MMRF Virtual Expert Session: Precursor Disease

August 18, 2021



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MODERATOR

Mary DeRome

Multiple Myeloma Research Foundation Norwalk. Connecticut

- www.theMMRF.org
- https://www.facebook.com/theMMRF
- f https://twitter.com/theMMRF
- https://www.youtube.com/user/theMMRF







Speakers



Irene Ghobrial, MD
Dana-Farber Cancer Institute
Boston, Massachusetts



Elisabet E. Manasanch, MD
The University of Texas
MD Anderson Cancer Center
Houston, Texas

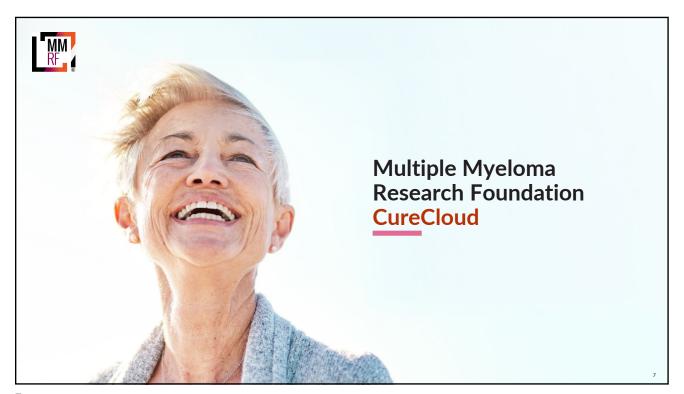


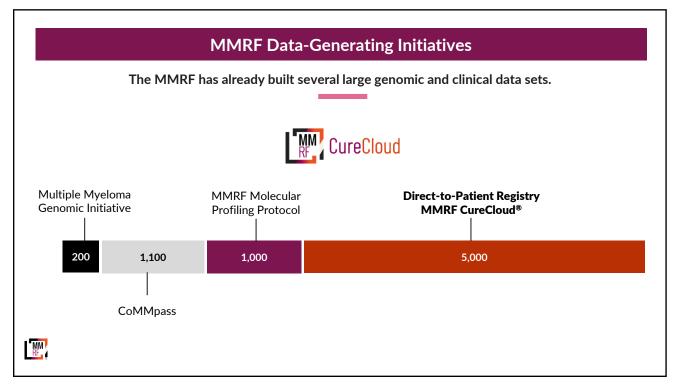
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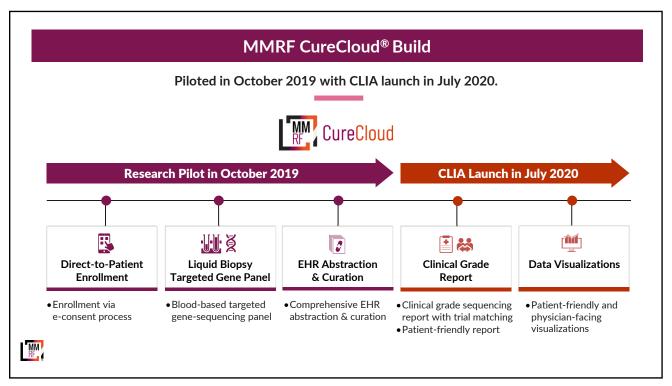
Virtual Expert Session Agenda

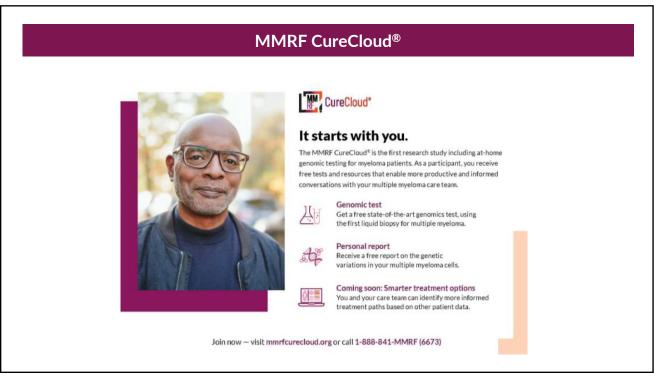
Time	Topic	Speakers	
11:00 AM-11:20 AM ET	Opening Remarks	Mary DeRome	
11:20 AM-11:40 AM ET	Overview of Multiple Myeloma Precursor Conditions	Elisabet E. Manasanch, MD	
11:40 AM-12:05 PM ET	Discussion/Questions and Answers	All	
12:05 PM-12:25 PM ET	Preventing Development of Active Myeloma	Irene Ghobrial, MD	
12:25 РМ-12:50 РМ ЕТ	Discussion/Questions and Answers	All	
12:50 PM-1:00 PM ET	Closing Remarks	Mary DeRome	



