

# **Treatment Options for Patients With Multiple Myeloma Who Have Relapsed After Three or More Lines of Therapy, With an Update on Bispecific Antibodies**

December 2, 2022



1

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1-719-234-7952



2

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3

## Resources

- Resource tab includes
  - Speaker biographies
  - Copy of the slide presentation
  - Exhibit Hall

**Submit your questions  
throughout the program!**



4

# MMRF Research Initiatives



MULTIPLE MYELOMA  
Research Consortium

CoMMpass Study<sup>SM</sup>



MMRF  
CureCloud<sup>TM</sup>

For more information, please visit [themmrf.org](https://themmrf.org)



5

# Speakers



**Monique A. Hartley-  
Brown, MD, MMSc**  
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Boston, Massachusetts



**Urvi A. Shah, MD**  
Memorial Sloan Kettering Cancer Center  
New York, New York



6

## Relapsed or Refractory Multiple Myeloma *Approach to Treatment for Triple-Class Refractory Patients*

**Monique A. Hartley-Brown, MD, MMSc**

Attending Physician, Jerome Lipper Multiple Myeloma Center  
Department of Medical Oncology  
Dana-Farber Cancer Institute  
Boston, Massachusetts



7

## Definitions: What is relapsed/refractory disease and a line of therapy?

- **Relapsed:** recurrence (reappearance of disease) after a response to therapy
- **Refractory:** progression despite ongoing therapy
- **Progression:** change in M protein/light chain values
- **Line of therapy:** change in treatment due to either progression of disease or unmanageable side effects
  - **Note:** initial (or induction) therapy + stem cell transplant + consolidation/maintenance therapy = 1 line of therapy



8



## Choosing Therapy for Relapsed/Refractory Myeloma

- **What do we know about the patient's myeloma?**

- What prior therapy has been used?
- How well did it work?
- Did the myeloma progress on active therapy?
- High-risk cytogenetics/FISH/GEP?

- **What do we know about the patient?**

- Age
- Other medical problems
  - Diabetes
  - Blood clots
- Lasting side effects from past therapies
  - Peripheral neuropathy
- Personal preferences and values



9

## Factors to Consider in Treatment Selection

### DISEASE-RELATED

- DOR to initial therapy
- FISH/cytogenetics/genomics profile

### PRIOR TREATMENT-RELATED

- Prior drug exposure
- Toxicity of regimen
- Mode of administration
- Previous SCT

### PATIENT-RELATED

- Pre-existing toxicity
- Presence of other conditions
- Age
- General health
- Personal lifestyle and preferences



DOR, duration of response; FISH, fluorescence in situ hybridization; SCT, stem cell transplant  
Lonial S. *Hematology Am Soc Hematol Educ Program*. 2010;303.



10

# Options for Relapsed/Refractory Disease Continue to Increase

IMiDs	Proteasome inhibitors	Chemotherapy anthracyclines	Chemotherapy alkylators	Steroids	Novel mechanisms of action	mAbs	Cellular therapy
Thalomid (thalidomide)	Velcade (bortezomib)	Adriamycin	Cytosan (cyclophosphamide)	Dexamethasone	XPOVIO (selinexor)	Empliciti (elotuzumab)	Abecma (idecabtagene vicleucel)
Revlimid (lenalidomide)	Kyprolis (carfilzomib)	Doxil (liposomal doxorubicin)	Bendamustine	Prednisone	Venclexta (venetoclax)*	Darzalex (daratumumab)	Carvykti (ciltacabtagene autoleucel)
Pomalyst (pomalidomide)	Ninlaro (ixazomib)		Melphalan		Farydak (Panobinostat)†	Sarclisa (isatuximab)	
					Pepaxto (melflufen)‡	Blenrep (belantamab mafodotin)‡	

\*Not yet FDA-approved for patients with multiple myeloma; †Withdrawn from the US market in 2021; ‡Antibody-drug conjugate

New formulations, new dosing, and new combinations, too!



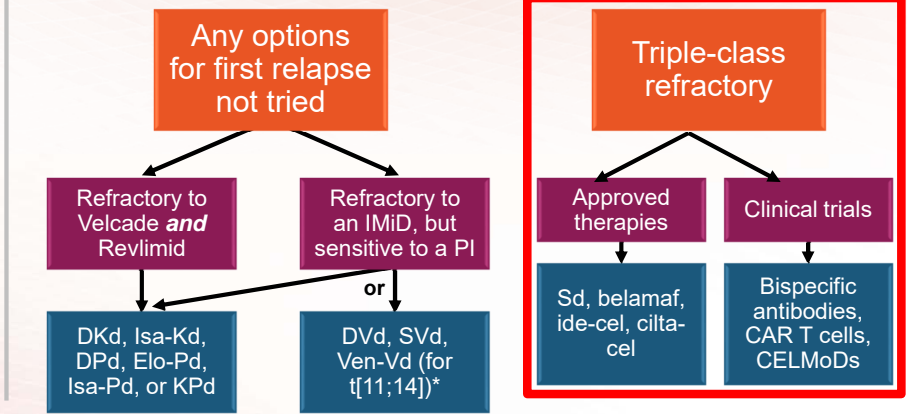
11

# Treatment Approach

## First relapse

Proteasome inhibitor (PI)/ immunomodulatory drug (IMiD)/ antibody-based therapy

## >1 Relapse



D, daratumumab (Darzalex); K, carfilzomib (Kyprolis); d, dexamethasone; Isa, isatuximab (Sarclisa); P, pomalidomide (Pomalyst); Elo, elotuzumab (Empliciti); V, bortezomib (Velcade); S, selinexor (Xpovio); Ven, venetoclax (Venclexta); belamaf, belantamab mafodotin (Blenrep); ide-cel, idecabtagene vicleucel (Abecma); cilta-cel, ciltacabtagene autoleucel (Carvykti)

\*Not yet approved for use in myeloma patients



12

# Triple-Class Refractory





- For patients with relapsed or refractory multiple myeloma who have received treatment with—and did not respond satisfactorily to, or progressed while on treatment with—the three main classes of drugs currently used to treat myeloma are...

