Resources

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

Submit your questions throughout the program!
MMRF Research Initiatives

1. MMRF Myeloma Accelerator Challenge (MAC) Grants
   - Broad, multi-institutional research grants designed to advance clinical trial concepts in the areas of
     • High-risk newly diagnosed multiple myeloma (NDMM)
     • High-risk smoldering myeloma (SMM)
   - Each research network will be funded up to $10M over 3 years

2. MMRF Horizon Adaptive Platform Trials
   - Paired with MAC grants
   - Done in collaboration with 13 MMRC sites
   - Trials in relapsed/refractory myeloma, high-risk NDMM, high-risk SMM

For more information, visit themmrf.org

Speakers

Melissa Alsina, MD
H. Lee Moffitt Cancer Center
Tampa, Florida

Craig Hofmeister, MD, MPH
Winship Cancer Institute of Emory University
Atlanta, Georgia

Nicholas Lenoir
Patient
Spring Hill, Florida
What Is High-Risk Multiple Myeloma?

_Craig Hofmeister, MD, MPH_

Winship Cancer Institute of Emory University
Atlanta, Georgia

The Meaning of *Risk* Depends on the Context

<table>
<thead>
<tr>
<th>What the doctor says</th>
<th>What is meant by the word <em>risk</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>“You have high-risk monoclonal gammopathy of undetermined significance; please come back in 3 months for a blood test.”</td>
<td>Risk means the odds of developing multiple myeloma.</td>
</tr>
<tr>
<td>“Because of your high-risk disease, we will always need to treat you with 3- or even 4-drug cocktails.”</td>
<td>High-risk means less likely to respond to drugs and for a shorter time is more treatment resistant. Low risk is easier to treat and patients on average live longer.</td>
</tr>
<tr>
<td>“Your only lytic lesion is in your skull, so your myeloma bone disease is low risk.”</td>
<td>If you only have a few bones known to be affected by myeloma, and they are not weight-bearing, you have a lower risk for fracture.</td>
</tr>
</tbody>
</table>
**Risk in the Setting of Multiple Myeloma Describes How Quickly the Disease Will Become Resistant to Treatment**

**LOW RISK**
(easier to control)
8–12 year average overall survival

**HIGH RISK**
(difficult to control)
2–5 year average overall survival

---

**Know the Risk of Your Multiple Myeloma**
Introducing the SECOND Staging System: the International Staging System (ISS)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Criteria</th>
<th>Survival (yrs) when published</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ß2M &lt;3.5 mg/L and serum albumin ≥3.5 g/dL</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Not stage I or III</td>
<td>3.5</td>
</tr>
<tr>
<td>3</td>
<td>ß2M ≥5.5 mg/L</td>
<td>2</td>
</tr>
</tbody>
</table>

ß2M, beta-2 microglobulin. It and albumin are both standard blood tests.

The DNA in the Patient’s Myeloma Cells Is the Other Half of the Story of “What Kind of Myeloma”

- Genetic changes in myeloma cells may affect prognosis and treatment selection
- Using samples from the bone marrow: specific tests look at these genetic changes
- Some tests are used routinely and look at the chromosomal changes (FISH)
- Newer tests assess changes in the DNA (gene expression profiling and next-generation sequencing)
- All patients in the MMRF CoMMpass study had genomic sequencing from diagnosis to relapse

Know the Risk of Your Multiple Myeloma

Introducing the THIRD Staging System: the Revised International Staging System (R-ISS)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Criteria</th>
<th>Genetics</th>
<th>Survival (yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$\beta_2$M &lt;3.5 mg/L and serum albumin $\geq$ 3.5 g/dL</td>
<td>No del(17p) Normal LDH No t(4;14) No t(14;16)</td>
<td>8–12</td>
</tr>
<tr>
<td>2</td>
<td>Not stage 1 or 3</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>$\beta_2$M $\geq$5.5 mg/L</td>
<td>t(4;14) or t(14;16) or del(17p) or High LDH</td>
<td>2–5</td>
</tr>
</tbody>
</table>

$\beta_2$M, beta-2 microglobulin. It and albumin are both standard blood tests.

