MULTIPLE MYELOMA
Research Foundation

Highlights: ASH Annual Meeting

Advancements in the Field: What Patients Need to Know

December 2025

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Resources

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

Submit your questions throughout the program!

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.

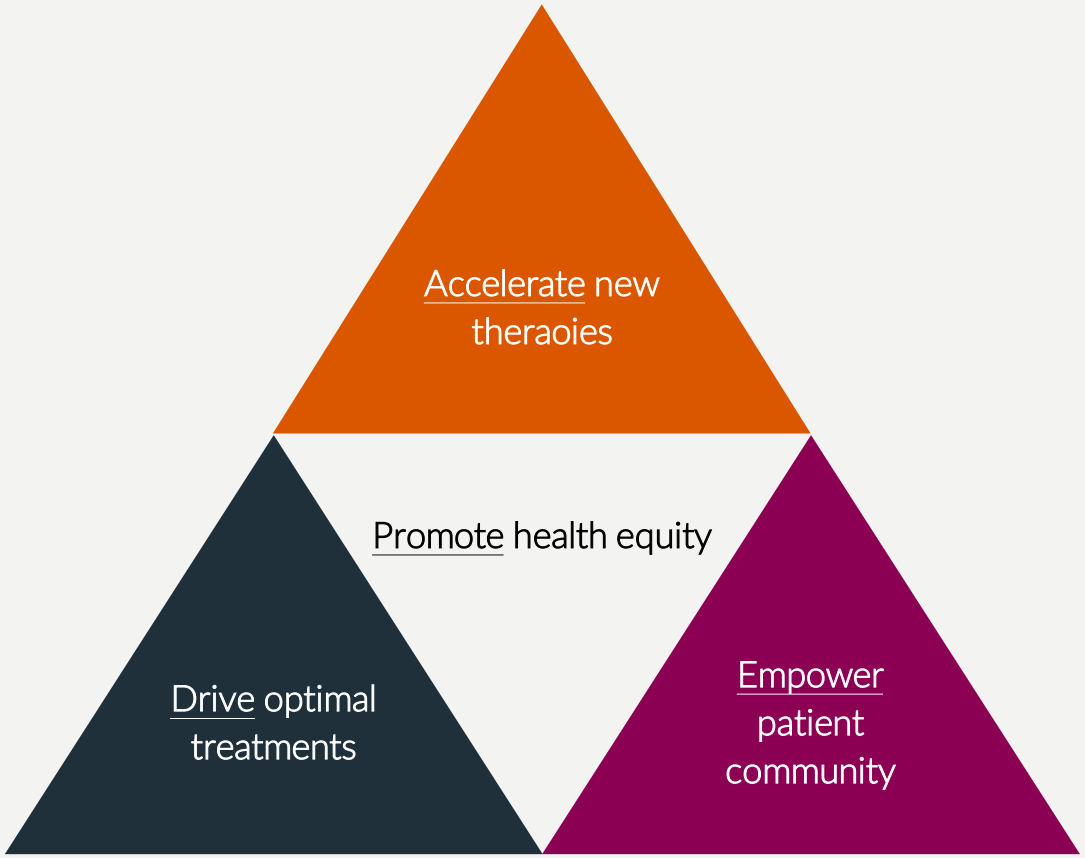
Our Mission

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

Our Vision

A world free of multiple myeloma.

Our Strategic Objectives



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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

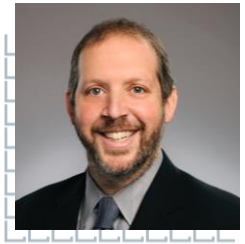
Faculty

Benjamin Derman, MD

Assistant Professor of Medicine

University of Chicago

Chicago, Illinois



Jonathan L Kaufman, MD

Professor, Hematology and Medical Oncology

Emory University School of Medicine

Atlanta, GA

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Learning objectives

This presentation aims to help you:

- Understand how clinical trials seek to improve care for all patients across their journey
- Learn about breakthrough myeloma research and new treatment strategies from the latest clinical trial data presented at ASH
- Discuss with your care team about treatment options and whether clinical trials are right for you

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01

ASH Findings Are Based on Clinical Trials

What is a clinical trial?

A clinical trial is a research study where eligible patients volunteer to test new treatments or combinations of treatments.

Why are clinical trials important?

