

Opening Remarks

Chris Peña, PhD
Director of Education Programs

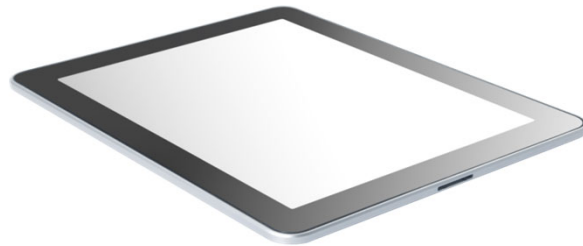
April 2025



iPads

To view the materials for this Summit, please log on to the iPad with your e-mail address

- View slides
- Answer questions
- Take notes
- Submit questions to panel
- Program evaluation



Submit your questions throughout the program!

Throughout the Summit, use the same e-mail address to log on to any iPad.

Program Faculty



Noa Biran, MD
Associate Professor of Medicine
Hackensack Meridian Health
John Theurer Cancer Center
Multiple Myeloma Division



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Chief, Division of Multiple Myeloma
Hackensack Meridian Health
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Harsh V. Parmar, MD
Medical Oncology
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David Vesole, MD, PhD
Co-Director, Myeloma Division
Director, Myeloma Research
The John Theurer Cancer Center at
Hackensack University Medical Center



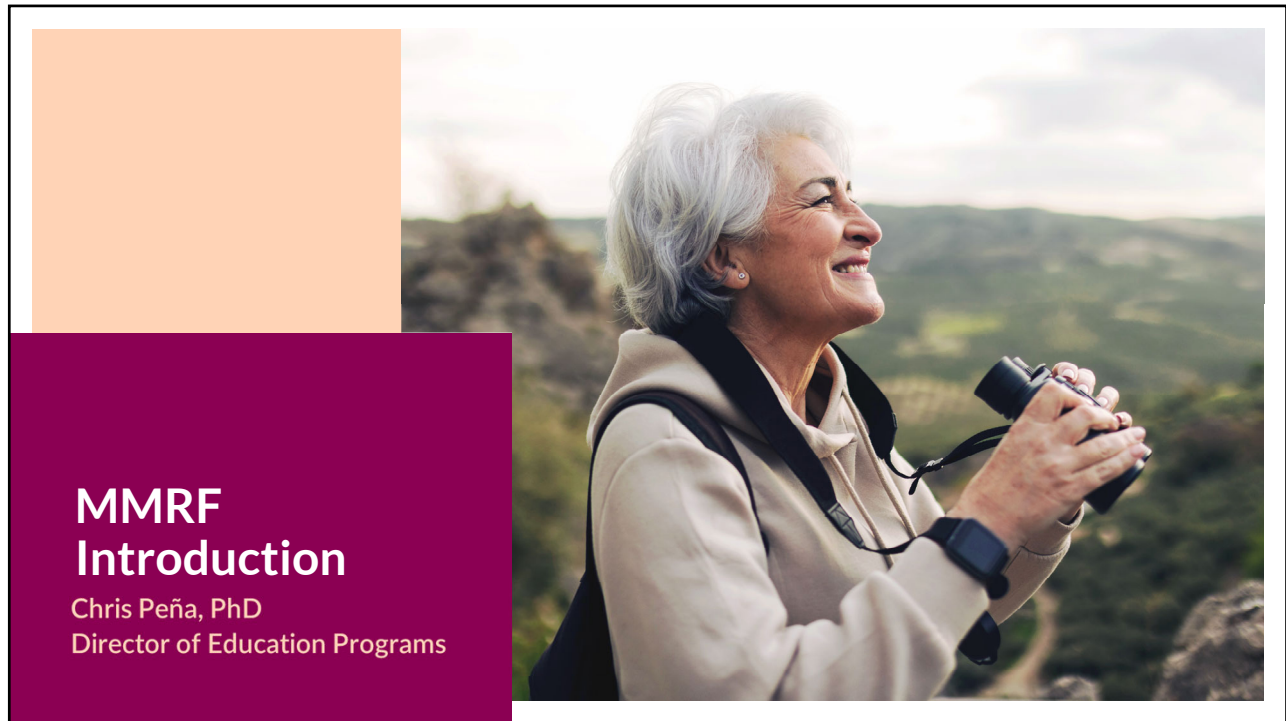
Pooja M. Phull, MD
Hematology Oncology
Hackensack Meridian Health
John Theurer Cancer Center
Multiple Myeloma Division

Summit Objectives

- Know the standard of care options available for your stage of the myeloma journey
- Make more-informed treatment decisions to better manage your myeloma
- Discuss with your care team whether a clinical trial is a good option for you
- Be aware of and utilize resources provided by the MMRF and other reputable sources

Summit Agenda

Time (PT)	Topic	Speakers
9:00 – 9:15 AM	Introduction to MMRF	Chris Peña, PhD
9:15 – 9:30 AM	Welcome	David Vesole, MD, PhD
9:30 – 9:45 AM	Treatment for Newly Diagnosed Multiple Myeloma	Noa Biran, MD
9:45 – 10:00 AM	Treatment for Relapsed/Refractory Multiple Myeloma	David Siegel, MD, PhD
10:00 – 10:20 AM	Q&A Session	All Faculty
10:20 – 10:35 AM	Break	
10:35 – 10:50 AM	Managing Symptoms and Side Effects	Pooja M. Phull, MD
10:50 – 11:05 am	Clinical Trials in Multiple Myeloma	Harsh V. Parmar, MD
11:05 – 11:20 AM	Q&A Session	All Faculty
11:25 – 11:55 AM	Lunch	
12:00 – 12:15 PM	Patient Journey	Harry Baram, Patient Advocate
12:15 – 12:30 pm	Closing Remarks	Veronica Bohorquez-Medd, MA



MMRF Introduction

Chris Peña, PhD
Director of Education Programs

The MMRF's Mission, Vision & Strategic Plan Objectives

We are not satisfied with current progress; our level of urgency and commitment to achieving cures has never been greater.

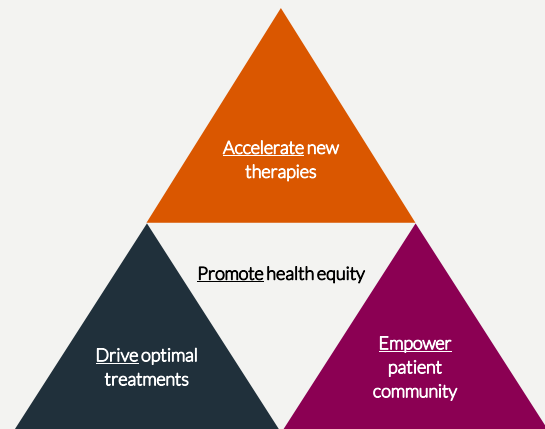
Our Mission

To accelerate a cure for each and every multiple myeloma patient.

Our Vision

A world free of multiple myeloma.

Our Strategic Objectives



Unprecedented results

15+

We've helped bring 15 different multiple myeloma drugs into the market.

80+

We've opened over 80 clinical trials.

10+

Our work and collaboration has helped patient survival rates increase from 3 years to 10.

90%

An extraordinary 90% of our budget goes into research and related programming.



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Delivering On Our Mission

The MMRF acts with urgency to ensure that patients have effective, more personalized treatments available and the resources necessary to increase their survival and improve their quality of life.



Accelerate the Development of Novel Therapies

- Venture philanthropy
- Clinical trials



Drive More Personalized, Optimal Treatment Approaches

- Multi-institutional data generation initiatives
- Open data sharing platform



Empower Patients and the Entire Community

- Educational programming and patient navigation
- Grants to increase researcher and clinician diversity

MMRC Horizon One Clinical Trial

Goal of Horizon One

- Test how safe treatments and treatment combinations are and how well they work

Who is eligible

- Relapsed/refractory patients

What to expect

- Patients will receive 12 months of Tecvayli (teclistimab) treatment at set cycles
- Patients responding well after one year will be randomized to three different arms, testing how effective different dosing regimens of Tecvayli are

Enrollment Information

- 9 treatment sites, including Hackensack Medical Center
- Contact Fideliza Perez, (844) 464-9355, or fideliza.perezmanon@hmhn.org

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Welcome!

