

MM Fighters! Support Group Meeting February 22, 2020

Our second meeting of the year went much more smoothly thanks to a checklist of meeting necessities (projector, microphones, extension cord, etc.) to help battle chemo brain.

And a good thing that I remembered everything, as Dr. Bensinger's presentation on The Best of ASH (American Society of Hematology) drew a record crowd! 82 MM Fighters, first time attendees and faces not seen in many months appeared to listen to the newest advances in the treatment of Myeloma.

Thought For The Month

This is a repeat of last month's Thoughts....but I added one more for good luck! Remember, it is up to each of us to make the most of what we have!

Only I can change my life. No one can do it for me.

A diamond is a chunk of coal that did well under pressure.

Those who do not believe in magic will never find it.

Patient Roundtable

Palliative care was heavily discussed, with numerous beneficial suggestions provided. (Again, this is pain management, not end of life management.)

- The major hospitals all have Pain Management teams. If you have need assistance, speak to the Social Worker or ask about the team.
- Cancer Lifeline and other supportive groups have a number of classes that assist in certain areas.
- Bastyr University is a naturopathic school in Seattle. If you are thinking of exploring options there, be sure to keep your doctors updated. Not all treatments could mesh well with your current regimen, so you must be careful.
- Acupuncture has been effective for many, as has massage.
- Exercise, and just moving more, was touted by many as a great way to minimize certain pains.

One member, Vern, has become a Myeloma Coach through the Myeloma Crowd. He gave a brief presentation of how he can assist other patients.

Finances and support were mentioned several times. Please visit our website and look under Myeloma Resources (<https://mmfighters.com/mm-resources/>) for the Online Library, which lists a number of options for financial support.

- And do not forget about Bill's helpful email from last month!

Speaker

Dr. Bensinger from **Swedish**, gave a presentation on his thoughts of the top abstracts coming out of ASH. Unfortunately, we could not include his slide deck with these notes, but between the notes below and the following links to other ASH presentations, you can get a good feeling for the great advances that were highlighted.

<https://www.myeloma.org/cure-blog/ash-2019-update-late-breaking-abstracts-hot-topic-posters>

<https://www.myeloma.org/cure-blog/takeaways-ash-2019>

Dr. Bensinger's presentation covered several areas that are important to Myeloma patients. Below are highlights from the slides Dr. Bensinger used describing trials and their progress. Some slides of several of these trial appear in the links above.

- **IMWG (International Myeloma Working Group) new diagnostic criteria for Myeloma** (MGUS/Smoldering Myeloma/Multiple Myeloma)
- **Myeloma Drug Classifications** (visit our MM Fighters website for an easy to understand document on drug classifications (<https://mmfighters.com/mm-resources/>) - look for the MM Therapies Guide.)
- **Smoldering Myeloma Trials**
 - GEM-CESAR Trial – only for high risk smoldering Myeloma
 - Initial treatment with Carfilzamid/Revlimid/Dex
 - Stem Cell Transplant
 - Consolidation with Car/Rev/Dex for 2 months
 - Maintenance (Rev/Dex) for 2 years
 - At the end of 1 year of maintenance, 63% reached MRD negative (no detectable level of myeloma by flow cytometry)
 - 92% reached 35 months PRS (progression free survival)
 - Initial feeling is that MRD negative will have a positive effect on overall survival, but the trial needs to continue in order to confirm.
 - ASCENT (**A**ggressive **S**molde**R**ing **C**urative **A**pproach **E**valuating **N**ovel **T**herapies
 - Initial treatment with Daratumumab + Carfilzamid/Revlimid / Dex
 - Stem Cell Transplant
 - Consolidation with Dara +Car/Rev/Dex for 6 months