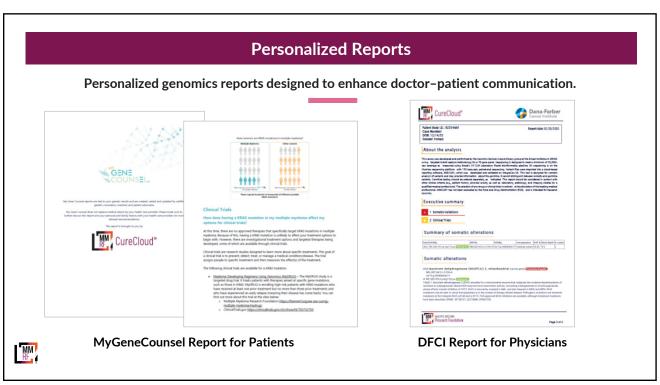






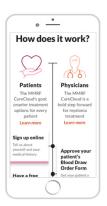


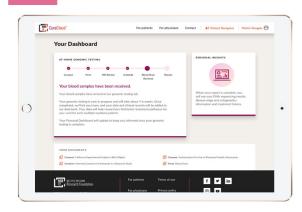






Provide personalized insights and actionable guidance to inform more precise treatment decision-making.





Mobile & Desktop Microsite

Personalized Dashboard

MM RF

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Patient Support

MMRF Patient Navigators are available to provide additional support; Facebook groups and Myeloma Mentors provide patients opportunities to connect with patients like them.







Patient Navigators

Facebook Groups

Myeloma Mentors



Thank you!



www.mmrfcurecloud.org

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Discussion Topics

- Overview of multiple myeloma precursor conditions
- Preventing development of active myeloma

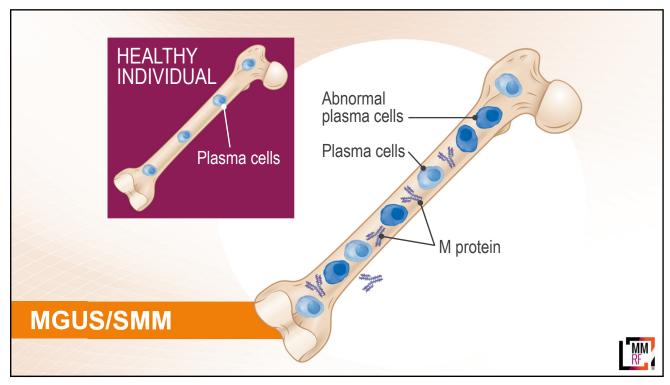


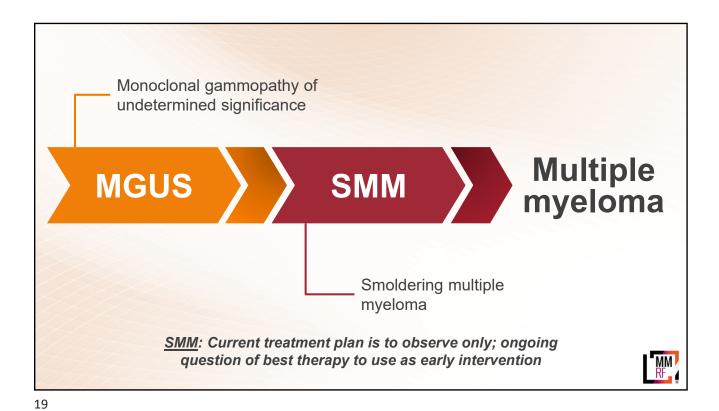
Overview of Multiple Myeloma Precursor Conditions