David Vesole, MD, PhD



Question

Are you a...

- A. Patient
- B. Caregiver (family member or friend who helps a patient manage his or her myeloma)
- C. Other

Question

At what stage is your myeloma? (If you are a caregiver, what is the stage of the patient's myeloma?)

1. Newly diagnosed
2. Active Disease, on treatment
3. Relapsed/refractory
4. Remission: still on therapy
5. Remission: not on therapy
6. MGUS or smoldering myeloma not currently requiring treatment
7. I don't know.

Question

Is a Multiple Myeloma specialist part of your care team?

1. Yes, one here at Hackensack Meridian
2. Yes, elsewhere
3. No

Question

What has your most recent treatment been?

1. Quadruplet/triplet therapy
2. CAR T-cell therapy
3. Bispecific antibody therapy
4. Stem cell transplant
5. Traditional chemotherapy
6. Other
7. I don't know
8. Not applicable

Treatment for Newly Diagnosed Multiple Myeloma

Noa Biran, MD



Question

Have you had a stem cell transplant?

- a) No, but I will soon!
- b) No, but I am considering one (or my doctor is discussing with me).
- c) No, my doctor tells me I am not a candidate.
- d) Yes
- e) Not applicable

Objectives

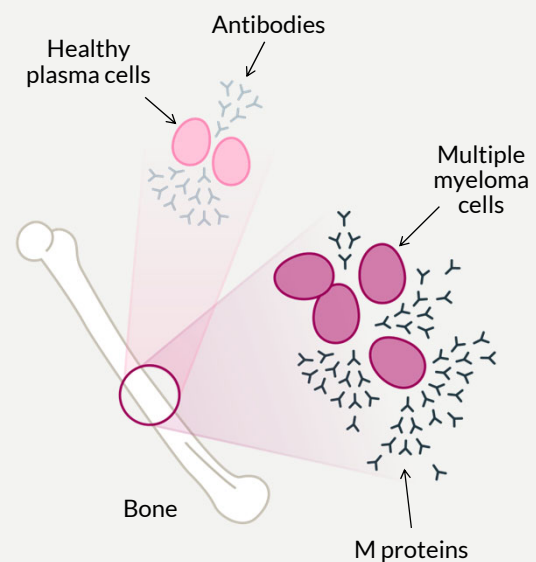
At the conclusion of this presentation, you should be better able to:

- Understand myeloma as a disease and the steps to take after diagnosis
- Know the standard of care treatments for newly diagnosed multiple myeloma
- Work with your provider team to make an informed decision about treatment selection

Multiple myeloma and its precursor conditions involve plasma cell growth

Plasma cells are cells in the bone marrow that make antibodies.

- Healthy plasma cells help your body fight infections
- Abnormal plasma cells (myeloma cells) make antibodies called monoclonal proteins (M proteins)
- Myeloma cells crowd out normal cells in the bone marrow, overproducing M proteins which affects bone, kidney, and overall health and can cause:
 - Anemia
 - Infections
 - Bone damage
 - Kidney issues



Steps After Diagnosis: Get on the Right Track

Key steps for the best possible care for myeloma patients

THE RIGHT TRACK



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 decide on the best treatment plan and identify clinical trials that are right for you

Share at every step

You can help yourself while helping others.

The Right Team: Focused on Setting Goals, Managing Treatment, and Supporting Wellness



The Right Tests: Common Tests Conducted in Myeloma Patients

Test	Purpose
Blood and urine	Blood and urine tests can confirm multiple myeloma, monitor the effects of treatment, and detect how myeloma affects the blood and kidneys
Bone marrow biopsy	A bone marrow sample might show multiple myeloma cells, helping to diagnose and monitor the disease
Imaging	X-rays, MRIs, CT scans, and PET scans can show damage to bones caused by multiple myeloma and potential spread
Genetic testing	Genetic testing is conducted on myeloma cells from a biopsy and can give insights into risks and disease progression

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The Right Treatment: Goals of Multiple Myeloma Therapy



Reduce disease burden as low as possible with the aim of reducing the number of myeloma cells to undetectable levels.



Improve quality of life with as few treatment side effects as possible.



Provide the longest possible period of response before relapse.



Prolong overall survival.

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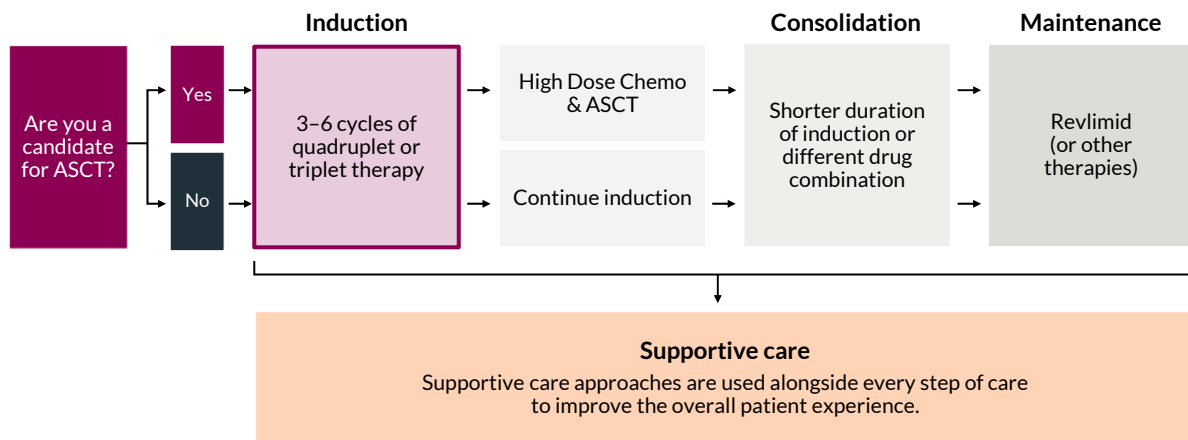
Overview of Treatment Stages for Newly Diagnosed Multiple Myeloma

Therapy	Purpose
Induction	Decrease the number of myeloma cells
Consolidation	Target remaining cancer cells after induction therapy
Maintenance	Prevent disease from returning for as long as possible

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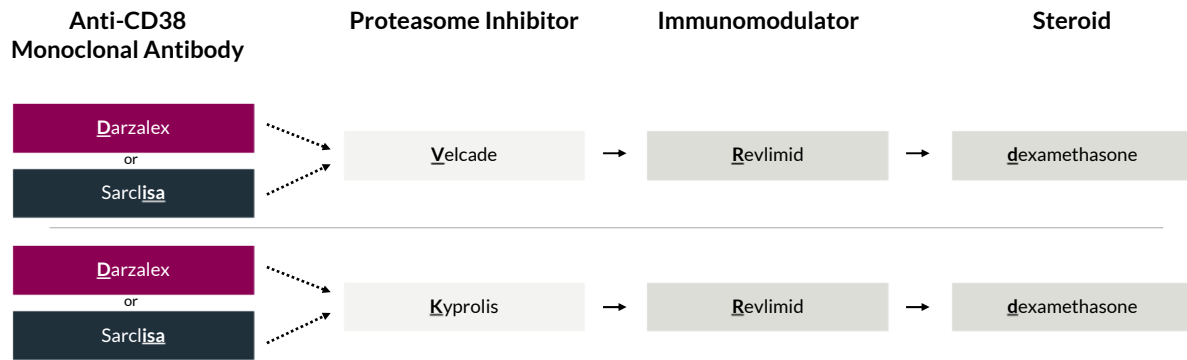
Overview of Treatment Approach for Active Multiple Myeloma