- Provide access to emerging treatment options that are not yet available outside of the trial
- Help researchers:
  - develop safe, effective treatments to help patients live longer and improve quality of life
  - determine if a new treatment is safer and/or more effective than existing treatments
  - optimize treatment to minimize side effects
- Your participation in research will help other myeloma patients in the future

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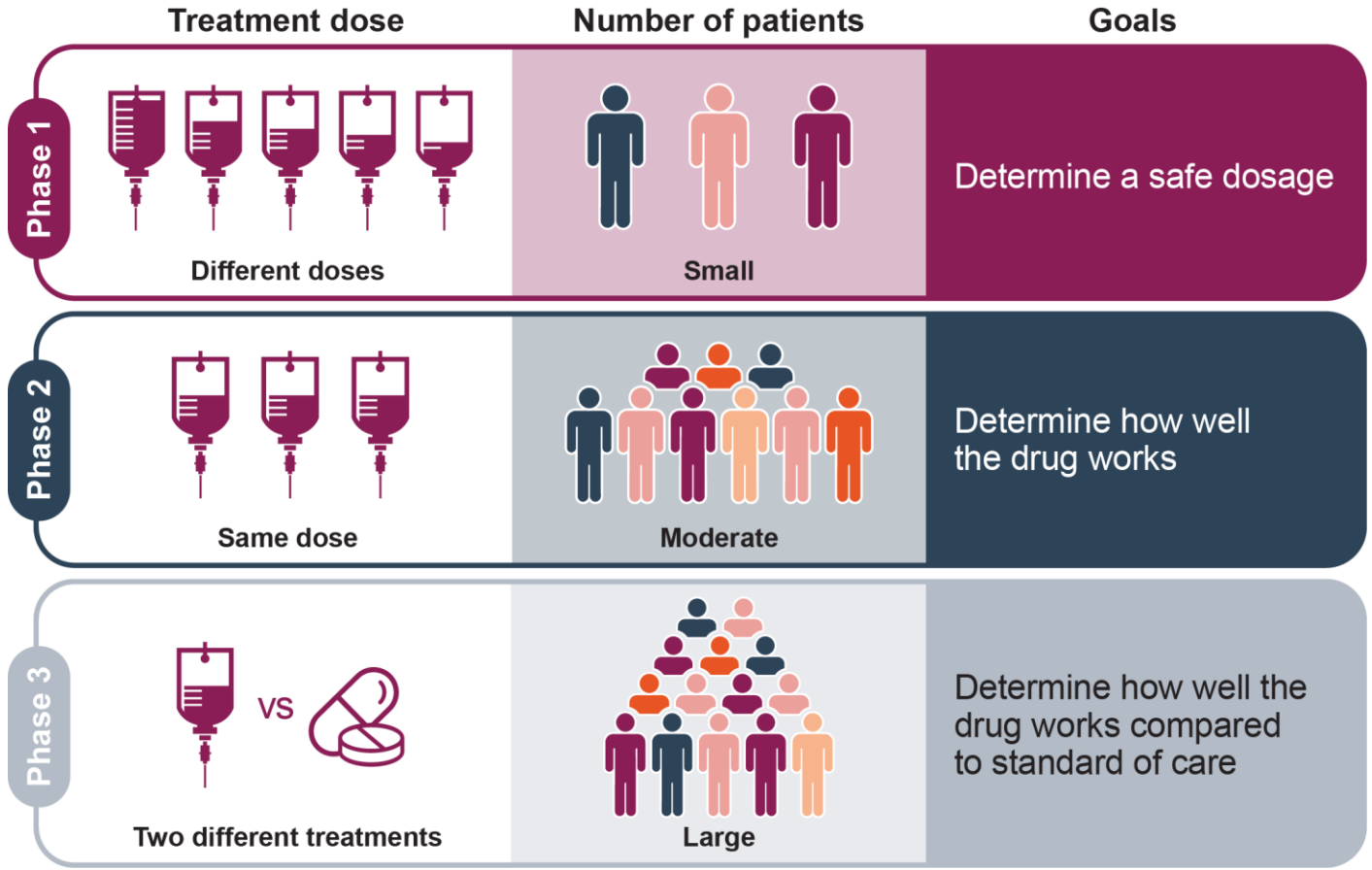
Clinical trials are carried out in phases

Each phase helps answer specific questions about how a treatment works and how safe it is.

Phase 1 – Is it safe?

Phase 2 – Does it work?

Phase 3 – How does it compare?



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How do clinical trials measure if a treatment is working?

Every trial has a primary endpoint — the main measure used at the end of the trial to tell if the treatment worked. The primary endpoint is decided before the study begins.

Primary Endpoint	Definition

Overall Response Rate (ORR)	• Measures % of patients with fewer cancer cells after treatment
	• Includes different levels of response:
	  • Complete response (CR)
	  • Very good partial response (VGPR)
	  • Partial response (PR)

Overall Survival (OS)	• Measures how long patients live after starting treatment
Progression-Free Survival (PFS)	• Measures how long a treatment keeps myeloma from growing • Helpful when long-term survival data are not yet available
Minimal Residual Disease (MRD) negativity	• Very sensitive measure of the amount of myeloma cells remaining after a course of treatment

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02

Studies Focused on Optimizing Care for Newly Diagnosed Patients

Optimizing care for newly diagnosed patients

Key opportunities to enhance care for newly diagnosed patients include:

Tailoring Therapy

- What is the best therapy that will benefit high-risk patients the most?
- Is there potential to enhance frontline therapy for newly diagnosed multiple myeloma (NDMM) patients?
- With solid frontline options available, can we improve therapy so that transplant deferred or ineligible patients will benefit?