Proteasome inhibitors	Immunomodulatory drugs	Anti-CD38 monoclonal antibodies
<ul style="list-style-type: none"><li>Velcade (bortezomib)</li><li>Kyprolis (carfilzomib)</li><li>Ninlaro (ixazomib)</li></ul>	<ul style="list-style-type: none"><li>Revlimid (lenalidomide)</li><li>Pomalyst (pomalidomide)</li></ul>	<ul style="list-style-type: none"><li>Darzalex (daratumumab)</li><li>Sarclisa (isatuximab)</li></ul>



13

# Currently Available Drugs for Triple-Class Refractory Myeloma

Class	Drug	Formulation	Approval
Nuclear export inhibitor	XPOVIO (selinexor)	 Twice-weekly pill	• For <b>relapsed/refractory</b> myeloma in combination with dexamethasone (after at least 4 prior therapies and whose disease is refractory to at least 2 PIs, at least 2 IMiDs, and an anti-CD38 mAb)
Antibody-drug conjugate	Blenrep (belantamab mafodotin)*	 2.5 mg/kg IV over approximately 30 minutes once every 3 weeks	• For <b>relapsed/refractory</b> myeloma (after at least 4 prior therapies including an anti-CD38 mAb, a PI, and an IMiD)
Chimeric antigen receptor (CAR) T cell	Abecma (idecabtagene vicleucel)†	 300 to 460 × 10 <sup>6</sup> genetically modified autologous CAR T cells in one or more infusion bags	• For <b>relapsed/refractory</b> myeloma (after 4 or more prior lines of therapy, including an IMiD, a PI, and an anti-CD38 mAb)
CAR T cell	Carvykti (ciltacabtagene autoleucel)‡	 0.5 to 1.0 × 10 <sup>6</sup> genetically modified autologous CAR T cells/kg of body weight	• For <b>relapsed/refractory</b> myeloma (after 4 or more prior lines of therapy, including a PI, an IMiD, and an anti-CD38 mAb)

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

\*Black box warning: changes in the corneal epithelium resulting in changes in vision; Blenrep is available only through a restricted distribution program

†Black box warning: cytokine release syndrome; neurologic toxicities; hemophagocytic lymphohistiocytosis/macrophage activation syndrome (HLH/MAS); prolonged cytopenia

‡Black box warning: cytokine release syndrome; neurologic toxicities; Parkinsonism and Guillain-Barré syndrome; hemophagocytic lymphohistiocytosis/macrophage activation syndrome (HLH/MAS); prolonged cytopenia

Abecma and Carvykti are available only through a restricted distribution program



14



# XPOVIO + Dexamethasone in Relapsed/Refractory Myeloma

	No. Patients with ≥PR (%) <sup>1</sup>
<b>Total</b>	32 (26)
<b>Previous therapies to which the disease was refractory, n (%)</b>	
Velcade, Kyprolis, Revlimid, Pomalyst, and Darzalex	21 (25)
Kyprolis, Revlimid, Pomalyst, and Darzalex	26 (26)
Velcade, Kyprolis, Pomalyst, and Darzalex	25 (27)
Kyprolis, Pomalyst, and Darzalex	31 (26)

Additional analyses showed clinical benefit with XPOVIO regardless of patient age and renal function.<sup>2,3</sup>

1. STORM Trial. Chari A et al. *N Engl J Med*. 2019;381:727. 2. Gavriatopoulou M et al. Presented at the 17th International Myeloma Workshop; September 12-15, 2019. Abstract FP-110. 3. Vogl DT et al. Presented at the 17th International Myeloma Workshop; September 12-15, 2019. Abstract FP-111.



15

# Supportive Care Strategies for XPOVIO



**Gastrointestinal**

Consult with your doctor if nausea, vomiting, or diarrhea occur or persist. Begin prophylactic anti-nausea medications.



**Low sodium (hyponatremia)**

Maintain fluid intake.



**Fatigue**

Stay hydrated and active.



**Low blood counts (cytopenias)**

Report signs of bleeding right away. Report signs of fatigue or shortness of breath.

Chari A et al. Manuscript under preparation.

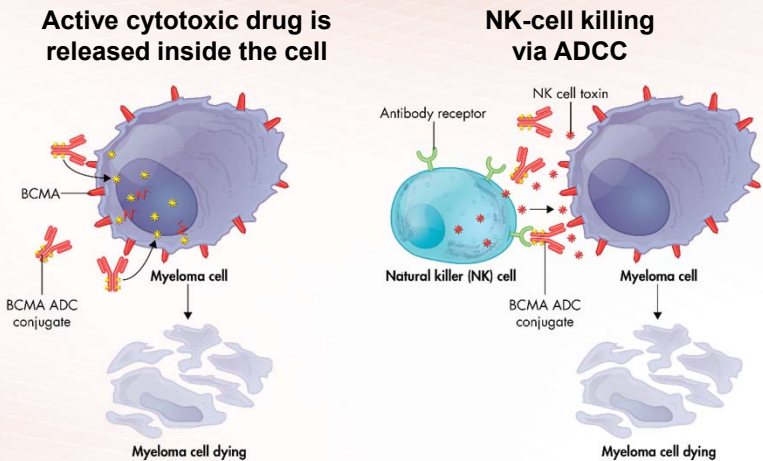


16



# Belantamab Mafodotin: Antibody-Drug Conjugate (ADC)

ADCs can selectively target and deliver drugs to myeloma cells.



ADCC, antibody-dependent cellular cytotoxicity; BCMA, B-cell maturation antigen  
Figure adapted from Cho S-F et al. *Front Immunol.* 2018;9:1821. Trudel S et al. *Lancet Oncol.* 2018;19:1641.



17

# First ADC Approved in MM

DREAMM-2 Study	Blenrep (2.5 mg/kg)	Blenrep (3.4 mg/kg)
N	97	99
Median no. lines of therapy, n (range)	7 (3–21)	6 (3–21)
Overall response rate (%)	31	34
Median progression-free survival (mos)	2.9	4.9
Median overall survival (mos)	Not reached	Not reached

DREAM-2 Study. Lonial S et al. *Lancet Oncol.* 2020;21:207.