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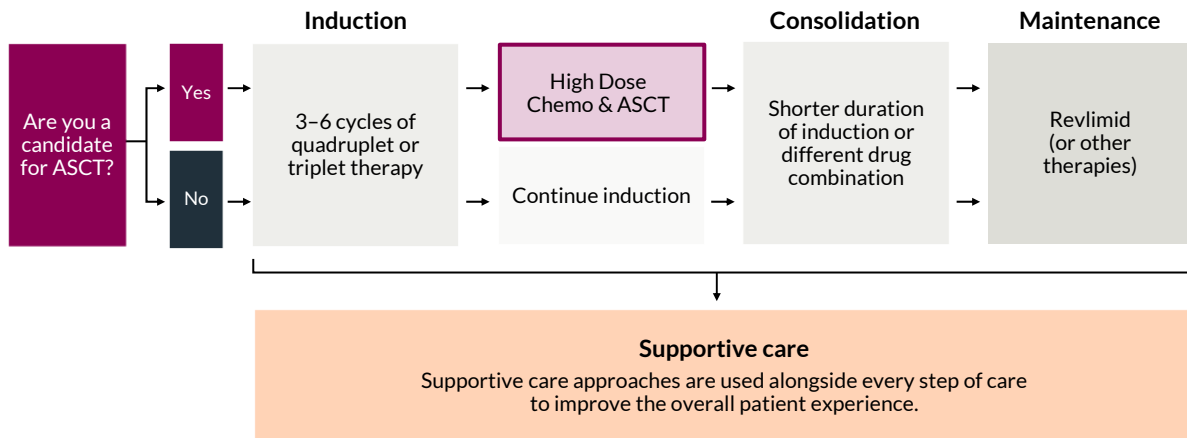
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Induction Therapy Regimens: Main Triplets and Quadruplets

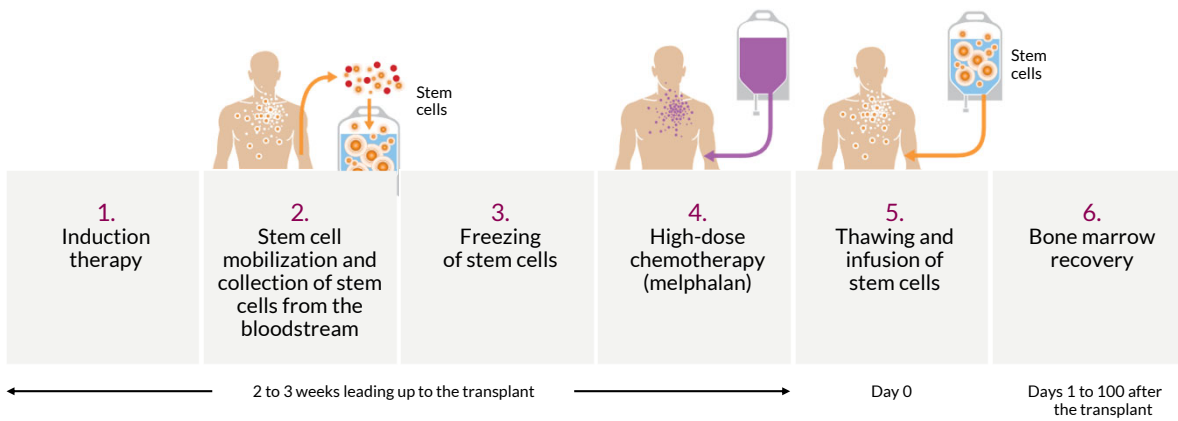


Disease risk, tolerability, and prior treatment history help determine which treatment a patient receives and how many others are added in combination

Overview of Treatment Approach for Active Multiple Myeloma



Autologous Stem Cell Transplantation (ASCT)



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Autologous Stem Cell Transplantation (ASCT) Considerations



Suitability for ASCT is based on overall health



You will need a caregiver after ASCT

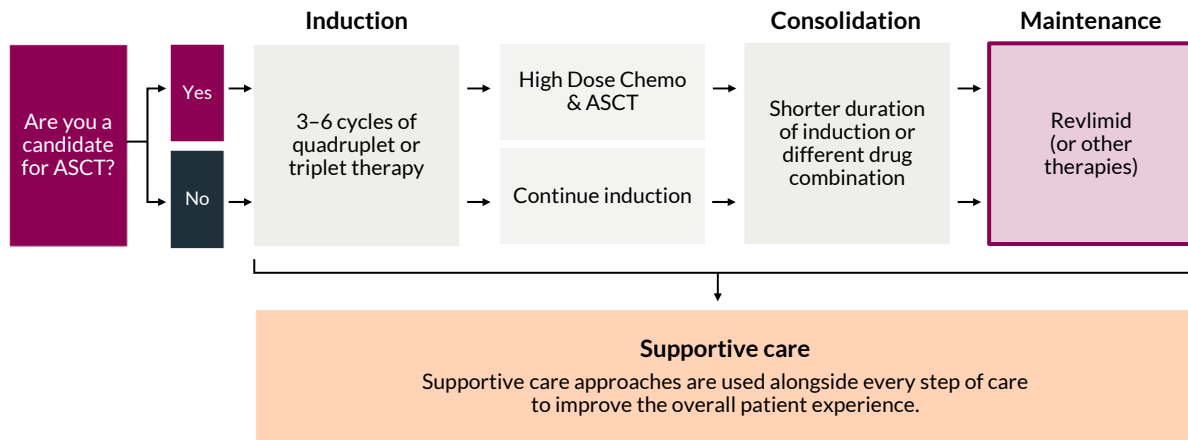


Recovery takes several months

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Overview of Treatment Approach for Active Multiple Myeloma



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Maintenance Therapy Following a Stem Cell Transplant

A prolonged and often less-intensive treatment after achieving a response to initial therapy

To prevent disease progression for as long as possible while maintaining favorable quality of life

To deepen responses by reducing minimal residual disease (MRD), the remaining number of myeloma cells after treatment

Standard Options

- Revlimid alone or with:
 - Darzalex
 - Velcade
- Ninlaro
- Clinical trial

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Measuring Response to Therapy

Change in # of myeloma cells



Responses range from stable disease (no change in the number of myeloma cells) to stringent complete response (no myeloma cells)

Degree (or depth) of response is usually associated with better prognosis



Some patients do well despite never achieving a complete response

Requires blood tests and bone marrow biopsy

Questions to Ask Your Care Team About Treatment



What tests do I need before we can decide on treatment?



What are my treatment options?



If my myeloma is considered high risk, what is my next course of action?



Will I experience any side effects from my treatment?



How are the treatments administered (infusion, injection, or pill)?



How long should I expect to be on this treatment?



Is there a clinical trial that might be appropriate for me?




Am I eligible for a stem cell transplant? If so, should I get one?

Summary

- To get the best myeloma care, patients should find a care team, understand necessary tests, and work with their team on a treatment plan.
- Blood tests and bone marrow biopsies help determine how well patients respond to treatment.
- The standard of care for newly diagnosed multiple myeloma involves induction, consolidation, and maintenance therapy.
- Overall health, risk of disease returning, and how well a treatment is tolerated can help guide treatment decisions with your care team.

Please take a moment to answer
two questions about this presentation.



**Treatment
for Relapsed/
Refractory
Multiple Myeloma**

David Siegel, MD, PhD

Question

Have you discussed CAR T-cell therapy as a treatment option for your multiple myeloma with your care team?

- a) Yes, I have already received CAR T therapy.
- b) Yes, I am planning to receive CAR T therapy.
- c) Yes, we've discussed it, but I'm not planning to receive it.
- d) No, it hasn't been discussed.
- e) I'm not sure / I don't remember.
- f) Not applicable

Objectives

At the conclusion of this presentation, you should be better able to:

1. Know what is considered early and late relapsed/refractory multiple myeloma
2. Know the options available to treat relapsed/refractory multiple myeloma patients
3. Know what to expect on CAR T-cell or bispecific antibody therapy for relapsed/refractory multiple myeloma

Important terms to know if your myeloma comes back

- **Relapsed:** recurrence (reappearance of disease)
- **Refractory:** treatment no longer works
- **Progression:** increase in M protein/light chain values
- **Line of therapy:** change in treatment that is not working or has unmanageable side effects

