From Diagnosis to Prognosis: Understanding Multiple Myeloma (A Guide for Newly Diagnosed Patients)

January 24, 2023

Tech Support

1-719-234-7952
Resources

• Resource tab includes
  – Speaker bios
  – Copy of the slide presentation
  – Exhibit Hall

Submit your questions throughout the program!
MMRF Research Initiatives

MMRF Research Consortium
CoMMpass Study SM
MMRF CureCloud TM

For more information, visit themmrf.org

Speakers

Craig Emmitt Cole, MD
Michigan State University
Karmanos Cancer Institute at McLaren Greater Lansing
Lansing, Michigan

Joshua R. Richter, MD
Tisch Cancer Institute/Icahn School of Medicine at Mount Sinai
New York, New York
Multiple Myeloma Diagnosis and Prognosis

Joshua R. Richter, MD
Associate Professor of Medicine
Hematology and Oncology in the Myeloma Division
Tisch Cancer Institute at the Icahn School of Medicine at Mount Sinai
Director of Myeloma
Blavatnik Family Chelsea Medical Center at Mount Sinai
New York, New York

Multiple Myeloma Affects Your Bones, Blood, and Kidneys

**BONES**
- Surrounding bone where MM cells grow is affected
- MM cells activate bone destruction

**BLOOD**
- MM is a cancer of the blood
- MM crowds out normal blood cells

**KIDNEYS**
- Large amounts of M protein can overwork or cause damage to the kidneys

Normal plasma cells

Antibodies

Bone marrow

Bone

Multiple myeloma cells

Light chain (kappa $\kappa$ or lambda $\lambda$)

Heavy chains (IgG, IgA, IgM, IgD, IgE)

M proteins
How common is multiple myeloma?

- Multiple myeloma is the 2nd most common cancer of the blood.
- It represents 1.8% of all new cancer cases in the U.S.
- 34,920 new cases in 2021.
- 138,415 living with MM or in remission.
- Median age at diagnosis is 69.

Multiple Myeloma Is Twice as Common—and Twice as Deadly—in Black Patients

<table>
<thead>
<tr>
<th>Rate of new cases per 100,000 persons by race/ethnicity and sex</th>
<th>Death rate per 100,000 persons by race/ethnicity and sex</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MALE</strong></td>
<td><strong>FEMALE</strong></td>
</tr>
<tr>
<td>All races</td>
<td>8.6</td>
</tr>
<tr>
<td>White</td>
<td>8.2</td>
</tr>
<tr>
<td>Black</td>
<td>16.3</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>4.8</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>6.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8.2</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Demographic Risk Factors: Multiple Myeloma

- Older age
- Male sex
- Race
  - ↑ Blacks (2× Whites)
  - Ashkenazi Jews
  - Europe: Ireland
  - ↓ Asian

Family history risks

- One first-degree relative with multiple myeloma
- Relatives of multiple myeloma patients have more monoclonal gammopathy of undetermined significance (MGUS)


Effects of Myeloma and Common Symptoms

- Low blood counts → Weakness
  - Fatigue
  - Infection
- Decreased kidney function → Weakness
- Bone damage → Bone pain

About 10% to 20% of patients with newly diagnosed myeloma do not have any symptoms.

Infections and Vaccinations in Multiple Myeloma

- Risk of infection higher for myeloma patients
- Types of infections include
  - Urinary tract infections
  - Pneumonia (an infection of the lungs)
  - Septicemia (blood infection)
  - Fungal infections
  - Viral infections such as influenza and varicella zoster (shingles)
- Preventive strategies (prophylaxis) are recommended
  - Intravenous immunoglobulin (IVIG)
  - Antibiotics
  - Growth factors
  - Vaccines
  - Other precautions: hand-washing, avoiding sick contacts
- COVID-19
  - Know your vulnerability to COVID-19 infection due to weakened immune system
  - Important to adhere to recommendations to prevent infection (social distancing, wearing a mask, cleaning surfaces, washing hands frequently, avoiding travel except for treatment, and limiting contacts)

The Right Team

Connect with a myeloma specialist—a doctor who diagnoses and treats a high number of myeloma patients
Seek a second opinion at any point in your journey

Available resources

MMRF's online myeloma treatment locator: themmrf.org/resources/find-a-treatment-center
Contact the MMRF Patient Navigation Center: themmrf.org/resources/patient-navigation-center
1-888-841-MMRF (6673)
Learn Your Labs!