Multiple Myeloma Prognosis and Risk

Many blood test and bone marrow biopsy test results can determine a patient's risk for myeloma that is aggressive (high risk) or not (standard risk) based on the R-ISS.

**Standard risk**
- Serum β2M level <3.5 mg/L
- Serum albumin level ≥3.5 g/dL
- No high-risk chromosomal abnormality*
- Normal LDH level

**High risk**
- Serum β2M level ≥5.5 mg/L
- High-risk chromosomal abnormality* or high LDH level

All other possible combinations of the test results means that a patient is R-ISS stage II.

*High-risk chromosomal abnormality by FISH: del(17p) and/or t(4;14) and/or t(14;16)

R-ISS: Revised International Staging System; β2M: beta-2 microglobulin; LDH: lactate dehydrogenase; FISH: fluorescence in situ hybridization

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MMRF CoMMpass Findings: Identifying Double-Hit Multiple Myeloma

- Identification of high-risk disease is evolving from FISH testing to genetic mutation analysis
- CoMMpass has identified the highest-risk group, known as double-hit multiple myeloma

**Key CoMMpass finding:**
*FISH testing alone cannot identify whether patients have double-hit myeloma.*
### The Meaning of *Stage* Depends on the Context

<table>
<thead>
<tr>
<th>When a patient with lung, colon, breast, or prostate cancer hears...</th>
<th>...that means</th>
</tr>
</thead>
<tbody>
<tr>
<td>“You have early <em>stage</em> cancer.”</td>
<td>You likely have <em>stage</em> 1 or 2 cancer, it is isolated to a small part of the affected organ, and there is a better than 50% chance of cure.</td>
</tr>
<tr>
<td>“Your cancer is metastatic.”</td>
<td>Your cancer is spread throughout your body, and curative surgery is not an option. We found this cancer late in its course after it spread. Your survival is shorter than if we had found this cancer significantly earlier.</td>
</tr>
</tbody>
</table>

In most cancers, *stage* is a synonym for *control*.

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### The Meaning of *Stage* Depends on the Context 😞

<table>
<thead>
<tr>
<th>When I say <em>stage</em> to a myeloma patient</th>
<th>What does that mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>“We expect you to have easier-to-treat myeloma.”</td>
<td>You have <em>stage</em> 1 myeloma</td>
</tr>
<tr>
<td>“As with 60% of my myeloma patients, I don’t know whether you have easier- or harder-to-treat myeloma.”</td>
<td>You have <em>stage</em> 2 myeloma</td>
</tr>
<tr>
<td>“We expect you to have harder-to-treat myeloma.”</td>
<td>You have <em>stage</em> 3 myeloma</td>
</tr>
</tbody>
</table>

In myeloma, *stage* is a synonym for *risk*. 
How are *stage* and *risk* different from control?

**IN CONTROL**

- No new cells
- Some new cells
- More new cells
- Many new cells

**OUT OF CONTROL**

- Kidney output, bone marrow health, and bone disease as good as it’s going to get.
- Kidneys may worsen and hemoglobin may drop. New holes in the bones are unlikely to develop. Calcium may slowly rise.
- Expect new fractures, anemia, and kidney failure.

And **control** is usually measured by monoclonal protein and light chains.

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Can we enumerate **control**? Yes! Numbers rule.

Patient is asymptomatic

<table>
<thead>
<tr>
<th>Years</th>
<th>IgG or IgA or kappa or lambda light chains or SPEP (aka M spike)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Low</td>
</tr>
<tr>
<td>1</td>
<td>Moderate</td>
</tr>
<tr>
<td>2</td>
<td>High</td>
</tr>
<tr>
<td>3</td>
<td>Symptoms</td>
</tr>
</tbody>
</table>

---
Do you relapse differently if you are **low risk**?

