**Supplementary Information:**

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| **Date:** | **Event:** |
| 4/19/19 - 4/25/19 | Patient presented with a 2-month history of abdominal pain w/ acute worsening.CT showed diffuse lytic lesions of the spine. Thoracic spine MRI shows 3.6 X 2.1 X 4 cm mass at T8 vertebral body, flattening the cord. |
| 4/29/19 | Bone marrow biopsy: 12% plasma cells. FISH + for t(11;14), del 13 q. Diagnosis of IgG Kappa MM, standard risk, Duri Salmon Stage IIIA was made. ISS Stage 1. |
| 5/1/19 - 5/14/19 | **Radiation Therapy to T8:** 3000 cGy in 10 fractions |
| 5/13/19 | One cycle of Cytoxan, Bortezomib, Dexamethasone **(CyBorD)** |
| 6/11/19 - 10/8/19 | Five cycles of Velcade, Revlimid, Dexamethasone **(VRD)** |
| 1/29/20 - 10/28/21 | Revlimid + Dexamethasone maintenance therapy |
| 10/28/21 | Patient developed pancytopenia. Repeat bone marrow biopsy: 80% plasma cells. +2, +5, t(11;14), +18, +21. Patient declined ASCT. |
| 11/16/21 - 3/29/22 | Three cycles Daratumumab, Pomalidomide, Dexamethasone **(Dara + Pom + Dex**). Patient had transient treatment interruption due to COVID infection. |
| 4/20/22 | Repeat bone marrow biopsy: 40% plasma cells |
| 5/6/22 - 6/9/22 | Two cycles of Bortezomib, Thalidomide, Dexamethasone, Cyclophosphamide, Etoposide, Cisplatin **(VTD-CEP)** |
| 6/16/22 - 6/21/22 | Patient admitted for neutropenic fever |
| 6/28/22 | Bone marrow biopsy showed markedly hypercellular marrow (>90% cellular), composed of 80-90% CD138+, Cyclin D1+ plasma cells, reduced trilineage hematopoietic elements and less than 5% blasts. No bone marrow fibrosis was noted on this biopsy.  |
| 8/25/22 | A single treatment with **venetoclax, carfilzomib, dexamethasone (VenKd)**Kappa light chains are 192.4mg/L, kappa/lambda ratio 83.65 |
| 8/26/22 | Hospitalized for TLS requiring HD Patient had worsening pancytopenia requiring blood and platelet transfusions. |

**Supplementary Table 1:** Timeline of multiple myeloma treatment history