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Overview of treatments

Treatment Investigated	Who Treatment is Currently Approved For	Study Name	Main Question of the Study
Isa-VRD: Sarclisa® + Velcade® + Revlimid® + dexamethasone. Sarclisa is a monospecific antibody (similar to Darzalex®) that is given by IV.	Newly diagnosed and relapsed/refractory patients	BENEFIT	• Is the quadruplet therapy Isa-VRd more effective than triplet therapy Isa-Rd for high-risk, newly diagnosed patients?
Lynozyfic™: Intravenous immunotherapy that helps the body's T cells find and attack myeloma cells	Patients who have relapsed after at least 4 prior treatments	LINKER-MM4	• Is Lynozyfic (given by itself) safe and effective for newly diagnosed patients instead of traditional frontline therapy with 3 or more drugs?
TD: Teclistimab® + Darzalex®. Teclistimab is a bispecific antibody given subcutaneously. Darzalex is a monospecific antibody that can be given subcutaneously.	Teclistimab is approved for patients who have relapsed after at least 4 lines of therapy. Darzalex is approved for newly diagnosed patients.	Teclille	• Can an all-antibody frontline treatment help newly diagnosed patients who are not eligible for a stem cell transplant?
Iberdomide: Oral medication (called a CELMoD) that is used to enhance the immune response	Not yet approved	EMN26	• Can iberdomide can enhance maintenance therapy in newly diagnosed patients?

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IsaVRd is more effective than IsaRd at treating high-risk NDMM

In a Phase 3 clinical trial, 270 NDMM ages 65-79 who cannot have a stem cell transplant were treated with either Isa-VRd (Sarclisa, Velcade, Revlimid, and dexamethasone) or Isa-Rd (Sarclisa, Revlimid, and dexamethasone)

- All patients had high-risk disease features, such as certain genetic changes or high levels of a blood protein called β2-macroglobulin

Results:

- 31% of patients treated with Isa-VRd became MRD-negative compared to 13% treated with IsaRd

Isa-VRd is FDA-approved in the U.S. for NDMM patients who are not eligible for a stem cell transplant. However, some patients may access Isa-VRd off-label, meaning it is used in ways not specifically approved by the FDA, based on a doctor's judgment. **Talk to your care team to see if IsaVRd may be an appropriate option for you**

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Enhancing frontline treatment: Lynozyfic shows encouraging early results as a simpler option for NDMM

In a Phase 1 study, 45 NDMM patients were treated with Lynozyfic monotherapy with or without a stem cell transplant

- **Some patients (28) received a stem cell transplant with limited treatment**
- **Some patients (17) received Lynozyfic indefinitely**

Response:

- 79% responded, including 56% who had a very good partial response or better and 26% who had a complete response; 59% reached MRD negativity at 10^{-5}
- These responses may continue to deepen over time, similar to what was seen in studies of patients with RRMM who were followed for longer periods

Side effects:

- About 1 in 3 patients had low blood counts, and mild to moderate infections were common
- 44% of patients had mild CRS

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“All-antibody” combination is safe and effective for newly diagnosed patients who cannot get a transplant

In a Phase 2 clinical trial, 37 were treated with a combination of Tec+Dara (Tecvayli + Darzalex).

- **After initial step-up dosing, Tec was given monthly.**
- **Dara was given weekly, every two weeks, then every month as treatment cycles continued.**

Response:

- 100% of patients responded to Tec+Dara
- Nearly 3 out of 4 patients reached MRD negativity

Side effects:

- 59% of patients had mild CRS
- Infections were common, however, only 14% of infections were severe (grade 3 or higher)

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Iberomide deepens response in NDMM patients who had a stem cell transplant

In a Phase 1 study, 120 NDMM patients were treated with different doses of iberomide as maintenance therapy after a stem cell transplant

Response:

- About 50% of patients became MRD-negative
- More than 80% remained cancer-free after two years. These responses may continue to deepen over time, similar to what was seen in studies of patients with relapsed or refractory multiple myeloma (RRMM) who were followed for longer periods
- Now that researchers have identified an effective and tolerable dose, iberdomide can now be studied in larger trials

Side effects:

- Low white blood cell counts, which sometimes led to infections
- Serious side effects were uncommon

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03

Building on the Success for Early Relapsed Patients

Treatment considerations for patients who relapse after their first few therapies

Challenges exist for early relapsed patients, including:

Finding Effective, Durable Treatments

- Treatment resistance occurs frequently in the relapsed/refractory population. What can offer deep and durable responses?

