MM Fighters! Support Group Meeting October 22nd, 2022 Virtual Meeting

Dr. Andrew Cowan from the UW/FHCC updated the group on the latest offerings in clinical trials for **Bi-Specific T-cell Engagers** (BiTES is a trademark of one pharmaceutical firm, it turns out...). He provided great information, both the positives and the challenges, of this form of treatment, as well as discussed his thoughts on how these compared to Car-T cell treatments.

Thought for the Month

Life is not a matter of holding good cards, but of playing a poor hand well.

This is something that all Myeloma patients come to understand. Although we have not been dealt the best of hands, we are all learning to make the best of this situation! Stay strong, and learn to bluff!

Presentation

Dr. Cowan broke his talk into 3 sections, dividing types of T-cell Engagers by their targets on the Myeloma cells (BCMA, GPRC5D and FcRH5). After reviewing different BCMA targeted therapies (Car-T, Natural Killer Cells and T-Cell Engagers – a complicated slides he explained well) Dr. Cowan reviewed what he saw as the limitations of Car-T cell therapy, including

- Long lead time
- Limited treatment slots
- Production challenges
- Large number of patients vying for these few resources

Next came an explanation of how a T-cell Engagers works, and what he saw as the advantages of this treatment. Dr. Cowan then looked at the early history of T-cell Engagers, reviewing Amgen's first offering, which had an extremely short half-life that necessitated continuous infusions in order to be effective. Subsequent T-cell Engagers have much longer half-lives, which will enable them to be dosed on a less frequent basis.

Dr. Cowan examined a slide that showed the T-cell Engagers that are the furthest along in their clinical trials, examining the important aspects of each treatment, including their targets, efficacy and safety. He then examined each of the featured treatments in some detail. Highlights of his discussion included:

- Teclistamab is made a bit differently than most other T-cell Engagers, as it is a "dual body", created by combining half an anti-body targeting BCMA, and ½ an anti-body with a CD3 target.

- With longer half-lives, many T-cell Engagers will be able to be dosed every other week or every month instead of weekly (or more often).
- Infections with BCMA targeted T-cell Engagers are quite high as the BCMA target appears on Myeloma cells as well as B cells, which are part of the body immune system. Eliminating B cells opens the body to more infections.
- The reason that these clinical studies all target heavily pre-treated patients is that this is how the FDA has structured their trials in order to prove efficacy. There soon will be trials now that are also looking at such treatments for newly diagnosed patients.
- Many T-cell Engager treatments require stays in the hospital of 7-11 days due to infections or potential CRS (Cytokine Release Syndrome). However the REGN5458 only specifies a 48 hour stay due to its much lower infection rate.
- GPRC5D targeted therapies also cause some skin and taste related issues as this target is also expressed in the hair follicles and mouth.
- On a related note, two different Car-T cell therapies (with different targets) have been found to pass through the brain-body barrier and attack areas of the brain, something that needs to considered with this treatment. Dr. Cowan believes that the B-Specifics are too large to pass through this barrier, and thus are not a risk for similar problems.

A copy of Dr. Cowan's slides are attached to the email (please do not forward to others!) as well as a link to the video of his presentation and Q&A.

Patient Roundtable

Michele has joined our board, volunteering to assist with New Member outreach! Thanks for your support!

A lot of discussion revolved around Daratumumab and the efficacy of this treatment for longer-term treatments for many patients. Carfilzomib has also proven to be able to support long-term remission for some patients – great to know that there are choices out there!

Jon is preparing to undergo a second Stem Cell Transplant, and was asked if there was any information on the response the "second time around". Jon mentioned that due to the number of drugs that most patients have taken between SCTs, the Melphalan usually has a heavier impact on most patients. We wish him well!

A question was raised regarding why aren't specific Myeloma mutations matched up with certain treatments (the only exception being Venetoclax and the 11:14 translocation). It seems that the each body's reaction to certain drugs, the differences between patients' Myeloma, as well as a host of other details makes this difficult. However, the MMRF has started the CureCloud, which is using patients' treatment results to create guidance for matching mutations with the most effective treatments.

Dorothy has been doing well since her Stem Cell Transplant, but a lesion was just discovered on her liver which will require an operation in November. We wish her well and hope that the Myeloma continues to behave through this challenging time!

Debbie and Kathleen are both doing well with Daratumumab giving them a long remission!

Robin joined us from NE Oregon. As a former Hospice Nurse, she has been focusing on Quality Of Life in regards to her decisions around Myeloma, and has continued to do well.

David joined us for the first time and spoke about his journey, as well as his father's and sister's experiences, as both also had MM. Daratumumab has been working for him for several years.

Steve is continuing to do well after his SCT, and planning a visit to Berkley to visit his son, as his garden no longer demands as much attention now that the fall has arrived.

Mark, newly diagnosed last month, is doing well with his first doses of Dara Rd. Suffered through the ransom-ware attack at St. Michael's, but hopefully that has been taken care of.

Next MM Fighters! Meetings:

Caregivers Meeting – **Saturday, November 5**th, 2022 – **10 – 11:30 AM** Contact <u>mmfighters.caregivers@gmail.com</u> for more information – Virtual Meeting

NEXT VIRTUAL MEETING – Saturday, November 19th – TBD – 10AM – 12:30 PM – Virtual Meeting