

accelerator



MULTIPLE MYELOMA
Research Foundation

2022

**ADVANCING HEALTH EQUITY
IN MULTIPLE MYELOMA**



MMRF honored
for 20th year with
Highest Rating!

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MESSAGE FROM THE CEO



The true meaning of equity in healthcare: A cure for *each and every* myeloma patient.

We believe all myeloma patients deserve the best possible outcome. It is a belief that is deeply rooted in the MMRF's mission to accelerate a cure for each and every myeloma patient. While our strategies have evolved over time, our commitment to accelerating the development of new and more effective treatments has never wavered.

In this edition of Accelerator, we shed light on the steps that the MMRF and our partners are taking to create equitable outcomes. If we are to stay true to our mission—to accelerate a cure FOR ALL PATIENTS, not just some—we must focus on addressing the disparities that exist within the myeloma patient population.

Diversity, equity, and inclusion (DEI) is a topic that has been deservedly spotlighted in the national conversation on improving healthcare. Yet, as many stakeholders would agree, simply calling attention to this issue is not enough. We must act. There are significant disparities affecting underserved patients across the country—and we all must do our part to address them.

The myeloma community is no exception. Driving meaningful solutions to tackle disparities affecting myeloma patients is a personal priority of mine that is reflected in the strategic direction of the MMRF. We focus on driving proportional patient representation in research and clinical studies, ending disparities affecting patient outcomes and access to standard-of-care through awareness and education, and building an organization and partner network that reflects the diverse community we serve.

Rather than seeing these efforts as separate hurdles, I see them as integral to our three-pronged strategic plan; that is, first, accelerate the development of novel therapies, second, drive optimal and more personalized treatment approaches, and third, empower patients and the entire myeloma community with resources to achieve the best possible outcomes.

As always, we will pursue these goals by staying true to what makes the MMRF unique: our unyielding sense of urgency and our commitments to innovate, to take risks, and to develop and pursue bold ideas.

We need to remember that everything we do is about the community we serve. We are a community of doers, thinkers, visionaries, and scientists—with patients always at the center—who come together in pursuit of a singular goal: accelerating a cure for each and every myeloma patient.

Together, we can get there. The future is bright.

Warm regards,

Michael Andreini
MMRF President

EQUAL ACCESS. EQUAL REPRESENTATION.



Addressing Disparities Within the Myeloma Community

Every year, approximately 32,000 people are diagnosed with multiple myeloma in the United States. Our mission at the MMRF is to help find a cure for each and every one of them. But disparities exist that can affect all myeloma patients because the fact is, 20% of the myeloma population is Black. And multiple myeloma is twice as common—and twice as deadly—for Black Americans compared to other ethnic groups.

Yet, many registries and clinical trials are not representative of the underserved patient populations affected by this disease. The disparities reach beyond just patients. Black representation in the myeloma clinical and research community also does not reflect the myeloma patient population.

Thus, there is an urgent need to face this problem of diversity, equity, and inclusion head on because this underrepresentation affects everyone. That’s why championing equal access to therapies and care, as well as proportional representation in research studies for all patients, is our top priority. It is essential, for example, that we drive patient enrollment in clinical trials, in numbers that match the composition of the entire multiple myeloma community.

ACCELERATING EQUITY IN THE MYELOMA PATIENT POPULATION

- *The MMRF CoMMpassSM Study, which enrolled a 17% Black patient cohort*, revealed important differences in key cancer genes between Black and Caucasian myeloma patients. This work is critical **to identifying precision treatments for each and every myeloma patient.**
- To support the early diagnosis of and standard-of-care treatment for Black patients and other underserved communities, we launched **a partnership with the National Black Caucus of State Legislators (NBCSL)**—the nation’s premier organization exclusively representing and serving the interests of African-American state legislators.
- We are working to ensure that the composition of the MMRF CureCloud[®] is reflective of the entire myeloma community through partnerships with cancer treatment centers that serve diverse populations across the United States.



CLOSING THE GAP



Clinical studies have shown that when Black myeloma patients experience a timely diagnosis and receive standard-of-care treatment, they can achieve the same, or better, disease outcomes as other myeloma patient populations.