**Blood tests**
- CBC: Number of red blood cells, white blood cells, and platelets
- CMP: Measure levels of albumin, calcium, lactate dehydrogenase (LDH), blood urea nitrogen (BUN), and creatinine. Assess function of kidney, liver, and bone status and the extent of disease
- B2M: Determine the level of a protein that indicates the presence/extent of MM and kidney function
- SPEP: Detect the presence and level of M protein
- IFE: Identify the type of abnormal antibody proteins
- SFLC: Freelite® test measures light chains (kappa or lambda)

CBC, complete blood count; CMP, complete metabolic panel; B2M, beta-2 microglobulin; SPEP, serum protein electrophoresis; IFE, immunofixation electrophoresis; SFLC, serum free light chain assay

**Urine tests**
- UPEP: Detect Bence Jones proteins (otherwise known as myeloma light chains)
- 24-hr urine analysis: Determine the presence and levels of M protein and Bence Jones protein

UPEP, urine protein electrophoresis
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Serum Protein Electrophoresis

Normal

Albumin
α Zone proteins
β Zone proteins
γ Zone proteins

Antibodies

IgG
IgA
IgM
Plasma cells

Serum Protein Electrophoresis

Monoclonal Gammopathy

Albumin
α Zone proteins
β Zone proteins
γ Zone proteins

Monoclonal protein

IgG
Kappa
M-Protein

Treatment

Monoclonal gammopathy

IgG
Kappa
M-Protein

Monoclonal plasma cells
Types of Multiple Myeloma Based on Blood or Urine Tests

- **Intact M protein**
  - Named for the type of immunoglobulin and light chain pair, for example, IgG kappa (κ) or IgG lambda (λ)
  - 80%

- **Light chain only**
  - Also known as Bence Jones protein
  - Renal failure more common in light chain multiple myeloma
  - 20%

- **Non-secretory**
  - No M protein present
  - 3%

Know Your Imaging Tests!

Assess changes in the bone structure and determine the number and size of tumors in the bone

- **X-ray**
  - Conventional x-rays reveal punched-out lytic lesions, osteoporosis, or fractures in 75% of patients.

- **MRI**
  - MRI and PET/CT appear to be more sensitive (85%) than skeletal x-rays for the detection of small lytic bone lesions.

- **CT scan**

- **PET scan**
Know Your Bone Marrow Tests!

Know Your Bone Marrow Tests!

- Bone marrow aspiration and biopsy
- Jamshidi needle
- Bone marrow
- Hip bone
- Skin
- Myeloma cell
- Chromosome
- DNA
- Karyotyping
- FISH (fluorescence in situ hybridization)
- Genomic sequencing

Putting the Results Together

Staging, prognosis, and risk assessment

- Imaging results
- Blood and urine test results
- Genomics
- Bone marrow analysis

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Myeloma Staging

<table>
<thead>
<tr>
<th>Stage</th>
<th>International Staging System (ISS)</th>
<th>Revised ISS (R-ISS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Serum beta-2 microglobulin &lt; 0.5 mg/dL, Serum albumin 3.5 g/dL.</td>
<td>Serum beta-2 microglobulin &lt; 0.5 mg/dL, Serum albumin 3.5 g/dL.</td>
</tr>
<tr>
<td>II</td>
<td>Not ISS stage I or II</td>
<td>Not ISS stage I or II</td>
</tr>
<tr>
<td>III</td>
<td>Serum beta-2 microglobulin 0.5-5 mg/dL</td>
<td>Serum beta-2 microglobulin 0.5-5 mg/dL, and either high-risk chromosome abnormalities or ISS stage I or II</td>
</tr>
</tbody>
</table>

**Myeloma Prognosis and Risk**

**mSMART 3.0: Classification of Active MM**

- **High-Risk**
  - High Risk genetic Abnormalities
    - t(4;14)
    - t(14;16)
    - Del 17p
    - p53 mutation
    - Gain 1q
  - RISS Stage 3
  - High Plasma Cell S-phase
  - GEP: High risk signature
  - Double Hit Myeloma: Any 2 high risk genetic abnormalities
  - Triplet Hit Myeloma: 3 or more high risk genetic abnormalities

- **Standard-Risk**
  - All others including:
    - Trisomies
    - t(11;14)*/
    - t(6;14)
Conclusions

• Myeloma is a complex disease
• Putting it all together requires a whole team as well as a number of different investigative modalities: marrow, blood, urine, scans
• Be open with your care team about everything!