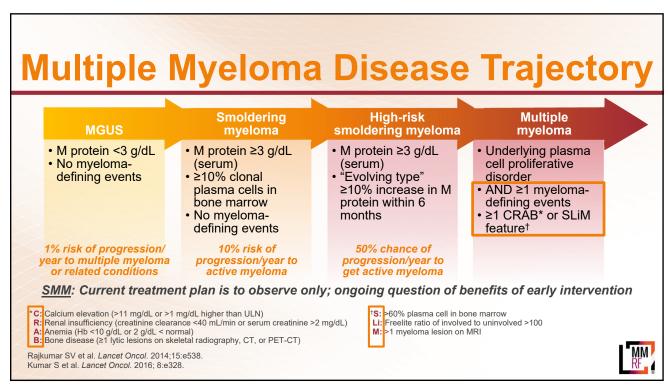
Elisabet Manasanch, MD

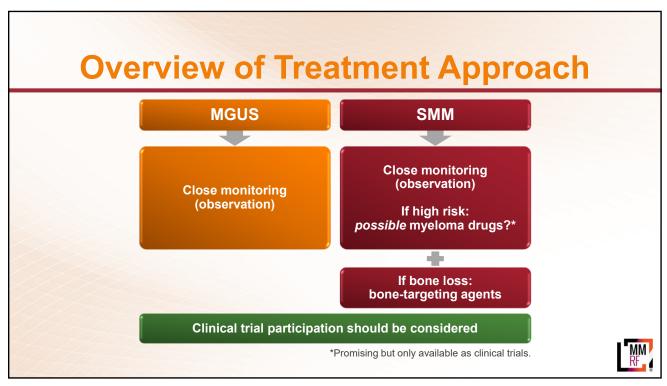


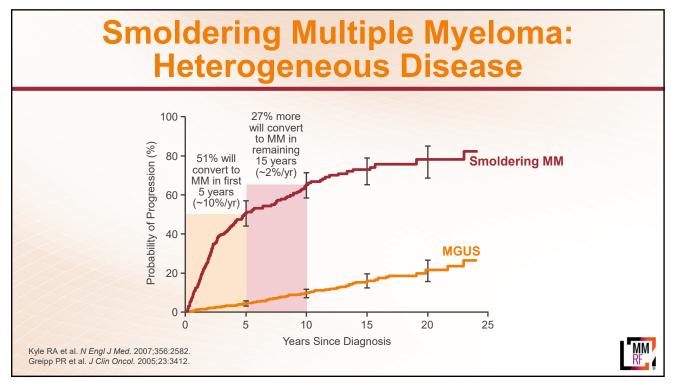
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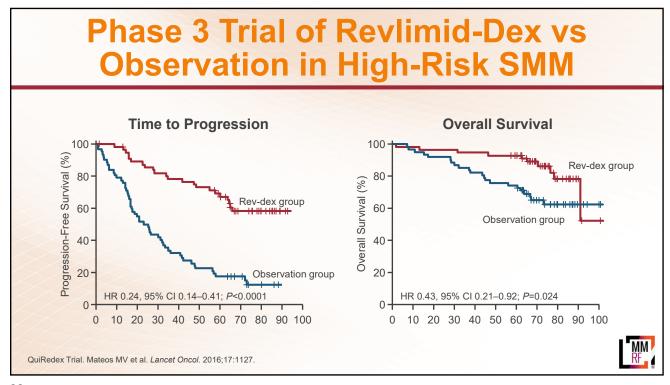


