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654.MGUS, AMYLOIDOSIS AND OTHER NON-MYELOMA PLASMA CELL DYSCRASIAS: CLINICAL AND EPIDEMIOLOGICAL**Psychological Impact in Individuals with Monoclonal Gammopathy of Undetermined Significance and Smoldering Multiple Myeloma**

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BACKGROUND: Monoclonal gammopathy of undetermined significance (MGUS) and smoldering multiple myeloma (SMM) are medical conditions characterized by asymptomatic clonal plasma cell disorders that have the potential to develop into multiple myeloma (MM). The diagnosis of MGUS and/or SMM may be linked to psychological effects that can have a detrimental impact on patients' quality of life. The objective of our study was to evaluate the prevalence of adverse psychosocial effects among individuals with MGUS and/or SMM.

METHODS: From August 2015 to February 2023, we conducted prospective interviews with all patients referred to the University of Arkansas for Medical Sciences who had newly diagnosed plasma cell dyscrasias, such as MGUS and SMM, before their consultation with the oncologist. Trained social workers performed an initial psychosocial evaluation and prepared a comprehensive narrative report for each patient referred during this period.

Results: Our study consisted of 246 patients, with 115 having MGUS and 131 having SMM. The average age was 68 years, and 51.2% were male, with 80.5% identifying as white. Most patients (91%) were diagnosed incidentally through blood and/or urine tests, and 61.8% had a family history of cancer. Anxiety was found in 19.1% of patients, while 33.7% had a previous psychiatric disorder. Among those with a history of psychiatric disorders, 78.3% were taking medication, and 21.7% were receiving treatment from a psychiatrist/therapist. Anxiety or nervousness was reported by 22% of MGUS patients and 17% of SMM patients. About one third of patients had a history of psychiatric disorders, with 79% on medication and 26% seeing a psychiatrist/therapist. The presence of anxiety or a history of psychiatric disorders did not significantly differ between MGUS and SMM patients ($p > 0.05$). In our analysis, age, race, working status, and history of psychiatric disorders were significant risk factors for anxiety ($p = 0.001$, 0.033 , 0.045 , and <0.001 , respectively). However, in the multivariable model, only race and history of psychiatric disorders remained significant ($p = 0.037$ and $p = 0.006$, respectively). White patients had 5 times higher odds of experiencing anxiety, while patients with a history of psychiatric disorders had 2.6 times higher odds (odds ratio: 5.1 and 2.7, respectively). The most common themes expressed by patients during interviews were 'fear, stress, and/or anxiety,' followed by 'emotional initial reaction' and 'feeling upset.'

Conclusion: In our study, about 20% of patients felt anxious about their diagnosis of MGUS or SMM, and around 33% reported previous psychiatric disorder. African American patients were less likely to feel anxious or nervous, while patients with a history of psychiatric disorders were more likely to feel anxious or nervous. Given that anxiety can negatively affect patients' well-being and quality of life, healthcare providers should prioritize comprehensive care that includes addressing and managing anxiety alongside the medical aspects of the disease.

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