Early relapse

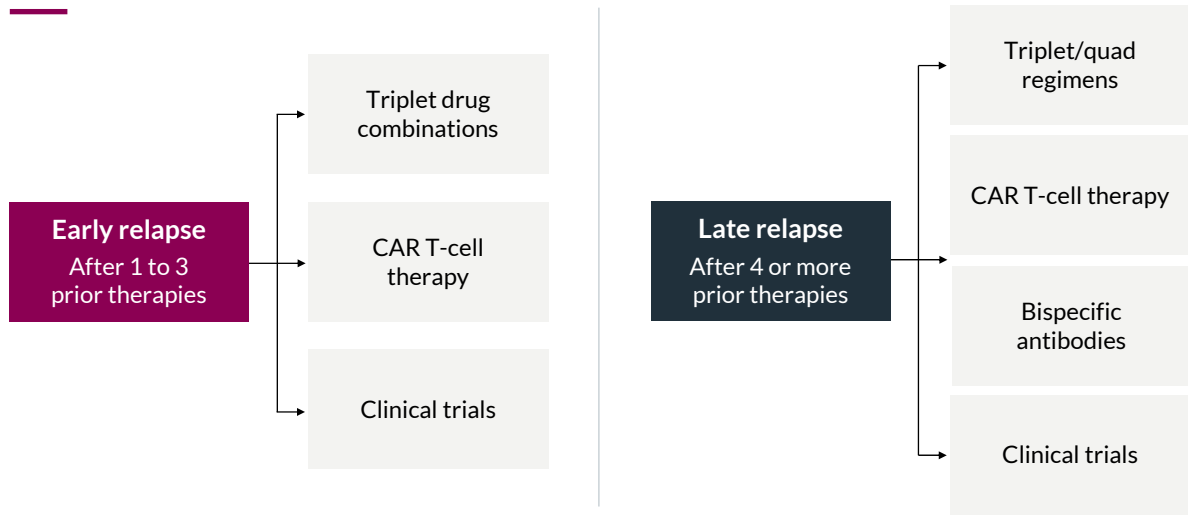
Myeloma returns after 1 to 3 prior lines of therapy

Late relapse

Myeloma returns after 4 or more prior lines of therapy

- **Note:** induction therapy + stem cell transplant + consolidation/maintenance therapy = 1 line of therapy

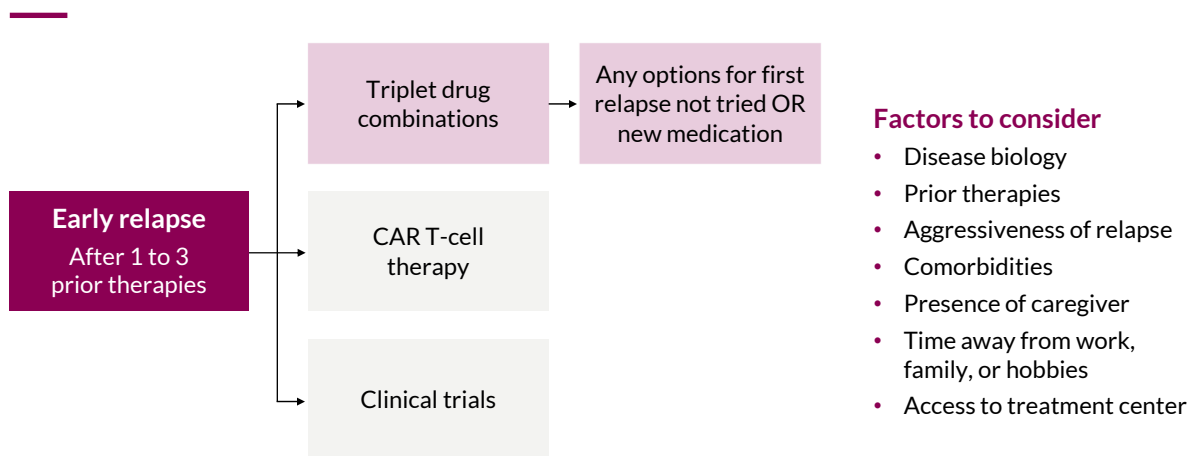
Increasing Options for Patients With Relapsed/Refractory Multiple Myeloma



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Increasing Options for Patients With Relapsed/Refractory Multiple Myeloma



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Triplet combinations in early relapsed patients

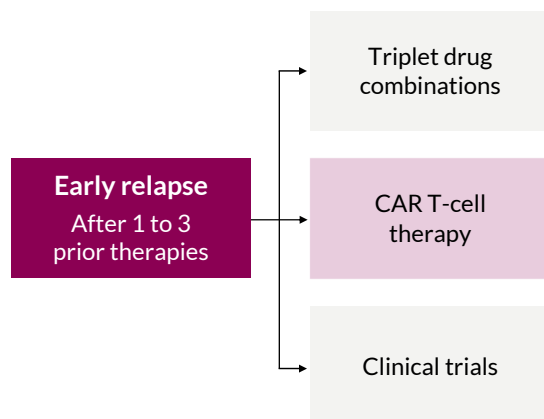
If you are refractory to...	Your specialist might recommend...
Darzalex or Sarclisa	Kyprolis (Carfilzomib) + Revlimid (Lenalidomide) + Dexamethasone
Velcade (Bortezomib)	Sarclisa (Isatuximab) + Kyprolis (Carfilzomib) + Dexamethasone
Revlimid (Lenalidomide)	Darzalex (Daratumumab) + Velcade (Bortezomib) + Dexamethasone

Other less commonly used triplets include:
Selinexor (Xpovio) + Velcade (Bortezomib) + Dexamethasone

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Treatment Choices for Relapse After 1 to 3 Prior Therapies



Factors to consider

- Disease biology
- Prior therapies
- Aggressiveness of relapse
- Comorbidities
- Presence of caregiver
- Time away from work, family, or hobbies
- Access to treatment center

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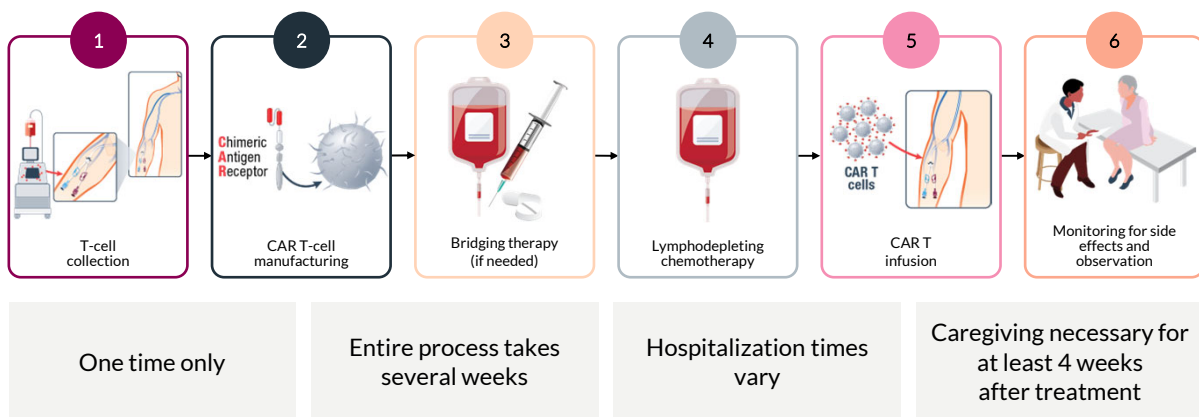
CAR T-Cell Therapy

- Your body's own T cells are modified to find and destroy myeloma cells
- Targets BCMA on myeloma cells
- Approved CAR T-cell therapies include Abecma and Carvykti

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Steps Involved With CAR T-Cell Therapy and What to Expect



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CAR T: Expected Toxicities and Management

Side Effect	Symptoms	Onset After CAR T-Cell Infusion	Duration	Treatments	
 Cytokine release syndrome (CRS)	<ul style="list-style-type: none"> Fever Difficulty breathing Dizziness Nausea Headache 	<ul style="list-style-type: none"> Rapid heartbeat Low blood pressure 	1-9 days	5-11 days	<ul style="list-style-type: none"> Actemra (tocilizumab) Corticosteroids Supportive care
 Neurotoxicity (ICANS)	<ul style="list-style-type: none"> Headache Confusion Language disturbance 	<ul style="list-style-type: none"> Seizures Delirium Brain swelling 	2-9 days	3-17 days	<ul style="list-style-type: none"> Antiseizure medications Corticosteroids

