

# Multiple Myeloma: Cure Is Now a Reality

*Scientific advances have turned this once-incurable cancer into one where some patients are being cured. Now researchers are working to define, measure, and expand cure for more patients.*

For decades, multiple myeloma was described plainly as incurable. That view is now changing.

A growing number of patients are achieving deep, lasting remissions, including some who remain disease-free and off therapy for many years. Major advances in immunotherapy, combination treatments, early intervention, and sensitive techniques for disease monitoring have shifted the field from asking whether myeloma can be controlled to defining what cure actually means.

That does not mean the work is done. Myeloma remains incurable for most patients. Relapse is still common. High-risk and ultra-high-risk disease continue to resist even the most intensive therapies. And now that the field has more powerful tools, we need to develop consensus on how best to use them.

**This September, the International Myeloma Society will convene the [23rd IMS Annual Meeting & Exposition in Glasgow, Scotland](#), bringing together more than 3,000 delegates from over 75 countries, including the world's leading myeloma researchers, clinicians and experts, at a pivotal moment for myeloma care.**

## MYELOMA AT A GLANCE

GLOBAL	EUROPE	UNITED STATES	SCIENTIFIC PROGRESS
<b>187,952</b> new cases in 2022 <sup>1</sup>	<b>50,092</b> new cases in 2022 <sup>1</sup>	<b>~36,000</b> new diagnoses expected in 2026 <sup>2</sup>	<b>63.7%</b> U.S. five-year relative survival <sup>3</sup>
<b>121,388</b> deaths in 2022 <sup>1</sup>	<b>31,969</b> deaths in 2022 <sup>1</sup>	<b>10,850</b> estimated deaths in 2026 <sup>2</sup>	<b>20+</b> FDA-approved drugs in 20 years <sup>4</sup>

## RECENT BREAKTHROUGHS – AND CHALLENGES – ARE CHANGING THE CONVERSATION

**Tec-Dara moves earlier.** FDA-approved in March 2026, the Tec-Dara combination showed an 83% reduction in the risk of disease progression or death compared with standard care in relapsed or refractory disease. It is now available as early as second line.

**Teclistamab raises new sequencing questions.** In MajesTEC-9, teclistamab monotherapy reduced the risk of progression or death by 71% and the risk of death by 40% versus standard care in patients with as few as one prior line of therapy, forcing a major question: how early should the field use these powerful treatments?

**Early intervention is moving upstream.** Recent approval of daratumumab for smoldering multiple myeloma, and small studies suggesting deep responses with immunotherapy, raise a new question: can myeloma be treated before patients ever become sick, and possibly achieve a cure?

**The next challenge is to continue to define, prove and expand cure** – including how durable responses must be, which patients can safely remain disease-free off therapy, and how breakthroughs can reach patients beyond major academic centers.

## WHAT TO WATCH AT IMS 2026: CURE, NEW SCIENCE, PATIENT VOICES, WHAT'S NEXT

**1 Defining cure.** As more patients reach long-term remission, the field is working toward shared definitions and metrics for cure, including sustained complete remission, serial MRD-negativity and negative advanced imaging.

**2 The new frontline.** Can immunotherapies proven at relapse move into earlier lines of treatment, including first-line therapy?

**3 The sequencing dilemma.** With multiple powerful drugs now available, the order of use matters clinically. IMS 2026 will be a key forum for debating how to use these treatments, for which patients and when.

**4 Treating cancer before it becomes cancer.** New smoldering myeloma data are raising the possibility of moving treatment upstream, before active disease develops.

**5 The liquid biopsy revolution.** Blood-based technologies may reduce reliance on bone marrow biopsies and make disease monitoring more accessible, frequent and patient-friendly.

**6 Immune monitoring and infection prevention.** As therapies become more powerful, clinicians must also manage immune suppression, infection risk and long-term side effects for patients living longer with myeloma.

**7 Patient stories.** As more patients achieve deep, lasting remission and some are considered cured, IMS 2026 will highlight what these advances mean in real life, including stories from patients after treatment, patients considered cured, and the changing expectations for people living with myeloma.

---

## MEDIA / REPORTER'S NOTE

IMS 2026 will bring together more than 3,000 delegates from over 75 countries, making Glasgow one of the year's most important global forums for original myeloma research to be presented, discussed and debated. The meeting will also build on major ASCO and EHA data, giving reporters a window into both the latest original findings and the broader scientific shifts shaping where myeloma care is headed next, including the move from controlling disease to defining and achieving cure.

Joint sessions with other leading medical societies, oral abstracts, scientific symposia and expert sessions will offer access to the researchers and clinicians driving the next generation of myeloma science. Media accreditation will be available for reporters interested in attending in person, and virtual sessions will also be available so journalists can follow the meeting remotely. To register for the meeting virtually or in person, receive selected abstracts ahead of the meeting, or learn more about a virtual media briefing to be hosted in advance of IMS 2026, please email [imsmedia@denterlein.com](mailto:imsmedia@denterlein.com).

---

## ABOUT THE INTERNATIONAL MYELOMA SOCIETY

The International Myeloma Society (IMS) is the only global society focused on myeloma research and clinical care. Representing thousands of experts across more than 60 countries, the non-profit advances scientific exchange, education, advocacy and research to accelerate cures and transform patient care. [myelomasociety.org](http://myelomasociety.org)

---

### MEDIA CONTACT

**Jovanny Rosado**  
[jrosado@denterlein.com](mailto:jrosado@denterlein.com)

---

### MEDIA LOGISTICS

For complimentary media accreditation, in-person or virtual registration, press room and embargo details, selected abstracts, information about the pre-meeting virtual media briefing, or to request interviews with IMS leaders about the state of myeloma today and what to watch at IMS 2026, email [imsmedia@denterlein.com](mailto:imsmedia@denterlein.com).

---

## SOURCE NOTES

1 WHO/IARC Global Cancer Observatory, GLOBOCAN 2022 Multiple Myeloma Fact Sheet. 2 American Cancer Society, Key Statistics About Multiple Myeloma, 2026; National Cancer Institute SEER Program, Cancer Stat Facts: Myeloma. 3 National Cancer Institute SEER Program, Cancer Stat Facts: Myeloma. 4 FDA approval records and IMS materials for cited myeloma drug-approval history. 5 Johnson & Johnson MajesTEC-9 materials and New England Journal of Medicine publication for teclistamab monotherapy data. 6 IMS Cure Summit / IMS expert discussion materials for cure-definition framing. 7 IMS Annual Meeting materials for meeting details, delegate and country figures, media access and program information.