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Overview of treatments

Treatment Investigated	Who Treatment is Currently Approved For	Study Name	Main Question of the Study
TD: Teclistimab® + Darzalex®. Teclistimab is a bispecific antibody given subcutaneously. Darzalex is a monospecific antibody that can be given subcutaneously.	Teclistimab is approved for patients who have relapsed after at least 4 lines of therapy. Darzalex is approved for newly diagnosed patients.	MajesTEC-3	• Is the combination of Teclistimab and Darzalex more effective than standard 3-drug therapy for early relapsed patients?
Carvykti®: CAR T-cell therapy made by genetically engineering T cells to recognize and attack myeloma cells using the BCMA protein as a target	Patients who have relapsed after 2-4 prior therapies	CARTITUDE-4	• Is Carvykti better at killing myeloma cells and preventing disease from worsening than standard 3-drug therapy?
Anito-cel: CAR T-cell therapy made by genetically engineering T cells to recognize and attack myeloma cells using the BCMA protein as a target	Not yet approved	iMMagine—1	• Is Anito-cel safe and effective in treating RRMM patients?
GC012F/AZD0120: CAR T-cell therapy that recognizes two targets instead of one. It is assembled quicker than other CAR T therapies	Not yet approved	NCT04935580	• Can GC012F/AZD0120 offer safe and lasting responses in a high- risk population?

Tec+Dara is significantly more effective than three drug combinations for early relapsed patients

In a Phase 3 clinical trial, 587 patients with 1-3 prior lines of therapy were treated with either Tec+Dara (Tecvayli + Darzalex) or a standard three-drug combination

Response:

- Patients taking TD had a significant improvement in progression free survival (83% vs. 29%) compared to either DPd (Darzalex + Pomalidomide + dexamethasone) or DVd (Darzalex + Velcade + dexamethasone)
- Progression free survival in TD patients is currently at 3 years.
- The risk of dying was cut by more than half among patients treated with Tecvayli + Darzalyx than those treated with DPd or DVd

Side Effects:

- While infections were common, they were manageable with routine prevention and monitoring.

Tec+Dara has the potential to be a new standard of care for patients who relapse early, especially on immunodmodulatory drugs like Revlimid or proteasome inhibitors like Velcade or Kyprolis.

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Carvykti, a CAR T-cell therapy, can provide lasting disease control when used early in treatment

In a Phase 3 clinical trial, 208 patients were treated with either Carvykti or a standard 3-drug regimen: PVd (Pomalyst® + Velcade + dexamethasone) or DPd (Darzalex + Pomalyst + dexamethasone)

- Patients had stopped responding to Revlimid after –3 prior lines of therapy

Response:

- After 2.5 years, 71% of patients treated with Carvykti still had their disease under control, compared to 43% of those treated with standard therapies

Side effects:

- No new side effects were reported

Carvykti is FDA-approved in the U.S. for patients who have relapsed after 1-3 prior lines of therapy.. Talk to your care team to see if Carvykti may be an appropriate option for you

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CAR T-cell therapy continues to improve

CAR T-cell therapy can offer powerful results but comes with challenges, including long manufacturing times and serious side effects, such as CRS, ICANS and infections

New studies presented at ASH are exploring ways to make CAR T-cell therapy safer, faster, and available to more people. These include:

- Improved safety, with fewer serious side effects like CRS and ICANS
- Targeting more than one protein on myeloma cells for longer-lasting responses
- Faster manufacturing that can make CAR T cells overnight

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Unique CAR T approach offers effective treatment for RRMM patients with fewer serious side effects

In a Phase 2 study, over 100 RRMM patients were treated with anito-cel, a new CAR T-cell therapy that uses a "hook" to attach to BCMA proteins on myeloma cells

- Patients had already received at least 4 prior treatment lines, including an IMiD, proteasome inhibitor, and monoclonal antibody

Response:

- 97% responded, including 68% who experienced a complete response or better, often in about 1 month

Side effects:

- Low blood counts and mild-to-moderate CRS were common but usually resolved quickly
- Serious infections and neurological problems often seen with other CAR T-cell therapies were uncommon, suggesting anito-cel may be a treatment option for more people

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NCT04935580
NCT05840107

New dual-targeted CAR T-cell therapy shows strong and lasting responses in NDMM patients

In two Phase 1 clinical trials, 30 NDMM patients were treated with a new CAR T therapy called GC012F/AZD0120 that targets 2 proteins on myeloma cells—BCMA and CD19—instead of 1

- This CAR T-cell therapy can be produced overnight instead of taking weeks, which is standard with other CAR T-cell therapies

Response:

- All patients responded, including 97% who had a complete response
- Every patients tested was MRD-negative, with 92% still MRD-negative at 12 months
- 88% had no disease progression after 30 months

Side effects:

- About 1 in 3 patients had mild to moderate CRS. No patients developed ICANS

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Providing More Options for Patients in Later Stages of Disease

New data at ASH highlight treatment options for patients in later stages of disease

Challenges experienced by patients in later stage of disease:

Limited Options

- For patients who have disease growing outside the bone marrow, more effective treatment combinations are needed
- For patients who have become resistant to BCMA-targeted therapies or GPRC5D targeted therapies, little options remain
- Balancing treatment with safety and quality of life

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Overview of treatments

Treatment Investigated	Who Treatment is Currently Approved For	Study Name	Main Question of the Study
Talvey® + Tecvayli®	RRMM patients who have received at least 4 prior lines of therapy, including a proteasome inhibitor, an IMiD, and an anti-CD38 monoclonal antibody	Redirectt-1	• Can a combination of Talvey + Tecvayli effectively treat RRMM patients with EMD?
Cevostamab, a new bispecific antibody targeting protein FcRH5	Not yet approved	Phase 1b CAMMA 3	• Is Cevostamab a safe and effective treatment option for RRMM patients who have received multiple other lines of therapy, including other bispecific antibody therapies?
JNJ-5322	Not yet approved	NCT05652335	• What dose of JNJ-5322 provides the strongest benefit to RRMM patients while minimizing safety concerns?

