Fourth Annual MMRF Summit: Improving Access for All to Multiple Myeloma Clinical Research & Treatment

September 29-30, 2025 | Alexandria, VA

For many people living with multiple myeloma, clinical trials provide some of the most promising treatment options. Yet not all patients have the same opportunities to participate in clinical trials and access these potentially life-saving therapies. People who are older, from certain racial or ethnic backgrounds such as Black or Hispanic, and/or who live in rural areas are often underrepresented in clinical trials for myeloma. These gaps in participation can significantly impact treatment outcomes and make it harder for researchers and clinicians to explore how treatments impact different groups in different ways. Clinical trials are also an important opportunity for community clinics and practitioners to implement new, cutting-edge therapies, which may ultimately lead to broader dissemination of novel treatments into underserved communities, helping researchers understand real-world use once the agents are approved.

Because patients often belong to more than one of these groups, clinical trial design must account for the complex and overlapping factors that influence trial participation. Creating trials that are accessible to a broader range of participants helps more patients access standard of care and novel agents, and leads to efficient recruitment and enrollment, more representative data, and faster answers.

As a part of the MMRF's commitment to improving health outcomes for all multiple myeloma patients, the Foundation convened the Fourth Annual MMRF Summit, held September 29-30, 2025, in Alexandria, VA. The Summit brought together researchers, providers, biopharma representatives, policy and government representatives, and community health advocates to share their unique perspectives, learnings, and tools for understanding and improving upon access and issues across U.S. research and care. Further, the speakers discussed the importance of collective mobilization and implementing outreach and education initiatives in non-traditional spaces to improve access to clinical trials and care. These conversations highlighted areas of unmet need that are less understood, despite great gains in other areas.

Building on Previous MMRF Summits

Over the last four years, many solutions and concepts put forward at previous MMRF Summits have been put into action, notably: the MMRF and the Multiple Myeloma Research Consortium (MMRC) have prioritized intentional design to make trials broadly available to the patient population; cross-sector research teams, including academic, pharma, and federal collaborators, are now including input from patient advocates to support both scientific conception and feasibility for trial execution; and attendees including Montefiore Einstein, Roswell Park Comprehensive Cancer Center, University of Texas Southwestern Medical Center have launched new initiatives in community settings that meet patients where they are.

Since the 2024 Summit, the MMRF has continued to work toward its goal to make it possible for all patients to access trials with the most promising treatments. Last year, the Multiple Myeloma

Research Consortium (MMRC), a large network of some of the nation's preeminent medical centers, launched the MMRC Horizon Clinical Trials Program (Horizon), an innovative adaptive platform clinical trial designed to address key questions around optimizing treatment for patients with multiple myeloma. The first platform, Horizon One, is enrolling patients with relapsed/refractory multiple myeloma (RRMM), and has seen remarkable results in its first year, including an impressive enrollment rate and demographic make-up that is highly representative of the U.S. multiple myeloma patient population. Further, following its recent approved by the FDA, a second platform, Horizon Two, is launching in 2025, which is focused on optimizing treatments for patients with high-risk newly diagnosed multiple myeloma (HR NDMM).

Additionally, the MMRF has advanced the first multiple myeloma Translational Research Umbrella (TRU) study, which is scheduled to launch by the end of 2025. TRU will provide deep genomic and immune characterization of patients to better understand how to optimize immune agents. Importantly, like Horizon, TRU will leverage a collaborative network of major medical centers and community sites with diverse patient populations, ensuring sample collection is reflective of a real-world patient population.

The focus on making trials broadly available to a large, representative patient population is complemented by initiatives that are making trial participation feasible for patients. The MMRF is working in collaboration with Family Reach, a national nonprofit financial resource organization, to ensure patient burden is not a barrier to participation. So far in 2025 this partnership has served 32 patients, helping meet basic needs like meals, lodging, transportation, and utilities so that patients can take part in myeloma trials without being overburdened by cost.

In 2023 and 2024, the MMRF Summits heard from patient advocates who emphasized the importance of patients seeing themselves and their community reflected in their healthcare team. To this end, the MMRF has committed to funding investigators from underrepresented communities through its Scholars Program. Last year, the program's two inaugural scholars undertook research on eliminating disparities in multiple myeloma outcomes. The 2025 MMRF Scholar is engaged in research on the complex interplay of biological, social, and structural factors affecting multiple myeloma patients, to understand how those factors come into the biology of the disease.

