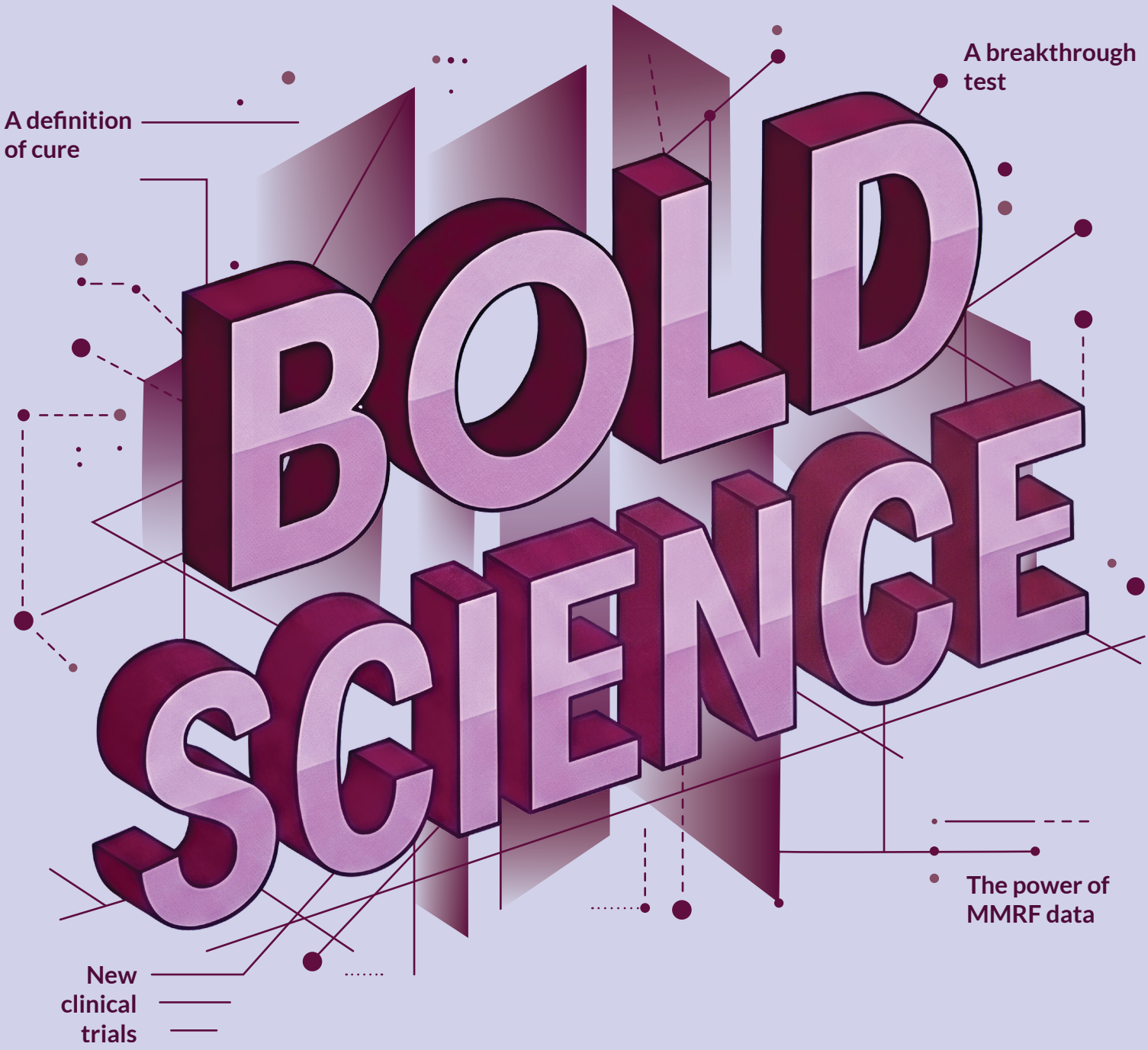
SUMMER 2026

accelerator



MM RF
MULTIPLE MYELOMA
Research Foundation

Where Bold Science Meets Real Results

Dear friends,

We are living through a defining moment in multiple myeloma.

For the first time, the myeloma community has defined what "cure" means. What was once a distant aspiration is an increasingly achievable goal. But defining a cure is only the beginning—and very few patients are considered cured. Our challenge now is to cure every patient. That urgency drives everything we do at the Multiple Myeloma Research Foundation® (MMRF®).

In this issue of *Accelerator*, you'll read how the MMRF is translating bold science into progress for patients through the groundbreaking Horizon Clinical Trials Program, our support and collaboration for a new test that could help personalize myeloma care, the companies we back through the Myeloma Investment Fund®, and so much more. We also look back at the history of the landmark MMRF CoMMpass℠ Study, which continues to power new breakthroughs since it launched 15 years ago.

We know that real progress is not only measured in scientific milestones, but in how patients experience the disease every day. So, in this issue we share expert-backed advice for navigating your myeloma journey and living well. We also spotlight just a few of the inspiring fundraisers, supporters, and MMRF staff who make our work possible.

Taken together, these stories reflect how the MMRF is helping turn scientific insights and data into meaningful results—and bringing us closer to a cure. Thank you for helping us accelerate what comes next.

With gratitude,

Michael Andreini
President and CEO
Multiple Myeloma Research Foundation

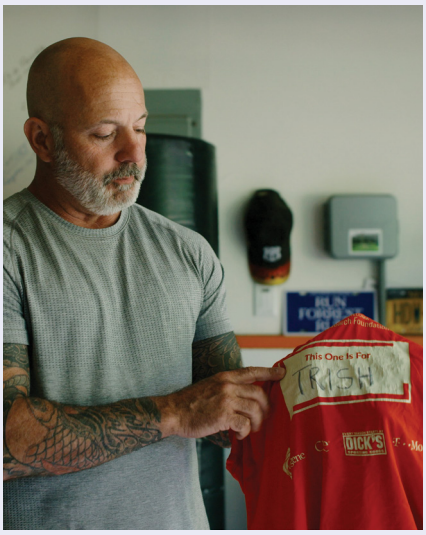
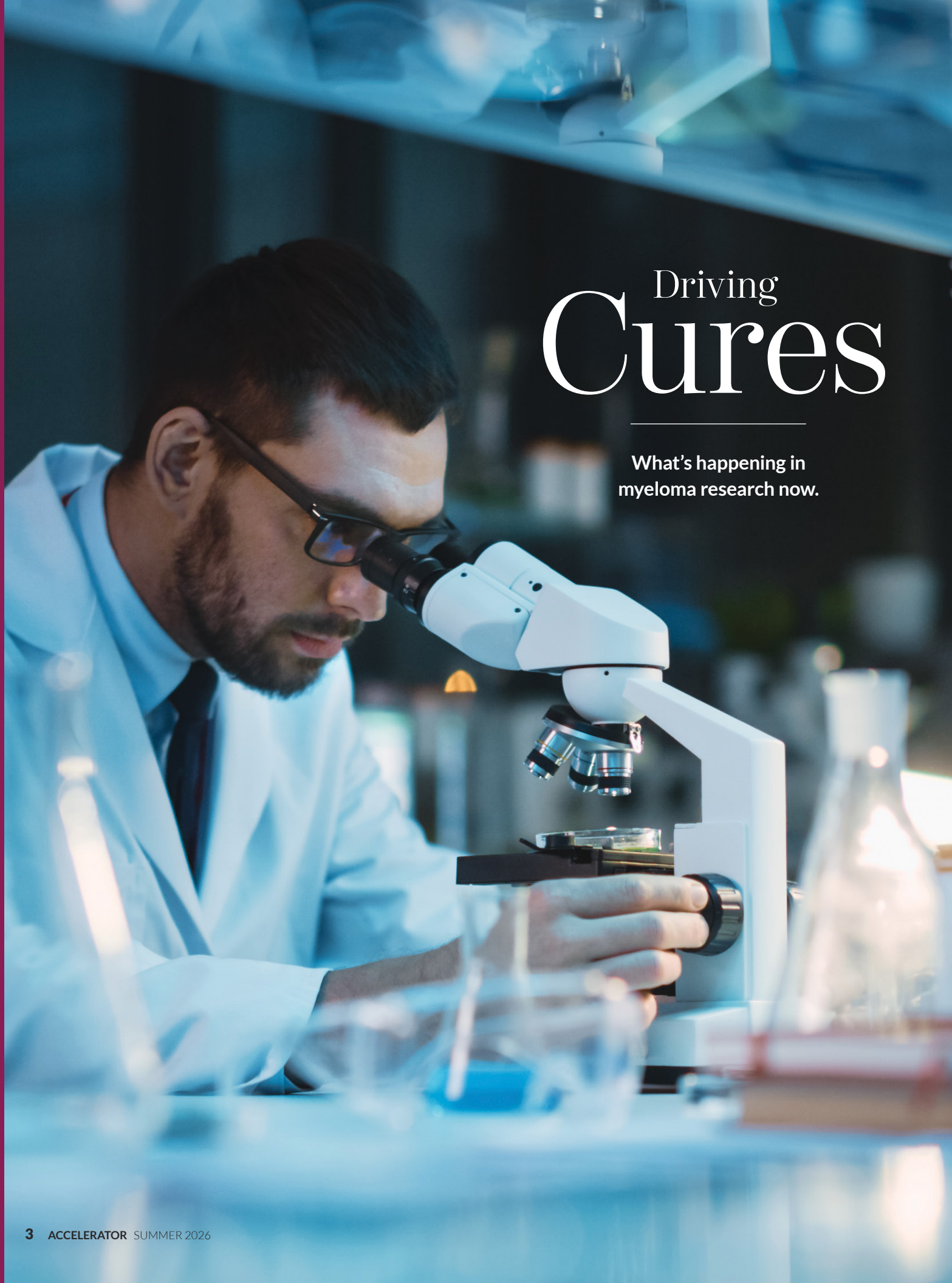


TABLE OF

contents



Driving Cures

What's happening in myeloma research now.

A Historic Moment for Myeloma

For the first time, the myeloma community has defined what a cure looks like. Here's how the MMRF is committed to leading this new chapter.