18

# Currently Available ADC Side Effects

## Blenrep

- Thrombocytopenia
- Keratopathy
- Decrease visual acuity
- Nausea
- Blurred vision
- Fever
- Infusion-related reactions
- Fatigue



## Management

- Available only through a Risk Evaluation and Mitigation Strategies (REMS) due to the risk of ocular toxicity
- Patients receive ophthalmic examinations at baseline (within 3 weeks prior to the first dose), prior to each dose, and promptly for worsening symptoms
- Patients are advised to use preservative-free lubricant eye drops at least 4 times a day starting with the first infusion and continuing until end of treatment
- Patients should also avoid use of contact lenses unless directed by an ophthalmologist



19

# Two Drugs Withdrawn From US Market What happened?

Both drugs were granted accelerated approval by the FDA which requires further clinical studies to verify a drug's clinical benefit.

## Farydak (panobinostat)

- The required clinical studies were not completed within the FDA-specified timeframe

Withdrawn November 2021

## Pepaxto (melflufen)

- The phase 3 OCEAN study compared Pepaxto-dex with Pomalyst-dex in patients with relapsed/refractory myeloma
  - Overall survival with Pepaxto-dex was not improved versus Pomalyst-dex which didn't pass the regulatory hurdles to confirm the accelerated approval in the US

Withdrawn October 2021



20

# Relapsed or Refractory Multiple Myeloma

## Additional Treatment Options Now and On the Horizon

**Urvi A. Shah, MD**

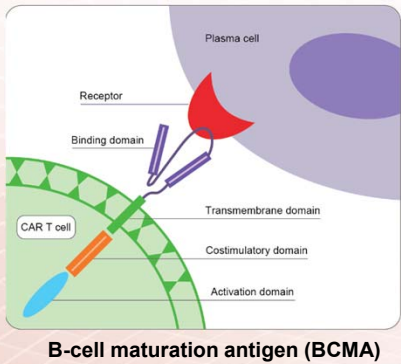
Assistant Attending, Myeloma Service  
Memorial Sloan Kettering Cancer Center  
New York, New York

@UrviShahMD

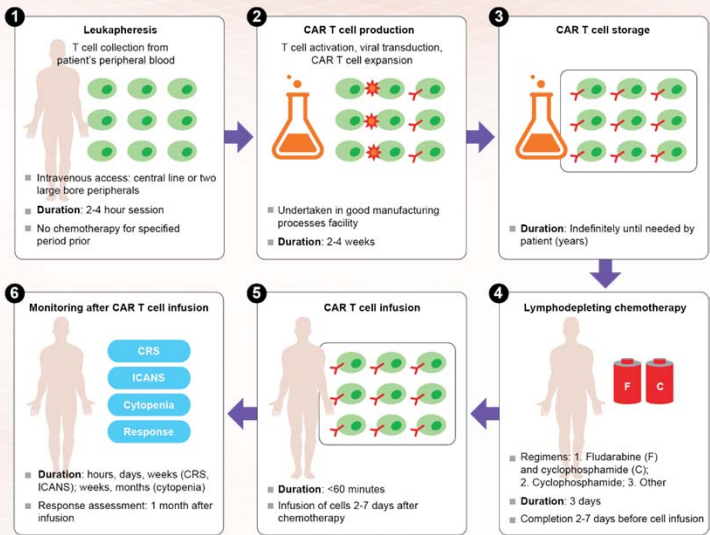


21

# CAR T-Cell Therapy



Shah UA et al. *BMJ*. 2020;370:m3176.



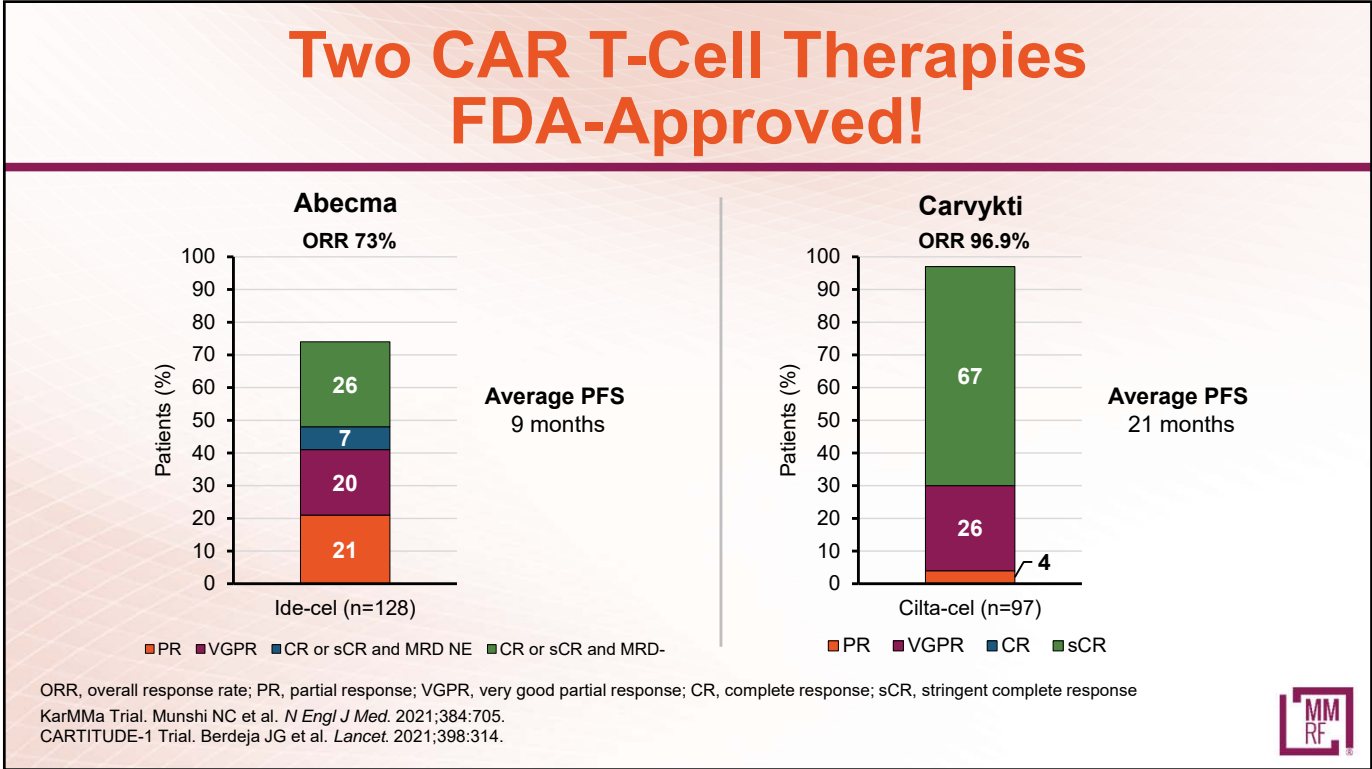
Examples:

- Ciltacabtagene autoleucel (cilta-cel)
- Idecabtagene vicleucel (ide-cel)
- CT103A

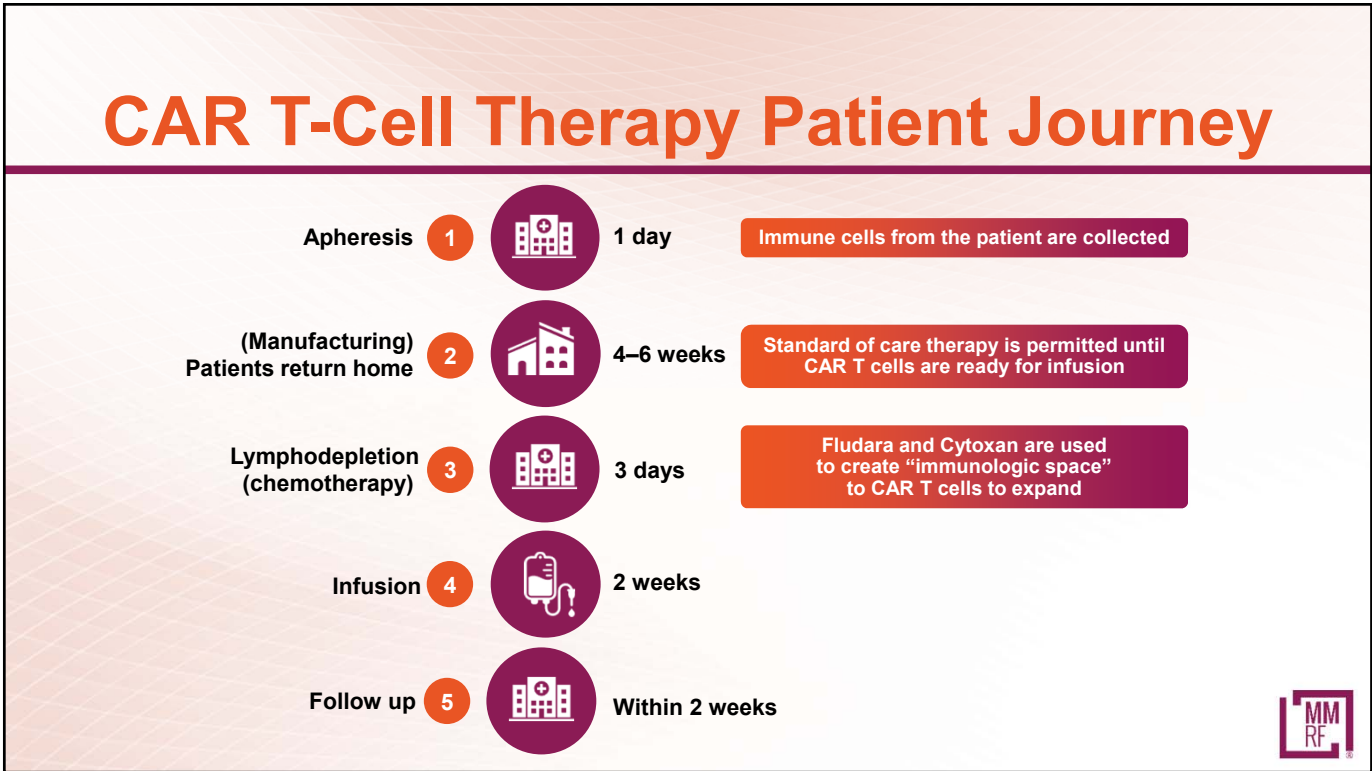


22





23



## T Cell–Engaging Agents: Expected Toxicities



**Cytokine release  
syndrome (CRS)**



**Neurotoxicity  
(ICANS)**



**Cytopenias**



**Infections**



25

## Transplant vs CAR T Cells

Cellular therapies	CAR T-cell therapy	Autologous stem cell transplantation
Patient's cells collected	Yes	Yes
Types of cells collected	T cells*	Stem cells†
Collected cells are genetically engineered in a lab	Yes	No
Patient given chemotherapy before cells are infused back into patient	Yes, lymphodepleting therapy	Yes, melphalan
When in the course of myeloma is this <i>usually</i> done?	After multiple relapses	As part of initial treatment
Side effects of treatment	Cytokine release syndrome; confusion	Fatigue, nausea, diarrhea

\*An immune cell that is the “business end” of the system, in charge of maintaining order and removing cells.

†Precursor cells that give rise to many types of blood cells. We actually collect CD34+ve cells.