Building Representative Clinical Trials

In order to recruit and enroll a representative patient population, study design must consider the needs of the community and providers' ability to integrate the study into routine clinical practice.

The MMRC's Horizon Trial has done this by working with a series of satellite and community sites connected through the Multiple Myeloma Research Consortium (MMRC). Horizon has enrolled approximately 30% Black/African American patients, the highest seen to date in myeloma clinical trials. The initiative involved a site survey to understand barriers and cultural changes to improve trial inclusivity. A screening, enrollment, and collection tool was implemented to track consent and enrollment. One of the successes of the Horizon trial has been to create a culture where sites are selected based on the question: *What does the patient population need?* In 2026, the MMRC will expand to further address the imbalance in communities that have access to clinical trials and lifesaving care through its hub and spoke model.

Role of Pharma and Policy Partners in Reaching Broader Patient Population

Representatives from Sanofi, Bristol Myers Squibb, and Kite Pharmaceuticals shared updates on industry successes in reaching underrepresented patient populations, including leveraging real-world data to tailor protocols, community engagement strategies, and building sustainable relationships.

- Sanofi's approach is a high tech and high-touch combination, building a team that is concerned with engagement in communities that have been hard to reach, and leveraging real-world data and AI to analyze disease demographics and identify patient populations with unmet needs. With this approach Sanofi was able to identify that something as simple as changing the BMI threshold dramatically increased the number of patients who were eligible to participate.
- Bristol Myers Squibb highlighted investments in trial naïve sites and capability-building for staff, particularly in rural America, noting a shift from 1% to 17% trial representation in underrepresented areas.
- Kite Pharma has focused on breaking down company silos and investing in diverse sites in order to facilitate cultural shifts in processes.

The importance of developing sustainable, deep relationships with patients emerged as a key priority, including continued support beyond the duration of clinical trials, and building partnerships with advocacy organizations to support patient communities. The discussion revealed that the industry is aligned and has resources to spend — it's now a matter of shifting processes to orient toward this work.

Efforts to reach a broader patient population with clinical trials are also being made in policy spaces. One example is the National Cancer Institute's (NCI) Community Oncology Research Program (NCORP), which has a long history of increasing representation in clinical trials by meeting patients where they are. NCORP has more than 2,200 enrolling sites, including 23 community-based sites and 14 underserved sites that are connected through a unified infrastructure. NCORP's success is partly attributed to the community engagement efforts of participating sites, which have established community outreach programs.

Role of Professional Societies in Expanding Clinical Research

Initiatives by the National Medical Association (NMA) and American Society of Hematology (ASH) to advance clinical research and address health disparities offer models for collaboration with providers and researchers, including online training programs designed to train healthcare providers interested in engaging in clinical research.

- NMA's Project IMPACT 2.0 centers on minority participation and awareness in clinical trials. The project, which started in 1999, was reinvigorated in 2022 to address the lack of minority investigators and patients through three components: training providers, engaging communities, and creating a database registry.
- ASH offers a clinical trials toolkit for sponsors, which aims to make research more inclusive and rigorous from the beginning. ASH also offers mentorship and career development opportunities for researchers through its funding awards, part of the comprehensive ecosystem that is needed to support researchers at all career levels.

Legislation Changes and Access to Care

Recent legislation has implications for NIH funding and cancer research, including changes in Medicaid and insurance subsidies which have the potential to affect healthcare access and affordability. Representatives from the Community Oncology Alliance and the American Association for Cancer Research (AACR) discussed the potential impact of changes in Medicaid rules to reduce cancer screening programs, where delayed screening will make late-stage cancer more prevalent. Additionally, the telehealth waivers which made it possible for patients to access non-injectable and oral medications during the COVID-19 pandemic are set to expire.

The speakers also addressed the impact of the Inflation Reduction Act on drug prices and patient care, namely:

- The potential of IRA implementation to lead a dearth of pediatric indications, which are researched over time and typically come later in a drug's life cycle
- Companies will think twice about researching potentially lifesaving small molecules, instead preferring oral drugs for their shorter negotiation period
- The oncology practice, placed in the middle of the negotiation, has to decide if it gives the drug to patients who need it and lose money, or not lose money but withhold the drug

Recent advocacy efforts have successfully reached members of Congress at both federal and state levels to share patient stories and advocate for NIH funding. Collective mobilization and grassroots organizing have proven to be invaluable tools to help reveal the consequences of policy changes for cancer research and care.