Despite the incredible progress we've seen in life expectancy and five-year survival rates for myeloma patients, cures have felt out of reach. But over the last few years, as more patients have undergone groundbreaking myeloma treatments like CAR T-cell therapy, doctors and researchers started to notice that a small number of patients were sustaining such long and durable remissions—even without maintenance therapy—that they appeared to be cured.

In a paradigm-shifting moment this year, the International Myeloma Society (IMS) convened a summit that brought together clinicians, researchers, nonprofits like the MMRF, industry representatives, and patients to define, for the first time ever, what a cure looks like for myeloma.

This marked a profound shift for myeloma research and care. The challenge now is to make it real for every patient—and that is where the MMRF will continue to lead.

Defining a cure without compromise

Based on this new proposed definition, patients who are MRD-negative (meaning there are no myeloma cells detected among 1,000,000 plasma cells) and have been off all anti-myeloma therapy for five years may be considered cured. Importantly, this proposed definition applies to all patients: newly diagnosed or heavily pretreated, standard-risk or high-risk.

The IMS arrived at this definition by reviewing data spanning more than 30 years—from the advent of Total Therapy pioneered at the University of Arkansas in the 1990s through today's most advanced immunotherapies—to understand what depth and duration of response may truly predict long-term remission and cure.

For years, continuous therapy has been the standard paradigm, with many patients on treatment indefinitely. But a cure now means something fundamentally different and more patient-centered: no detectable disease and no need for ongoing treatment.

Summit attendees agreed that cure cannot come at the expense of irreversible side effects or second cancers. Patients should expect not only freedom from myeloma, but to have a normal life expectancy and quality of life.

Meeting attendees also heard from leaders in lymphoma, testicular cancer, and lung cancer, where "cure" is already part of the standard vocabulary. Their frameworks helped inform the discussion of what this means for myeloma patients and for the design of clinical trials aiming to test cures.

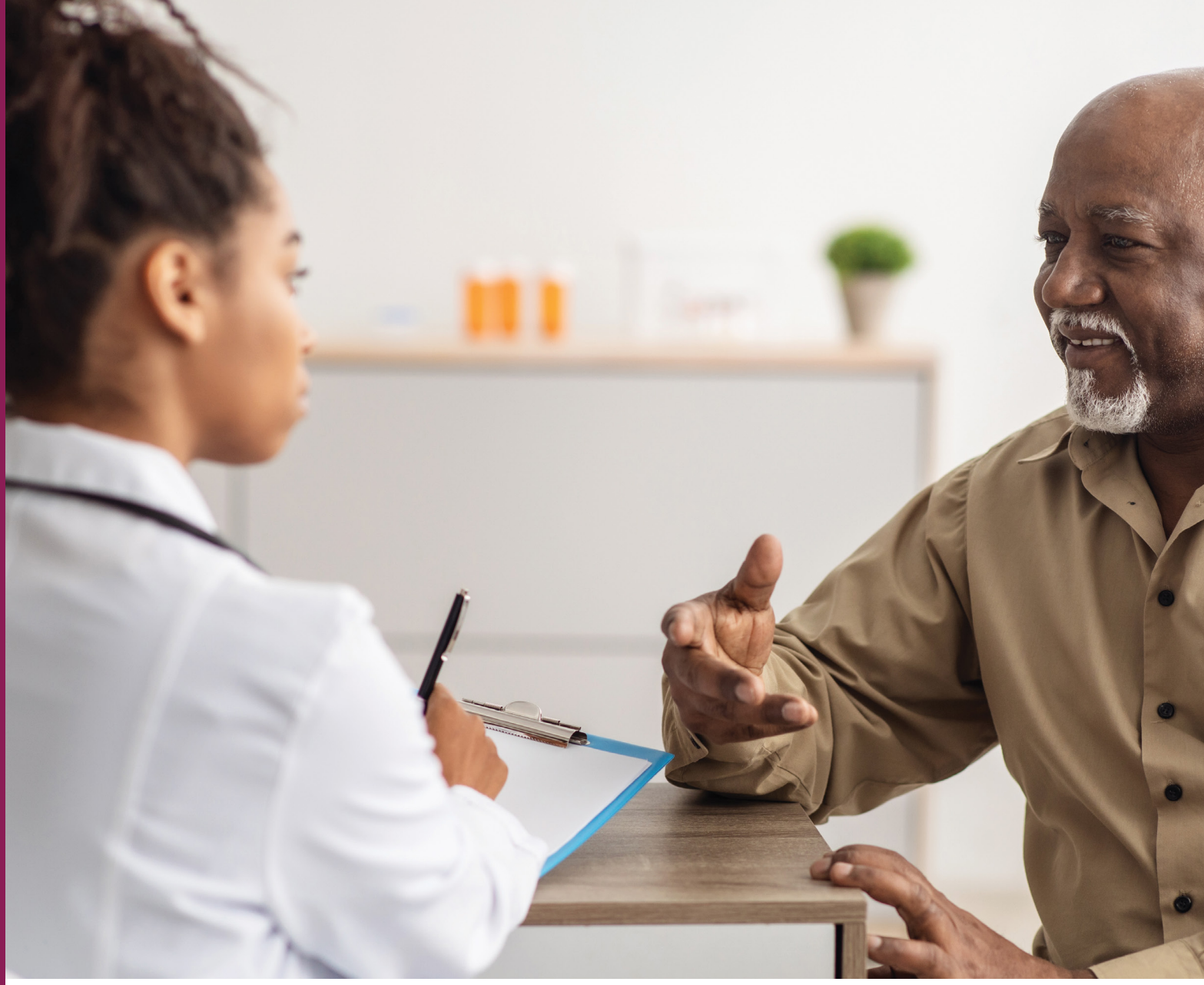
How the MMRF will drive cures

"This meeting and proposed definition of a cure represent a truly watershed moment for myeloma," said MMRF Chief Mission Officer Anne Quinn Young, MPH. "But the reality is that very few patients meet this five-year, treatment-free benchmark and are not cured. That underscores how much work remains and reinforces the urgency of the MMRF's mission."

The MMRF is committed to leading the next chapter of this work and realizing a future where every patient can be cured. That means identifying which current and emerging therapies have curative potential, understanding which patients are most likely to benefit from them, and matching each patient to the right curative approach.

It also means pushing the field forward where current treatments fall short by developing new options for patients unlikely to be cured today and ensuring that curative strategies do not come with unacceptable long-term risks. At the same time, we are studying patients who live treatment-free with low-level disease, including those who revert to an MGUS-like state, to better understand the biology of long-term remission.

To support this work, the MMRF is advancing blood-based MRD testing to reduce reliance on bone marrow biopsies and



enable more accessible, minimally invasive, and precise tracking of disease over time.

Earlier this year, the MMRF launched the first study in our Translational Research Umbrella (TRU) program, which will enroll 150 patients receiving BCMA-targeted CAR T-cell or bispecific antibody therapies as part of standard care. By deeply analyzing tumor biology, immune response, and the microbiome, we aim to understand who benefits most from these therapies—including who may be cured—and why.

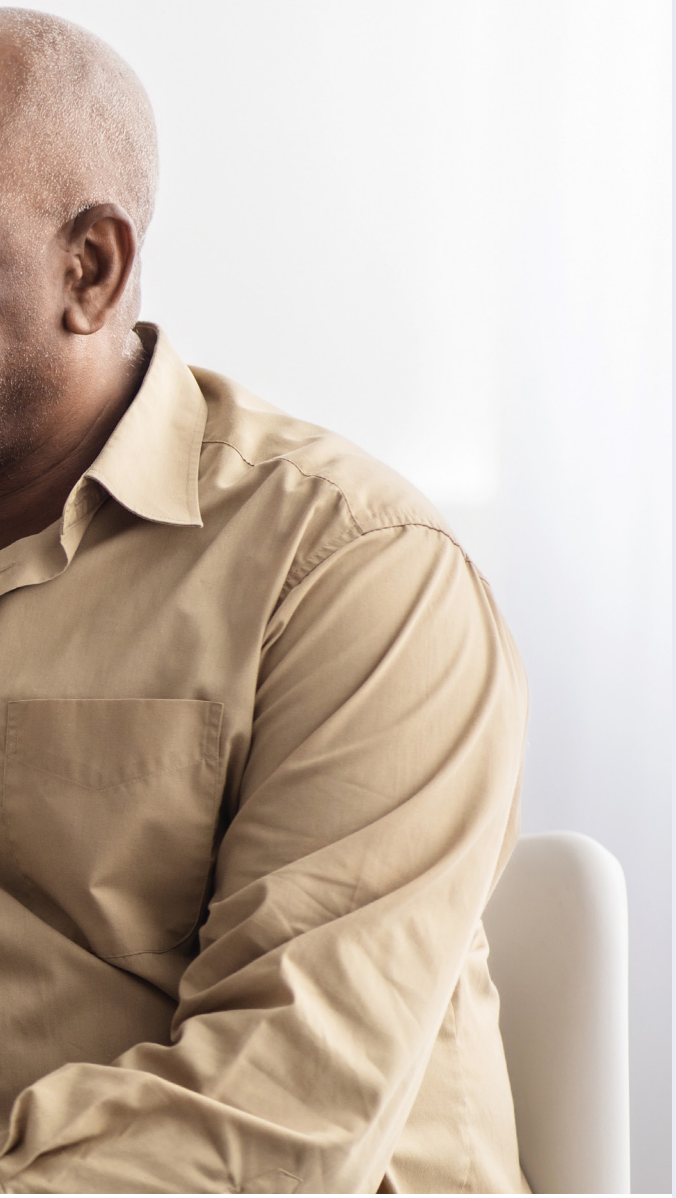
Importantly, gleaning insights into why some people can considered cured will inform faster, better-designed clinical trials of potential curative treatments. Through our Horizon Clinical Trials Program, we will soon launch additional studies specifically designed with curative intent, building on insights gleaned from TRU.