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Talvey + Tecvayli may help treat RRMM patients with EMD

In a Phase 2 clinical trial, 90 RRMM patients with EMD were treated with a combination of Talvey and Tecvayli

- Patients received several prior lines of therapy, including CAR T or bispecific antibody therapy

Response:

- 79% responded, including more than 52% who had a complete response
- Patients with smaller amounts of myeloma cells outside the bone responded even better, with more than 90% responding

Side effects:

- About 80% of patients had serious infections, a small number of whom (6.7%) died from these infections*

*Despite these risks, this combination remains one of the most effective treatments for this aggressive form of myeloma. It's important to weigh your options with your care team carefully and to discuss the risks associated with any treatment regimen

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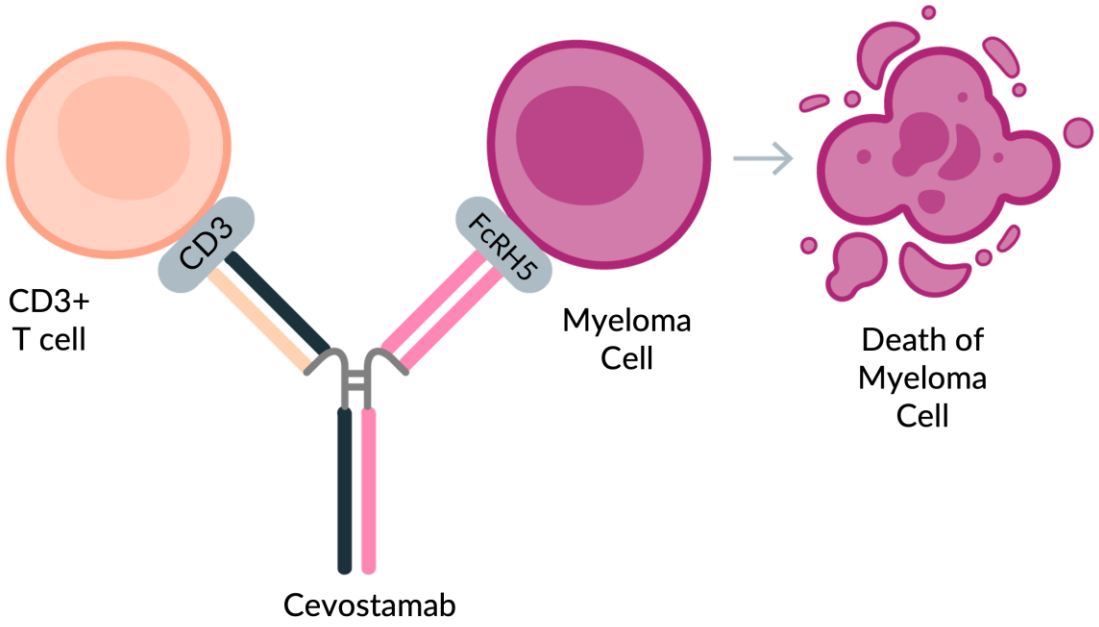
New bispecific antibody offers hope for RRMM patients

Cevostamab, a new bispecific antibody, targets the protein FcRH5

- FcRH5 is found on the surface of all myeloma cells, but is generally not found on other healthy cells which helps minimize side effects from this treatment
- Other bispecific antibodies targeting BCMA or GPRC5D, meaning cevostamab can be an alternative for patients who are resistant to therapies that target these proteins
- Delivery as injection under the skin vs. IV improves patient experience



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Early data suggest cevostamab may be a safe and effective treatment option for RRMM patients

In a Phase 1b clinical trial, 58 RRMM patients were treated with cevostamab

- Patients had received a median of 5 prior lines of therapy, including other bispecific antibody therapies

Response:

- 31% had a very good partial response or better, including 20% who experienced a complete response

Side effects:

- Common side effects: CRS, injection-site reactions, and low blood counts were mostly mild to moderate and occurred early in treatment
- About 12% of patients experienced serious side effects, including infections or severe low blood counts

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A new tri-specific antibody shows encouraging results in RRMM patients

In a Phase 1 study, RRMM patients were treated with JNJ-5322, a new trispecific antibody that targets BCMA, GPRC5D, and CD3—combining the activity of two bispecifics in one drug

- Patients had previously received up to 11 prior lines of therapy

Response:

- 100% of patients responded
- In patients who had never been treated with BCMA or GPRC5D therapies such as Talvey or Tecvayli, 95% had no disease progression after 12 months