In low-risk patients, this period can last for years. Great time for a clinical trial.

Do you relapse differently if you are **high risk**?

In high-risk patients, this period is short. In these patients, a clinical trial is often ideal whenever they are eligible.
Despite recent improvements in treatment, high-risk patients have not experienced the same benefit as patients with standard risk. Therefore, the treatment of high-risk patients is a very important focus of research.

How Do We Treat High-Risk Multiple Myeloma?

Melissa Alsina, MD
H. Lee Moffitt Cancer Center
Tampa, Florida
Approach to Treatment: Risk-Adapted Therapy

Risk-adapted therapy aims to treat patients with the therapy that will work best for them while decreasing the side effects from treatment.

Patients with standard-risk myeloma are given the best proven effective treatment to control their myeloma and achieve the deepest response possible.

Patients with high-risk myeloma are given the best proven effective treatment against their specific form of myeloma. Usually stronger combinations, longer duration. Achieving deep response is critical.

Summary of High-Risk Subsets in Contemporary Newly Diagnosed Multiple Myeloma Trials

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment arms</th>
<th>Total number of patients</th>
<th>High risk definition</th>
<th>Number of high-risk myeloma patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWOG-1211</td>
<td>RVd vs RVd-Empliciti</td>
<td>100</td>
<td>GEP&lt;sup&gt;+&lt;/sup&gt;, del17p, t(14;16), t(14;20), Amp1q21, elevated LDH, pPCL</td>
<td>RVd = 52, RVd-Elo = 48</td>
</tr>
<tr>
<td>SWOG-0777</td>
<td>RVd vs Rd</td>
<td>525</td>
<td>del17p, t(14;16), or t(4;14)</td>
<td>Combined n=44</td>
</tr>
<tr>
<td>MAIA&lt;sup&gt;2&lt;/sup&gt;</td>
<td>DRd vs Rd</td>
<td>737</td>
<td>del17p, t(14;16), or t(4;14)</td>
<td>DRd = 48, Rd = 44</td>
</tr>
<tr>
<td>ALCYONE&lt;sup&gt;4&lt;/sup&gt;</td>
<td>D-VMP vs VMP</td>
<td>706</td>
<td>del17p, t(14;16), or t(4;14)</td>
<td>D-VMP = 53, VMP = 45</td>
</tr>
<tr>
<td>CASSIOPEIA&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Darzalex-VTd vs VTd</td>
<td>1,085</td>
<td>del17p or t(4;14)</td>
<td>Dara-VTd = 82, VTd = 86</td>
</tr>
<tr>
<td>STAMINA&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Tandem transplant vs ASCT/RVD vs ASCT</td>
<td>758</td>
<td>ISS 3, del13, del 17p, t(4;14), t(14;16), t(14;20)</td>
<td>Tandem = 72, ASCT/RVD = 76, ASCT = 75</td>
</tr>
</tbody>
</table>

The high-risk myeloma definition is not uniform across the contemporary randomized phase 3 trials and accounts for a small subset of study populations.

Darzalex Meta-Analysis in High-Risk Multiple Myeloma

Six phase 3 trials comparing standard treatment regimens with or without Darzalex in newly diagnosed \(^1\)-\(^3\) or relapsed/refractory \(^4\)-\(^6\) myeloma patients with high-risk cytogenetics

**High risk** defined as the presence of t(4;14), t(14;16), or del(17p).

Addition of Darzalex to backbone regimens improved PFS of patients with high-risk cytogenetic features in both frontline and relapsed settings.

PFS benefit for high-risk patients was greater in relapsed setting compared to frontline.

PFS benefit for standard-risk patients was similar in both relapsed and frontline settings.