That’s why we’re focusing our efforts on incorporating diversity, equity, inclusion (DEI), and health equity into all aspects of our work so that the latest resources, treatments, and ultimately, a cure, will be accessible to all.

OUR COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION

DRIVE PROPORTIONAL PATIENT REPRESENTATION IN RESEARCH AND CLINICAL STUDIES.

Set clear recruitment goals and lower barriers to participate in research studies.

Work with partners to have successful programs and trusted relationships with underserved communities.

END DISPARITIES AFFECTING PATIENT OUTCOMES AND ACCESS TO STANDARD OF CARE.

Build partnerships with health systems and community-based organizations to raise awareness of myeloma in underserved populations.

BUILD A DIVERSE TEAM AND PARTNER NETWORK REFLECTIVE OF THE PATIENT POPULATION WE SERVE.

Build a team that represents the diversity within the myeloma community to help inform our programs and initiatives as we pursue a world without myeloma.

OUR IMPACT

For more than 20 years, the MMRF has pioneered advancements in myeloma research and care, leading to extraordinary progress in our relentless pursuit of a cure for each and every patient. With an eye to the future, we are building on these successes with new innovations that are delivering solutions for the entire myeloma community.

SINCE THE MMRF'S INCEPTION

15+

FDA drugs approved

NEARLY 100

clinical trials opened

40%

improvement in 5-year survival rate

\$500M+

donated to research



HOW THE MMRF IS ADDRESSING DISPARITIES

Partnering with Ochsner Health

With Black patients making up 20 percent of the approximately 32,000 people diagnosed with myeloma annually in the US, we recognize the need to support the early diagnosis of and standard of care treatment for Black patients and other underserved communities.

In October 2021, we launched a collaboration with Ochsner Health to drive awareness and educate its diverse patient and physician network about myeloma and provide access to the CureCloud® research study. As part of this work, we have developed cobranded CureCloud materials that are disseminated among Ochsner's constituents and are planning a series of joint patient education events.

SPOTLIGHT: OCHSNER HEALTH

Ochsner Health is a not-for-profit health system based in the New Orleans metropolitan area of Southeast Louisiana where 42% of the population is Black. Their response to the COVID-19 pandemic has been lauded as one of the best in the country and serves as a model for other healthcare systems, especially when it comes to driving equity and access to healthcare among the Black community.



PARTNER PROFILE: YVENS LABORDE, MD



Dr. Laborde is the Medical Director of Global Health Education and the Medical Director of Public Health at Ochsner Health. He has enjoyed a long career spanning nearly three decades at the health system. He was instrumental in its unsurpassed response to COVID-19. Since his first days at Ochsner Health, he has been guided by the Ochsner Mission: to serve, heal, lead, educate, and innovate on a local and global scale. It's a mission supported by Ochsner's core values: putting patients and persons first and emphasizing compassion, teamwork, integrity, excellence, and of course, inclusivity. We recently spoke with Dr. Laborde about his dedication to inclusivity and equity in global health and the partnership between Ochsner Health and the MMRF.

This is not a new initiative for Ochsner. "Inclusivity was added as a core value in 2022," Dr. Laborde says. "But it had been an area of discussion for a long time. Hurricane Katrina really opened our eyes to the deep inequities that had existed in Louisiana, and Ochsner had been trying to do its part to address those inequities for a long time. And then considering the more recent events related to COVID-19 and the fact that it disproportionately affected a large portion of the population, it became critically important that to fulfill our mission, we officially incorporate inclusivity into our core mission and values."

What does Health Equity mean? For Dr. Laborde, "Personally and professionally, it's a guiding principle. It means we do everything we can—individually, collectively, as an institution, as a government—to ensure that everybody, irrespective of their race, religion, ethnicity, socioeconomic status, political orientation, sexual orientation, or gender, has the optimal opportunity to achieve their best state of health."

“Inequities arise when there is inaction in the face of overwhelming need.”

How can we accomplish that? "A huge part of that is speaking to the community in the appropriate language," says Dr. Laborde. "I look at language, and culture, and even art as a social determinant of health. To be able to relate with someone in their language, in their context, really makes a tremendous difference. We encourage the use of art as a tool to communicate with individuals. It's a universal language. It knows no race, no ethnicity. Art has significant humanizing and healing properties."