Looking ahead

For more than 25 years, the MMRF's mission has been to accelerate a cure for every patient. For much of that time, "cure" felt aspirational. Our focus was ensuring patients lived longer and that new therapies were always on the horizon while we worked to better understand the biology of the disease.

Today, we stand at a turning point. Cure is no longer just a hope. It is an achievable goal.

"Curing every patient will require urgency, collaboration, and relentless focus," Young said. "The MMRF will continue to lead and partner across the community until cure is not the exception, but the expectation—and until we can close our doors because our work is done."



> “The MMRF will continue to lead until cure is not the exception, but the expectation.”
>
> —Anne Quinn Young, MPH, MMRF
> Chief Mission Officer

Your Cure Questions Answered

I was told myeloma couldn’t be cured. What changed?

The field now has long-term data showing that a small set of myeloma patients are living for five or more years off all treatment. This conforms to the definition of cure in other cancers. The number of patients who meet this definition is small, and they have been treated with various regimens over the years. But with the increasing use of CAR T-cell therapy in myeloma, researchers and clinicians are now seeing more patients who fit this definition and have received the same therapy.

What happens next?

Now that IMS has settled on an official definition, it will be validated and help guide research moving forward, particularly when it comes to measuring who has an exceptional response to treatment and why. The field will also move toward standardized MRD testing.

It’s important to note that this definition—based on how other cancers define cure—may evolve over time as we learn more about the disease.

What happens if a patient meets the definition of cure and then relapses?

There will likely be patients who are MRD-negative and off of treatment for more than five years but still ultimately relapse. At that point, they will need treatment. This is called recurrence, and it is an unfortunate reality in even the most curable cancers, such as melanoma and early-stage breast, thyroid, and prostate cancers. Ongoing research will uncover why this happens and what can be done to reduce recurrence.

This is why continued research into myeloma is so important. By better understanding the biology of the disease and how it behaves in different patients, we can optimally treat each patient based on their individual characteristics and recurrence risk.

Does this change myeloma care?

It does not change myeloma care today, but it will likely change care in the coming years. This definition may also change over time as researchers learn more and refine it.

If you think you meet this new definition of a cure or have other questions about your individual situation, call the MMRF Patient Navigation Center at 1-888-841-6673.

Reimagining Treatment for High-Risk Newly Diagnosed Myeloma

MMRF launches country's only multi-center clinical trial for these myeloma patients.

Over the last 25 years, we've made incredible progress treating standard-risk myeloma—to the point that a very small number of patients are now considered cured. But the estimated 20 percent of patients who have high-risk disease haven't seen the same benefits. They relapse quickly and cycle through standard therapies faster.

That's why the MMRF launched the groundbreaking Horizon Two clinical trial, which enrolled its first patient in the spring. Horizon Two aims to identify the best treatments and treatment combinations for high-risk, newly diagnosed patients and is currently the only multi-center clinical trial for these patients in the U.S.

"Horizon Two represents the next leap forward in the Horizon Clinical Trials Program and brings the same innovative platform design to a population that urgently needs better options," said MMRF President and CEO Michael Andreini. "Progress for high-risk patients has been too slow and the options too few. This trial is built to change that by rigorously testing the combinations and strategies that are most likely to change their outcomes."

A trial built for speed and scale

Horizon Two is designed to answer questions that matter most to high-risk patients—and that no one else is pursuing. Investigators will study what therapies and combinations have the maximum

benefit and whether patients can safely stop treatment altogether after a sustained period of negative minimal residual disease (MRD).

The trial is conducted by the MMRF's clinical research subsidiary: the Multiple Myeloma Research Consortium® (MMRC®), a collaborative network of leading academic medical centers and community-based clinics across the U.S.

Unlike traditional clinical trials that test one treatment at a time, the MMRC Horizon Clinical Trials program uses an adaptive platform that's built for speed. Its design allows investigators to test multiple treatments (also called "arms") at the same time and to open arms more quickly than other trials can. The result: New insights and data about the most effective therapies and combinations on a faster timeline.

"High-risk myeloma is a small enough population that no single site could run this trial alone. It requires a large, coordinated network and a leader willing to prioritize patient need. The MMRF is that leader," said Horizon investigator Sham Mailankody, MBBS of Memorial Sloan Kettering Cancer Center. "By uniting sites across the country under one innovative platform, we can finally pursue the questions that matter most to these patients."

Answering critical questions for patients

Horizon Two is currently enrolling an experimental arm and a control arm, comparing a novel drug combination with a BCMA-directed bispecific antibody as a first-line treatment against a standard regimen. Patients in each of these arms who achieve MRD-negativity will be allowed to discontinue treatment after three years of maintenance therapy.

The novel combination includes Lynozyfic®, Kyprolis®, Revlimid®, and dexamethasone, followed by high-dose therapy (HDT) with autologous stem cell transplant (ASCT). Patients will then receive Lynozyfic-based consolidation and maintenance treatment. The standard drug regimen involves Sarclisa®, Kyprolis®, Revlimid®, and dexamethasone, HDT-ASCT, consolidation, and maintenance. Additional investigational arms are planned.

"We don't yet have consensus on the best way to treat high-risk, newly diagnosed patients—making this one of the most challenging areas in myeloma. But Horizon Two is designed to change that," said MMRF Chief Medical Officer Hearn Jay Cho, MD, PhD. "This BCMA-directed bispecific antibody has already proven very effective in relapsed/refractory patients. By investigating it as a first-line treatment for high-risk myeloma, we'll generate critical evidence that physicians and patients need to make informed decisions."

The MMRC's broad, diverse, and collaborative network ensures that Horizon investigators can enroll more patients and that the trial's population is far more representative of the disease.

As with other landmark MMRC-led studies, Horizon investigators will collect blood and bone marrow samples to gather vast amounts of clinical and laboratory data. This will deliver new insights into how and why patients respond to therapies, thereby laying a foundation for more personalized care for this population with high unmet need.

"Patients with high-risk myeloma can't afford to wait years for the field to catch up," Andreini said. "That urgency drives everything we do at the MMRF. Horizon Two is our commitment to these patients made concrete: the best science, the broadest possible patient population, and a platform designed to get answers faster than anyone thought possible."

Horizon One Clinical Trial Reaches First Major Milestone

Horizon One is already delivering on its promise to drive faster progress for relapsed/refractory myeloma patients.

The Horizon One clinical trial has fully enrolled its first treatment arm six months ahead of schedule.

Horizon One is a groundbreaking trial conducted across the MMRF's Multiple Myeloma Research Consortium (MMRC), a network of leading cancer centers conducting early-stage clinical trials and translational studies. It aims to identify the best treatment combinations, sequences, and durations for relapsed and refractory myeloma—with the fewest side effects.

"Patients with relapsed and refractory myeloma have more treatment options than ever before, but determining the right combination, sequence, and duration remains a critical challenge," said MMRF President and CEO Michael Andreini. "Reaching full enrollment six months ahead of schedule reflects both the urgency of the need and the power of trials designed to move faster and deliver answers to patients and their physicians sooner."

The trial's first treatment arm is investigating dosing approaches with Tecvayli®, a bispecific antibody treatment manufactured by Johnson & Johnson. Investigators are studying whether patients can receive Tecvayli less frequently but still have durable responses—or even stop treatment altogether. Less frequent and fixed dosing approaches could not only reduce common and potentially serious side effects such as frequent infections but also the time and financial burdens of weekly injections.

Horizon One uses an innovative adaptive platform design, which allows investigators to test several treatments and generate data and insights faster than they could in a traditional clinical trial. Like other landmark MMRF studies, Horizon investigators are collecting critical data on patients' tumor biology, immune profiles, and microbiomes.

In addition to enrolling at unprecedented speed, MMRC investigators have worked to enroll a patient population that is far more representative of the disease by race, age, and geography compared with other myeloma trials.

More than 30 percent of patients enrolled in the Horizon One trial so far are Black. About 20 percent of myeloma patients in the U.S. are Black, but historically, this group has only made up about four percent of patients in myeloma trials. Fifty-nine percent of patients enrolled in Horizon One are 71 or older to reflect the fact that the average age of a myeloma diagnosis is 69. This is a stark contrast to most other myeloma trials, which overwhelmingly enroll patients under the age of 65.

Looking ahead, the Horizon One team is working to open a new investigational arm testing a novel bispecific combination by the end of the year.

"This is just the beginning," said the MMRF's Chief Medical Officer Hearn Jay Cho, MD, PhD. "As we continue opening new treatment arms, Horizon One will generate the data patients and clinicians need to better understand how to use these therapies—and ultimately improve outcomes."

90
patients enrolled

+30%
of patients are Black

59%
of patients are 71 and older

MULTIPLE MYELOMA Research Foundation

Leadership That Drives Myeloma Research

The MMRF Leadership Circle is a select group of donors who have made a profound impact on our work and on the tens of thousands of myeloma patients we serve.

Members get access to an exclusive email newsletter highlighting key MMRF initiatives and impact, invitations to events and calls, opportunities for leadership roles, and more.

To learn more about the **MMRF Leadership Circle**, please contact ***development@themmrf.org***

How MMRF Data Helped Advance a Breakthrough Myeloma Test

New sequencing test could help doctors tailor treatment for myeloma patients.

Improving outcomes for myeloma depends on more than breakthrough therapies. It requires better tools to understand the disease, predict risk, and improve care decision-making.

A team led by Jonathan Keats, PhD at the Translational Genomics Research Institute (TGen), part of City of Hope, recently launched JAYseq™, a new whole genome sequencing test for myeloma. By delivering a detailed picture of a patient's disease at the molecular level, the test can give doctors more information to help guide treatment decisions.

Importantly, JAYseq also shows how the MMRF's data, partnerships and long-term investment are accelerating myeloma research and driving more personalized care for patients.

Faster whole genome sequencing

TGen's collaborations with the MMRF over the past 15 years established the value of whole genome sequencing in myeloma and the importance of making personalized treatment a reality for patients.

"This test allows doctors to measure large and small genomic abnormalities in myeloma cells—information we expect clinicians will use more frequently to help guide treatment decisions," said MMRF Chief Scientific Officer George Mulligan, PhD. "This is a promising step toward more optimized patient care and another example of how the

MMRF is helping deliver progress for patients."

