

Conference Abstracts

Healthcare Disparities in Multiple Myeloma: Limited Access to Diagnosis and Treatment in Underserved Brazilian Regions.

Elaine Mancilha, PhD^{1a}

¹ Santa Casa de Misericórdia de Santos, Claudio Luis da costa,50, Santos, São Paulo, Brazil

Corresponding author

^a Elaine Mancilha, PhD, Santa Casa de Misericórdia de Santos, Claudio Luis da costa,50, Santos, São Paulo, Brazil, Email: e.mariamancilha@gmail.com

Keywords: Multiple myeloma, Access to Care, Autologous Stem Cell Transplan, Health Disparities, Public Health System, Geographic disparities

<https://doi.org/10.53876/001aa.129640>

International Journal of Cancer Care and Delivery

Vol. 6, Issue Supplement 1, 2026

Background

Multiple myeloma (MM) is a plasma cell malignancy accounting for 1–2% of all cancers and 10% of hematologic neoplasms. The Baixada Santista and Vale do Ribeira regions (~2.1 million inhabitants) are socioeconomically vulnerable, with rapid population aging and limited access to specialized care. Santa Casa de Misericórdia de Santos, a philanthropic hospital serving the public health system (SUS) exclusively, is the main referral center. Despite this, major barriers hinder timely diagnosis, including low MM awareness among primary and secondary care physicians, restricted access to specialized laboratory tests, and geographic distance from major urban centers. These factors delay recognition of CRAB features, contribute to advanced diseases at presentation, and limit access to optimal therapies. High-cost agents and clinical trials available in large cities remain inaccessible to this population.

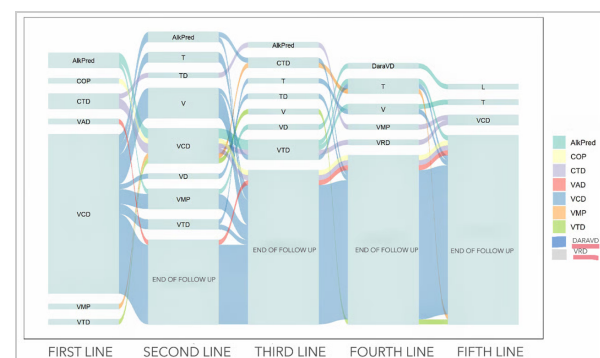
Methods

This cross-sectional observational study included 45 MM patients in active follow-up at Santa Casa de Santos and Hospital Guilherme Álvaro, in the last 6 months of 2025, in the only public hematology referral units in the region. Patients lost to follow-up or deceased before data collection were excluded. Variables analyzed included demographics, CRAB features,

monoclonal protein type, comorbidities, treatment regimens, and autologous HSCT eligibility and execution.

Results

The mean diagnostic age was 65.9 years (Table1). Anemia occurred in 60.4%, bone lesions in 90.7%, renal dysfunction in 25.6%, and hypercalcemia in 16.3% (Table2). IgG was the predominant isotype (68.3%). Although 80% were eligible for autologous HSCT, only 27.78% underwent transplantation (Table3). First-line therapy relied mainly on VCD (76.2%), reflecting limited availability of monoclonal antibodies and immunomodulators in the SUS (Table4 and Graphic1). No patients had access to clinical trials.



Graphic1. Lines of therapy

Conclusions

The study highlights profound inequities in MM care driven by diagnostic delays, limited clinician

awareness, geographic constraints, and restricted access to advanced therapies and research. Currently, there is no hematopoietic stem cell transplantation (HSCT) service available in the Baixada Santista or Vale do Ribeira regions. However, a formal working group has been established to develop and implement a regional transplant program, and dedicated public funding has already been secured for this purpose. A regional autologous HSCT program is being developed in collaboration with UNIFESP, led by Professor Dr. José Salvador Rodrigues de Oliveira and coordinated by Dr. Elaine Mancilha, PhD—both trained at the Fred Hutchinson Cancer Center, a global reference in transplantation. Future expansion to allogeneic

HSCT and CAR-T therapy is planned, aiming to reduce longstanding disparities and improve access to advanced hematologic care in these underserved populations.

References

1. Instituto Brasileiro de Geografia e Estatística (IBGE). Population estimates, 2024.
2. Hungria VTM, Maiolino A, Martinez G, et al. Observational study of multiple myeloma in Latin America. 2017.
3. Autologous transplantation as early therapy in multiple myeloma: trends and outcomes. *Br J Haematol*. 2020.
4. Guedes A, Becker RG, Teixeira LEM. Multiple myeloma: update. *Rev Bras Ortop*. 2023;58(3):361–367

Variable	Value
Age at Diagnosis (years)	Mean 65.93 (SD 14.32); Median 68.00 (28.25–84.66)
Time of Symptoms Prior to Diagnosis (months)	Mean 8.97 (SD 10.36); Median 6.00 (1–60)
Serum Monoclonal Protein (g/dL)	Mean 2.77 (SD 1.93); Median 2.41 (0.26–7.43)
Light Chain Only	14.63%
Incomplete / Not Specified	2.44%
Double Secretion	2.44%
IgA (all chains)	12.20%
IgG (all chains)	68.29%
ISS I	30.77%
ISS II	35.90%
ISS III	33.33%

Table 1 – Baseline Characteristics

Variable	n (%)
Anemia	60.4%
Bone lesions	90.7%
Renal impairment	25.6%
Hypercalcemia	16.3%
IgG monoclonal protein	68.3%

Table 2 – Clinical Findings (CRAB Features)

Category	n (%)	95% CI
Ineligible	9 (20.00%)	[8.31%–31.69%]
Eligible	36 (80.00%)	[68.31%–91.69%]
ASCT Performed – Yes	10 (27.78%)	[13.15%–42.41%]
ASCT Performed – No	26 (72.22%)	[57.59%–86.85%]

Table 3 – ASCT Eligibility and Transplant Performed (95% CI)

Regimen	n (%)
VCD	76.2%
Alk-Pred	7.1%
CTD	7.1%

Table 4 – Most Frequent First-Line Regimens