That led to this wonderful partnership with the MMRF. "They were struggling with more or less the same issue," says Dr. Laborde. "They had been having difficulty recruiting underrepresented patients, specifically African American patients to their studies, like the first-of-its-kind MMRF CureCloud. The fact is, African Americans have the highest rate of cancer of any ethnic group, and myeloma is no exception. It's twice as common in African Americans and has a higher death rate. Despite that, many African Americans are not fully educated or aware of this disease."

The partnership continues to thrive. "One of the reasons the MMRF partnered with us is the work we've been doing to effectively reach communities of color, both for research and implementation," says Dr. Laborde. "We were very successful in making sure the African American population was represented in the COVID-19 vaccine trials and subsequent rollout. We established a framework that allowed us to effectively connect, build trust, and partner with individuals by going directly into their communities in a way that is both respectful and empowering. We provide them agency to become co-producers of knowledge and science. That's a totally different narrative than simply recruiting patients from a group to be part of a study."

I congratulate the MMRF for their desire and the intensity with which they want to find a cure and for bringing new research, therapies, and technology to help alleviate the suffering of myeloma patients but doing it in a way that makes sure those trials and therapies are equitably distributed."



CLINICAL UPDATES

The MMRF and our partners are encouraged by the many clinical studies that are ongoing or on the horizon. In collaboration with the MMRC® (Multiple Myeloma Research Consortium®), the research arm of the MMRF, we bring together 21 of the best cancer centers in the world, whose mission is to accelerate clinical trials and drive results for patients.

By instituting a collaborative research model, the MMRC has launched over 80 early-phase trials, enrolling thousands of patients. The results are nothing short of astounding, with great strides made in advancing novel therapies and contributing to a number of FDA approvals.

Some of our ongoing efforts include the following:

MyDRUGSM Study

The MyDRUG study is the first platform study in myeloma that evaluates targeted therapies against specific genomic alterations. This more efficiently matches patients to treatments that are most likely to be beneficial. Unlike traditional clinical trials, which test one drug or a single combination of drugs, the

MyDRUG clinical trial tests the impact of several different drugs on different genetic mutations.

For example, two subprotocols were recently added to include Xpovio® (Selinexor) and Blenrep (belantamab mafodotin) for patients who do not have actionable mutations from genomic sequencing.

A third subprotocol using Cotellic® (cobimetinib), an FDA-approved therapy for melanoma, was expanded to include a larger patient cohort based on promising results among MyDRUG participants who received the treatment.

Some key factors in these treatments are as follows:

- All these treatments have been FDA approved in other cancers.
- Most of the treatments are oral, which are patient friendly, especially during COVID.
- They are readily available, meaning any sign that they work in myeloma patients with the same alteration opens the door to new options.

Cevostamab

This agent is an option for patients who have had many different therapies.

Cevostamab is a bispecific antibody that targets both a specific surface marker (FcRH5) on myeloma cells and the CD3 marker on T cells, allowing the T cell to recognize and kill the myeloma cell. The Cevostamab trial is a multicenter study that is evaluating the safety and side effects of different doses of Cevostamab, both as a single agent and in combination with other treatments (Pomalyst®/dex and Darzalex®/dex) in patients with relapsed or refractory multiple myeloma. Cevostamab is given by intravenous (IV) infusion. Because Cevostamab does not target BCMA on myeloma cells, which is a common target for other bispecific antibodies and CAR T-cell therapies, it may be an effective next therapy for patients who relapse from BCMA-targeting therapies.

This study is currently open and enrolling at Karmanos Cancer Institute in Detroit, MI, and will soon be open and enrolling at City of Hope in Duarte, CA, the Colorado Blood Cancer

Institute in Denver, CO, and the Washington University School of Medicine in St Louis, MO.

Elo-Iber (Relapsed/Refractory)

This is an exciting new option for many patients who have no other options.

Iberdomide (CC-220) is a new and more potent member of a class of medicines known as immunomodulators (IMiDs), which includes Revlimid® and Pomalyst®. This is a Phase 1b/2 study that will help determine the highest dose of Iberdomide (CC-220) that can be given to patients—in combination with Empliciti® and Dexamethasone—that is safe and has the fewest side effects. Previous work has shown that dosing Empliciti in combination with IMiDs can improve Empliciti's anti-myeloma activity, and it is hoped that the same effect will be seen with Iberdomide (CC-220).