26

## Options on the Horizon

Clinical phase	Novel agents		Immunotherapies					
	Precision medicine	Novel mechanisms of action <sup>†</sup>	Immuno-modulatory agents	Naked antibodies <sup>†</sup>	Antibody-drug conjugates	Bispecific antibodies and bispecific T-cell engagers <sup>†</sup>	CAR T-cell therapies <sup>†</sup>	Checkpoint inhibitors
Phase 3	Venetoclax*		Iberdomide			Teclistamab		
Phase 1, 2	Abemaciclib* Cobimetinib* Dabrafenib Enasidenib* Erdafitinib* Idasanutlin Trametinib Vemurafenib	AMG-176 AMG-232 APG-2575 Azacitidine CFT7455 Ciforadenant Citarinostat COM902 CYT-0851 Disulfiram Duvelisib	Avadomide Mezigdomide TAK-573	AB308 AEVI-007 ALT-803 AO-176 Relatlimab BMS-986207 Feladilimab GEN3014 GSK3174998 Lemzoparlimab Lirilumab	AMG-224 CC-99712 FOR46 HDP-101 Lintuzumab-Ac225 MED12228 MT-0169 STRO-001	AMG 420 AMG 701 Cevostamab CC-93269 Elranatamab HPN217 ISB 1342 Talquetamab REGN5458 REGN5459 TNB-383B	ALLO-605 ALLO-715 ATLCAR.CD138 CAR 2 CART-ddBCMA CART-TnMUC1 CC-98633 CS1-CART CT053 CTX120 CYAD-211	Abatacept Cemiplimab Dostarlimab Durvalumab Ipilimumab Nivolumab Pembrolizumab TTI-622 Zimberelimab

\*Being studied in the MyDRUG trial; <sup>†</sup>More agents can be found at [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

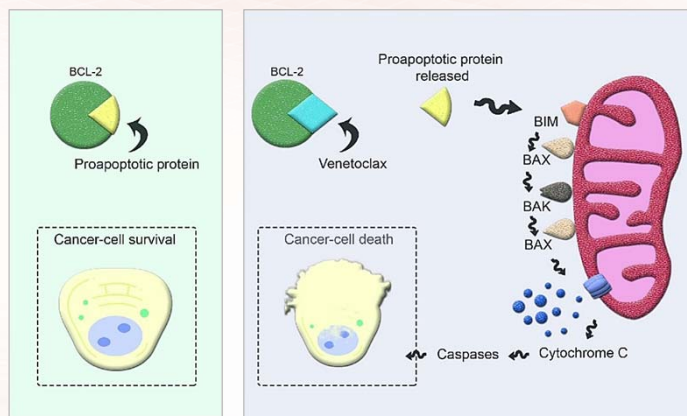


27

## Venetoclax and t(11;14)

### Venetoclax is a Bcl-2 inhibitor

- BCL2 inhibitor
- Induces cancer cell death
- t(11;14) multiple myeloma → ↑BCL2 and ↓MCL1
- t(11;14): first predictive marker in multiple myeloma, indicating susceptibility to BCL2 inhibition



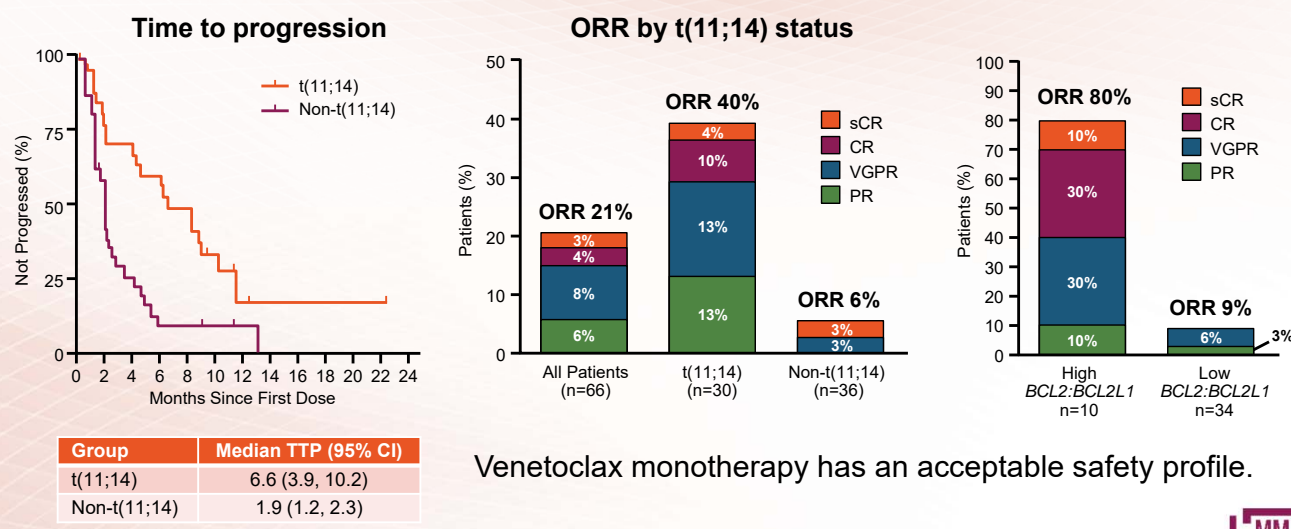
Ehsan H et al. *J Hematol.* 2021;10:89.



28



# Venetoclax and t(11;14)



Venetoclax monotherapy has an acceptable safety profile.



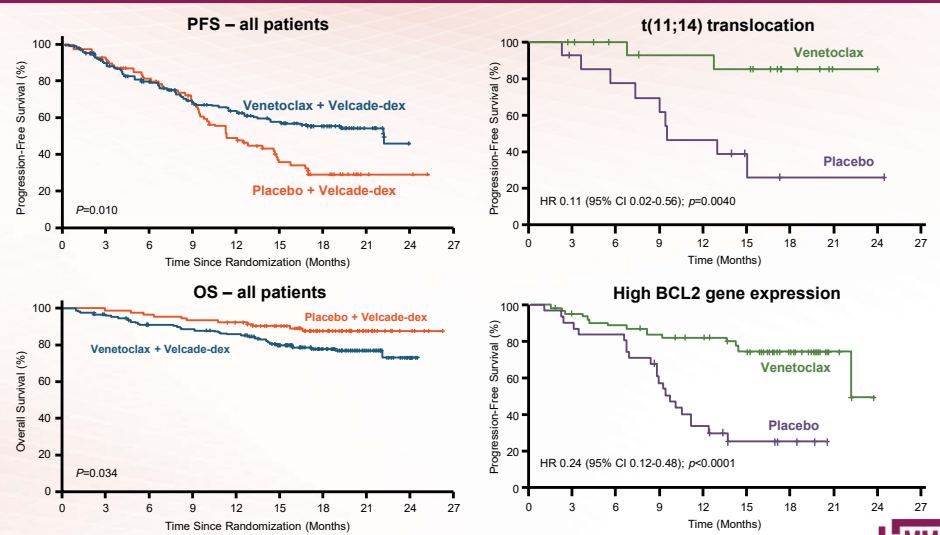
Kumar S et al. *Blood*. 2017;130:2401.