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CAR T: Stopping Infections

CAR T-cell therapy can lower white blood cells needed to fight off infection



Hygiene and environment



Vaccinations

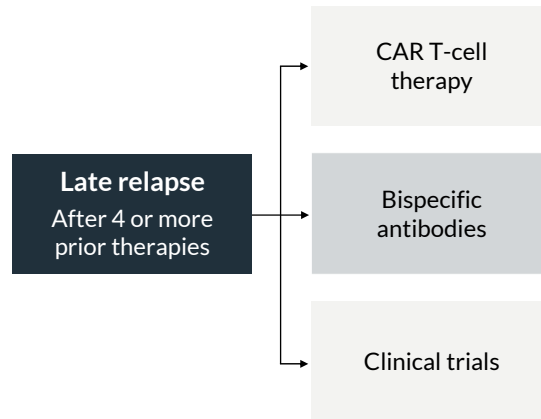


Preventive medicines, such as monthly intravenous immunoglobulin (IVIG) treatment or growth factor injections

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Treatment Choices for Relapse After 4 or More Prior Therapies

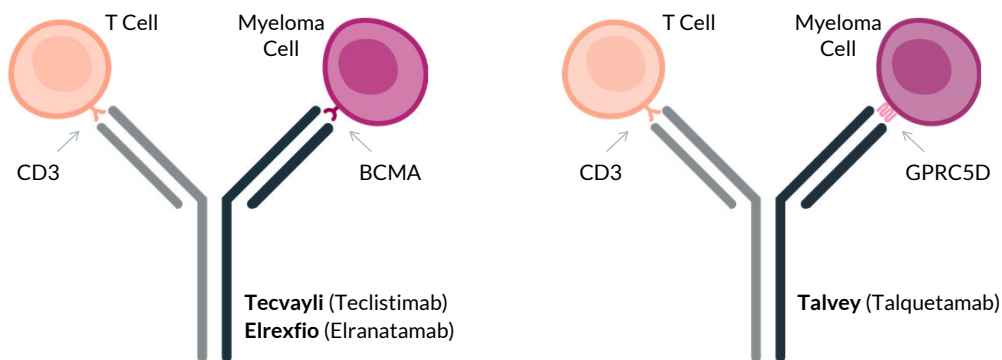


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Bispecific Antibody Therapy

Monoclonal antibody that can simultaneously bind to two different cell surface markers: one on the myeloma cell and one on a patient's T cells



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Bispecific Antibodies

What to Expect?

- Available off the shelf, allowing for immediate treatment
- Does not require lymphodepletion or other preparation
- Administered by subcutaneous (under the skin) injection
- To minimize side effects and to monitor patients closely, first two to three doses are administered in the hospital
- Requires ongoing administration until disease progression or unacceptable side effects

BCMA Bispecific Antibodies: Side Effects

Common Side Effects for BCMA Antibodies (Tecvayli, Elrexfio)



Cytokine release syndrome (CRS)



Neurotoxicity (ICANS)



Low blood counts



Infections

Non-BCMA Bispecific Antibodies: Side Effects and How to Manage

Talvey-Associated Side Effects

Affected area	Symptoms and effects	Management
Skin	Rash, skin peeling	Not painful; self-limiting, and manageable with emollients
Nails	Nail thinning and loss	Takes time to resolve
Oral	Difficulty swallowing, dry mouth, taste changes	Can lead to weight loss; have longer duration and can affect quality of life. Most successfully managed with dose modification. Supportive measures may be used (eg, NaCl mouth rinse, artificial saliva spray, diet modification)

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Considerations with CAR T and Bispecifics

CAR T Cell Therapy

- Single infusion (one and done)
- Potentially persistent
- Hospitalization required
- Dependent on T-cell health (manufacturing failures)
- Bridging therapy often needed to fill time gap (reword)
- Caregiver needed

Bispecific Antibody Therapy

- Off the shelf (immediately available)
- Continuous administration
- Initial hospitalization likely required
- Dependent on T-cell health (T-cell exhaustion)

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Summary

- Relapsed or refractory MM occurs when myeloma progresses or no longer is responsive to treatment
- Therapy choices will depend on teamwork between physician, patient, and caregivers and are based on many decision points.
- CAR T and bispecific antibodies result in high response rates even in patients who have received several prior therapies.
- CAR T can be used in earlier lines of therapy whereas bispecifics are used for later relapse

Questions & Answers Session

All faculty



Managing Symptoms and Side Effects

Pooja M. Phull, MD

“Fighting myeloma is an endurance event”

- Brad, myeloma fighter and cyclist



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Objectives

At the conclusion of this presentation, you should be better able to:

1. Recognize the main symptoms of multiple myeloma and how they are managed
2. Recognize common side effects of multiple myeloma treatments and how they are managed
3. Talk to your care team about symptoms or side effects that interfere with day-to-day activities

Symptom or Side Effect?

Symptom



Something a person experiences that may indicate a disease or condition

Side effect



An unfavorable and unintended secondary development that is related to a medical treatment or procedure

Symptom Management in Multiple Myeloma Therapies

Multiple myeloma and its precursor conditions involve plasma cell growth

Plasma cells are cells in the bone marrow that make antibodies.

Myeloma cells crowd out normal cells in the bone marrow, overproducing M proteins which affects bone, kidney, and overall health and can cause:



Low blood counts, which can lead to anemia and infections



Bone damage



Kidney issues



Treating Low Blood Cell Counts in Myeloma

Symptom	Treatment
Low Red Blood Cell Count (Anemia), most common	<ul style="list-style-type: none"> Dietary supplements (iron, folate, or vitamin B12) to improve fatigue Hormones to increase number of red blood cells : erythropoietin (EPO, Procrit, Epogen) or colony-stimulating factors Transfusion to replenish red blood cells
Low Platelet Count (Thrombocytopenia)	<ul style="list-style-type: none"> Transfusion to replenish platelets Holding blood thinners to prevent prolonged bleeding
Low White Blood Cell Count (Leukopenia)	<ul style="list-style-type: none"> Colony-stimulating factors (Neupogen, Neulasta, Leukine) to increase number of white blood cells Antibiotics or antifungals medications to prevent infection Vaccines to prevent viral infections

*Prefer to avoid with multiple myeloma due to increased risk of kidney injury

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Treating Bone Disease in Myeloma

Symptom	Treatment
Spinal fractures	<ul style="list-style-type: none"> Surgery (vertebroplasty or kyphoplasty) in specific cases where neurology may be impacted
Bone loss	<ul style="list-style-type: none"> Radiation to destroy myeloma cells Medications to prevent bone breakdown [Xgeva (denosumab), Zometa, (zoledronic acid)] Supplements to support bones (Vitamin D, Calcium)
Pain	<ul style="list-style-type: none"> Pain management medications, including: <ul style="list-style-type: none"> Acetaminophen (Tylenol) Corticosteroids (dexamethasone, prednisone) Opioids Typically recommend avoidance of NSAIDs (nonsteroidal anti-inflammatory drugs)*

Discuss the right option with your health care team. Please let your care team know if you are experiencing any pain.

*Prefer to avoid with multiple myeloma due to increased risk of kidney injury

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Treating Kidney Damage in Myeloma

Symptom	Treatment
Decreased amount of urine, Increase in creatinine and other proteins	<ul style="list-style-type: none"> • Fluids/Hydration • Avoid substances that are toxic to kidneys • Nonsteroidal anti-inflammatory drugs (NSAIDs) such as Aleve, Advil/Motrin • Plasmapheresis (plasma exchange) • Treat other causes of kidney damage (eg diabetes management) • Dialysis (severe)

*Prefer to avoid with multiple myeloma due to increased risk of kidney injury

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Side Effects and Management of Multiple Myeloma Therapies

Symptom or Side Effect?