This study is enrolling patients at Emory University in Atlanta and at Mt. Sinai Hospital in New York City, and additional enrolling centers may be added in the near future.



AJAY NOOKA, MD

We're funding some very promising work at the Winship Cancer Institute at Emory University under the leadership of Ajay Nooka, MD, a renowned myeloma researcher.

As part of Winship's hematology care team, Dr. Nooka oversees multiple studies in the treatment of patients with multiple myeloma. He has a long history of studying myeloma and is very hopeful about the future.

"There were only two drugs approved to treat myeloma when I first started. On average, patients were living for less than five years. Over the last 10 years that I've been treating, I've been

involved in every drug that's been approved. We're now able to fully understand the potential of each of these drugs, and the MMRC has helped significantly in moving these drugs forward."

When it comes to health equity, Winship is ahead of the curve when it comes to enrollment in clinical trials. "Proportional patient enrollment is very near and dear to me. Myeloma is more common in Blacks, and especially Black men, where it reaches 20% of the population. But clinical trial enrollment is <5%. But if you look at our data set, we are closer to 35-40% enrollment.

That's because you need to establish trust long before the trial. If you can help a patient understand you have their best interest in mind, then you don't have to convince anybody. We haven't done anything different than other centers that offer clinical trials. All we did was respect the patients and make them feel that they were part of the shared decision making. We did not make them feel cornered, and we provided options. The trust that you develop with patients is very important. At the end of the day, it's patient confidence and mutual respect."

Progress is being made every day. "I believe we do have the means for a cure with the available tools that we have. We're able to push the disease to a lower threshold than you can measure. We are closer than ever to a cure."

MYELOMA INVESTMENT FUND®

The Myeloma Investment Fund

A venture philanthropy subsidiary of the MMRF, the Myeloma Investment Fund® focuses on seeking out and supporting the most innovative, forward-thinking companies that can make a difference for myeloma patients.

By attracting and funding new companies working on cures for myeloma, we continue to help develop transformative treatment options for each and every patient. The MIF is the only venture fund specifically focused on multiple myeloma.

Breakthrough medicine

The MIF invests in the most promising companies, clinical assets, and technologies in multiple myeloma. In addition to financial support, we strive to add value to our portfolio companies and accelerate their programs through the scientific and clinical expertise of the MMRF, a clinical network of 21 sites (the MMRC), and longitudinal genomic and proteomic databases comprising thousands of myeloma patients.

Generating Impact

Since its launch in 2019, the MIF has invested in a total of eight companies, with two of them realizing successful exits—having been bought out by other companies. Tidal Therapeutics was acquired by Sanofi in 2021, a validation of the potential of Tidal’s advanced mRNA platform. NexImmune, the MIF’s first investment, had its initial public offering in 2021 while running a clinical trial for myeloma patients.

MIF’s other investments include the following:

- Cullinan MICA, which has recently started a clinical trial of its MICA/B antibody.
- Indapta, which is developing a novel NK cell therapy platform in combination with monoclonal antibodies.

- Triumvira Immunologics, a biotech testing its innovative TAC-T cell platform in the clinic.
- CytolImmune Therapeutics, a clinical-stage company developing next-generation CAR-NK therapies.
- Abcuro, a clinical-stage biotech developing a new immune checkpoint therapy for the treatment of autoimmune diseases and cancer.
- Fortis Therapeutics, Inc., an immuno-oncology biotech developing a CD46 antibody.

Reinvesting in the future

The MIF aims to create major scientific breakthroughs by directing capital where financial support could have a meaningful impact on patients’ lives. As a venture philanthropy fund, neither management nor donors to the MIF receive distributions. All profits are recycled back into the Fund, allowing us to continually invest in emerging science. As the MIF continues to grow, it will feed the clinical pipeline for years to come.