# Venetoclax and t(11;14)

Venetoclax bortezomib dex vs placebo bortezomib dex;  
1–3 prior lines

Median follow up 18.7 m mPFS  
22.4 m venetoclax  
11.5 m placebo

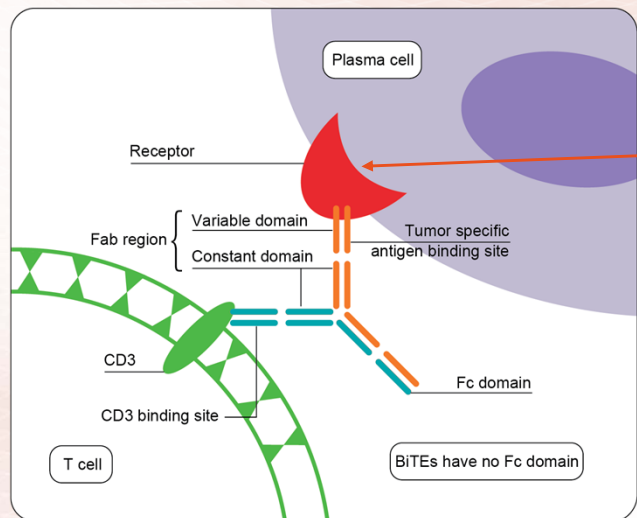
Venetoclax especially active in t(11;14) or BCL2<sup>high</sup> MM



The BELLINI Trial. Kumar SK et al. *Lancet Oncol*. 2020;21:1630.



# Bispecific Antibodies



BCMA,  
GPRC5D, or  
FcRH5

- Examples:
- Elranatamab
  - Teclistamab
  - TNB-303B (ABBV-383)
  - REGN5458
  - Cevostamab
  - Talquetamab

Shah UA et al. *BMJ*. 2020;370:m3176.



31

# Bispecific Antibodies on the Horizon

Study	MagnetisMM-1 (Phase 1)	MajesTEC-1 (Phase 1/2)	Phase 1	Phase 1	Phase 1	MonumenTAL-1 (Phase 1)
Agent	Elranatamab <sup>1</sup>	Teclistamab <sup>2</sup>	TNB-383B (ABBV-383) <sup>3</sup>	REGN5458 <sup>4</sup>	Cevostamab <sup>5</sup>	Talquetamab <sup>6</sup>
Targets	BCMA × CD3	BCMA × CD3	BCMA × CD3	BCMA × CD3	FcRH5 × CD3	GPRC5D × CD3
No. patients	55	165	118	73	161	55 at 2 RP2D
Median no. prior therapies	6 (2–15)	5 (2–14)	5 (1–15)	5 (2–17)	6 (2–18)	6 (2–17)
<b>Efficacy</b>						
Overall response rate (%)	69	62	81 (≥40 mg)	75 (200–800 mg)	56.7 (132–198 mg)	69
Complete response or better (%)	30	29	39	16	8	16
Median duration of response (mos)	Not reported	Not reached	Not reported	Not reached	11.5	Not reached
Median progression-free survival (mos)	Not reported	59% at 9 mos	Not reported	Not reported	Not reported	Not reported
<b>Safety</b>						
CRS, all grades (G3/4), %	87 (0)	72 (1)	54 (3)	38 (0)	80 (1.2)	75 (5)
Neurotoxicity, all grades (G3/4), %	Not reported	13 (0)	Not reported	4 (0)	14 (1)	Not reported

RP2D, recommended phase 2 dose

1. Sebag M et al. *Blood*. 2021;138. Abstract 895. 2. Moreau P et al. *Blood*. 2021;138. Abstract 896. 3. Kumar SK et al. *Blood*. 2021;138. Abstract 900. 4. Zonder JA et al. *Blood*. 2021;138. Abstract 160. 5. Trudel S et al. *Blood*. 2021;138. Abstract 157. 6. Krishnan AY et al. *Blood*. 2021;138. Abstract 158.



32

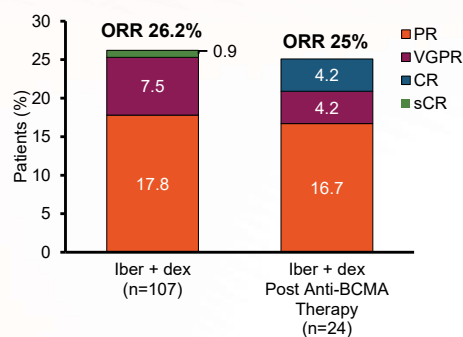
## Iberdomide: A Cereblon E3 Ligase Modulator (CELMoD)

**CELMoDs are related to the immunomodulatory drugs (IMiDs) but are more potent and may overcome resistance to IMiDs**

A phase 1/2 study of iberdomide combined with dex in relapsed/refractory patients

107 patients—who had received at least 6 prior lines of therapy and 97% were triple-class refractory—received treatment with iberdomide-dex.

Iberdomide in combination with dexamethasone in patients with relapsed/refractory multiple myeloma



Lonial S et al. *Blood*. 2021;138. Abstract 162.