Principles of Multiple Myeloma Treatment

Craig Emmitt Cole, MD
Assistant Professor of Medicine
College of Human Medicine
Michigan State University
Karmanos Cancer Institute at McLaren Greater Lansing
Lansing, Michigan
## The Right Treatment

- **Know the treatment options available to you based on your myeloma subtype at each stage of your disease.**
- **Be aware of the pros and cons of each option.**
- **Clearly communicate your treatment goals and concerns to the care team.**
- **Find clinical trials that are right for you.**

## Therapeutic Options in Myeloma: The Current Landscape

<table>
<thead>
<tr>
<th>IMiDs</th>
<th>Proteasome inhibitors</th>
<th>Chemotherapy anthracyclines</th>
<th>Chemotherapy alkylators</th>
<th>Steroids</th>
<th>Novel mechanisms of action</th>
<th>mAbs</th>
<th>Cellular therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thalomid (thalidomide)</td>
<td>Velcade (bortezomib)</td>
<td>Adriamycin</td>
<td>Cytoxan (cyclophosphamide)</td>
<td>Dexamethasone</td>
<td>Farydak (panobinostat)</td>
<td>Abecma (idecabtagene vicencel)</td>
<td></td>
</tr>
<tr>
<td>Revlimid (lenalidomide)</td>
<td>Kyprolis (carfilzomib)</td>
<td>Doxil (liposomal doxorubicin)</td>
<td>Bendamustine</td>
<td>Prednisone</td>
<td>XPOVIO (selinexor)</td>
<td>Darzalex (daratumumab)</td>
<td>Carvykti (ciltapecitabine autoleucel)</td>
</tr>
<tr>
<td>Pomalyst (pomalidomide)</td>
<td>Ninlaro (ixazomib)</td>
<td>Melphalan</td>
<td></td>
<td></td>
<td>Venclexta (venetoclax)*</td>
<td>Sarcolisa (isatuximab)</td>
<td></td>
</tr>
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*Not yet FDA-approved for patients with multiple myeloma

†Antibody-drug conjugate
Myeloma Survival Has Improved Over Time Mainly Due to Current Drugs

The percentage of people expected to survive 5 years or more after being diagnosed with myeloma

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<tbody>
<tr>
<td>26.5%</td>
<td>27.4%</td>
<td>33.5%</td>
<td>47.2%</td>
<td>56.9%</td>
<td></td>
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</tbody>
</table>

Available treatments

- Chemotherapy + dexamethasone + stem cell transplantation
- Velcade (bortezomib)
- Revlimid (lenalidomide)
- Kyprolis (carfilzomib)
- Pomalyar (pomalidomide)

Since 2015...

31 drugs approved by the FDA, with 15 new agents!

- Ninlaro (ixazomib)
- Empliciti (elotuzumab)
- Darzalex (daratumumab)
- Xpovio (selinexor)
- Sarclisa (isatuximab)
- Blenrep (belantamab mafodotin)
- Abecma (idecabtagene vicleucel)
- Carvykti (ciltacabtagene autoleucel)
Goals of Multiple Myeloma Therapy

- Reduce the amount of M protein (as measured by serum protein electrophoresis) or light chains (as measured via the free light chain test) to the lowest level possible
- Eliminate myeloma cells from the bone marrow (as measured via minimal residual disease [MRD] testing)
- Improve quality of life with as few treatment side effects as possible
- Provide the longest possible period of response before first relapse
- Prolong overall survival

The Treatment Path for Newly Diagnosed Multiple Myeloma

- **Transplant candidate**
  - Induction therapy
  - Consolidation therapy
  - Maintenance therapy

- **Non-transplant candidate**
  - Induction therapy
  - Maintenance therapy
Overview of Treatment Approach for Active Multiple Myeloma

Is the patient a candidate for autologous stem cell transplantation?