SPOTLIGHT: CYTOIMMUNE

One of our most recent investments is in CytolImmune. A clinical-stage cancer immunotherapy company, it’s focused on the development and commercialization of novel NK cell therapies that can be infused into patients to eliminate cancer cells. The firm is currently developing proprietary Chimeric Antigen Receptor (CAR)-engineered NK cells (CAR-NK™), which represent an off-the-shelf cell therapy designed to destroy tumor cells by recognizing specific proteins or antigens that are present on the tumor surface.



TIME TO RETHINK



Christina Coughlin, MD, PhD

Treatment and equity in myeloma research

We recently spoke with CytolImmune Therapeutics CEO Dr. Christina Coughlin for an update on the promise of NK cells for myeloma treatment and the importance of equity in myeloma research.

The MIF seeks out companies advancing the most innovative treatment approaches and technology platforms that have potential applications for myeloma. Can you explain the focus of CytolImmune research right now?

We’re very excited about looking at the NK cell as the cornerstone of the therapeutic regimen. Natural killer cells—NK cells—are behind the basic philosophy of our company, which is to use NK cells to both kill the cancer and to turn on a patient’s own immune response. This is an area of science that is about to explode.

For our readers, please explain what an NK cell is.

There are two different kinds of these natural killer cells. They can be grown in the lab using human stem cells or by using umbilical cord blood, which is the method we use.

How do they work to combat myeloma?

We think that myeloma is going to need more than one antigen, so that’s where our cells are designed. You either get an autologous CAR T, or for myeloma, an allogenic NK. Autologous CAR T has revolutionized the care of myeloma, but not everybody can wait the few months it takes for that therapy to be ready; it can take 3–4 months.

The advantage of allogeneic NK cells is that they’re off the shelf. They’re frozen and can be shipped right to the center. But this disease is really amenable to cell therapy.

Central to the MMRF’s mission is our work to address DEI issues in myeloma research. Can you speak about health equity and how it relates to the work you’re doing?

One of the problems we have is access. For a few reasons, these therapies are only at the huge academic medical centers. So, patients who are not of great financial means struggle tremendously to get access to these lifesaving therapies. I think that that is wrong. I feel this one in my bones because health care, at its essence, should be equitable. We need to make it so it fits into a patient’s life. Patient advocates can also really help you enroll people in clinical trials and can specifically combat this diversity issue.

Hope is something that you often cite as a motivating force behind your work. Finally, we’re curious to know what it means to you.

I never forget the emotions that a patient and their family go through when they hear the word cancer. It is awful. It’s despair, anger, and fear. What I’ve always worked to do is to insert hope. Hope is the most powerful of human emotions. Every time you go down to the lab and fill a vial, you’re filling it with hope for patients. Like CytolImmune Therapeutic’s hashtag says, #cellscreatehope.

CytolImmune Therapeutics is one of the portfolio companies of the MIF. The MIF’s investment in CytolImmune supports two of the biotech’s technology platforms that have potential applicability to multiple myeloma, including one that addresses the limitations with current immunotherapies to offer patients a better therapeutic response and another that has multiple mechanisms to potentially increase immune response and tumor cell elimination in relapsed/refractory patients.



MMRF CURECLOUD®

More data. Better outcomes.

The MMRF CureCloud®—launched in 2020—is a first-of-its-kind, direct-to-patient registry that collects genomic and clinical information by leveraging powerful next-generation technology and data. The CureCloud aims to inform smarter, more personalized treatment options, faster, to drive precision treatments for each and every myeloma patient.

Its goal is to help researchers form hypotheses for clinical trials and aid patients and their physicians in making more informed, data-driven decisions. The CureCloud is also instrumental in democratizing care, a critical component in developing myeloma treatments.

Thanks to our incredible community of CureCloud participants, we can speed discoveries of more precise treatment options for every patient, no matter their subtype. It gives researchers the ability to track CureCloud participation and explore anonymous patient data, including clinical information and genomics.

CureCloud evolves

The CureCloud was recently upgraded to include powerful visualization features that benefit each and every patient—regardless of whether they enrolled in the CureCloud. This provides thousands of patients, caregivers, and clinicians with the tools needed to inform more precise, data-driven treatment decisions.

Better research through inclusion

This is particularly critical for the Black patient community, who represent 14% of the US population but 20% of the myeloma patient population. Black patients are also at greater risk for poorer outcomes due to systemic disparities in care.