Symptom



Something a person experiences that may indicate a disease or condition

Side effect



An unfavorable and unintended secondary development that is related to a medical treatment or procedure



Managing side effects while on myeloma treatments: Infections

Medication(s)	Common Side Effects	Treatments
<ul style="list-style-type: none"> • IMiDs: Pomalyst, Revlimid • Monoclonals: Darzalex, Sarclisa, Empliciti • CAR T Therapy: Abecma, Carvykti • Bispecifics: Tecvayli, Elrexfio • Other: Xpovio, Venetoclax 	<p>Infections (ex. upper respiratory, E. coli, Staph)</p>	<ul style="list-style-type: none"> • Antibiotics • Antivirals • Supportive care • Dose adjustments

Preventing Infections is Important for Many Myeloma Treatments

- Avoid crowds
- Ensure handwashing, hygiene
- Growth factors
- Intravenous immunoglobulin (IVIG) for hypo-gammaglobulinemia
- Immunizations
- COVID-19 prevention
- Preventative antimicrobials (e.g. Zoster prophylaxis)

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Managing Side Effects of Steroids



Insomnia

- Take early in the morning
- Split dosing



Fluid retention

- Monitor for swelling or "puffy" face
- Monitor weight changes



Mood changes

- Practice self care-
- Do relaxing or fun hobbies
- Talk to friends, family, or support groups
- Seek professional help



Dyspepsia (heartburn)

- Avoid spicy or acidic foods
- Avoid NSAIDs
- Take acid-blocking medications
- Take steroid with food



Elevation in glucose

- Monitor glucose and treat if needed

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Managing side effects while on myeloma treatments: Blood & Cardiovascular

Medication(s)	Common Side Effects	Treatments
<ul style="list-style-type: none"> • IMiDs: Revlimid, Pomalyst • PIs: Velcade 	Blood clots	<ul style="list-style-type: none"> • Blood thinners (Lovenox; Eliquis; Xarelto)
<ul style="list-style-type: none"> • Monoclonals: Darzalex, Sarclisa • IMiDs: Revlimid • CAR T: Abecma, Carvykti • Bispecifics: Tecvayli, Elrexfio, Talvey 	Low blood counts	<ul style="list-style-type: none"> • Monitoring • Dose adjustment



Managing side effects while on myeloma treatments: Blood & Cardiovascular

Medication(s)	Common Side Effects	Treatments
<ul style="list-style-type: none"> • IMiDs: Pomalyst • PIs: Kyprolis • Other: Xpovio 	Shortness of breath	<ul style="list-style-type: none"> • Rule out blood clot • Dose adjustment
<ul style="list-style-type: none"> • PIs: Kyprolis 	Hypertension Shortness of Breath Chest Pain Decreased Exercise Tolerance	<ul style="list-style-type: none"> • Monitoring • Check heart ultrasound • Dose adjustment



Managing side effects while on myeloma treatments: Peripheral Neuropathy

Medication(s)	Common Side Effects	Treatments
<ul style="list-style-type: none"> • PIs: Velcade, Kyprolis, Ninlaro • Monoclonals: Empliciti • IMiDS: Pomalyst 	Peripheral Neuropathy (sensation disruption or burning/tingling in the hands and feet)	<ul style="list-style-type: none"> • Dose adjustments • Anticonvulsive medications (Gabapentin, Pregabalin) • Opioids • Acupuncture • Cannabinoids • GABA analogues (gabapentin and Lyrica) for pain-related neuropathy



Managing side effects while on myeloma treatments: Gastrointestinal

Medication(s)	Common Side Effects	Treatments
<ul style="list-style-type: none"> • IMiDS: Revlimid, Pomalyst • PIs: Ninlaro • Monoclonals: Empliciti • Other: Xpovio 	Constipation	<ul style="list-style-type: none"> • Stool softeners • Laxatives (Miralax, Lactulose, Milk of Mag) • Fiber
<ul style="list-style-type: none"> • IMiDS: Revlimid, Pomalyst • PIs: Velcade, Kyprolis, Ninlaro • Monoclonals: Sarclisa, Empliciti • CAR T: Abecma • Other: Xpovio 	Diarrhea	<ul style="list-style-type: none"> • Imodium • Lomotil • Cholestyramine* • Dose adjustment
<ul style="list-style-type: none"> • IMiDS: Pomalyst • PIs: Velcade, Kyprolis, Ninlaro • Monoclonals: Darzalex, • Other: Xpovio 	Nausea	<ul style="list-style-type: none"> • Anti-nausea medications • Dose adjustment

*Specific to Revlimid



Managing side effects while on myeloma treatments: Skin

Medication(s)	Common Side Effects	Treatments
<ul style="list-style-type: none"> • Bispecifics: Talvey • IMIDs: Revlimid 	Rash	<ul style="list-style-type: none"> • Topical treatments • Benadryl and Claritin • Dose adjustment



Managing side effects while on myeloma treatments: Other

Medication(s)	Common Side Effects	Treatments
<ul style="list-style-type: none"> • IMIDs: Revlimid, Pomalyst • PIs: Velcade, Kyprolis • Monoclonals: Darzalex, Empliciti • Bispecifics: Tecvayli, Elrexfio, Talvey, • CAR T: Abecma, Carvykti • Other: Xpovio 	Fatigue	<ul style="list-style-type: none"> • Sleep hygiene • Regular exercise • Balanced diet • Addressing mental health concerns • Dose adjustment
<ul style="list-style-type: none"> • Monoclonals: Sarclisa, Empliciti, Darzalex 	Infusion reactions	<ul style="list-style-type: none"> • Oral or IV antihistamine • Steroid • Monitoring • Dose adjustment

Beyond Myeloma Treatment: Taking Care of Yourself

Proper nutrition

- Eating a healthy diet high in fiber-rich foods to boost energy and mood
- Focus on plant-based foods, whole grains, avoiding processed/red meats
- Your team may recommend a nutritionist

Exercise

- Getting regular exercise can improve your physical and mental health

Mental health and emotional support

- Support groups and social work support are available
- Stress-reducing activities like yoga and meditation can help reduce anxiety
- Mental health providers are available
- Management of substance use disorders

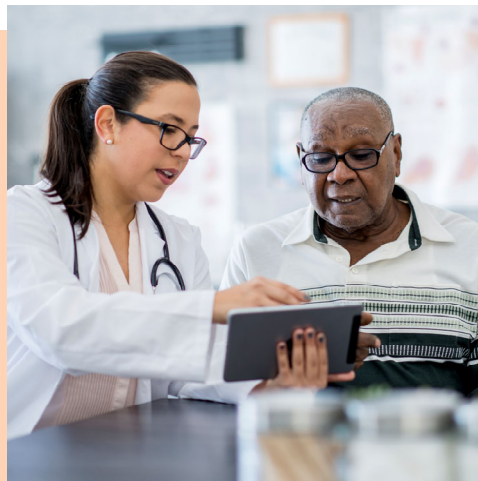
Sleep

- Practice good sleep hygiene (routines, no TV or phone screen close to bedtime)

Communicating With Your Care Team: Side Effects and Support Services

Talk to your provider about your myeloma symptoms, as well as any side effects from treatment to make treatment more tolerable

- What support services are available to me?
- What financial resources are available to me?
- Are there any myeloma patient support groups available to me? Are any in my area?
- What is the best way for me to contact you in case of an emergency?
- Should I tell my other doctors/my dentist about my diagnosis?



Clinical Trials and Multiple Myeloma

Harsh V. Parmar, MD



Question

Have you and your care team ever discussed the possibility of you joining a clinical trial? (If you are a caregiver, do you know if joining a clinical trial has ever been discussed?)

- a) Yes
- b) No
- c) I don't know.