**Results were similar regardless of backbone regimens.**


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**Treatment Regimens for High-Risk Disease Features**

**Kyprolis-Revlimid-dex (KRd) vs Revlimid-Velcade-dex (RVd)** retrospective chart review\(^1\)

- 154 high-risk* newly diagnosed myeloma patients treated with KRd or RVd
- Patients receiving KRd vs RVd had:
  - Greater depth of response
  - Significant improvement in PFS (especially those who received early ASCT)
- R-ISS stage II and III (compared to stage I) were significant predictors for progression or death
- More than 6 cycles of treatment was associated with longer PFS and OS

**OPTIMUM Study\(^2\)**

- 107 ultra high-risk\(^1\) patients with MM and plasma cell leukemia
- Patients received Darzalex-cyclophosphamide-Velcade-Revlimid-dex (Dara-CyVRd) induction followed by ASCT and 2 rounds of consolidation with Dara-VR (with or without dex)
  - 46.7% of patients were MRD negative (10\(^{-5}\));
  - 84% of patients who were MRD negative after ASCT sustained their MRD negativity at the end of second consolidation;
  - 86% of patients were alive;
  - 77% were progression free at 30 months

---

*High-risk cytogenetic abnormalities defined as 1q+ (gain or amp), t(4;14), t(14;16), t(14;20), and/or del(17p) or monosomy 17.

\(^1\) Ultra high-risk: t(4;14), t(14;16), t(14;20), gain(1q), del(1p), del(17p), or SKY92 risk signature.

\(^2\) High-risk lesions: t(4;14), t(14;16), t(14;20), gain(1q), del(1p), del(17p), or SKY92 risk signature.

### Sarclisa Combinations in Newly Diagnosed Patients With High-Risk Disease

**GMMG-CONCEPT Study**

#### High-risk newly diagnosed multiple myeloma patients

<table>
<thead>
<tr>
<th>Induction</th>
<th>Consolidation</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Best response (through consolidation) (%)

<table>
<thead>
<tr>
<th>Transplant eligible (n=99)</th>
<th>Transplant ineligible (n=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall response rate</td>
<td>94.9</td>
</tr>
<tr>
<td>sCR/CR</td>
<td>72.7</td>
</tr>
<tr>
<td>VGPR</td>
<td>18.2</td>
</tr>
<tr>
<td>PR</td>
<td>4.0</td>
</tr>
<tr>
<td>SD</td>
<td>0</td>
</tr>
<tr>
<td>MRD negative (1 × 10⁻⁵) in evaluable patients</td>
<td>67.7</td>
</tr>
</tbody>
</table>

#### Transplant eligible (n=99) vs Transplant ineligible (n=26)

- **Overall response rate**: 94.9 vs 88.5
- **sCR/CR**: 72.7 vs 57.7
- **VGPR**: 18.2 vs 30.8
- **PR**: 4.0 vs 0
- **SD**: 0 vs 0
- **MRD negative (1 × 10⁻⁵)**: 67.7 vs 54.2

#### Adverse events (% grade ≥3)

<table>
<thead>
<tr>
<th>Hematologic</th>
<th>Transplant eligible (n=97)</th>
<th>Transplant ineligible (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutropenia</td>
<td>39.2</td>
<td>28</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>24.7</td>
<td>4</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>26.8</td>
<td>16</td>
</tr>
<tr>
<td>Anemia</td>
<td>14.4</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-hematologic</th>
<th>Transplant eligible (n=97)</th>
<th>Transplant ineligible (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection</td>
<td>27.8</td>
<td>28</td>
</tr>
<tr>
<td>Cardiac</td>
<td>2.1</td>
<td>20</td>
</tr>
</tbody>
</table>

**Total population cytogenetic abnormalities:**
- 44% del(17p); 38.4% t(4;14); 15.2% t(14;16); 36% >3 copies of 1q21; 30.4% ≥2 high-risk cytogenetic abnormalities


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### Phase 2 MASTER Trial of Dara-KRd With MRD Response-Adapted Therapy in NDMM

**Eligibility**
- NDMM
- ECOG PS ≥ 2
- Measurable paraprotein in serum or urine,
- Adequate organ function

**Exclusion**
- Prior/recent malignancy, CV event, cerebrovascular event, HIV, active hepatitis
- No upper age limit or hematologic parameters.
- ≤1 cycle of tx containing Velcade, cyclophosphamide, and dex were eligible