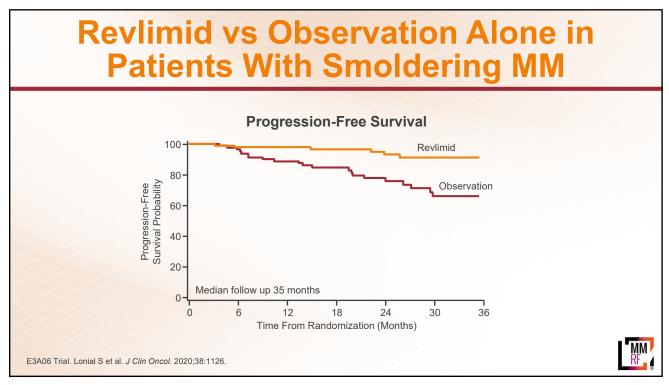






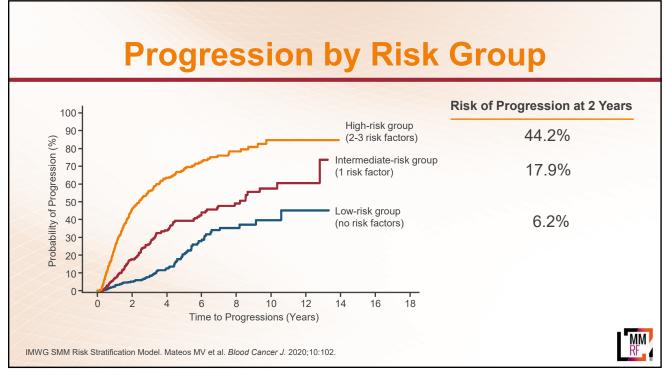


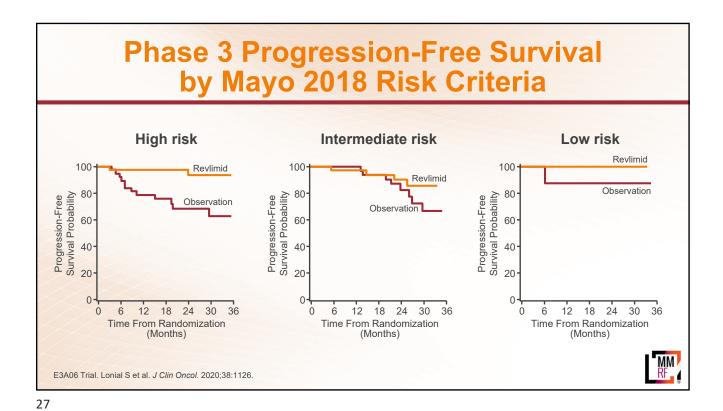




Risk assessment 2/20/20 Model to for SMM **Identify High-**2 >2 g/dL protein Risk SMM 20 >20 free light **Patients** chain ratio 20 >20% bone Patients with two or more risk marrow plasma factors are considered high risk. cells Model does not include any biological or immune factors that may account for interpatient heterogeneity.

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Ongoing Clinical Studies for SMM Patients

Phases 1–3 or Observational

SMM patients at high risk of disease progression

- Xgeva
- Ninlaro + Revlimid + dex
- · Darzalex (sc)
- Kyprolis + Revlimid + dex
- Revlimid + dex ± Kyprolis
- Kyprolis + Revlimid + Darzalex + dex (ASCENT trial)
- Revlimid + dex ± Darzalex
- Empliciti + Revlimid + dex (E-PRISM Trial)
- Vaccines: PVX-410, DKK1, custom-made
- · Sarclisa

SMM/MGUS

- Predictors of progression (PROMISE study)
- Genomic and molecular predictors of progression (MD Anderson study)
- Darzalex
- Rifaximin
- DKK1 (dendritic cell) vaccine
- · Neo-antigen personalized vaccine

Ask your doctor about whether you are a candidate for a clinical trial.

Trials found at www.clinicaltrials.gov



Phase 2 Trial of Sarclisa in SMM Patients

Sarclisa is a monoclonal antibody that binds to CD38 on myeloma cells

Similar binding site of Darzalex

Phase 2 study of Sarclisa in 24 patients with SMM (majority were considered high risk by 2/20/20 model)

62.5% of patients responded to treatment

 Comparable response rate to a recent phase 3 trial of Revlimid in a similar patient population (50%)

20% of patients experienced grade 3 side effects and no grade 4

No patients discontinued the trial due to side effects

Treatment decreased patients' worries about cancer.