- **Yes**
  - 3–4 cycles of induction therapy
  - 3-drug regimen generally preferred
  - Clinical trial
  - Stem cell collection and storage
  - High-dose melphalan + stem cell transplant
  - Consolidation and or continuous/maintenance therapy
  - Supportive care

- **No**
  - Any of the regimens used for transplant candidates*
  - Clinical trial
  - *2-drug regimen may be considered for frail patients

*Category 1 recommendation. Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.


Induction Therapy Regimens

**Preferred**
- Revlimid-Velcade-dex (RVd)*

**Recommended**
- Kyprolis-Revlimid-dex (KRd)
- Ninlaro-Revlimid-dex (RD)
- Darzalex-Revlimid-Velcade-dex (D-RVd)

**Certain circumstances**
- Velcade-Cytoxan-dex (VCd)
- Kyprolis-Cytoxan-dex (KCd)
- Ninlaro-Cytoxan-dex (ICd)
- Revlimid-Cytoxan-dex (RCd)
- Velcade-Thalomid-dex (VTD)*
- Velcade-Doxil-dex (VDd)*
- Darzalex-Velcade-Revlimid-dex (D-VRd)
- Darzalex-Kyprolis-Revlimid-dex (D-KRd)
- Darzalex-Cytoxan-Velcade-dex (D-VCd)
- Darzalex-Velcade-Thalomid-dex (D-VTd)
- VTd-PACE

*Transplant eligible
- Revlimid-Velcade-dex (RVd)*
- Darzalex-Revlimid-dex (DRd)*

*Transplant ineligible
- Revlimid-Velcade-dex (RVd)*
- Kyprolis-Revlimid-dex (KRd)
- Ninlaro-Revlimid-dex (RD)
- Darzalex-Velcade-melphalan-prednisone (D-VMP)*
- Darzalex-Cytoxan-Velcade-dex (D-VCd)

- Velcade-dex (Vd)
- Revlimid-dex (RD)*
- Velcade-Cytoxan-dex (VCd)
- Revlimid-Cytoxan-dex (RCd)
- Kyprolis-Cytoxan-dex (KCd)
- Revlimid-Velcade-dex (RVd)-lite
Which is the right therapy for YOU?

Main Body Systems Affected by Myeloma Treatment

- Myeloma patients are at increased risk of developing blood clots
- Several myeloma drugs are associated with an increased risk of deep vein thrombosis (DVT)
- Peripheral neuropathy is a condition that affects the nerves, resulting in pain, tingling, burning sensations, and numbness in the hands and feet
- Peripheral neuropathy may be caused by multiple myeloma or its treatments
- Cardiovascular side effects (including high blood pressure or congestive heart failure) can occur with some multiple myeloma drugs
- Commonly used multiple myeloma drugs may cause a variety of gastrointestinal problems, such as constipation, diarrhea, and nausea/vomiting

Blood

CNS

Cardio-vascular

Gastro-intestinal
Side Effects of Steroids (dexamethasone)

- Insomnia
  - Healthy sleep habits
  - Timing
  - Medication to assist with sleeping as needed

- Fluid retention
  - Monitor for swelling of extremities and “puffy” face
  - Monitor weight changes/gain
  - Reduce dose

- Mood changes
  - Irritable, anxiety, difficulty concentrating
  - Severe cases → depression, euphoria

- Dyspepsia—heartburn
  - Dietary modifications (spicy, acidic foods)
  - Avoid NSAIDs
  - Acid-blocking medications
  - Take steroid with food; use enteric-coated aspirin with food

- Elevation in glucose
  - Monitor glucose and refer/treat as needed

Measuring Response to Therapy

- Stable disease (no change in M protein of light chain)

- Minor response (>30% decrease)

- Partial response (>50% decrease)

- Very good partial response (>90% decrease)

- Complete response CR (100% decrease/<5% plasma cells in bone marrow biopsy)

- Stringent CR (no plasma cells in bone marrow biopsy)

- Minimal residual disease negative

ClonoSEQ is an FDA-approved next-generation sequencing (NGS) test to measure MRD in MM patients
Measuring Response to Therapy

**Degree (or depth) of response is usually associated with better prognosis. Some patients do well despite never achieving a CR.**