Side effects:

- Oral, skin, and nail changes and weight loss were generally manageable
- CRS was uncommon. Only 6% of patients had grade 2 CRS or higher, which was reduced to 2% when given the preventative medicine tocilizumab. This optimized dosing strategy was selected to provide the strongest benefit with the lowest risk

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Key takeaways

New treatments are on the horizon for patients at all stages of disease

Promising therapies are being developed to give patients more options to manage their disease, no matter where they are in their myeloma journey

Existing treatments are becoming safer and more effective

Researchers are finding ways to make current treatments more effective—while reducing side effects and making them easier to tolerate

Research is underway to make treatments more personalized/tailored to patients' needs

New approaches are being taken for patients based on high-risk markers and transplant eligibility

If you are interested in participating in a research clinical trial, talk to your care team to find out what might work for you

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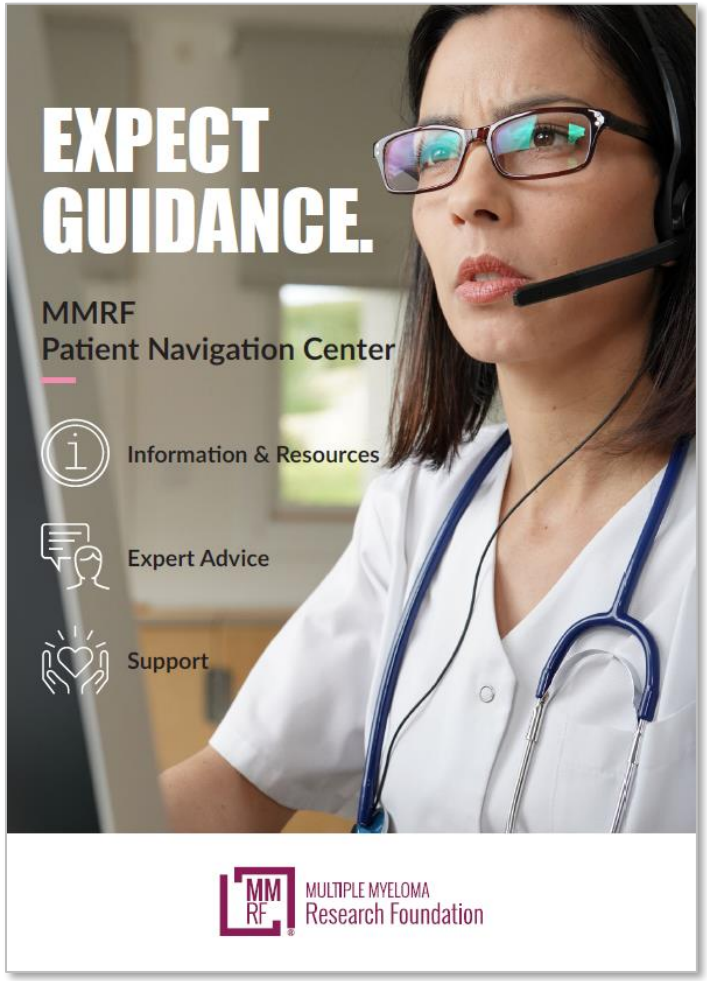
Q/A

The MMRF Myeloma Mentors Program

Myeloma Mentors are trained patient mentors living with myeloma, who share resources and personal experiences to help inform, empower, and support other patients and caregivers.

- The phone-based program connects you one-on-one with a trained mentor
- Patient mentors are living with multiple myeloma in various stages and classifications, and they have undergone a variety of treatments

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.

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Multi-channel offerings

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Conference Highlights

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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	Speakers
Livestream: 2025 ASH Conference Highlights	Wednesday, January 7 at 12:00 PM EST	Suzanne Lentzsch, *MD, PhD* Maximilian Merz, *MD*
Webinar: **Mapping Out the Road Ahead: Monitoring and Decision-Making Across the Myeloma Journey**	Wednesday, January 28 at 1:00 PM EST	Kathy Giusti, *Founder MMRF* Anne Quinn Young, *MPH*

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

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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.

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Resources

- Resource tab includes
  - Evaluation Form (your input matters!)
  - Speaker bios
  - Copy of the slide presentation
  - Exhibit Hall

