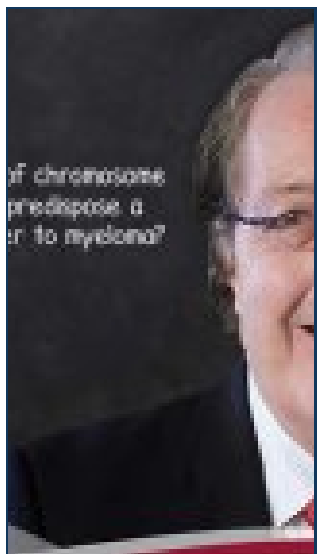
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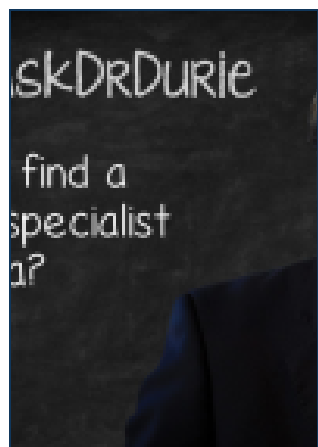
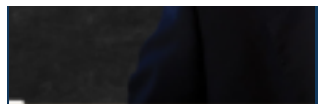
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The International Myeloma Foundation medical and editorial content team

Comprised of leading medical researchers, hematologists, oncologists, oncology-certified nurses, medical editors, and medical journalists, our team has extensive knowledge of the multiple myeloma treatment and care landscape.

Additionally, the content on this page is medically reviewed by myeloma

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