**Myeloma cell burden**

- Stable disease (no change in M protein of light chain)
- Minor response (>30% decrease)
- Partial response (>50% decrease)
- Very good partial response (>90% decrease)
- Complete response (100% decrease/<5% plasma cells in bone marrow biopsy)
- Stringent CR (no plasma cells in bone marrow biopsy)
- Minimal residual disease negative

**What is minimal residual disease (MRD)?**

The presence of small amounts of myeloma cells left in the bone marrow following the achievement of a CR after treatment

MRD tests can detect at least 1 cell in 100,000 or better. Ideally, we want to use more sensitive assays that can find 1 cell in a million.
Key Terms for MRD

**MRD positive or MRD positivity (MRD+)**
- Myeloma cells are still detectable*

**MRD negative or MRD negativity (MRD-)**
- Myeloma cells are not detected*

*Level of sensitivity can be different depending on methodology used: next-generation sequencing (NGS) or next-generation flow cytometry (NGF).

Patients who achieve MRD negativity following treatment live longer than those who are MRD positive.

Multiple Myeloma Care Among Black Patients

**Time to therapy initiation**
- Median time to first-line therapy initiation significantly longer in Black patients¹
- Black patients less likely to initiate first-line therapy for multiple myeloma¹

**Utilization of stem cell transplant**
- Significantly lower stem cell transplant utilization in Black patients¹-⁵

**Treatment outcomes**
- Outcomes of Black patients same as White patients in cooperative-group clinical trials⁶
- Response rates and survival of Black and White patients after transplant similar in equal-access system⁷

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## Summary

- Multiple myeloma is a rare blood cancer that can negatively affect the bones, kidneys, and the bone marrow, leading to lowered blood counts.
- Multiple myeloma compromises the immune system; therefore, infection prevention is key.
- Bone marrow biopsies give us key insights into the biology of your myeloma, and the genetic information we obtain from the biopsy can provide prognostic information and help guide the optimal drug choice.
- Survival rates are improving because of new drugs and new combinations of drugs.
- Treatment paradigm will continue to change with the approval of additional novel agents.

Be an informed and empowered part of your health care team!

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## Recent Updates
What has changed recently?

- Tecvayli approval granted (October 2022)
- Blenrep approval withdrawn (November 2022)

Blenrep Withdrawn From US Market

What happened?

Blenrep was granted accelerated approval in 2020 by the FDA, which required further clinical studies to verify a drug’s clinical benefit.

- Results from the confirmatory phase 3 DREAMM-3 study comparing Blenrep with Pomalyst-dex in patients with RRMM after at least two prior lines of therapy showed that progression-free survival with Blenrep was not improved versus Pomalyst-dex → withdrawn November 2022*

*Marketing of Blenrep continues in other countries where it has been approved.
FDA Has Approved the First Bispecific Antibody in Myeloma: Tecvayli!

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tecvayli (teclistamab)*</td>
<td>Step-up dosing† the first week then once weekly thereafter by subcutaneous injection</td>
<td>For relapsed/refractory myeloma (after 4 or more prior lines of therapy, including an IMiD, a PI, and an anti-CD38 mAb)</td>
</tr>
</tbody>
</table>

IMiD, immunomodulatory agent; PI, proteasome inhibitor; mAb, monoclonal antibody

*Black box warning: cytokine release syndrome; neurologic toxicities
†Patients are hospitalized for 48 hours after administration of all step-up doses.
Tecvayli is available only through a restricted distribution program.

Median duration of response 18.4 months

Tecvayli Side Effects

- Cytokine release syndrome
- Injection-related reactions
- Injection-site reaction
- Infections
- Neutropenia
- Anemia
- Thrombocytopenia
- Neurotoxicity

Side Effect Management

- Available only through a Risk Evaluation and Mitigation Strategies (REMS) due to the risk of cytokine release syndrome
- Patients will receive step-up dosing and will be monitored in an inpatient setting
- Cytokine release syndrome is managed in the same fashion as it is with CAR T therapy
- Injection reactions are managed with oral antihistamines and topical steroids
- Infection prevention!
- COVID precautions
Another Bispecific Antibody on the Horizon: Talquetamab

Phase 1/2 study (MonumenTAL-1) in RRMM

288 patients—with no prior T-cell redirecting therapies—received treatment with talquetamab at 2 different doses (0.4 mg/kg every week and 0.8 mg/kg every other week) subcutaneously.