Analysis is ongoing.



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Extensive Changes of the Immune Microenvironment Are Associated With Progression From Precursor Stages to MM Prospective Observational Study Design

Changes in immune cell populations and their function have been described as early as MGUS

Study goal: Characterize immune dysregulation in MM precursor disease and describe changes in evolution to MM

- 2015–2019 → 100 eligible patients were included in the analysis
- 41 MGUS and 59 SMM
- Median follow-up 24 months (12–48 months)

BM, bone marrow; PC, plasma cell





Extensive Changes of the Immune Microenvironment Are Associated With Progression From Precursor Stages to MM *Prospective Observational Study Results*



17% of SMM patients progressed to active myeloma



Higher risk of progression may be associated with increasing mutation rates in patients



Gene-expression features of both the tumor and the immune system may be used to predict risk of progression



Patients that progressed had different genes upregulated or downregulated when compared to non-progressors at baseline



Significant changes in the immune cell composition included changes in CD8 T cells, dendritic cells, NK cells, and macrophages of progressors vs non-progressors at baseline



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Key Points

- The classic description of SMM having an ~10% chance per year of progression to symptomatic disease is too broad a characterization of a heterogeneous group.
- Genetic changes and mutations in the myeloma together with clinical factors can best predict progression to myeloma.
- Genetic and mutation analysis is not yet widely available.
- Patients with SMM should be offered treatment on clinical trials.
- Participation in observational/interventional studies is key to finding out which patients can benefit the most from early treatment and what is the best treatment to offer early.



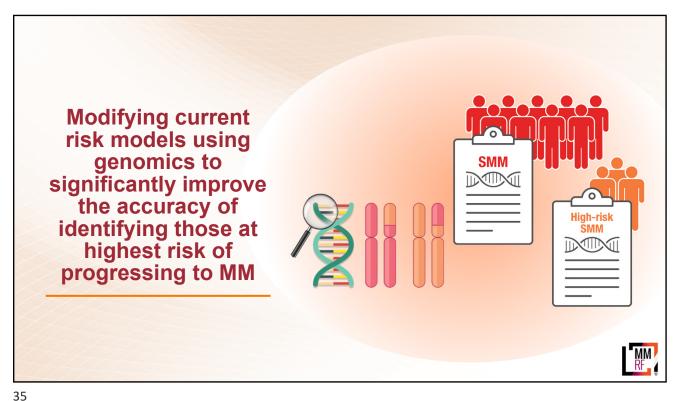


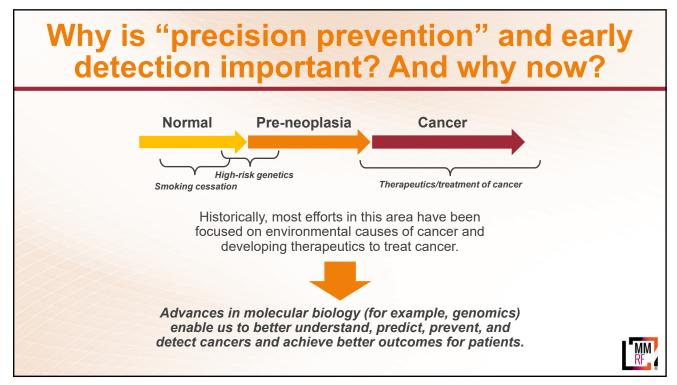


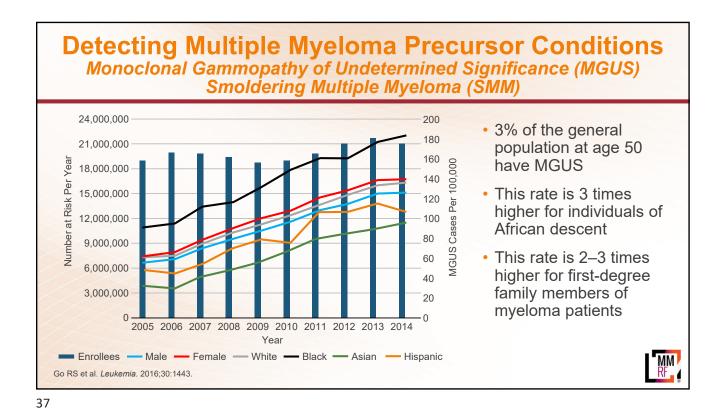
Preventing Development of Active Myeloma