33

## Summary

- Relapsed/refractory multiple myeloma is treatable.
- Patients typically receive multiple lines of therapy.
- Treatment is almost always continued for an extended period.
- Eleven new drugs approved and available (Kyprolis, Pomalyst, Darzalex, Ninlaro, Empliciti, Sarclisa, Xgeva, Xpovio, Blenrep, Abecma, Carvykti) in last 10 years.
- With the introduction of each new drug, potential for additional combinations.
- Many promising new drugs/new combinations in clinical development—consider a clinical trial.



34



# Recent Updates



35

## Options for Relapsed/Refractory Disease Continue to Increase

IMiDs	Proteasome inhibitors	Chemotherapy anthracyclines	Chemotherapy alkylators	Steroids	Novel mechanisms of action	Monoclonal antibodies	Cellular therapy
Thalomid (thalidomide)	Velcade (bortezomib)	Adriamycin	Cytosan (cyclophosphamide)	Dexamethasone	XPOVIO (selinexor)	Empliciti (elotuzumab)	Abecma (idecabtagene vicleucel)
Revlimid (lenalidomide)	Kyprolis (carfilzomib)	Doxil (liposomal doxorubicin)	Bendamustine	Prednisone	Venclexta (venetoclax)*	Darzalex (daratumumab)	Carvykti (ciltacabtagene autoleucel)
Pomalyst (pomalidomide)	Ninlaro (ixazomib)		Melphalan		Farydak (Panobinostat)†	Sarclisa (isatuximab)	
					Pepaxto (melflufen)†	Blenrep (belantamab mafodotin)‡§	
						Tecvayli (teclistamab)¶	

\*Not yet FDA-approved for patients with multiple myeloma; †Withdrawn from the US market in 2021; ‡Antibody-drug conjugate; §Withdrawn from US market in 2022  
¶Bispecific antibody

New formulations, new dosing, and new combinations, too!



36

## Blenrep Withdrawn From US Market *What happened?*

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

Results from the confirmatory phase 3 DREAMM-3 study that compared Blenrep with Pomalyst-dex in patients with relapsed/refractory myeloma after at least two prior lines of therapy showed that progression-free survival with Blenrep was not improved versus Pomalyst-dex → Withdrawn November 2022\*

Patients already enrolled in the Blenrep Risk Evaluation and Mitigation Strategy program will have the option to enroll in a compassionate use program to continue to access treatment. Patients currently being treated with Blenrep should consult their health care provider.


The DREAMM clinical study program is continuing as a path forward for approval with two ongoing phase 3 studies (DREAMM-7 and DREAMM-8) testing Blenrep in combinations in an earlier treatment setting for patients who have tried at least one prior line of therapy. Results are anticipated in the first half of 2023.

\*Marketing of Blenrep continues in other countries where it has been approved.



37

## FDA Has Now Approved the First Bispecific Antibody in Myeloma: Tecvayli!

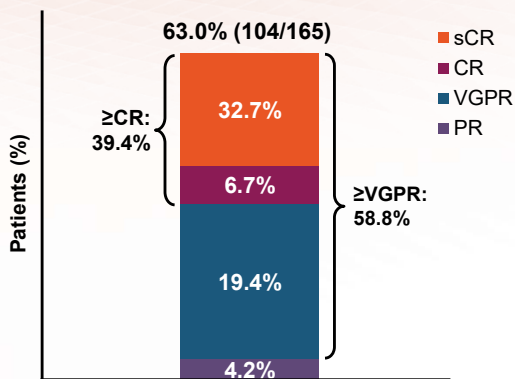
Drug	Formulation	Approval
Tecvayli (teclistamab)*	 Step-up dosing† the first week then once weekly thereafter by subcutaneous injection	• For <b>relapsed/refractory</b> myeloma (after 4 or more prior lines of therapy, including an IMiD, a PI, and an anti-CD38 mAb)

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**

Moreau P et al. *N Engl J Med*. 2022;387:495.



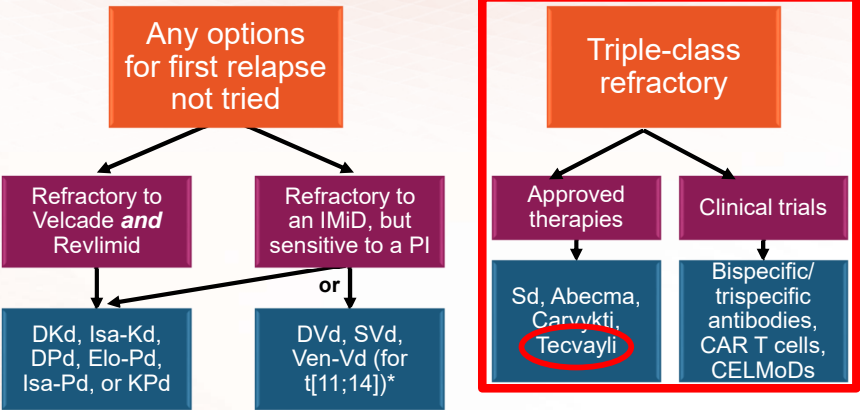
38

# Treatment Approach

## First relapse

Proteasome inhibitor (PI)/ immunomodulatory drug (IMiD)/ antibody-based therapy

## >1 Relapse



D, Darzalex; K, Kyprolis; d, dexamethasone; Isa, Sarclisa (isatuximab); P, Pomalyst; Elo, Emluciti (elotuzumab); V, Velcade; S, Xpovio (selinexor); Ven, Venclexta

\*Not yet approved for use in myeloma patients.