Data from this trial was recently used to submit a Biologics License Application to the US Food and Drug Administration for the treatment of patients with relapsed or refractory multiple myeloma.

IMiD, immunomodulatory drug; PI, proteasome inhibitor

GRIFFIN Study: Phase 2 Study of Dara-VRd vs VRd in Transplant-Eligible Newly Diagnosed Multiple Myeloma

Transplant-eligible adults with newly diagnosed myeloma, with good performance status and kidney function

Dara, daratumumab (Darzalex); ASCT, autologous stem cell transplant
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**GRiffin Randomized Phase II: Dara-RVD vs. RVD in Newly Diagnosed Multiple Myeloma**

In the final analysis after >4 years of follow-up, the addition of DARA to RVd led to a significant progression-free survival benefit favoring the Dara-RVd arm with a

55% reduction in progression or death

These data support use of D-RVd induction/consolidation and D-R maintenance as a NEW standard of care in newly diagnosed myeloma

**Health-Related Quality of Life for Patients With Newly Diagnosed Multiple Myeloma**

**Transplant-eligible patients**

- Phase 2 GRIFFIN trial comparing daratumumab, lenalidomide, bortezomib, and dexamethasone (Dara-RVd) with RVd
  - Both groups of patients had meaningful reduction in pain symptoms
  - Large reductions in pain symptoms favored Dara-RVd (post-consolidation and throughout maintenance)
  - Greater reduction in fatigue symptoms at maintenance for patients treated with Dara-RVd than RVd

**Frail, transplant-ineligible patients**

- Phase 3 MAIA trial comparing daratumumab, lenalidomide, and dexamethasone (Dara-Rd) with Rd
  - Patients treated with Dara-Rd showed large reductions in pain from baseline, and pain symptoms improved compared with Rd
  - Fatigue moderately improved in both treatment groups, but Dara-Rd did not increase fatigue
  - Global health status improvements were consistent over time for patients in both treatment groups
  - Emotional and social functioning improvements observed in both groups
  - Physical functioning improved from baseline in patients treated with Dara-Rd
  - No meaningful changes observed for nausea and vomiting in either group
Dexamethasone-Sparing Regimen for Frail Patients

**IFM2017-03 Trial**

- Newly diagnosed myeloma patients (≥65 years old) with IFM frailty score ≥2
- 200 patients
- 95 patients

- Revlimid + Darzalex (RD)
- Revlimid + dex (Rd)

*No dexamethasone!*

**Deeper responses observed with RD vs Rd at 4, 8, and 12 months (≥VGPR rates 41% vs 26%; 68% vs 48%; 71% vs 55%, respectively).**

**Favorable safety profile without increased infection or pneumonia with RD vs Rd**

**Encouraging results for a dexamethasone-sparing strategy for frail MM patients.**


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Questions & Answers
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.
## Upcoming Patient Education Events

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date and Time (ET)</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook Live</td>
<td>Wednesday, February 15 3:00 to 4:00 PM ET</td>
<td>Benjamin Derman, MD&lt;br&gt;Sarah Major, PA-C, MMS, MPH&lt;br&gt;Julia Grosch</td>
</tr>
<tr>
<td>Webinar (rebroadcast): Focus on Treatments, Monitoring, and Maintenance for Newly Diagnosed Multiple Myeloma Patients</td>
<td>Friday, February 17 12:00 to 1:00 PM ET</td>
<td>Suzanne Lentzsch, MD, PhD&lt;br&gt;Cesar Rodriguez, MD</td>
</tr>
<tr>
<td>Webinar (rebroadcast): Management of Patients Who Have Relapsed After One to Three Prior Lines of Therapy</td>
<td>Wednesday, March 8 1:00 to 2:00 PM ET</td>
<td>Larry Anderson, Jr, MD, PhD&lt;br&gt;Faith Davies, MBBCh, MD</td>
</tr>
<tr>
<td>Patient Summit Hackensack, NJ</td>
<td>Saturday, March 11 9:00 AM to 2:00 PM ET</td>
<td>David Vesole, MD, PhD</td>
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For more information or to register, visit themmrf.org/resources/education-program
Thank you!