Objectives

At the conclusion of this presentation, you should be better able to:

1. Understand what a clinical trial is and why clinical trials are important
2. Follow the steps of enrolling in a clinical trial
3. Clear up any questions about clinical trials
4. Identify clinical trials in your area

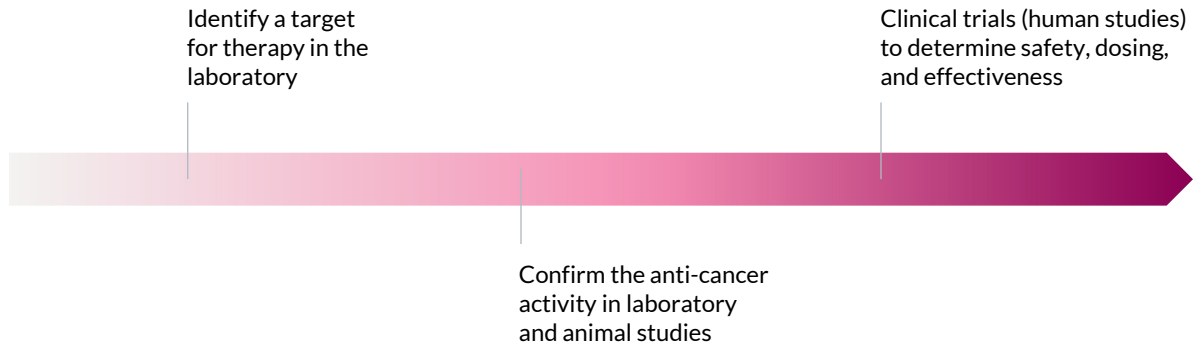
Clinical Trials Help Make Progress Against Myeloma

- Develop safe and effective treatments to potentially lengthen lives
- Optimize treatment regimens so that every patient can achieve the best possible outcome

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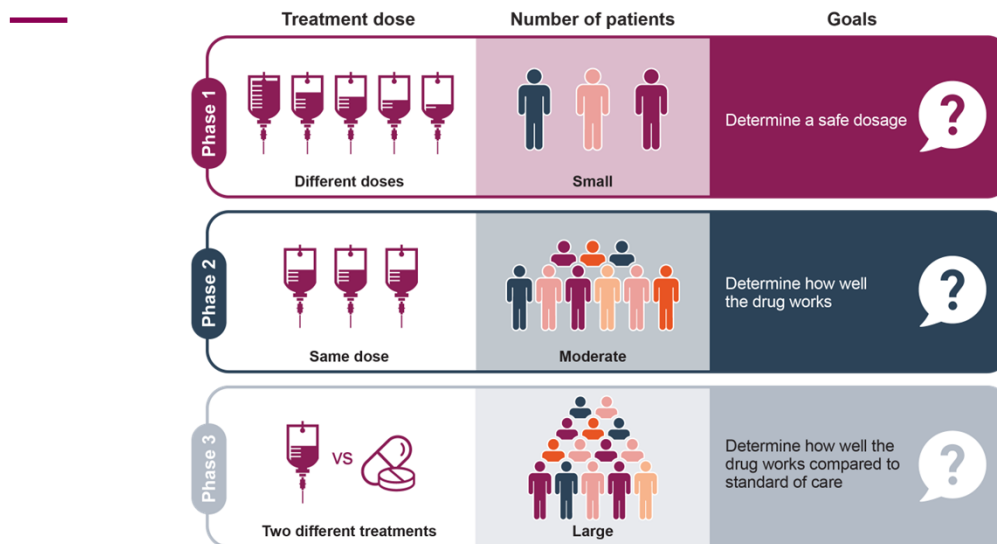
New treatment options that have improved myeloma survival rates the past two decades

Clinical Trials Stem From Many Years of Laboratory Research



The whole process costs millions of dollars and years of effort!

Traditional Clinical Study Types



Important Terms to Know in Myeloma Trials

Open Label

You and your health care team know what type of treating you're getting.

Randomized

Your health care team does not have a choice on which treatment group you will belong to.

Longitudinal

You will be part of a study that looks at how well a treatment worked and how safe it was over a long period of time.

If the current standard of care is no treatment or action, patients may be randomized to receive a placebo*
This should be clearly stated to you in advance!

*A medically inactive compound; also known as sugar pill

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Addressing Common Questions/Misperceptions

Q. Will I get a placebo?



A. The majority of studies do not include a placebo. For some studies they are required. This would be clearly stated in the informed consent.

Q. Are clinical trials only for patients who have run out of options?



A. No. Patients are all stages of their disease can take part in clinical trials.

Q. Can I ever leave a clinical trial?

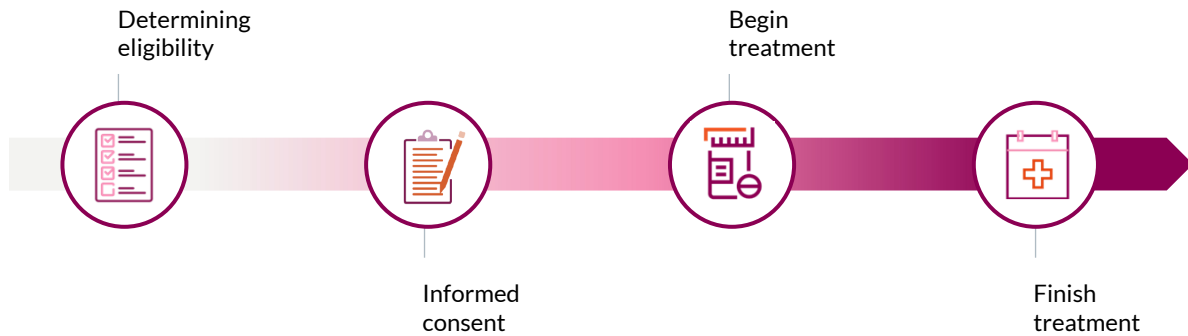


A. Yes. If you change your mind or you feel you are not benefitting from the clinical trial you can leave the trial. This will not affect your relationship with your medical team.

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Important Steps for Patients in a Clinical Trial



When treatment is finished, patients will be followed up and monitored to evaluate long-term effects and see how well the treatment is doing

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Qualifying for a Clinical Trial

Eligibility (inclusion criteria)

- Each study has specific requirements for patients to be eligible
- Patients at all stages of disease can be eligible for a clinical trial

Challenges to Eligibility* (exclusion criteria)

- Kidney failure
- Low blood counts
- Recent diagnosis with another type of cancer
- Myeloma that is hard to measure (for example, nonsecretory myeloma)

*Exclusion criteria are specific to every study, so don't count yourself out!

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If you are eligible for a clinical trial, you must provide informed consent

- Details of the clinical trial are provided to the patient by their doctor, including:
 - Goals of the trial
 - Risks and benefits
 - Drugs, tests, and procedures used
- Patient has the right to raise any questions or concerns or withdraw consent at any time



Participating in a Clinical Trial

- The information collected on you will be anonymized.
- In addition to treatments, you may be asked to complete questionnaires or keep a diary (to document side effects, for example).



Questions to Ask Your Care Team

- How does the study work? How often will I need to see my doctor or visit the cancer center?
- Will I need to undergo additional tests?
- What is currently known about the new drug or combination?
- What benefits can I expect?
- What side effects should I expect? Who should I notify if I have side effects?
- Can I take my vitamins or other medications?
- Can I get the treatment with my local doctor?
- Do I incur any costs?

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The Finances of Participating in a Clinical Trial

- You may have appointments and/or receive medications at no cost to you.
- Other standard-of-care treatment will be billed to your insurance as usual.
- You may be able to receive money for transportation, lodging, and food.
- Ask your study coordinator for details on who is responsible for what costs.



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As you begin treatment, you may encounter...



More frequent doctor visits, evaluations, and lab-work



Larger team of providers

If you experience side effects, it is important to reach out to your provider



Concluding Treatment on a Clinical Trial

Participation in a clinical trial will end:

- When the trial meets its predefined timeframe
- If a drug is not working
- If side effects are intolerable
- At any time if the patient no longer wishes to participate



Finding Clinical Trials

- **Contact** the MMRF Patient Navigator Center at 1-888-841-6673
- **Visit** themmr.org/resources/clinical-trial-finder/
- **Ask** your treating hematologist-oncologist about any available trials
- **Check** with any academic medical centers close to your home

Enrolling Clinical Trials at Hackensack University for R/R Patients

Name	What is Being Tested	Clinical Trial ID #
iMMagine-1 (Phase II)	New CAR T-therapy: Anitocabtagene-autoleucl	NCT05396885
CaMMouflage(Phase I)	New CAR T-therapy: CB-011	NCT05722418
STOMP (Phase II)	New combination therapy with Selinexor and cell modulator: Selinexor + Mezigdomide + Dexamethasone	NCT02343042
KTX-MMSET-001 (Phase I)	New oral medication MMSET: MMSET + combinations of Dexamethasone, Kyprolis (Carfilzomib), or Pomalyst (Pomalidomide)	NCT05651932
Horizon One (Phase II)	New dosing regimens: Tecvayli (Teclistamab)	NCT06171685
BGB-11417-105 (Phase I)	New oral medication (Sonrotoclax) as a monotherapy or in combination: Sonrotoclax (BGB-11417) + Dexamethasone, Dexamethasone/Kyprolis (Carfilzomib), Dexamethasone/Darzalex (Daratumumab), and Dexamethasone/Pomalyst (Pomalidomide)	NCT04973605

MMRC Horizon One Clinical Trial

Goal of Horizon One

- Test how safe treatments and treatment combinations are and how well they work

Who is eligible

- Relapsed/refractory patients

What to expect

- Patients will receive 12 months of Tecvayli (teclistimab) treatment at set cycles
- Patients responding well after one year will be randomized to three different arms, testing how effective different dosing regimens of Tecvayli are

Enrollment Information

- 9 treatment sites, including Hackensack Medical Center
- Contact Fideliza Perez, (844) 464-9355, or fideliza.perezmanon@hmhn.org

Please take a moment to answer
two questions about this presentation.