Irene Ghobrial, MD

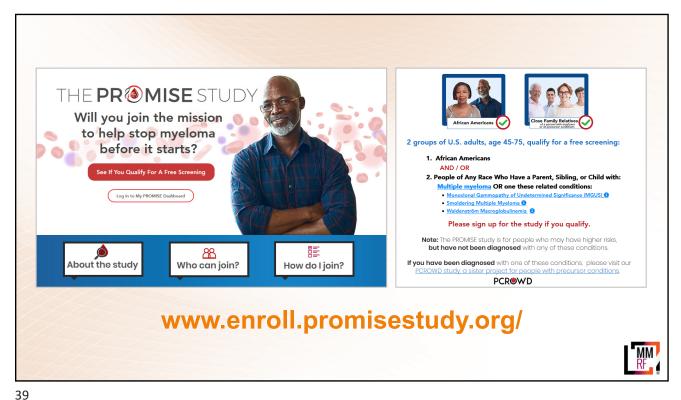








Changing the Multiple Myeloma Diagnosis Specific Aims Aim 1. The PROMISE Study Aim 2. Genomic Characteristics of MGUS/SMM Develop novel biomarkers for diagnosis Viktor Adalsteinsson Irene Ghobrial Screen **50.000** Benjamin Ebert Gaddy Getz high-risk individuals Aim 3. Race/Obesity on Precursor Progression Lorelei Mucci Catherine Marinac Establish advanced risk stratification Tim Rebbeck Aim 4. MGUS/SMM Permissive Microenvironment Screen Screen Ivan Borrello positive negative Irene Ghobrial 47,000 3,000 Generate new tools to prevent precursor progression Aim 5. Imaging /Therapeutics For Detection/ Prospective Interception follow-up Jeremiah Johnson Irene Ghobrial **BROAD** Dana-Farber JOHNS HOPKINS



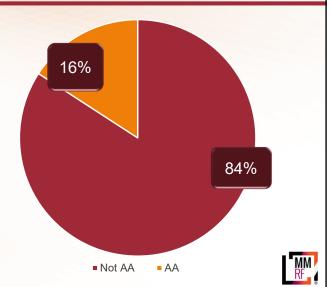
The PROMISE Study Accomplishments Since Most Recent Meeting With Review Committee These participants each have a Registered personalized PROMISE Dashboard Our team sends weekly emails to remind 2,287 Consented participants to finish filling out their forms Kits are sent out in batches every other 2,287 week to consented participants 60% of the kits that have been sent out 1,329 **Sent Blood Samples** have returned with samples for testing 13.3% of screened participants are **Screened Positive** 164 positive for a precursor condition

The PROMISE Study

Predicting Progression of Developing Myeloma in a High-Risk Screened Population

Screening individuals of African descent

- The PROMISE Study has, as of today, enrolled 15% individuals of African descent
- 13% of screened POSITIVE PROMISE participants identify as being of African descent



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New CPOP Clinic

(Center for Prevention of Progression of Blood Cancers)

FEATURES

<u>Aim and scope of clinic</u>: To actively study patients with precursor hematological malignancies and define mechanisms/therapies that prevent progression

CPOP

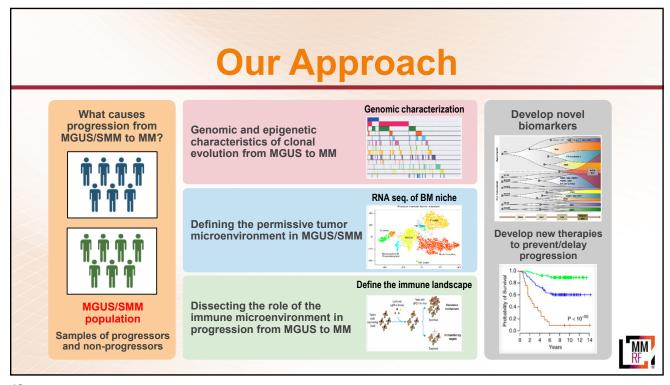
Center for Prevention
of Progression
of Blood Cancers