Whole genome sequencing provides a more complete, sensitive view of a tumor than other tests and is important for defining risk in myeloma and, increasingly, guiding treatment decisions. While there is one other whole genome sequencing test for myeloma on the market today, results can take several weeks. JAYseq takes just 72 hours.

"For the first time, JAYseq allows us to view the full genomic blueprint of each myeloma tumor. This enables us to identify not only why a specific therapy might succeed, but also which mutations could cause it to fail," Keats said. "This level of detail is essential for truly individualizing cancer care."

Harnessing MMRF data

Early on, Keats and his team at TGen knew they needed diverse tumor samples for the validation of JAYseq. They found the ideal set in the MMRF's 1,100-patient CoMMpass Study, which is widely viewed as myeloma's most comprehensive dataset.

CoMMpass is a central part of the MMRF's efforts to define the complexity of myeloma and optimize patient care. For more than 15 years, the MMRF collaborated with the team at TGen first on the Multiple Myeloma Research Consortium Genomics Initiative and then to build the CoMMpass dataset and analyze its results. In 2024, TGen used stored CoMMpass samples for the final stages of JAYseq's assay validation.

"CoMMpass gave us something invaluable: a large, deeply characterized dataset that let us rigorously validate what whole genome sequencing can detect in myeloma and why it matters clinically," Keats said. "But beyond the data, the MMRF brought the infrastructure and commitment to rapidly sharing findings with the global research community that accelerated everything we were able to learn. The MMRF has encouraged a culture of collaboration through 15 years of research, and it has inspired scientists to pursue a new test that can actually reach patients."

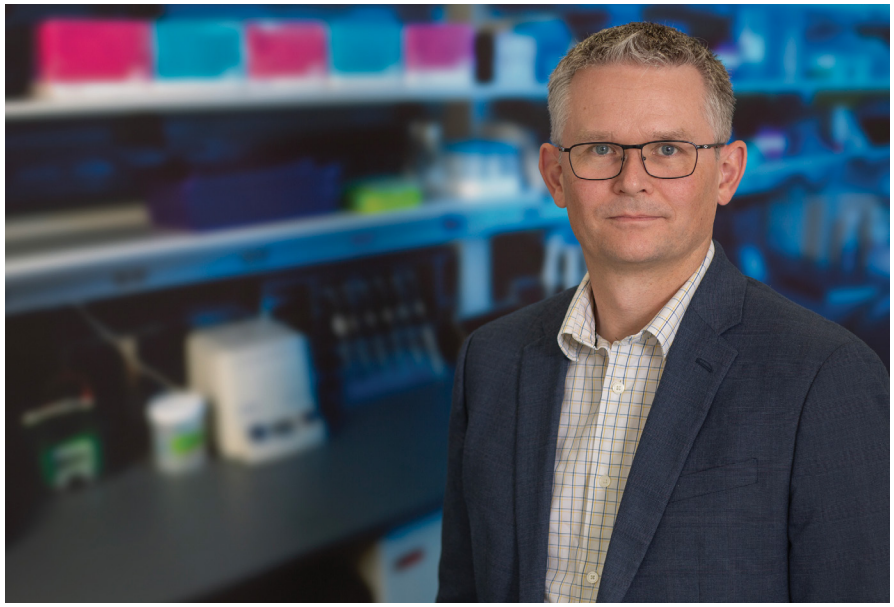
The power of MMRF data

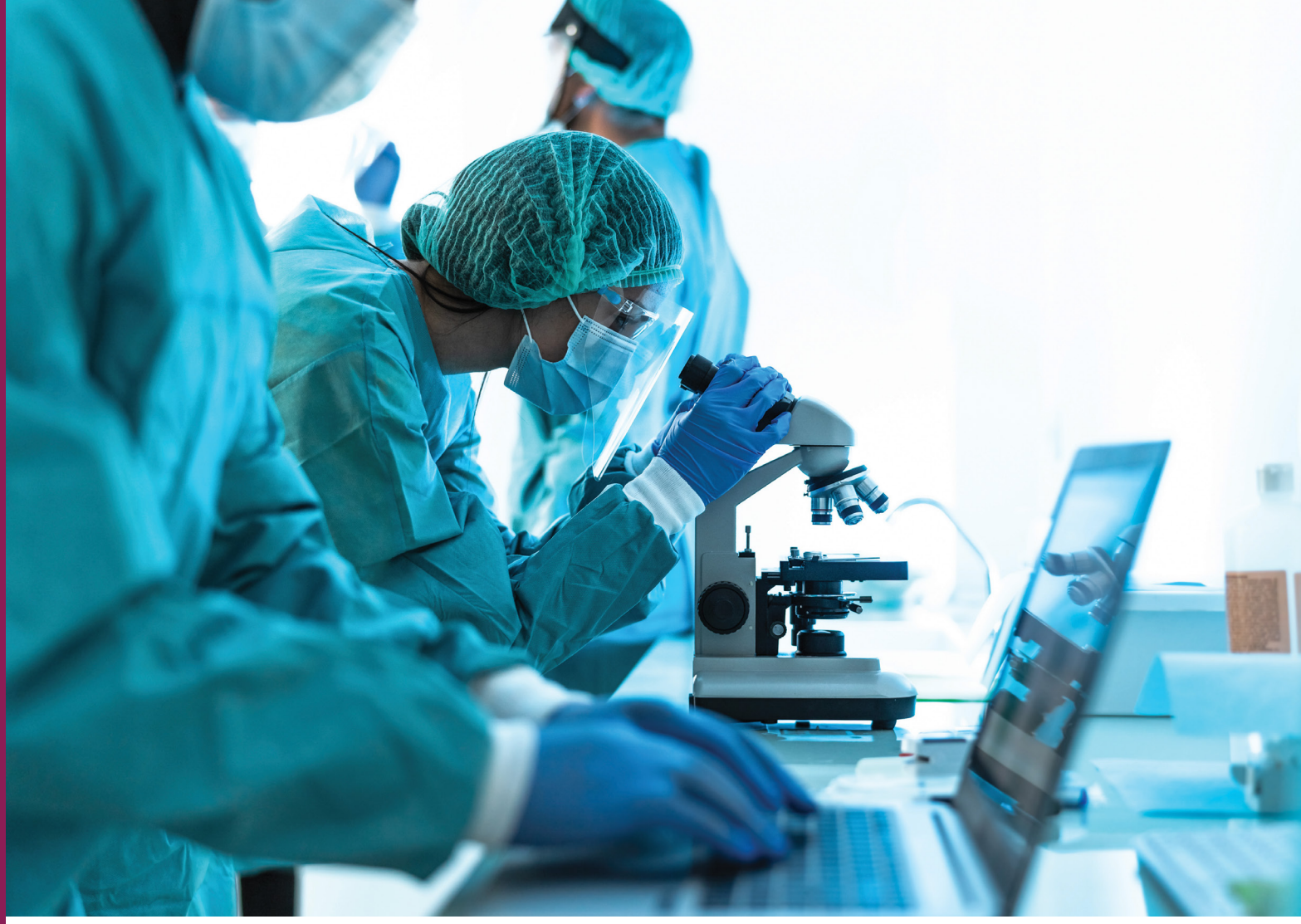
Tools like JAYseq not only represent the cutting-edge research and cross-institutional collaboration that the MMRF is known to foster but also the organization's keen foresight.

Since the MMRF was founded more than 25 years ago, the organization has helped usher numerous treatments from early clinical trials to real-world care, spent years building and sharing large myeloma datasets, and pursued some of the most innovative research initiatives in cancer.

"Like all tangible progress for myeloma patients, tests like JAYseq require years of persistence, expertise, and vision that are the hallmarks of the MMRF's approach," said Chief Mission Officer Anne Quinn Young, MPH. "We're proud of the fact that our studies and collaborations continue to drive new tests, treatments, and breakthroughs for patients everywhere."

Editor's Note: *JAYseq is not yet reimbursable by insurance, and the TGen Clinical Laboratory (a subsidiary of TGen) cannot accept samples collected in New York State.*





15 Years, 1,100 Patients, Countless Breakthroughs

How the MMRF's CoMMpass Study transformed what we know about myeloma.

When the MMRF launched the CoMMPass Study in 2011, it set out to do something unprecedented for a cancer as uncommon as myeloma. CoMMpass would enroll more than 1,000 newly diagnosed patients over four years, sequence their myeloma genomes, track their outcomes for eight or more years, and share its data with the rest of the field.

Fifteen years later, the MMRF's audacious bet has become one of the most complete molecular portraits of any cancer, and CoMMpass is now widely considered to be the most valuable dataset in myeloma. To date, more than 3,000 researchers have accessed CoMMpass data and used it in more than 700 publications.

The MMRF looks back on CoMMpass' impact in myeloma over the last 15 years, along with what's to come.

A study rooted in collaboration and access

From the start, CoMMpass was designed to be different from almost every other study in myeloma. It paired a longitudinal structure—where the same patients were followed over years—with robust data collection that hadn't been seen in myeloma at this scale.

The 1,143 newly diagnosed patients who enrolled in CoMMpass were followed for at

least eight years and consented to bone marrow and blood sampling across several moments in their myeloma journey: at baseline, remission, and relapse. In 2023, follow-up was completed for the final cohort of enrolled patients.

To achieve this massive undertaking and the genomic sequencing of all available samples, the MMRF brought together academic, industry, and other partners that are sometimes seen as competitors. Ultimately, this provided a blueprint for large-scale collaborative cancer research. In total, 76 medical centers across North America and Europe enrolled patients into the CoMMpass study.

The MMRF made two additional innovative decisions: The data would be shared publicly, and it would be shared at regular intervals before study completion. Most studies only share data at the end, and the data is often held only by the team that did the work.

These decisions, along with the scale and structure of CoMMpass, led to a steady stream of published discoveries that have transformed myeloma from a poorly understood disease into one of the most deeply characterized cancers.