**Dara-KRd**
- Darzalex 16 mg/m² days 1,8,15 C 3-6; day 1 C >6
- Kyprolis (20) 56 mg/m² Days 1,8,15
- Revlimid 25 mg Days 1-21
- Dexamethasone 40 mg PO Days 1,8,15,22

**Primary end point:** MRD negativity (10⁻⁵)

Study design contained enrichment for patients with **high-risk cytogenetic abnormalities**; patients w/ t(4;14); t(14;16); or del(17p) would account for ≥35% of participants.

- **Induction**: Dara-KRd × 4
- **ASCT**: Revlimid Maintenance
- **Consolidation**: Dara-KRd × 4
- **Consolidation**: Dara-KRd × 4

Patients with 2 consecutive MRD-negative assessments entered treatment-free MRD surveillance by NGS.


*24 and 72 weeks after completion of therapy.
Phase 2 MASTER Trial of Dara-KRd With MRD Response-Adapted Therapy in NDMM: Results

• 80% of patients reached MRD negativity
• 71% reached two consecutive MRD-negative assessments during therapy, entering treatment-free surveillance
• Response ≥PR 98%
  – 86% ≥CR

MASTER Trial: PFS and OS

HRCA = gain/amp 1q, t(4:14), t(14:16), t(14:20) or del(17p)
MyDRUG Study

Functional high-risk patients

Profiling for alterations (NCT02884102)

- No detectable Actionable alterations
- RAF/RAS mutations
- CDK pathway-activating alterations
- FGFR3-activating alterations
- t(11;14)

Daratumumab + IPd

Cobimetinib + dex

Abemaciclib + IPd*

Erdafitinib + Dex

2 cycles

Venetoclax + IPd

IPd control

*Assess single-agent activity after 2 cycles: after cycle 2, add backbone to single agent

Precision Medicine in Myeloma: MyDRUG (NCT03732703)

Case study: Man, age 59

1st Line
- VRd/KRd induction, ASCT, Rev maintenance
- Best response: CR
- Progressed in 30 months (22 months post-ASCT/maint.)

2nd Line
- EPd
- Best response: MR
- Progressed in 4 months

3rd Line
- MyDRUG

Response on MyDRUG

Genomics
- Hyperdiploid, del13q, del1p, Myc ampl.
- NRAS Q61H, 56% allelic fraction
**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


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**Venetoclax and t(11;14)**

Venetoclax Velcade dex vs placebo Velcade 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\textsuperscript{high} MM**

t(4;14) and MMSET

- About 15% of myeloma patients have t(4;14)
- t(4;14) → ↑MMSET
- ↑ MMSET → ↑ multiple myeloma cells

KTX-1001 and t(4;14)

- KTX-1001 inhibits MMSET, which reduces the methylation and turns off the expression of genes that multiple myeloma cells need to be cancerous
- KTX-1001 is a small molecule that is currently being evaluated in a phase 1 trial with patients with RRMM

clinicaltrials.gov/ct2/show/NCT05651932
Additional Studies for High-Risk Myeloma

Moving the use of CAR T-cell therapy in earlier stage of disease

<table>
<thead>
<tr>
<th>Study</th>
<th>Agent</th>
<th>Phase</th>
<th>Patient populations/study design</th>
<th>High risk definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>KarMMa-4</td>
<td>Abecma</td>
<td>1</td>
<td>High-risk, newly diagnosed MM</td>
<td>R-ISS III</td>
</tr>
<tr>
<td>BMT-CTN 1901</td>
<td>Abecma</td>
<td>2</td>
<td>High-risk, newly diagnosed MM</td>
<td>R-ISS III; no prior progression</td>
</tr>
<tr>
<td>CARTITUDE-2</td>
<td>Carvykti</td>
<td>2</td>
<td>High-risk, newly diagnosed MM</td>
<td>R-ISS III</td>
</tr>
</tbody>
</table>

Key Points

- High-risk disease is identified by the presence of patient- and disease-based factors such as frailty, extramedullary disease, cytogenetic abnormalities, or even relapses occurring earlier than expected according to the baseline factors.