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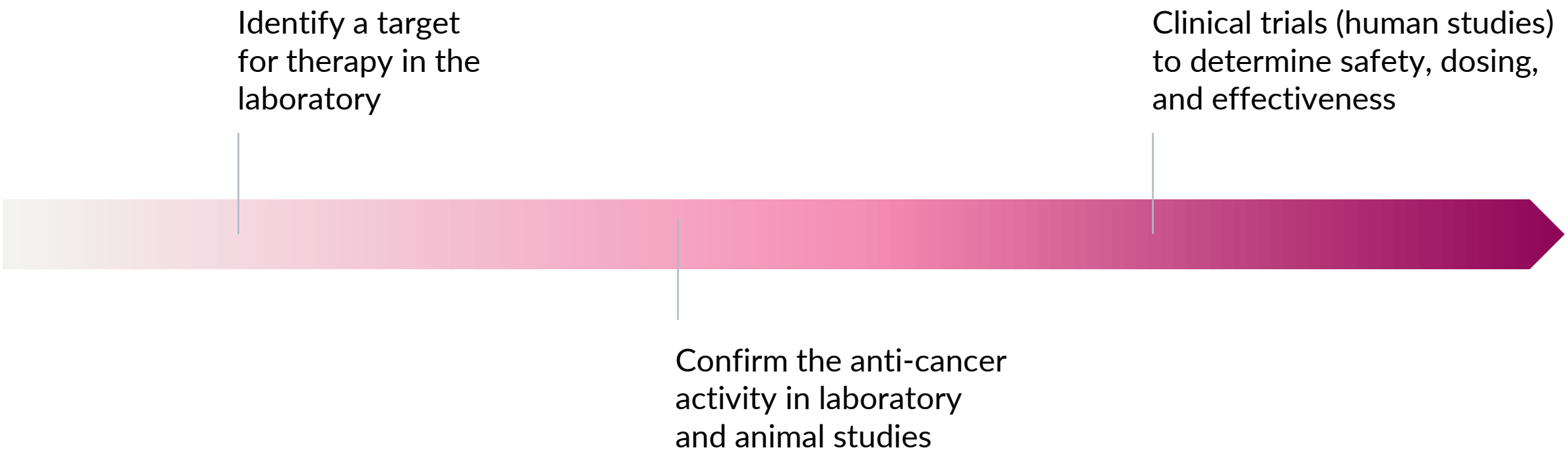
Thank you

Clinical trials are the result of many years of careful laboratory research



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

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Other measures of a treatment's impact

Trials also have secondary or intermediary endpoints, which show additional effects of the treatment on patients.

These might include:

- **Side effects:** type, severity, frequency and impact on quality of life
- **Patient-related outcomes (PROs):** information gathered directly from patients to help show how treatment affects well-being

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New research presented at ASH shows progress in treatments for newly diagnosed multiple myeloma (NDMM) patients

New drug combinations and immune-based treatments are helping NDMM patients respond earlier and stay in control of the disease longer.

- Combination therapies and new immune-based treatment may help NDMM achieve deeper responses right from the start
- These approaches could reduce the need for more intensive treatments like high-dose chemotherapy or stem cell transplant or complex multi-drug combinations, making treatment easier for patients

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Isa-VRd is more effective than Isa-Rd in treating older patients with high-risk NDMM who cannot have a transplant

In a Phase 3 clinical trial, 270 NDMM patients ages 65-79 who cannot have a stem cell transplant were treated with either Isa-VRd or Isa-Rd

- All patients had high-risk disease features, such as certain genetic changes or high levels of a blood protein called β2-macroglobulin

Results:

- Patients treated with Isa-VRd were more likely to become MRD-negative than patients treated with Isa-Rd
  - In the first analysis, 31% of patients treated with Isa-VRd became MRD-negative compared to 13% treated with Isa-Rd
  - In the second, patients who received Isa-VRd were more than 2x as likely to become MRD negative compared with patients who received Isa-Rd

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IFM2021-01 teclille trial, cohort a

All-antibody combination shows promise as an initial treatment for older NDMM patients

In a Phase 2 study, 37 NDMM patients ages 65+ who were not eligible for stem cell transplant were treated with a combination of Tecvayli,® a bispecific antibody, and Darzalex,® a monoclonal antibody

Response:

- 78% had a very good partial response or better, and all patients eventually responded to the combination
- At 6 months, 51% had no detectable myeloma, and no patients' disease worsened

Side effects:

- The most common serious side effects were low blood counts and infections, which were mostly mild to moderate

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03

Raising the Bar for Existing Classes of Drugs For Relapsed/Refractory Patients

New data highlight treatment options for patients with RRMM

What is RRMM?

- RRMM improves with treatment but later returns (relapsed) or no longer responds to standard therapy (refractory)

What are the challenges in treating RRMM patients?

- Fewer effective treatment options
- Shorter length of response
- Balancing treatment choices with safety and quality of life

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CAR T-Cell Therapy

CELMoDs are a new class of oral drugs designed to “rev up” the immune response*

CELMoDs work in a similar way as immunomodulatory agents, such as Revlimid or Pomalyst®, but are designed to be more potent and effective.

- Benefits of oral treatments include that they are easy to take and can be given in a community setting
- Early studies show that CELMoD-based combinations can be effective in treating patients at different stages of disease—from newly diagnosed patients to those who have relapsed or who have advanced myeloma
- Side effects across studies of CELMoDs included low blood counts, which are common with immune-based therapies

*CELMoDs are not yet FDA-approved and are not currently available outside of clinical trials

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Exploring Linozyfic™ in Newly Diagnosed Multiple Myeloma

Linozyfic is an immunotherapy that helps the body's T cells find and attack myeloma cells.