- Maintenance (Dara/Rev) for 1 year
 - Still too early for results, but a very interesting study (taking place in Seattle!)
- **Advances in treating Newly Diagnosed Myeloma**
 - Griffin – randomized trial with 2 arms
 - Velcade/Revlimid/Dex vs Daratumumab/Velcade/Revlimid/Dex
 - Both arms went through a stem cell transplant
 - followed by 5-6 cycles of consolidation with same drugs
 - followed by 7-32 cycles of maintenance with Rev vs. Dara/Rev
 - At the end of consolidation, the 4 drug combination
 - Had higher Stringent Complete Response (42% vs. 32%)
 - Overall depth of response was higher (99% vs. 91%)
 - Progression Free Survival and Overall Survival both impressive at 90% and above after 30 months.
 - Master – Phase 2 study using Daratumumab/Carfilzomab/Rev/Dex plus Stem Cell transplant
- **MRD – Minimum Residual Disease**
 - Attempting to confirm whether reaching Minimum Residual Disease (MRD) negative status equates to a longer and more pronounced PFS (Progression Free Survival)
 - Comparing the studies above plus others studies
 - Best results have been The Master study above and another study with Dara/Car/Rev/Dex for transplant ineligible patients – both have over 70% PFS.
 - Maximum length so far is 50 months observation, so still a while until confirmation. But these results look very promising.
- **BCMA Targeting (Car-T Cells)**
 - Popular Car-T cell target is BCMA (B Cell Maturation Antigen). This is frequently expressed on the surface of myeloma cells, and few other cells in the body, making it a prime target for hunting myeloma cells.
 - CARTITUDE
 - Phase 1 /2 study of 29 patients
 - Median number of prior therapies was 5, 86% were triple refractory
 - 27 patients PFS after 6 month follow up
 - A number of side effects, but no fatalities
 - Quick and deep responses by all patients – follow up needed
 - KARMMA
 - 128 patients, 84% triple refractory
 - A number of side effects noted, but severity consistent with the Phase 1 results.
 - 12 month follow up – 81% at higher dose continued in ORR
 - Car-T + Gamma Secretase Inhibitor

- Taking place at SCCA – first In-Human test of Car-T with Gamma Secretase Inhibitor, which increases BCMA expression on myeloma cells while minimizing shedding of BCMA into the blood stream, thereby increasing the efficiency of the Car-T cells.
 - 10 patients – 9 still progression free (1 patient died post therapy) even at lowest dose. Not timeline provided.
 - Number of side effects experienced,
- **Bi-Specific Antibodies**
- **Treatment for Relapse/Refractory Myeloma**
 - Dr. Bensinger is part of this study
 - Multiple binding sites – 2 BCMA sites on myeloma cells, one CD3 on Car-T cell to enhance engagement
 - Heavily pre-treated patients, 80%
 - Out of 30 patients, 12 obtained MRD negativity, strong overall responses at higher doses
 - Side effects were noted, 4 patient deaths
- **Conclusions**
 - Carfilzomib, Lenalidomide, Dex highly active in high risk smoldering MM
 - Daratumumab, Carfilzomib, Lenalidomide, Dex currently the best induction regimen for NDMM
 - Daratumumab also highly effective as a triplet with LenDex or CarDex
 - Daratumumab shows promise as a maintenance drug after initial treatment
 - BCMA emerging as an important target for myeloma
 - Car T cell therapy: high response rates in highly resistant disease
 - BCMA BiTE molecules with high preliminary response rate
 - In relapsed/refractory myeloma the triplet of daratumumab, carfilzomib, dex is highly active
 - In RR patients a quad combination of elotuzumab, pomalidomide, bortezomine, dex is active
 - Effective treatments, because they last longer, will naturally have more side effects appear. Be aware of the side effects, but do not let this be the only determining factor in your decision.

Next **MM Fighters!** Meeting:

Unfortunately, due to the rapid spread of the corona virus, and the severe impact that it has on the elderly and immune compromised population, our meeting for March and April have been postponed.

Updates will be provided as the situation becomes changes.