Therefore, it is vital that we ensure the CureCloud enrolls a patient population that is reflective of diagnosis rates

across every demographic and is inclusive of underserved patients. By having proportional enrollment targets in place, we can reduce the generalizability of any findings and minimize their impact on our patient community.

We are working to ensure that the composition of the CureCloud is reflective of the entire myeloma community through partnerships with cancer treatment centers that serve diverse populations across the US. These “CureCloud Champion” sites include six major cancer hospitals: the Emory Winship Cancer Institute, Hackensack Meridian Health, the Karmanos Cancer Center Institute, Ochsner Health, the Simmons Cancer Center at UT Southwestern, and the Siteman Cancer Center at Washington University St. Louis.

By providing a state-of-the-art tool where patients and their doctors can explore personal and general data to inform optimal paths, we’re enabling smarter treatments for each and every patient.

DISPARITIES IN REPRESENTATION AND CARE

- Black patients tend to have a lower-risk form of myeloma compared to patients of other races. However, they are twice as likely to die from multiple myeloma.
- Historically, Black patients have been underrepresented in medical research—accounting for only 5% of clinical trial participants in the United States. Ensuring representation from all patient types is critical to providing access to cutting-edge therapies in clinical trials and understanding any differences in efficacy or toxicity across different patient groups.
- A large proportion of multiple myeloma patients receive treatment at low-volume community centers, where physicians have less myeloma-specific expertise, and these patients have worse outcomes than patients who seek treatment at high-volume centers. These disparities in care affect many Black patients, who tend to have less access to high-quality care and treatment centers.



We're not waiting for a cure. Together, we're accelerating one.

Join the MMRF CureCloud®, a groundbreaking research study for multiple myeloma patients.

The goal of CureCloud is to accelerate smarter treatments for you—and for every myeloma patient. Enroll online and participate from the comfort of your own home.




Visit MMRFCureCloud.org to learn more.



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EVELYN HUNLEY: MYELOMA PATIENT. MENTOR. ADVOCATE.

You were diagnosed with myeloma in 2014. Can you describe that experience?

I was working in Sweden when I got sick, unable to walk. The pain was unbearable. When I got back to Houston, my family practitioner scheduled an MRI. She said I had metastatic bone disease, which was a possibility because I am a breast cancer survivor. Ultimately, I got in touch with a radiation oncologist, who said it's not metastatic bone disease; it's multiple myeloma. Well, I didn't know much about myeloma at the time, but he said it was better because at least it's treatable.

What did you know, if anything, about multiple myeloma back then?

All I knew was that it was a blood cancer. But I'm a type A person, so I began to search on my own. Soon I knew more than I wanted to know.

Was there a network of support when you were diagnosed? Did you feel like you got what you needed/were your questions answered?

When I was first diagnosed, I got information from my oncologist and then from a myeloma specialist. The amount of information available has really increased since I was diagnosed. All the different organizations have mentors, someone to talk to who can guide you along, whether you're newly diagnosed or relapsed.

As a myeloma patient, what do you feel is important for newly diagnosed patients to know based on your own journey? What do you encourage other patients to do to manage their disease?

When I mentor people now, I say, don't Google it. There are certain organizations or websites that you should go to, especially the MMRF. That is a reputable site and will give you the info you need. And, most importantly, I explain that everybody's experience with myeloma is different. What it is like for me may not be what it is like for them. Every myeloma patient's experience is different. Don't look at it from my point of view; you have to look at it from yours.

How did you get involved with the MMRF?

On the MMRF website, there is a Patient Navigation Center (PNC) for patients and caregivers. It helps people who are looking for guidance, information, or support to connect with patient navigators—registered nurses who have professional clinical training in oncology. I initially spoke with a patient navigator, Grace Allison, and received wonderful support. Over time, we established a great relationship, and eventually Grace and Erin Mensching, who manages the PNC, invited me to become a Myeloma Mentor.

Can you tell us what inspired you to want to volunteer your time in this way?

I realized I needed something to take my mind off the pain. You don't want to be taking pain meds every day. But it goes back to when I was initially diagnosed. My reaction was just like every patient's. Why me? What did I do? But my niece, who was my caregiver, told me, "You didn't do anything; you have this disease. But it's for a bigger purpose." She said, "You have this so you'll be able to help others."