- Linozyfic is already FDA-approved for patients with relapsed/refractory multiple myeloma (RRMM) and is now being studied in clinical trials as a treatment for NDMM
- Linozyfic was the focus of several abstracts at ASH, including one studying its use after initial standard therapy and another examining its use as a single-drug option

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KRd leads to more complete and deeper responses than VRd in NDMM patients

A Phase 3 study of 250 NDMM patients compared two common treatments: KRd (Kyprolis®, Revlimid®, dexamethasone) vs VRd (Velcade®, Revlimid®, dexamethasone)

Response:

Response Measure	KRd	VRd
Overall Response Rate (ORR)	94%	91%
Complete Response (CR)	71%	53%
MRD-Negative	31%	18%

Side effects:

- Side effects were similar between the two treatments: serious side effects occurred in ~7 in 10 patients on KRd and 6 in 10 on VRd. The most common were low white blood cell counts and infections
- Nerve-related symptoms were less frequent with KRd but heart-related side effects were slightly higher

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Combination iberdomide + Kyprolis + Darzalex + dexamethasone shows promise as an oral maintenance therapy for RRMM

In a Phase 2 clinical trial, 30 RRMM patients were treated with the CELMoD iberdomide in combination with Kyprolis, Darzalex, dexamethasone

Response:

- About 92% of patients responded, including 35% who had a complete response or better
- Among 12 patients tested, 67% were MRD-negative. These patients were able to stay on iberomide alone for long-term treatment, with regular and ongoing MRD monitoring to make sure the disease stayed under control

Side effects:

- Some patients had low blood counts, which could increase the risk of infection, but these were manageable with medication or dose adjustments

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Q&A

The MMRF Myeloma Mentors Program

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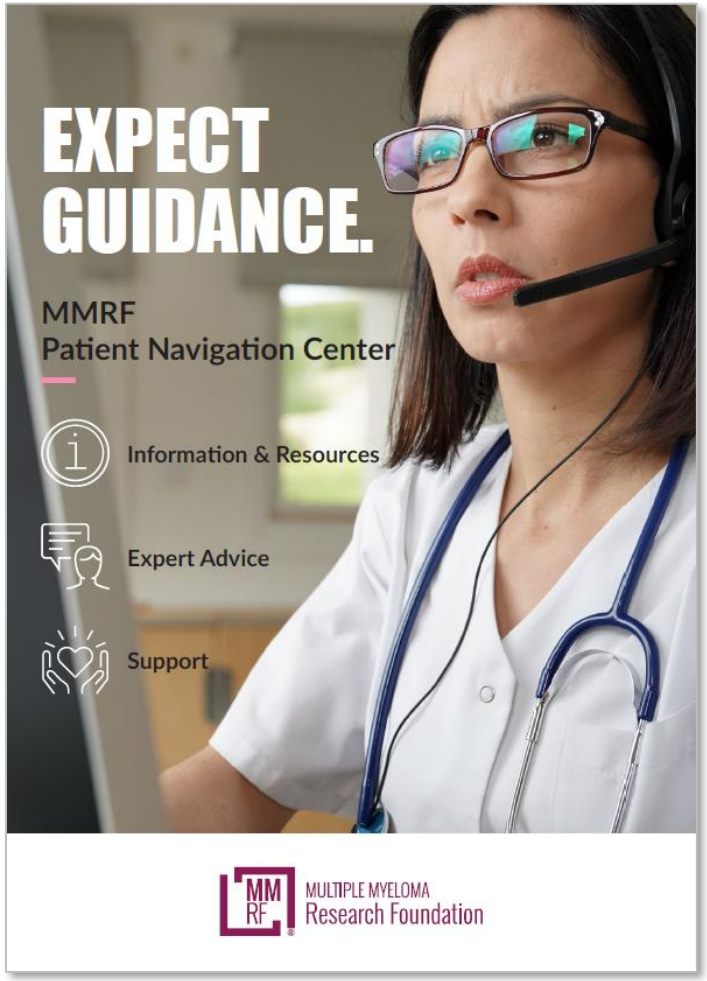
- The phone-based program connects you one-on-one with a trained mentor
- Patient mentors are living with multiple myeloma in various stages and classifications, and they have undergone a variety of treatments

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.

Scan me!

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
Livestream: 2025 ASH Conference Highlights	Wednesday, January 7 at 12:00 PM EST
Webinar - Mapping Out the Road Ahead: Monitoring and Decision-Making Across the Myeloma Journey	Wednesday, January at 1:00 PM EST

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

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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

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Adaptive
biotechnologies™
Advancing MRD measurement.
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ALEXION®
AstraZeneca Rare Disease


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GSK


Johnson&Johnson


Kite
A GILEAD Company


ARCELLX™


LEGEND
BIOTECH


Pfizer


REGENERON®


sanofi

Resources

- Resource tab includes
  - Evaluation Form (your input matters!)
  - Speaker bios
  - Copy of the slide presentation
  - Exhibit Hall