New insights into myeloma risk

CoMMpass data helped reshape the field's understanding of risk by revealing that it is not defined by a single marker, but by combinations of genetic features and how they interact. Thanks to CoMMpass, we now know that some features once considered high-risk on their own are only significant in the presence of other features. At the same time, some high-risk patients are missed by standard risk assessments, highlighting the need for more precise risk modeling.

In 2024, the MMRF and its collaborators published a landmark analysis of the full CoMMpass cohort in *Nature Genetics*. Drawing on data from all 1,143 patients in the study, researchers offered the most complete picture yet of how myeloma progresses from a treatable condition to a high-risk state—and, for the first time, proved that the rate at which patients transition to a high-risk subtype could be measured. It demonstrated what CoMMpass data had suggested for years: that a patient's risk level isn't fixed at diagnosis but can and does change as the disease progresses.

CoMMpass data has also been used to demonstrate that, for patients who can access them, next-generation sequencing methods can more precisely predict risk than standard methods.

These findings and others from the CoMMpass dataset helped lay the groundwork for the new consensus definition of high-risk myeloma in 2025.

Advancing new treatments for myeloma

Identifying new myeloma subtypes and high-risk features only matters if those insights change how patients are treated. From the beginning, CoMMpass was built to harness genomic discoveries and turn them into new therapies and improvements in care.

For example, CoMMpass data was used to confirm findings showing that autologous stem cell transplant was superior to traditional treatment approaches like chemotherapy, helping make it the standard of care.

The MMRF's clinical research subsidiary, the Multiple Myeloma Research Consortium (MMRC), launched the first genomically-guided platform trial for myeloma, the MyDRUG℠ Study, based on discoveries in CoMMpass. MyDRUG aimed to match patients to targeted therapies that were approved for other cancers based on specific features of their disease. The MMRC then built upon learnings from MyDRUG to launch the groundbreaking Horizon platform trials in 2024.

CoMMpass' scale has also been an asset for clinicians treating individual patients and especially those with rare genetic features. Some have been able to identify patients with similar characteristics in CoMMpass and tailor treatment based on the data.

Revealing myeloma's complexity

Very early MMRF research suggested that myeloma was highly heterogeneous, but the field lacked data that showed when and how the disease evolved during a patient's treatment journey. Over the years, researchers have leveraged CoMMpass data and advanced sequencing technology to not only demonstrate that myeloma is highly heterogeneous, but to identify 12 distinct genomic subtypes of the disease that could be further studied.

"By repeatedly sampling patients across their myeloma journey, CoMMpass gathered vast amounts of data about how myeloma evolves, what new mutations emerge over time, and how patients develop drug

resistance," said George Mulligan, PhD, MMRF chief scientific officer. "This helped evolve the field's understanding of myeloma from a static disease to an evolving one."

One of CoMMpass' distinguishing features was its commitment to enrolling a patient population that closely mirrors the real-world myeloma community. Because of that, researchers can be more confident that the insights from CoMMpass apply to the broader myeloma population, unlike findings from other similar studies, which tend to enroll more homogeneous groups of patients. This representative dataset helped uncover important biological differences across racial groups and showed that, when patients receive the same treatments, survival outcomes are comparable across races—highlighting the critical importance of equitable access to high-quality care.

Mapping patients' immune systems

In 2019, the MMRF launched its Immune Atlas project to define the immune microenvironment and its role in myeloma. From 2020–2023, the MMRF and its collaborators at five leading academic medical centers used bone marrow and blood samples from CoMMpass to conduct sophisticated immune profiling at the time of a patient's diagnosis and during their disease journey (after stem cell transplant or at treatment response or relapse).

Earlier this year, the MMRF and its partners published two important studies from its Immune Atlas data. These papers offered important new insights into the immune system's role in myeloma—and once again demonstrated the value of the MMRF's collaborative model and datasets like CoMMpass. Over the coming years, Immune Atlas investigators expect to share more results and insights as they continue to analyze this data.

Building on CoMMpass' impact

To further extend the reach of its datasets, the Foundation recently launched the MMRF Virtual Lab®, the largest and most comprehensive data-sharing platform in myeloma. Virtual Lab now houses all the data the MMRF has generated across its landmark research projects, including the final genomic and clinical data from CoMMpass.

By continuing to make this data available to researchers around the world—as the MMRF has done for the last 15 years—but in a more sophisticated platform with built-in analytical tools, CoMMpass data will remain as important as ever.

"CoMMpass is more relevant today than it was when we first embarked on it," says CoMMpass principal investigator Sagar Lonial, MD of Emory University. "When we're doing an analysis or something new in myeloma, the first question is always: Well, what does CoMMpass say about this?"

Today, CoMMpass continues to generate new insights, and the model it pioneered now extends well beyond its original design. For the MMRF, it's a foundation to keep building on toward our ultimate goal: a cure for every myeloma patient.

"CoMMpass is more relevant today than it was when we first embarked on it."

—Sagar Lonial, MD

Engineering Smarter Immunotherapies for Myeloma

Coding Bio's CEO shares how the company's platform aims to speed up the development of novel drugs and outsmart resistance.

Earlier this year, the Myeloma Investment Fund (MIF) made a new investment in Coding Bio, a United Kingdom–based biotechnology company whose platform could accelerate the development of new immunotherapies for myeloma and other cancers.

We spoke with Coding Bio's CEO Simon Bornschein about the company, why the MIF's funding and support is so crucial, and more.

Tell us about Coding Bio and how the company got started.

I have spent much of my career working on immunotherapies. One thing I noticed over the years was that the field has traditionally focused on generating high-affinity antibodies—essentially measuring how strongly a therapy binds to cancer cells. But what really matters is how well the immune system becomes activated and mounts a response against those cells. That insight became the foundation for Coding Bio.

When my co-founder, Yulia Lampi, and I started the company, we built a platform that can test millions of potential therapeutics and measure what candidates trigger the most powerful immune response against cancer directly in immune cells. We can now test more than 70 million different therapeutics and use that data to train machine learning models to simulate immune response. That lets us generate and refine new drug candidates far more efficiently than traditional methods.

Why is a modular approach to immunotherapy so innovative?

One of the big limitations with immunotherapies today is that they tend to target only a single antigen on cancer cells. In myeloma, most available therapies go after the same targets, which means when patients develop resistance there aren't many options left to try.

Our approach is different. Our lead program, CB101, targets two different antigens on myeloma cells simultaneously. The therapy can kill cancer cells if target A is present, or if target B is present, or both. If the cancer loses one of those targets, the other can still do the job. We're essentially trying to preemptively outsmart resistance. And that modularity is designed to scale. The next iteration could go after three targets, or it could target the tumor microenvironment. Our platform lets us build increasingly sophisticated therapies without starting from zero each time.

What problem is Coding Bio ultimately trying to solve for patients?

We're trying to develop a therapy that can match the remarkable efficacy of CAR T-cell therapy but be available off the shelf for any patient who needs it. CAR T requires manufacturing individualized cells from each patient's own blood, which is time-intensive and expensive. Few myeloma patients receive CAR T simply because they don't live near a major academic medical center that can administer it.

With an antibody-based therapy like our CB101, we can produce hundreds of thousands of liters to freeze and have ready when a patient needs it. The goal is for the next generation of therapies, like ours, to approach the same effectiveness as CAR T but be accessible to far more patients.

How does Coding Bio's platform speed up drug development?

Drug development is inherently slow. But we can make a real difference in the discovery and early development phase. Once we identified a target for CB101, it took us six months to go from that insight to having a candidate ready to test in animals. With traditional approaches, that process can take two to five years. We're hoping to move into a phase 1 clinical trial in early 2027, less than a year and a half after identifying the target. That's the kind of acceleration that this technology can enable.

Simon Bornschein

How will early funding and support from the MIF advance Coding Bio's work?

This funding will help get us through the most capital-intensive phase of development: manufacturing at a scale suitable for clinical use and for getting it to a first-in-human trial. You can build a lot of promising molecules in the lab, but at some point, you have to start manufacturing. That costs money. The MIF's investment is what's getting us across that threshold. In addition, MIF has a vast investor network and pharma contacts for business development discussions.

The MIF's validation is significant. Having one of the world's largest nonprofits focused solely on myeloma back your myeloma program is a powerful signal to external investors and to the scientific community. It says the people who know this disease best believe this therapy could make a difference for patients.

But beyond that, the MMRF brings something venture capital can't: deep, direct connections to the clinical community and expertise in trial design. Having access to leading myeloma physicians and a network of 20-plus clinical centers through the MMRF's clinical research subsidiary, the Multiple Myeloma Research Consortium, is invaluable.

Why the Myeloma Investment Fund Matters Now More than Ever

In a tough funding climate, the MIF is keeping the most promising myeloma science moving forward.

Between declining government funding for research and a difficult drug development arena marked by higher costs, greater risk, and more competition for less capital, myeloma is at a crossroads. To ensure cures reach patients, the community needs to confront these challenges head-on—something the MMRF is uniquely poised to do.

One of the most important ways we'll push the field forward now is through the MMRF's Myeloma Investment Fund (MIF), the first and only mission-driven philanthropic venture fund focused on myeloma. Over the last six years, the MIF has helped advance six treatments to clinical trials and has grown to 18 active portfolio companies.

In addition to capital, the MIF provides biotechnology companies with financial and strategic support, access to data, and connections to investors, researchers, and pharma representatives. Not only that, but the MIF leverages the MMRF's vast expertise and its more than 25 years at the forefront of myeloma research.

"We join the boards of many of these companies and play an important advisory role," said MIF Managing Director Stephanie Oestreich, PhD, MPA.

The companies the MIF invests in are developing some of the most transformative potential treatments in myeloma—with a special focus on relapsed patients who have run out of options.

"An estimated 70 percent of new therapeutic targets are being developed by venture-backed companies, and only 30 percent are with pharma," Oestreich said. "Venture capital like the kind the MIF provides is critical to move tomorrow's innovations forward."

