NZHPA Grant Report

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Myeloma NZ Summit 2026

I was grateful for the opportunity to attend the Myeloma NZ Summit 2026, held in Queenstown from 6–8 August 2026. The Summit brought together clinicians and allied health professionals involved in the care of patients with multiple myeloma. The programme provided an excellent opportunity to hear about emerging treatments, supportive care, toxicity management and advances in our understanding of myeloma.

The conference programme and further information are available on the Myeloma NZ Summit 2026 website.

I had the opportunity to contribute to the Summit by presenting “Myeloma-Induced Renal Impairment” within the nursing stream. My presentation provided an overview of the causes and mechanisms of renal impairment associated with myeloma, treatment and management options, and important nursing considerations. A key focus was the importance of rapidly reducing free light chains through initial intensive treatment to limit ongoing kidney injury and maximise the potential for renal recovery. I also highlighted the importance of close monitoring for side effects and treatment-related toxicities associated with increased treatment doses.

One of the presentations that particularly stood out to me was the discussion on ocular toxicity and its management in patients receiving belantamab. This highlighted the importance of proactive monitoring and patient education when using treatments with significant but potentially manageable adverse effects. An important aspect of patient counselling is the continuous use of preservative-free lubricating eye drops, typically four to six times a day, to help manage ocular symptoms and support eye comfort during treatment.

Although formal ophthalmology review is ideal, an important practical learning point was that where timely ophthalmology assessment is not available, local clinicians can assess visual acuity and monitor for ocular toxicity using eye charts during routine clinic appointments. This provides a pragmatic approach to monitoring patients and may help avoid unnecessary delays in treatment while ensuring appropriate referral is made when concerns are identified.

This reinforced the importance of patient education, particularly around adherence to eye-drop use, reporting changes in vision or eye symptoms, and attending scheduled monitoring appointments. These practical measures can help support the safe delivery of belantamab therapy while managing its ocular toxicities.

Another highlight was Professor Keith Stewart's presentation on new targets in myeloma. I found this particularly interesting because it demonstrated how our understanding of myeloma biology continues to evolve and may open up new therapeutic approaches. An unexpected and thought-provoking discussion was the relationship between cholesterol and myeloma biology. The presentation raised the possibility that higher cholesterol levels may have relevance to myeloma treatment and disease biology. The discussion around whether statin therapy should always be continued highlighted the importance of considering the individual patient and the evolving evidence rather than automatically applying conventional assumptions about cholesterol management.

Overall, the Summit strengthened my understanding of both the supportive care challenges and rapidly developing treatment landscape in multiple myeloma. The opportunity to present alongside colleagues from other disciplines and learn from national and international experts was particularly valuable.

I would like to sincerely thank NZHPA for supporting my attendance. The grant enabled me to share my knowledge through my presentation while also bringing new learning back to my practice at North Shore Hospital and the wider multidisciplinary team.