Why would you encourage patients to join CureCloud?

I would encourage participation because of the

information CureCloud can provide to the patient and their physicians, especially the genetic profile and how it can help determine what medication could work best for them.

Among the myeloma community, 20% of patients are Black. Why is it so important to build awareness in the Black community? And what can organizations such as the MMRF do to help the disparity in treatment?

A lot of docs don't take the time to explain to their patients about their illness, especially if they're older. So many patients don't fully understand their illness. Some doctors will just say, "This is your treatment." But they need to explain what the options are. And people have to get over the distrust, especially when it comes to clinical trials. That has to come from organizations such as the MMRF.

What can we do to build trust?

Education. Your average myeloma patient probably doesn't have access to the resources I do. So, to get to those patients, who may not be in huge medical communities, maybe we try to look at myeloma hot spots, get in touch with doctors there, and educate them as well.

What are your hopes for the future of myeloma treatment and care?

There's a lot being done, a lot more than there used to be. But there needs to be more. I'm hoping for a cure, something where we don't relapse as readily as in the past.





DONOR PROFILE: MIKE MURPHY

Donors are the backbone of everything we do. Their generosity and commitment help the MMRF pursue novel therapies and advance toward a cure for each and every patient.

Mike Murphy, a long-time donor and former caregiver, embodies that spirit. His positive attitude not only honors his father's legacy but provides invaluable advice to all patients and caregivers. Mike recently wrote a book, *Dennisisms—Leadership Lessons I Learned From My Father*. It's based on the moving eulogy Mike gave at Dennis' celebration of life after a 12-year battle against multiple myeloma. Mike shared some thoughts on what it takes to fight this disease and how giving back can make a difference.

My dad, Dennis L. Murphy, was my superhero, best friend, business partner, golf partner, mentor, and sometimes, roommate. He was not only a self-made man but made me what I am today. When I was graduating college, Dad called to say he might have cancer. In the 72 hours it took me to pack up and come home, the diagnosis was confirmed: multiple myeloma. That was devastating. He was not yet 60. We were told at the time that if you're healthy, you can live another 3-4 years. That was 2008.

Dad looked at cancer as an inconvenience, not a death sentence. He took the same approach to cancer as he did to life. He believed that everything's hard in life, but he was a competitor and was determined to beat it. We worked every day together. We attacked it with a 360° plan that combined the mental, physical, spiritual, medical, and nutritional aspects.

If you're proactively doing things to counteract cancer, you're not a victim anymore. You're a warrior. And warriors last a lot longer in conflict than

victims. We have the right to try to save our own lives. So, if we stop having a victim mentality and stop thinking that this is something we could eventually lose, we can take back control of the situation. It's better to go down fighting, even if only to help the next generation of myeloma patients.

His support system was giving back, even when it didn't feel good. He believed he couldn't leave yet because he had a lot of work still to do. There was a sense of confidence and cockiness in the beginning, a "we can do this" attitude. Why not be the exception to the rule?

There's a silver lining for cancer. When tomorrow's not guaranteed, you live every day a little bit different, a little more positive, to the point where every day really becomes a blessing. It's incredible how much time we waste as humans. When my dad got cancer, he stopped wasting time. Everything was important; everything was precious.

Most people have a passion and purpose in life. Maybe your diagnosis is that opportunity to be part of something bigger. Maybe you can find that mental clarity in terms of what you want to do with the rest of your life. Go on that clinical trial, and internalize how you're doing and how you're feeling.

It's not about changing your life to help a foundation. It's about tweaking it. I teamed up with the MMRF because I was serious about being part of the cure. The only thing I can do to help others is what I'm good at. I'm pretty good at making money—and motivating others. Every time we sell a car, about \$10 goes back to the foundation. It's a win-win-win: a win for the MMRF, a win for the business, a win for the customer.

The only thing more important than giving back money is time. It's a good message for caregivers: when it's bad, when it's hard, when you're tired and underappreciated, it's still pretty good because that person you love is still there. Dad was a miracle; he was diagnosed at 59 and passed at 71.

If we just get 1% closer to a cure every year, we can see it in our lifetimes.