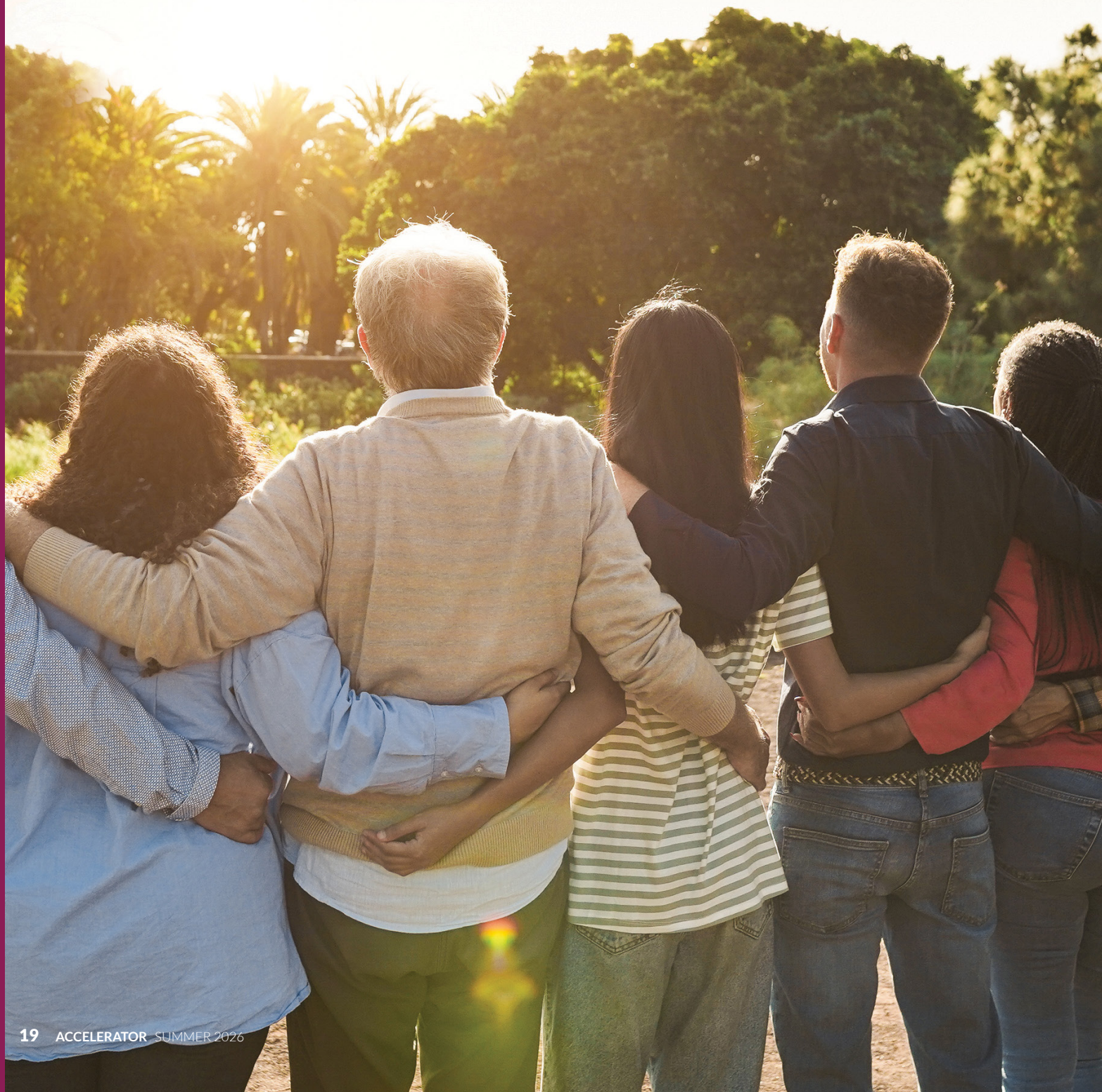
MIF-backed companies are working on some of the most exciting new technologies and developments today, including next-generation CAR T-cell designs and treatments, natural killer cell–directed therapies, and antibody-drug conjugates. Our portfolio also includes companies investigating novel ways to improve patients' immune response.

MIF investments importantly provide funding at a pivotal point in the drug development process, when early breakthroughs are at risk of stalling because they lack funding or direction. By stepping in at this phase, the MIF helps bridge the gap between research and real-world application.

"At a time when early-stage funding is harder to secure than ever, the MIF's early support is essential—helping companies attract more investors and ensure that the best new ideas in myeloma don't get left behind," Oestreich said.

Living Well with Myeloma

Empowering advice and support from the MMRF's experts.



How to Make Smarter Decisions at Every Step of Your Myeloma Journey

Five takeaways from the MMRF's webinar with co-founder and patient advocate Kathy Giusti.

A myeloma diagnosis can mean stepping into a system that's overwhelming, fast-moving, and full of difficult decisions. In a recent webinar, MMRF Co-Founder Kathy Giusti shared her practical strategies for making confident decisions, preparing for key milestones, and more.

Drawing on nearly 30 years of experience as both a cancer survivor and patient advocate, Giusti offered a candid perspective on what it takes not just to survive, but to live well with myeloma. Here are five key insights from the conversation.

1 Take an active role in your treatment

With more than 15 FDA-approved treatments for myeloma, patients have more options than ever before. But that also means that they increasingly need to be active participants in their care.

"The doctor is now saying to you, 'Here are your options. What do you want to do?'" Giusti said. "You need to understand your options."

Giusti emphasized the importance of preparing for appointments, asking clear questions, and making your priorities known. Proactively bring up things like your work schedule, caregiving support, and how far you have to travel so your doctor can match you to treatments that fit your life.

"We've always had these challenges as patients, but with more information and more treatments, you've got to do your research and optimize your own journey," she said.

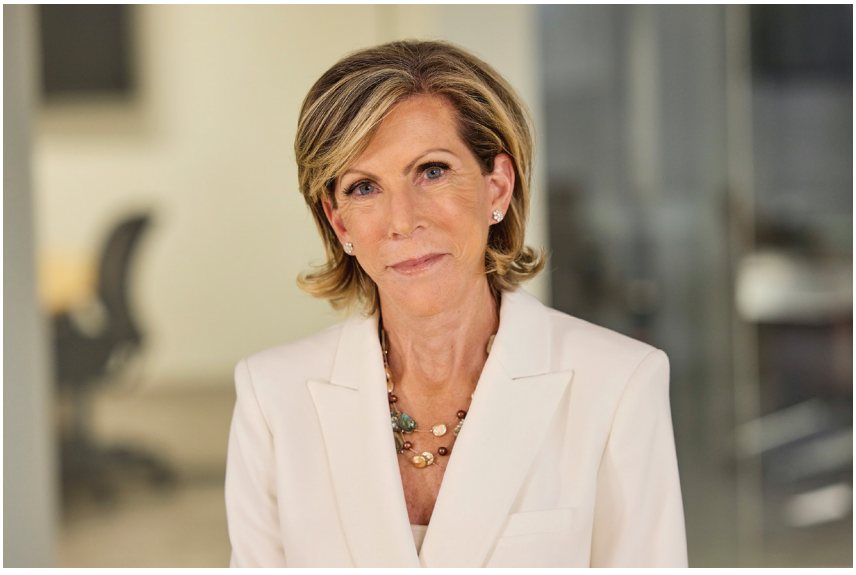
2 Prepare before you need to

One of Giusti's biggest pieces of advice was to plan ahead whenever possible. Ask your doctor questions about the next phases of treatment. If you've been diagnosed with smoldering myeloma, like Giusti was, use that as an opportunity to learn about myeloma and outline potential next steps. Having a plan in place can reduce anxiety and help you feel more in control when circumstances change.

"You make the best decisions when you're not in a panic," she said.

3 Get a second opinion

"I'm a huge fan of second opinions," Giusti said, because treatment for myeloma is rapidly evolving. She encourages every patient to seek multiple perspectives—especially from oncologists at leading cancer



centers, who will often do virtual consultations.

Far from being seen as a challenge to a physician, second opinions are now a routine part of care.

"Doctors don't take this personally," Giusti said.

4 Speak up about your quality of life

Treatment isn't just about how effective it is—it's also about how you feel while on it. That's why Giusti recommends being "brutally honest" about any side effects you're experiencing and making sure you understand how you might feel on every drug.

Ask your doctor what side effects might be temporary and what you might experience in the longer term. Bring a caregiver with you to your appointments to be a second set of ears and to raise side effects they've noticed.

"I know we don't want to be a burden. We don't want to complain. We want our doctors to like us," Giusti said. "But in myeloma, we have a lot of good options."

Doctors can make medication adjustments, prescribe medication to alleviate certain side effects, or even consider temporary pauses in treatment.

"It doesn't have to be all or nothing," she said.

5 Remember what matters most

Reflecting on her own journey, Giusti shared one of her most personal lessons: Survival alone isn't enough.

"For a long time, I was definitely staying alive, but I wasn't living," she said.

In hindsight, she realized how easy it is to become consumed by treatment—and how important it is to stay grounded in what matters most to you.

"Pick your north star, and go do it," she said.

Join an upcoming MMRF webinar and find more informative content on our Education Resource Hub.

MMRF Patient Navigators Answer Patients' Top Questions

When you're navigating a myeloma diagnosis, it's normal to have questions. The MMRF's Patient Navigation Center (PNC) is available to provide expert-backed information and resources for patients and caregivers free of charge. All our patient navigators are former oncology nurses with specialized certifications in patient navigation who can offer guidance at every stage of your myeloma journey.

Below, the MMRF's PNC team—Erin Mensching RN, BSN, BA, OCN, Grace Allison RN, BSN, OCN, LIONs, and Brittany Hartmann RN, BSN, ONN-CG—answer the questions they hear most often and share the questions you should ask your care team to feel empowered and informed.

How do I know if my treatment is working?

Your care team monitors your myeloma regularly using blood tests, occasional urine tests, imaging like PET or CT scans, and sometimes bone marrow biopsies. These tests look at signals such as M protein levels or light chains to show how active the myeloma cells are.

It's important to remember that these values may mean different things for each patient

and can change depending on where you are in your treatment. You may hear terms like partial response, very good partial response, complete response, or minimal residual disease. These describe how much disease markers have decreased and help your doctor understand how myeloma is responding.

