The European Haematology 2026 Congress Review by Veronica Lewis

Attending The European Haematology 2026 Congress was an incredible opportunity and one that I am particularly grateful for. As a practicing Myeloma Clinical Nurse Specialist with keen interests in the Myeloma treatment landscape, its delivery and ultimately the patient outcomes and experience, this congress did not disappoint! The Myeloma treatment landscape has changed exponentially over the last three decades, with the 2020s witnessing a new era of immunotherapies, and is set to continue in this manner.

Throughout this Congress, I found myself increasingly thinking about the importance of personalised care in this patient group. Having all the diagnostic information upfront is being increasingly vital, with both cytogenetics and molecular information needed to risk stratify patients with the newly validated IMS/IMWG Classification. This is anticipated to play an increasing role in guiding choice of the best line of therapy upfront and, therefore, provide the opportunity to achieve the best outcomes. It was also noted that, despite the incredible evolution of treatment modalities in the modern era, research needs to continue in the high-risk myeloma group which continue to have worse outcomes than their standard risk counterparts. Upcoming and ongoing trials will continue to address this area of unmet clinical need.

Alongside this, an equally important theme emerged in the importance of the continuing assessment of patients' health and frailty assessment to determine if they are "Fit", "Unfit" or "Frail" so treatment strategies can be decided.

Bispecific antibody therapy featured heavily throughout, with impressive data from the MonumenTAL-3 Study and the MajesTEC studies showing that Bispecific Therapies have a place earlier in the patient pathway and are particularly efficacious when used in combination with other agents. Sustainable implementation of bispecific antibody therapy across the UK is going to become increasingly important to ensure equity of treatment access, especially once these agents will become increasingly used upfront. Our poster presentation was around the delivery of these bispecific antibody agents via an ambulatory care pathway in collaboration with the Virtual Ward. It was particularly interesting to hear the approaches taken by our colleagues across Europe with regards to their thoughts on distance from treatment centre, prophylactic dexamethasone and experiences with the low-grade CRS.

Mitigating infection risk with the use of replacement immunoglobulin therapy was essential as infection continues to feature as a significant risk associated with Bispecific antibody therapy and T- cell depletion. Bispecific antibody therapy also featured in the Phase 2 ERASMM study looking at the use of Elranatamab in the High-Risk Smouldering Myeloma Group.

The CEPHEUS and PERSEUS studies demonstrate what is now standard practice of quadruple therapy in the upfront setting, both for those considered transplant eligible and non-transplant eligible. The safety data suggests that patients are expected to tolerate these combinations well, including dual maintenance therapy. MRD-directed risk-adapted maintenance therapy is anticipated to become the standard of care. However, standard of care MRD assessments rely on regular bone marrow assessments, with patients preferring non-invasive modes of assessments. EHA presented multiple abstracts on the potential role of mass spectrometry for disease monitoring in multiple myeloma. Alternative options in the relapsed/refractory setting are also needed, including with oral agents with novel mechanisms of action. The Successor-2 phase III clinical trial, evaluating carfilzomib in combination with the CELMoD Mezigdomide, has shown promising outcomes in the late breaking abstract session.

CAR-T therapy also featured at EHA, with updates on both BCMA and GPRC5D direct therapies as well as dual targeting CAR-T approaches. The early reports on in-vivo CAR-T approaches are very promising, with some discussion around its place in the treatment landscape.

EHA 2026 highlighted that as the myeloma treatment landscape continues to evolve rapidly, specialist nursing expertise will remain fundamental to delivering safe, personalised, and patient-centred care.