39

# Tecvayli Side Effects

## 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 CAR T
- Injection reactions are managed with oral antihistamines and topical steroids
- Infection prevention!
- COVID precautions



40

# Similarities and Differences Between CAR T-Cell Therapy and Bispecific Antibodies

	CAR T-cell therapy	Bispecific antibody
Approved product	Abecma, Carvykti	Tecvayli
Efficacy	++++	+++
How given	One-and-done	IV or SC, weekly to every 3 weeks until progression
Where given	Academic medical centers	Academic medical centers
Notable adverse events	CRS and neurotoxicity	CRS and neurotoxicity
Cytokine release syndrome	+++	++
Neurotoxicity	++	+
Availability	Wait time for manufacturing	Off-the-shelf, close monitoring for CRS and neurotoxicity



41

# Questions & Answers



42



Phase 1 Phase 2 Phase 3

HOW CLINICAL TRIALS WORK

Multiple Myeloma High-Impact Topic  
**CLINICAL TRIALS**

For more information, please visit <https://themmrf.org/resources/education-programs/>

Check out our **NEW** High-Impact Topic videos

Multiple Myeloma High-Impact Topic  
**AUTOLOGOUS STEM CELL TRANSPLANT**

Multiple Myeloma High-Impact Topic  
**MULTIPLE MYELOMA PRECURSOR CONDITIONS**

Multiple Myeloma High-Impact Topic  
**THE RIGHT TRACK**

43

# MMRF Patient Resources

**EXPECT GUIDANCE.**

MMRF Patient Navigation Center

- Information & Resources
- Expert Advice
- Support

**MMRF** MULTIPLE MYELOMA Research Foundation

**MMRF Patient Navigation Center**

You and your care team will have many decisions to make along your treatment journey. The Patient Navigation Center is a space for multiple myeloma patients and their caregivers to connect with patient navigators – who are professionals specializing in oncology – for guidance, information, and support. You can connect with a patient navigator via phone, or email. Whatever questions you may have, our patient navigators are here to help.

MMRF Patient Navigators include:

- Grace Allison, RN, BSN, OCN, RN-BC
- Brittany Hartmann, RN-BSN
- Erin Mensching, RN-BSN, OCN

**THE RIGHT TRACK**

Get on the right track for you

The MMRF's Right Track program puts you on the path to the best results for you.

**Right Team**

Access experts and centers that have extensive experience treating multiple myeloma.

**Right Tests**

Get the information, tests, and precise diagnoses to make the right treatment decisions.

**Right Treatment**

Work with your team to consider the best treatment plan and identify clinical trials that are right for you.

**Contact the Patient Navigation Center Today**

Looking for guidance? We're here to help.

Monday – Friday | 9:00am – 7:00pm ET

Phone: 1-888-941-MMRF (6673) | Online: [TheMMRF.org/PatientNavigationCenter](https://themmrf.org/PatientNavigationCenter)

Email: [patientnavigator@themmrf.org](mailto:patientnavigator@themmrf.org)

Supported By

**Adaptive** **AMGEN** **Bristol Myers Squibb** **cure**

**Genentech** **janssen** **sanofi** **Takeda** **ONCOLOGY**

44



## Myeloma Mentors®

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.**



45

### A Cure Is Within Reach

Join the myeloma community from around the world as a member of the MMRF Team for Cures and become an integral part of the team, accelerating a cure for each and every patient! The MMRF is determined to make multiple myeloma curable, and we will stop at nothing to reach that goal.

Find your event today!  
[theMMRF.org/Events](https://theMMRF.org/Events)



### 5K Walk/Run

Taking steps to cure cancer

Join one of 15 MMRF Team for Cures 5K Walk/Runs across the country or from anywhere in the world as a virtual participant! Participation brings the myeloma community together for camaraderie and knowledge sharing in a family-friendly fundraising event.

[theMMRF.org/5K](https://theMMRF.org/5K)



**Current Walk/Run Events**  
South Florida • Scottsdale • San Francisco • Boston • Atlanta  
Dallas • Southeast Michigan • Connecticut • Charlotte  
Chicago • Twin Cities • Washington, DC • Philadelphia  
New York City • Los Angeles



### Marathons & Half-Marathons

Crossing a finish line for a cure

Since 2007, over 2,700 athletes have raised more than \$13.6 million to accelerate a cure for multiple myeloma. We offer entry to some of the top marathons and half marathons in the world, including five of the six Abbott World Marathon Majors.

[theMMRF.org/Marathon](https://theMMRF.org/Marathon)



**Current Marathons and Half-Marathons**  
United Airlines NYC Half Marathon • Boston Marathon  
BMW Berlin Marathon • Virgin Money London Marathon  
Bank of America Chicago Marathon • TCS New York City Marathon



### Moving Mountains for Multiple Myeloma

Reach new heights, accelerate cures

Myeloma patients, doctors, nurses, and other caregivers have been taking on epic peaks across the globe for this program since 2016. Each trek emphasizes the collaboration necessary to drive toward cures and the incredible feats that can be accomplished when the myeloma community comes together to raise critical funds.

[theMMRF.org/Hike](https://theMMRF.org/Hike)



**Current and Past Treks**  
Mount Kilimanjaro • Grand Canyon • Machu Picchu  
Mount Fuji • Everest Base Camp • Mount Washington  
Sweden • Colorado • Greenland • Patagonia • Iceland



### Road to Victories

Achieving victories over cancer

These inspirational cross-country rides take cyclists on epic journeys on multiple continents, all to raise critical funds to fight myeloma. Patients, caregivers, doctors, and pharma partners have conquered over 3,400 miles and counting for this incredible cycling program.

[RoadtoVictories.com](https://RoadtoVictories.com)



**Current and Past Rides**  
Vermont to Quebec • London to Paris • Glacier National Park  
Bryce Canyon and Zion National Park • The Coast of Maine

46



# Upcoming Patient Education Events

## Save the Date

Topic	Date and Time	Speakers
<i>Patient Summit</i> (live and online)	Friday, December 9 12:00 PM – 4:30 PM (CT) New Orleans, Louisiana	Laura Finn, MD—Host Ambuga R. Badari, MD Amrita Y. Krishnan, MD Paul G. Richardson, MD A. Keith Stewart, MBChB
<i>Facebook Live Session</i>	Thursday, December 15 4:00 PM – 5:00 PM (ET)	Nitya Nathwani, MD
<i>Expert Session: Multiple Myeloma Highlights From the 2022 American Society of Hematology Meeting</i>	Tuesday, December 20 1:00 PM – 3:00 PM (ET)	Hearn Jay Cho, MD, PhD Joshua Richter, MD

For more information or to register,  
please visit [themmrf.org/resources/education-program](https://themmrf.org/resources/education-program)



47



48

**Thank you!**