Cancer advocacy organizations outside of myeloma also offer lessons. An epidemiologist and stomach cancer survivor shared insights from a patient advocacy perspective, emphasizing the critical nature of early screening and detection, which is essential for stomach cancer as for myeloma. Through advocacy efforts including patient empowerment summits and meetings with congressional representatives, there is now momentum behind the Stomach Cancer Prevention and Early Detection Bill, reintroduced in 2025 to establish a national stomach cancer early detection program and research into biomarker screening.

Engaging Patients in the Hardest to Reach Populations

Summit speakers centered the importance of culturally competent research teams, targeted engagement efforts, and building strong community partnerships to engage patient populations who are traditionally underrepresented in cancer clinical trials and who have worse outcomes due to disparate access to care.

A member of the first class of the MMRF Scholars Program, shared a case study from her work addressing disparities in cancer care in Ethiopia, highlighting the differences in cancer care between the US and Ethiopia and noting the lack of resources in Ethiopia and reluctance to discuss illness. This research advocates for a patient-centric approach that considers all aspects of care, including proximity and impact on patients' lives.

Representatives from the community engagement program at Roswell Park Comprehensive Cancer Center stressed the importance of education and awareness before recruitment when engaging indigenous populations, and the need for research organizations to demonstrate enduring investment and commitment in the community before and beyond trial enrollment. Roswell Park's Department of Indigenous Cancer Health works alongside a Community Advisory Board, whose five members represent tribes across the Haudenosaunee Confederacy, to build relationships with tribal governments and conduct targeted awareness and education campaigns.

Another aspect of the patient navigator role is raising awareness of patient navigation services among clinical teams, so that providers know they can refer patients to these services.

Montefiore Einstein has also underscored the need to centralize training and coaching with a team who knows what works, where recruiting community health workers from the community is critical. The Community Health Worker Institute at Montefiore Einstein trains and employs a non-clinical team that works across clinical departments to navigate gaps between medical care and social services, giving families a single point of contact and improving pathways for increasing awareness of disease screening and treatment options. Montefiore Einstein is working with NY state government to establish a financial model that can sustainably serve the long-term needs of families

Improving Outcomes by Improving Access to SOC

In the current landscape of cancer care access, the need for culturally responsive care, community engagement, and accessible clinical trials has become clear. But too often structural barriers stand in the way to patients accessing both standard of care and novel agents.

Family Reach was founded to cover basic needs that aren't met by insurance but are dramatically affected by the cost of cancer treatment. A pilot program by Family Reach and the MMRF revealed that almost half of patients made less than $19,000 annually, underscoring the financial barriers to care. Supporting patients with a financial research center unlocks the possibility for them to participate in trials. Family Reach is working toward a model where their resources are built into clinical trials to help improve retention and offer patients an entry point to how to talk about finances, and how to connect to resources.

Cancer Support Community offers patient education resources through their clinical trial navigator and helpline program, sharing information at the beginning of the journey to help address a patient's hierarchy of needs. This includes education materials that are translated and adapted for the needs of specific patient populations, as well as a culturally responsive patient navigator who can advise patients on what questions to ask their healthcare provider. The navigator is also available to help patients understand what a clinical trial does, navigate Clinical Trials Finder, and offers support during and after treatment to answer questions about side effects and care, both for patients and their families or caregivers.

A speaker from the VCU Massey Cancer Center emphasized that there are many considerations that go into a patient's decision to use a safety net hospital rather than an NCI comprehensive cancer center. Patients want to get care where they have a relationship. A decentralized approach to care allows providers to help people get care where they want to get care.

Leveraging Learnings to Accelerate Progress

Addressing underrepresentation in myeloma clinical research is intrinsic to the MMRF's goal of ensuring every person with multiple myeloma gets optimized treatment, and eventually a cure. By bringing together stakeholders across industries and fields, the MMRF Summit is deepening partnerships and building new connections to support a more representative and accessible myeloma treatment landscape. With attention to lessons and models from other diseases, and a broad network of collaborative research, we are moving toward a future with more options for patients and expanded access to treatment. The Foundation is taking action to integrate key learnings shared at the Summit into its research strategy.