All the good stuff we do at Murphy Auto Group we're doing to make sure that our founder's memory and what took him out stay front and center. It's the focus of who we are, what we're doing, and how we're going to leave earth better.



OPERATIONAL UPDATES

The MMRF Names George Mulligan,
PhD, Chief Scientific Officer

George Mulligan, PhD, recently joined the MMRF as our new Chief Scientific Officer. In this role, Dr. Mulligan is leading the development, execution, and communication of the MMRF's overall research strategy to drive clinically meaningful scientific advances for myeloma patients.

Dr. Mulligan brings to the MMRF more than 20 years of diverse experience in drug development and translational and clinical research across the biotech and pharmaceutical industry, including extensive research in the myeloma space. His previous roles include serving as the Chief Scientific Officer at Mitobridge, where he drove the overall scientific and translational strategy for its mitochondrial platform and clinical compounds. Dr. Mulligan was also Senior Director of Translational Medicine at Millennium/Takeda, leading much of its biomarker and translational research strategy for the myeloma treatment Velcade (bortezomib) and driving early genomics research that helped initiate pivotal initiatives, such as the MMRF's CoMMpass Study—the most comprehensive

longitudinal genomic study ever conducted in myeloma.

“We are thrilled to have Dr. Mulligan join our team as Chief Scientific Officer,” said Michael Andreini, President and CEO of the MMRF. “He brings a wealth of myeloma-focused experience in translational and clinical research to the MMRF and a tremendous amount of enthusiasm and passion for our mission to accelerate cures for patients. The knowledge, insight, and commitment he brings to the table will be instrumental in driving our research strategy forward on behalf of the myeloma community.”

As a member of the MMRF leadership team, Dr. Mulligan is contributing to all aspects of the MMRF and its subsidiary companies, the MMRC and the MIF, to accelerate the development of next-generation therapies, drive research to deliver more precise and personalized treatment approaches, and empower patients with information and resources to extend their lives.



George Mulligan, PhD
Chief Scientific Officer

“I feel fortunate to help lead the MMRF in our urgent pursuit of a cure for each and every myeloma patient,” said Dr. Mulligan. “Since the MMRF was founded, there has been so much progress to advance new therapies for myeloma—but more clinical and translational research needs to be done. We will continue to urgently build on this legacy through our innovative and collaborative research programs until we reach our goal of a cure for every patient.”



FUNDRAISE YOUR WAY FOR THE MMRF.

HOST AN INDEPENDENT EVENT.

As an Independent Events Host you can raise critical funds for research that will rapidly bring new, precise, and innovative treatment options to the patients that urgently need them.

We're looking forward to assisting you in planning your next event for the MMRF. Together, we will make it a success, and more importantly, make an impact for the myeloma community.

Thank you for your support, and your partnership.

CONTACT:

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2022 Fall Patient Education Event

PATIENT SUMMIT		
October 22	Patient Summit	Nashville, TN

Fall Calendar of Events

ENDURANCE EVENTS		
September 25	Berlin Marathon	Berlin, Germany
October 2	London Marathon	London, England
October 9	Chicago Marathon	Chicago, IL
November 6	NYC Marathon	NYC
MMRF 5K EVENTS		
September 11	Montrose Harbor	Chicago
September 18	Phalen Park	Twin Cities
October 2	National Harbor	Washington, DC
October 8	Pier 84	NYC
October 15	Fairmount Park	Philadelphia
October 22	Clanton Park	Charlotte
November 12	Griffith Park	Los Angeles

Events are subject to change; for more information visit: TheMMRF.org/Events.

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The MMRF is a partner of FreeWill, a free online resource that guides you through drafting or updating your will to protect all that you love.

You can also make a planned gift, at no cost today, to help the MMRF accelerate a cure for each and every multiple myeloma patient.

Start your free will at FreeWill.com/TheMMRF or scan the QR code below.



Looking for guidance?

We're here to help. The professionals at our Patient Navigation Center can offer insights, counseling, and support throughout your treatment journey.

Give us a call, Mon.-Fri.,
9am-7pm ET,
888-841-MMRF (6673)
or email us at
PatientNavigator@TheMMRF.org

Sponsors

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