International Myeloma Society 2026

Myeloma treatments closer to Home

Bringing Systemic Anti-Cancer Therapy (SACT) closer to patients' home and improving overall experience.

Background

The NHS 10-Year Health mission aims to bring healthcare services closer to patients' homes (hospital to community), including the delivery of Systemic Anti-Cancer Therapy (SACT) community settings such as homecare or outreach clinics. Additionally, advances in treatment safety have expanded the range of SACT that can be delivered outside the hospital environment. Many patients find hospital visits stressful, particularly those with limited mobility, frailty, or mental health conditions, which can influence their willingness to pursue treatment or supportive therapy. A solution was needed through a new operating model.

Method

Hospital-based day unit capacity is constrained by staffing levels and pharmacy throughput. To address this, a homecare SACT service was expanded, enabling eligible patients to receive treatment in their own homes from a dedicated specialist team. The service also enables supportive treatments, such as blood transfusion programmes, by arranging necessary blood tests and coordinating attendance. Many of these patients are on a palliative pathway, and time that could be spent with family and friends is often impacted by hospital appointments.

Over the past two decades, the treatment landscape of myeloma has undergone a major transformation, directly improving the safety and effectiveness of therapy for patients. These advances are due to targeted therapies, immunotherapies, and supportive care innovations. Patients side effects profile to newer treatments such a monoclonal antibody aids this innovative process of treating patients closer to home. The patient experience is high on our agenda following years of patients attending hospitals and facing long waiting times, they can now be treated safely in a space that is more familiar.

The expanded service has been evaluated through a patient satisfaction survey.

Results

Over the past two years, the homecare service has grown to treat over one hundred patients within their own home and a high proportion of these had myeloma and or amyloid. The patient survey feedback has been very positive and shows improved patient satisfaction. We have been able to increase the number of individuals able to access treatment and allowed patients to spend more quality time with loved ones, while reducing the need for stressful hospital visits.

Conclusion

This homecare SACT service provides a model that could be replicated elsewhere. With plans to expand across the wider area, dedicated homecare teams can bring cancer treatment closer to patients while working alongside hospital-based services to deliver safe, effective, and patient-centred care.