- High-risk patients may not respond well to standard treatment and typically have poor outcomes.

- Proteasome inhibitors, immunomodulatory drugs, and anti-CD38 monoclonal antibodies are the pillars of treatment.

- Goal of therapy should be to achieve deepest response possible (e.g. MRD negative complete response).

- Personalized medicine approaches need to address high-risk patients.
Patient Experience

Questions & Answers
MMRF Patient Resources

EXCEPT GUIDANCE.

MMRF Patient Navigation Center

- Information & Resources
- Expert Advice
- Support

MMRF Patient Navigation Center

You and your loved ones will have many decisions to make along your treatment journey. The Patient Navigation Center is a source 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, email, or video. Important questions you may have, our patient navigators can help answer.

MMRF Patient Navigation Team:
- Grace Hilmoe, RN, BSN, CASN, TBCP
- Michelle Nativ, RN, BSN
- Emi Pannozzo, RN, BSN, OCN

THE RIGHT TRACK

Get on the right track for you

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

Right Team
- Caregivers and centers that have developed strategies for treating multiple myeloma.

Right Tests
- Raise awareness, guide you, and provide support to make the right treatment decisions.

Right Treatment
- Help you navigate treatment options to consider the best treatment plan and identify clinical trial that may be right for you.

Contact the Patient Navigation Center Today

周一至周五9:00-17:00

Phone: 1-888-MMRF-CARE (667-3227)

Email: patientsupport@mmrf.org

Supported By:
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.

To Learn More & Find Your Event today!
theMMRF.org/Events
### Upcoming Patient Education Events

#### Save the Date

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

<table>
<thead>
<tr>
<th>Program</th>
<th>Date and Time</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Risk Disease FAQs Livestream</td>
<td>Wednesday, September 13 2:00 PM – 3:00 PM (ET)</td>
<td>Jonathan Kaufman, MD</td>
</tr>
<tr>
<td>Patient Summit Boston, MA</td>
<td>Saturday, November 11 9:00 AM – 2:00 PM (ET)</td>
<td>Paul Richardson, MD</td>
</tr>
<tr>
<td>Patient Summit Virtual</td>
<td>Saturday, January 13, 2024 12:00 PM – 5:00 PM (ET) 9:00 AM – 2:00 PM (PT)</td>
<td>Ajai Chari, MD Tom Martin, MD Sagar Lonial, MD</td>
</tr>
</tbody>
</table>

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[Adaptive Biotechnologies](http://www.adaptivebiotechnologies.com)  [Baxter](http://www.baxter.com)  [Bristol Myers Squibb](http://www.bristolmyerssquibb.com)

[ Cure](http://www.curetoday.com)  [GSK](http://www.gsk.com)  [Janssen](http://www.janssen.com)  [Karyopharm Therapeutics](http://www.karyopharm.com)

[Regeneron](http://www.regenon.com)  [Sanofi](http://www.sanofi.com)  [Takeda](http://www.takeda.com)  [ONCOLOGY](http://www.oncology.com)
Resources

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

Need help with travel to a clinical study?

- The MMRF has partnered with the Lazarex Cancer Foundation to help provide more equitable access to clinical studies for multiple myeloma patients
- This partnership is one facet of the MMRF’s commitment to improve diversity and representation in myeloma clinical studies
- MMRF has provided $100,000 over 2 years to Lazarex to fund travel, lodging, and food for patients (and a travel companion) so that they can participate in clinical studies that are appropriate for them
- Patients are funded according to income guidelines and will be reimbursed for allowed expenses
- For more information on this program and to be connected with Lazarex, call our Patient Navigation Center at 1-888-841-6673

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Thank you!