Achieving the deepest response possible isn't the only definition of success. If your numbers are steady and you're feeling well, your treatment may be doing exactly what it's meant to do. Small changes in numbers are also normal.

Questions to ask your doctor:
Are my numbers improving or stabilizing? What markers are we watching most closely? What would make us adjust treatment?

How do I know if I'm high risk?

In myeloma, "risk" refers to how active or aggressive the disease may be and how it might respond to treatment. Risk is often determined through information from your bone marrow biopsy and blood work, which can reveal specific genetic changes in myeloma cells.

High-risk myeloma may not respond as deeply or as long to certain therapies. Understanding your risk level helps your care team develop the best plan for you.

Importantly, high risk does not mean you have no treatment options. Knowing your risk may guide decisions such as using combination therapies or exploring clinical trials designed specifically for higher-risk patients, like the Horizon Two Clinical Trial run by the MMRF's clinical research subsidiary, the Multiple Myeloma Research Consortium.

Questions to ask your doctor:
Does my biopsy show high-risk features? How does risk affect my treatment plan? Should I consider a clinical trial or more frequent monitoring?

What do I do if my myeloma comes back?

If your myeloma returns or becomes more active, it can bring up a lot of emotions and questions. The first step is to understand what's happening. Relapses are typically identified through blood tests, imaging, bone marrow biopsy, or the return of symptoms such as bone pain, fatigue, or weakness.

Your care team may recommend additional testing—such as updated blood work, imaging, or another biopsy—to get a full picture of how active the disease is. This information helps determine how quickly treatment may need to change.

There is no single standard approach to relapsed myeloma. Treatment plans are tailored to each patient based on their disease characteristics and preferences.

Questions to ask your doctor:
What are all my treatment options? How soon do I need to start a new treatment? Is a clinical trial right for me?

No matter where you are in your journey, the MMRF is here to support you. Connect with the PNC by phone (1-888-841-6673), email, or online form.

MEET OUR
Patient Navigators

Erin Mensching,
RN, BSN, BA, OCN
PNC Manager

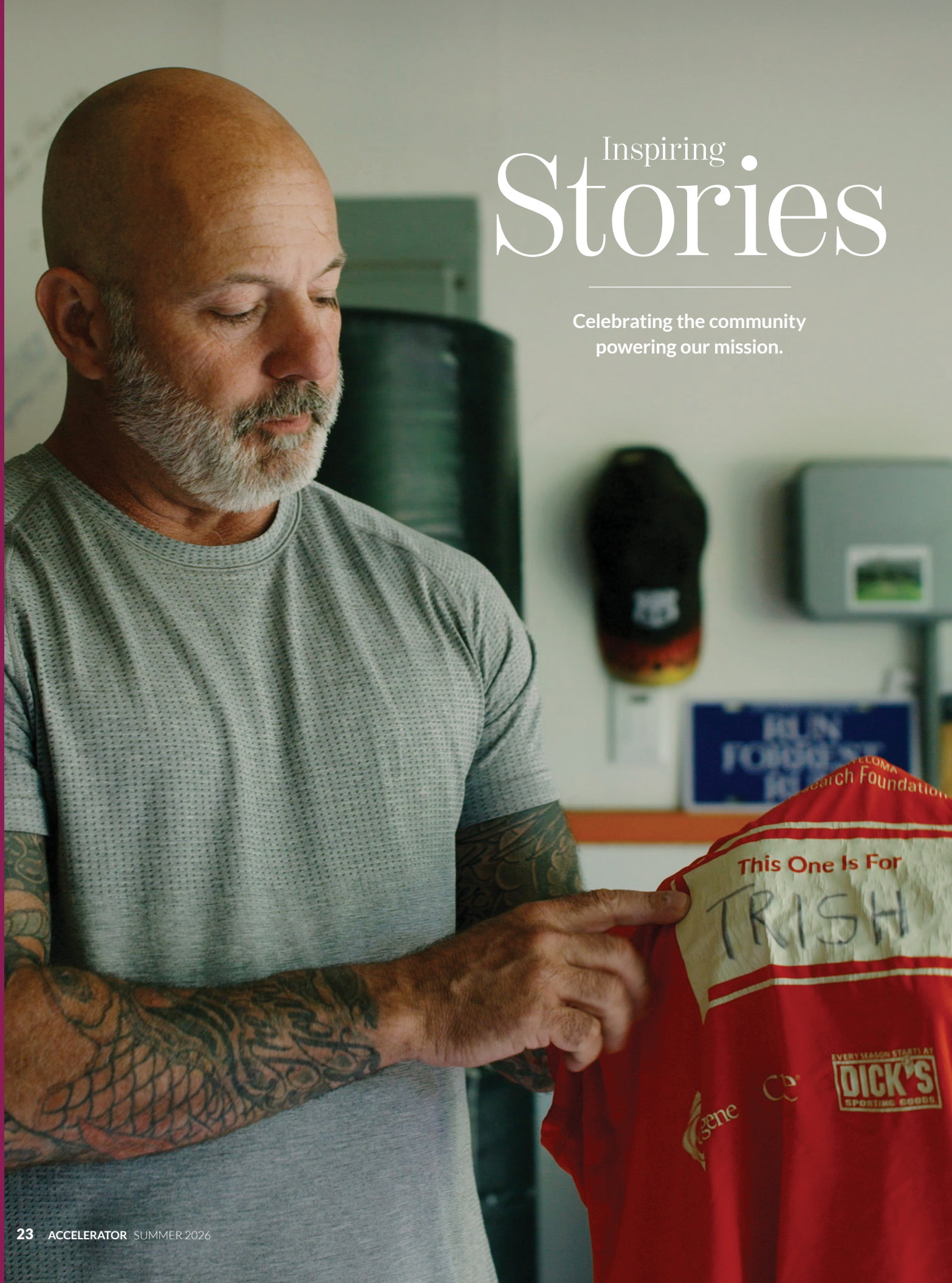
Grace Allison,
RN, BSN, OCN, LIONs

Brittany Hartmann,
RN, BSN, ONN-CG

Scan to watch patient navigators answer more common questions.

Inspiring Stories

Celebrating the community powering our mission.



20 Years and $2.6 Million Later, Eric Gelber Is Still Pushing Himself for a Cure

What began with a marathon in honor of a friend has grown into a community-driven effort to accelerate progress for myeloma patients.

It's been nearly 20 years since Eric Gelber first fundraised for the MMRF by running the 2007 New York City Marathon in honor of a family friend, Anita, who was being treated for myeloma. But he still thinks about something she said after he'd crossed the finish line having raised $5,000 for the organization.

"She told me that when I ran, she could feel medicine going straight into her veins," he said. "That always resonated with me—still does."

Nearly two decades later, this continues to fuel Gelber's commitment—not just to pushing his own limits but to accelerating research to improve outcomes for myeloma patients by fundraising for the MMRF. Since that first marathon, Eric has raised more than $2.6 million for the MMRF through several high-profile endurance feats.

As part of the MMRF's Outpace Myeloma endurance fundraising initiative this Blood Cancer Awareness Month, Gelber will attempt to row 100 miles and complete 10,000 push-ups in just 36 hours starting on September 26 in Chappaqua, New York, near where he lives.

While his efforts were initially inspired by Anita, who succumbed to myeloma in 2012, along the way Eric has grown close with many other patients and their loved ones—giving him a front-row seat to the progress the MMRF has helped make possible.

"When Anita was diagnosed, the prognosis was maybe three or five years. Now I have friends who have been living with this disease for 10 or 20 years," Gelber said.

Despite this progress, Gelber said he's motivated to fundraise for those who have not had the same outcome—like a patient named Jeannie, who traveled from New Hampshire to New York each year to support Eric's events in person.

"The last time I saw her, she had just gotten a biopsy and was waiting for results. She came down to support me even though she was waiting for that phone call," he said. "Sadly, she got bad news and passed away within a year of the event. I think about her often and so many other friends."

Since his first MMRF fundraiser, Eric has pushed himself to take on increasingly grueling ultra-marathons and endurance challenges. In 2012 and 2015, he completed the 135-mile Badwater Ultramarathon, widely considered one of the world's toughest races for its extreme temperatures and elevation gain. A few years later, he ran 200 miles in New York's Central Park—a feat that was featured in the 2017 documentary 200 Miles—followed by another 200-mile rowing challenge at the park.

Gelber's efforts have grown into a true family and community effort. Eric and his wife, Tani, along with their three children, Jared, Kyle, and Isla, have organized other fundraisers for the MMRF over the years, including a music festival on Randall's Island and tennis and pickleball tournaments. In November, Kyle will run the TCS New York City Marathon with MMRF Team for Cures.

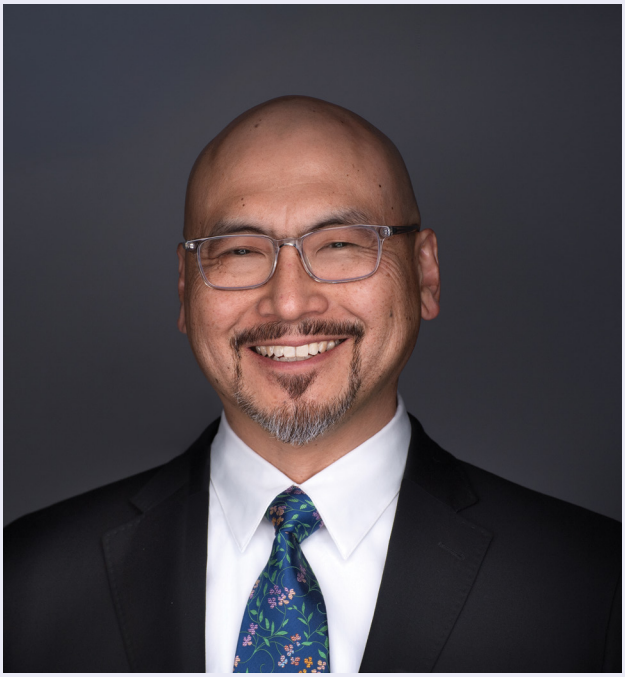
When Gelber looks back at his cumulative fundraising impact for the MMRF, he said he hopes he has encouraged others.