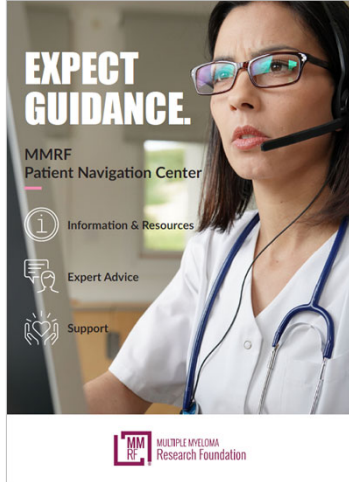
Questions & Answers Session

All faculty

Closing Remarks

Veronica Bohorquez-Medd, MA
Senior Manager, Community Engagement & Education

MMRF Patient Navigation Center



Get support through every step of your multiple myeloma journey.

Give the Patient Navigation Center a call Monday–Friday, 9 AM-7 PM ET

1-888-841-6673 to learn more.



Patient Education Programs 2025

Multi-channel offerings

- Patient Summits
- Patient Webinars
- Myeloma Matters Podcasts
- FB Livestreams
- Conference Highlights
- Nursing Fireside Chats
- The MMRF Patient Toolkit
- High Impact Topic Videos
- Fast Facts in Myeloma Infographics



Save the Date For Upcoming Patient Education Events

Program	Date and Time
Patient Summit: Irvine, CA	Saturday, May 10
Livestream: Considering CAR-T: What You Need to Know	Wednesday, May 14
Webinar: Understanding Bispecifics	Wednesday, May 28

For more information or to register, visit themmrf.org/educational-resources



Participate in MMRF's Walk/Run! *Participation is free & open to all ages!*

Spring 2025 event registration is **NOW OPEN**.

- | | |
|-------------------------|----------------------|
| Dallas - 5/3 | Twin Cities - 9/20 |
| Detroit - 5/17 | Washington DC - 9/27 |
| Tampa - 5/17 | New York City - 10/4 |
| Charlotte - 5/31 | Philadelphia - 10/18 |
| Chicago - 9/7 | Atlanta - 10/25 |
| Boston - 9/13 | Houston - 11/01 |
| National Virtual - 9/20 | Los Angeles - 11/15 |
| | Scottsdale - 11/22 |

Raise awareness.

Fundraise critical funds to accelerate treatments and a cure.

Build community and camaraderie with your local multiple myeloma community.



Visit our website for more information:
<https://themmrf.org/get-involved>

Join Team for Cures

Events-based fundraising in communities nationwide that help to support the mission of the MMRF

With a variety of events available, choose how you'd like to get involved in making an impact.

Our Team for Cures staff looks forward to working alongside you to achieve your goals—while raising critical funds for the MMRF.



Walk/Run



Half and Full Marathons



Moving Mountains for Multiple Myeloma



Create Your Own Fundraiser

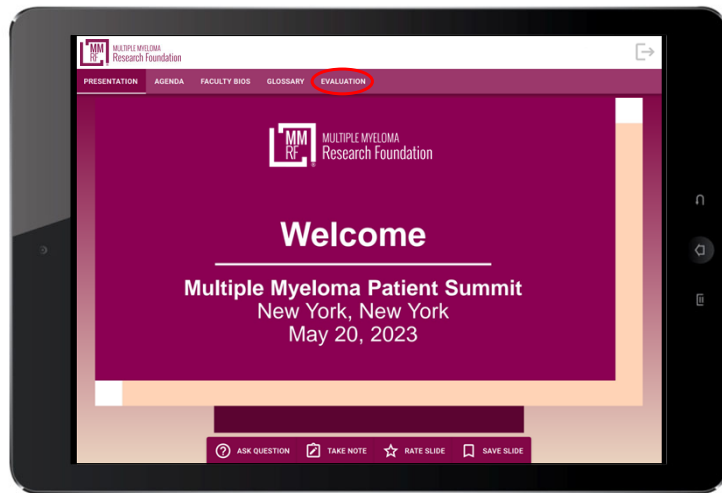


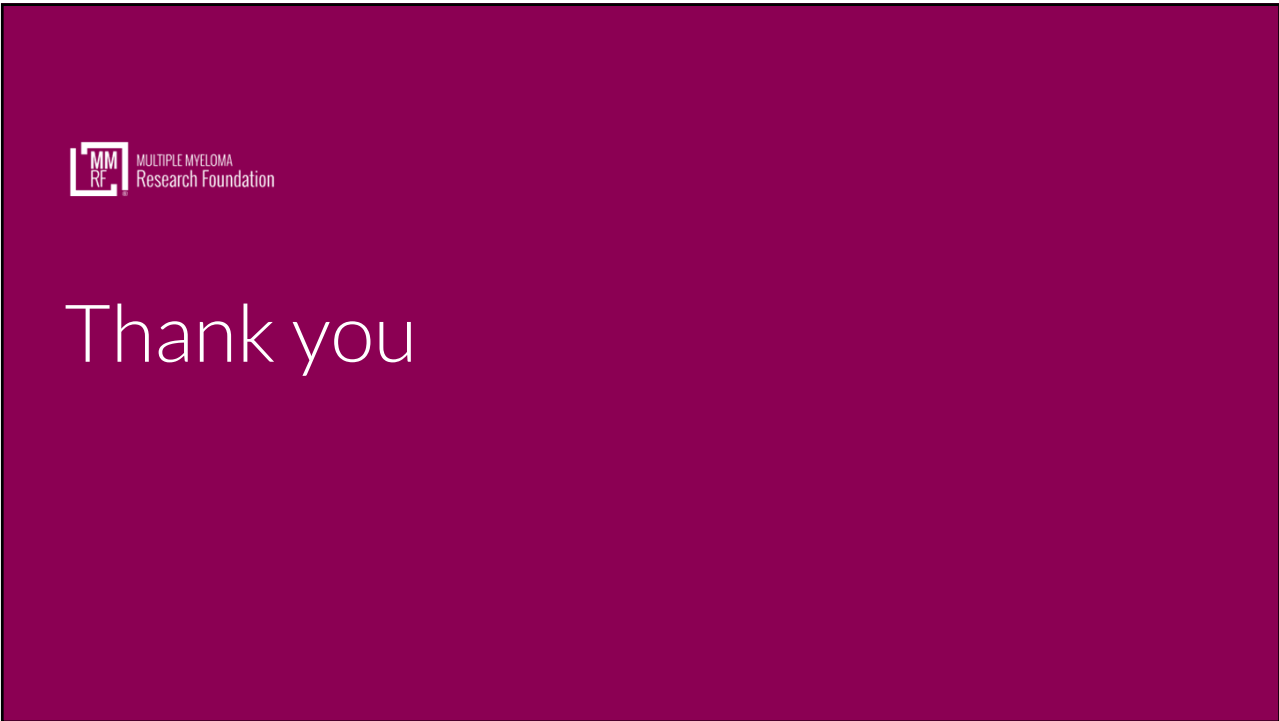
Bike/Road to Victories



Don't Forget!

Complete your evaluation
Leave the iPad at your seat





Thank you