Goal: Have DFCI be the center of excellence for early precursor hematological conditions

- Physical clinic
- Multidisciplinary
 - DFCI HM & BWH Hematology clinical staff, Medical Genetics, BWH Cardiology
- Integration of research and clinical care







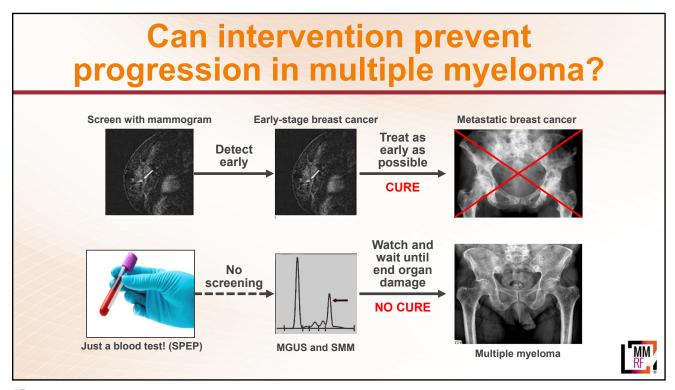
Defining Disease Progression Through Genomic Profiling

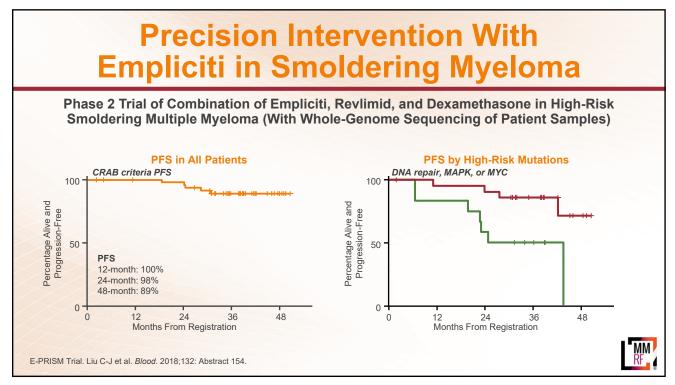
- Bone marrow samples from 203 SMM patients were analyzed to
 - Determine the genetic and molecular profiles that underlie disease progression
 - Improve risk stratification by identifying those at highest risk of progression compared to conventional risk assessment

	Time to Progression (months)		
Genetic Profile	SMM Pts With	SMM Pts Without	
MYC abnormality	8.4	52	
MAPK pathway mutations	15	60	
DNA repair mutations	19	47	
≥1 DNA repair mutation	1.2 yrs	6 yrs	

Bustoros M et al. Presented at the 17th International Myeloma Workshop; September 12–15, 2019. Abstract OAB-006. Manuscript under review.







Questions & Answers



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Program Support

abb√ie UBristol Myers Squibb

















Myeloma Mentors® allows patients and caregivers the opportunity to connect with trained mentors. This is a phone-based program offering an opportunity for a patient and/or caregiver to connect one-on-one with a trained patient and/or caregiver mentor to share his or her patient journeys and experiences.

No matter what your disease state—smoldering, newly diagnosed, or relapsed/refractory—our mentors have insights and information that can be beneficial to both patients and their caregivers.

Contact the Patient Navigation Center at 888-841-6673 to be connected to a Myeloma Mentor or to learn more.



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Upcoming Patient Education Events

Save the Date

Autologous Stem Cell
Transplantation for Multiple Myeloma
Wednesday, September 22, 2021, 2:00 PM-3:00 PM ET



Sergio A. Giralt, MD
Memorial Sloan Kettering Cancer Center
New York, New York



Amrita Y. Krishnan, MD City of Hope Medical Center Duarte, California

For more information or to register, please visit themmrf.org/themmrf.org/resources/education-program