"If I can provide hope to patients and their families or inspire people to get out there and do something, that's meaningful to me," he said.

> **"If I can provide hope to patients and their families that's meaningful to me."**
>
> —Eric Gelber

Hearn Jay Cho, MD, PhD on the Evolution and Future of Myeloma Care

The MMRF's chief medical officer discusses the scientific advances, collaborative spirit, and patient stories that drive his work.



Hearn Jay Cho, MD, PhD has spent more than two decades advancing myeloma science and care. As the chief medical officer of the MMRF, Dr. Cho develops the MMRF's clinical research strategy and leads the Multiple Myeloma Research Consortium, a network of leading cancer centers.

Dr. Cho is a clinical professor of medicine at the Icahn School of Medicine at Mount Sinai and an attending physician at Mount Sinai's Tisch Cancer Center. His laboratory is investigating novel therapies for myeloma.

Here, Dr. Cho shares what drew him to work on behalf of myeloma patients and why he's optimistic about the future.

What drew you to oncology and myeloma as a specialty?

I planned to go to medical school and become a surgeon, but that changed pretty quickly. I took an immunology course that included lectures on how the immune system interacts with cancer. This was the mid-1980s—the very beginning of modern cancer immunotherapy—and the idea that you could harness the immune system to treat disease really captured my attention. I got involved in cancer immunology research as an undergraduate, and from there, I decided to pursue my medical degree and a doctorate with a focus on immunology. Today, I'm essentially doing what I set out to do at 20.

Myeloma came into the picture during my fellowship. It stood out because it's a disease of the immune system, which aligned with my scientific interests. Being there at the start of the modern treatment era—from early thalidomide trials through to today's immunotherapies—made it both compelling and rewarding.

I happened to enter the field at a moment when myeloma research was beginning to accelerate. Looking back, my career has really paralleled the modern era of myeloma therapy, from the first novel agents to today's cellular therapies. It has been remarkable to watch those advances unfold and, more importantly, to see what they have meant for patients.

What motivated you to come to the MMRF, and what do you find most fulfilling about your role?

I worked with the MMRF as an investigator from the earliest part of my career. The MMRF was one of the main drivers of innovative research that resulted in new myeloma therapies. We continue that mission today through collaboration. The field today is heavily driven by pharmaceutical innovation, which has led to tremendous progress—but no single company has all the answers. To really move the field forward, you need a way to bring different

agents, ideas, and datasets together, and that requires a trusted third party. The MMRF is uniquely positioned to play that role.

What appealed to me most was the mission. At the MMRF, everyone is working toward the same goal: developing better treatments and, ultimately, cures for patients. That clarity of purpose makes it easier to do ambitious work across institutions and sectors.

I've found it incredibly fulfilling to work alongside a team that is deeply committed and highly collaborative, and to contribute in a way that helps shape not just individual studies, but the direction of the field. Everyone across the organization is aligned on the same mission. Whether you work in research, clinical operations, fundraising, communications, or another function, the focus is always on advancing the best programs for patients. That shared sense of purpose is incredibly motivating.

What makes you most hopeful about where myeloma research and care are headed?

When I started in myeloma around 2000, patients were still being told that survival was two to three years. We had older chemotherapies that didn't work well, and patients inevitably relapsed. What's remarkable is that I've now followed some of the same patients for more than 20 years. These patients are living proof of the field's progress. However, the job is not finished.

There have been three major revolutions in myeloma. The first was the introduction of targeted agents like Velcade® and Revlimid®. The second was the arrival of immunotherapies, particularly monoclonal antibodies like Darzalex® and Sarclisa®. And the third has been T-cell–redirecting therapies, including CAR T and bispecific antibodies.

What gives me the most hope now is that we're entering a phase where curative therapy is not just theoretical, it's feasible. We are also getting closer to understanding which patients are most likely to benefit from specific treatment approaches. We have a powerful set of tools. The challenge and opportunity are figuring out how to use them—guided by data and science—to deliver the best possible outcomes for patients. You need science, data, and a platform to test hypotheses, and we have all of those things moving forward today.

> "At the MMRF, everyone is working toward the same goal: developing better treatments and, ultimately, cures for patients. That clarity of purpose makes it easier to do ambitious work."
>
> —Hearn Jay Cho, MD, PhD

Why Author Jonathan Gluck Supports the MMRF

A myeloma diagnosis changed the author's life atjust 38 years old. But two decades of scientific progress have helped him live fully.

In 2003, Jonathan Gluck went to see his doctor about lingering pain in his hip—pain that, over the course of a year, had grown so severe he was having trouble picking up his newborn daughter. His doctor ordered an MRI.

Jonathan was floored when he learned he had a cancerous lesion on his hip. At just 38 years old, he was diagnosed with myeloma. One doctor told Jonathan he might have just 18 months to live.

As he was processing his new reality, Jonathan's hematologist said something that has stuck with him ever since.

"He said to me, 'You're probably feeling very unlucky, but in a way you're actually lucky. We're on the verge of some big breakthroughs for this cancer,'" Jonathan remembered. "I thought he was just trying to give me an ounce of hope. But he turned out to be right. Each new treatment that's come along—and the fact that I've responded well to many of them—has made me believe that."

Over the two-plus decades since Jonathan was first diagnosed, these advances have kept him one step ahead of the disease. In 2023, Jonathan underwent successful CAR T-cell therapy and has been in remission since.

Despite multiple relapses, Jonathan has been able to see both of his kids grow up, be there for his wife, go on bucket list fly-fishing trips, and keep working. More recently, he published an acclaimed memoir, *An Exercise in Uncertainty*, about his experience with myeloma.

Jonathan sees a direct line between the MMRF's work and the scientific progress that has allowed him to live a full life with myeloma.

"The MMRF has led nearly 100 clinical trials over the years, and they're at the forefront of new research," he said. "That's tremendously important to me."

Jonathan has also relied on the MMRF as a trusted source of information and guidance. In fact, he first learned about CAR T-cell therapy on an MMRF webinar, right as he was coming out of his last remission. Soon after, he and his doctor started talking about CAR T as an option.

"Everything I got from the MMRF was relevant, helpful, intelligently presented," Jonathan said. "You can trust it."

Though Jonathan has lived with myeloma for more than 20 years, he still navigates never-ending uncertainty and fear of another relapse, likening living with the disease to sleeping next to a hibernating bear.

"You might feel safe for a certain period of time while the bear is asleep, but you also know the bear's going to wake up," he said. "And when he does, he's going to be hungry. That's the feeling I've had for many years."

Finding meaning, purpose, and community has been a salve. Over the years, his family has fundraised for the MMRF and attended the Foundation's walks. He is also donating a portion of the proceeds from *An Exercise in Uncertainty* to the MMRF.

"Their work provides hope that there's always something new around the corner," he said. "I owe a lot of why I'm here to the MMRF."

MULTIPLE MYELOMA
Research Foundation

What Will Your **Legacy** Be?

The MMRF's Legacy Society recognizes donors who have demonstrated a deep commitment to our mission through planned giving.

By leaving a legacy gift to the MMRF, you help advance critical research for years to come and bring us one step closer to cures for myeloma.

✉ To learn more about the Legacy Society and planned giving, please contact ***development@themmrf.org***

2026

FIND AN MMRF EVENT NEAR YOU

TEAM FOR CURES		
8/30	TCS Sydney Marathon presented by ASICS	Sydney, Australia
9/19	2026 MMRF Boston Walk	Boston, MA
9/19	2026 MMRF Twin Cities Walk	Minneapolis, MN
9/26	2026 MMRF Washington, D.C. Walk	Washington, D.C.
9/27	BMW Berlin Marathon	Berlin, Germany
10/10	2026 MMRF New York City Walk	New York City, NY
10/11	Bank of America Chicago Marathon	Chicago, IL
10/17	2026 MMRF Philadelphia Walk	Philadelphia, PA
10/17	2026 MMRF Houston Walk Your Way	Houston, TX
10/24	2026 MMRF Chicago Walk	Chicago, IL
11/1	TCS New York City Marathon	New York City, NY
11/7	2026 MMRF Atlanta Walk Your Way	Atlanta, GA
11/14	2026 MMRF Southern California Walk	Southern California, CA
12/12	2026 MMRF Scottsdale Walk	Scottsdale, AZ
PATIENT EDUCATION		
8/26	PNC Livestream: Caregiving Support	
9/30	Post-Conference Webinar: 2026 IMS Highlights	
10/14	Livestream: 2026 IMS Highlights	
10/24	MMRF Patient Summit: University of San Francisco	
10/28	Webinar: Understanding Clinical Trials: The Role and Benefits for Multiple Myeloma Patients	
11/5	MMRF Patient Summit: University of Miami Sylvester	
11/11	Livestream: Understanding Clinical: The Role and Benefits for Multiple Myeloma Patients	
11/18	Webinar: Myeloma Side Effects and Symptoms: What to Expect and How to Manage Them	
11/2	Livestream: Myeloma Side Effects and Symptoms: What to Expect and How to Manage Them	
11/16	Post-Conference Webinar: 2026 ASH Highlights	
COMMUNITY CONNECT EVENTS		
9/15	2026 Multiple Myeloma Community Connect	Jackson, MS

*Events are subject to change; for more information visit **themmrf.org**

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About the MMRF

The Multiple Myeloma Research Foundation® (MMRF®) is the largest nonprofit in the world solely focused on accelerating a cure for each and every multiple myeloma patient. We drive the development and delivery of next-generation therapies, leverage data to identify optimal and more personalized treatment approaches, and empower myeloma patients and the broader community with information and resources to extend their lives. Central to our mission is our commitment to advancing health equity so that all myeloma patients can benefit from the scientific and clinical advances we pursue. Since our inception in 1998, the MMRF has raised over $600 million for research, supported nearly 100 clinical trials and research studies, and helped bring 15-plus FDA-approved therapies to market—all of which has tripled patients' life expectancy and improved their quality of life.

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