MMRF Receives 4-Star Ranking for Third Consecutive Year

Once again the MMRF is proud to be recognized by Charity Navigator, America’s largest independent evaluator of charitable organizations, for our exceptional fiscal management and clear commitment to our mission. A total of 95% of the funds raised by the MMRF directly supports research and related programming.

This is our third consecutive year in earning the four-star rating, indicating once again that the MMRF has outperformed most of our peers in our ability to manage and grow finances in direct support of our cause.

MMRF/ MMRC to Map The Myeloma Genome

The MMRF and MMRC are pleased to introduce the launch of the Multiple Myeloma Genomic Initiative, a three-year, multi-million dollar genome mapping program. Spearheaded by the Multiple Myeloma Research Consortium (MMRC) in partnership with the Broad Institute of MIT and Harvard and The Translational Genomics Research Institute, (TGen), this cutting-edge research initiative was designed to accelerate myeloma research and drug discovery by significantly improving our understanding of the disease. “Findings from this pioneering initiative will prove invaluable in future efforts to develop better, more effective therapies for myeloma,” said Ken Anderson, MD, Director of the Jerome Lipper Multiple Myeloma Center, Dana-Farber Cancer Institute.

Continued page 3

“We have worked hard at the MMRF to ensure we funnel as much of our funding as possible into supporting pivotal multiple myeloma research and related programming,” said Scott Santarella, Executive Director. “Receiving this distinction for a third year in a row validates our business model, and we’re pleased to be recognized for it once again.”

The MMRF’s promise to patients, families and contributors has always been that the greatest percentage of funds we raise will go directly into myeloma research and programming. We know it is the only way to accelerate the search for a cure.
The MMRF’s Compound Validation Roundtable, a high-priority project of the Multiple Myeloma Scientific Agenda, was a great success. Held on Nov. 21-22, 2005, in New York, NY, the Compound Validation Roundtable brought together leading experts in compound validation from academia, and the pharmaceutical and biotech industries to analyze and critique the algorithm to validate a potential treatment (or combination of treatments) for myeloma. Kenneth Anderson, MD, Dana-Farber Cancer Institute, and William Dalton, PhD, MD, H. Lee Moffitt Cancer Center & Research Institute, co-chaired this exciting event.

With a multitude of therapeutic options under investigation for myeloma, the ability to identify those that show the most potential in treating the disease is of critical importance. One of the most effective and efficient ways to do this is through pre-clinical validation, the process of testing a potential treatment’s activity in various biological models of the disease, such as fresh myeloma tissue, myeloma cell lines, and animal models. Participants discussed the strengths and weaknesses of the current algorithm and specific pre-clinical models, and heard from researchers from other fields, such as cancers, whose cutting-edge work has already resulted in the development of more predictive models.

“The development of an optimal algorithm for compound validation marks an important advance in the field of myeloma research and will prove invaluable in future efforts,” said Roundtable co-chair William Dalton, MD, H. Lee Moffitt Cancer Center and Research Institute.

Proceedings from the Compound Validation Roundtable will be published in a leading scientific journal. Later this year, the MMRF will issue Requests for Applications (RFA) to the broader research community to support compound validation research efforts for novel agents alone and in combination, as well as the development of new biological models for the disease.
Until recently, in myeloma, a lack of high-quality myeloma patient tissue has made genomic research nearly impossible. Now, with a critical mass of myeloma patient tissue samples accrued into the MMRC Tissue Bank under Good Laboratory Practices (GLP), and accrual ongoing at leading academic centers nationwide, this unique resource offers researchers an unprecedented opportunity to advance in myeloma, important genomic research efforts. Developed following three rounds of intense peer review by leading genomics experts, the Multiple Myeloma Genomic Initiative has several research programs that span the spectrum of genomic science, including a gene expression profiling program and an exon resequencing program. These efforts will enable researchers to determine what genes and molecular pathways play a role in the disease’s onset and progression, to learn how patients will respond to therapies, and to identify new druggable targets for the disease. All findings from the Multiple Myeloma Genomic Initiative will immediately be placed in public domain through a myeloma portal accessible on the Internet and key learnings will be directly communicated to the National Cancer Institute to aid in its Cancer Genome Atlas Program.

The MMRF would like to acknowledge the generous support of the initiative from Novartis Corporation, Dr. Michael Crichton, Mr. Avi Noar and Mr. Chris Walker.

“I am proud to support the Myeloma Genomic Initiative because I believe the findings from this groundbreaking program will lead to the development of novel targeted therapies and will pave the way toward individualized treatments for Myeloma patients.”

- Chris Walker

The Multiple Myeloma Genomic Initiative has several related discovery efforts, including:

**Reference Collection of Patient Tissue:**
The MMRC will create the common set of high-quality myeloma tissue samples that will be used for the Initiative as well as a resource for the entire scientific community for future experiments.

**Gene Expression Profiling:**
Research will determine which genes are expressed by myeloma cells and which of those genes may represent therapeutic targets for myeloma.

**Genome Copy Number & Loss of Heterozygosity Analysis:**
Research will focus on gaining a better understanding of the biology of myeloma and creating detailed “maps” of how the disease behaves.

**Exon Re-Sequencing:**
Research will focus on genes that are frequently mutated in cancer to identify new therapeutic targets for myeloma.

**Achilles Heels:**
Research will focus on pinpointing genes that are essential for myeloma cell survival and may represent therapeutic targets for myeloma.

The MMRF and MMRC thanks the esteemed panel of reviewers whose guidance was invaluable.
What made you want to join the MMRC?

The opportunity to join the MMRC’s extraordinary assembly of leading academic institutions and experts in research and clinical care was incredibly appealing. I knew this opportunity would ensure that myeloma patients treated at Hackensack Cancer Center would have access to the most state-of-the-art care. I was particularly interested in enabling my patients to have access to the novel and combination treatments in clinical trials at MMRC Member Institutions. Some of these compounds are not available elsewhere, and having access to these promising new agents is very important, particularly for patients who may experience a relapse.

What do you expect to accomplish as one of the MMRC Member Institutions?

It is my sincere hope that the addition of the Hackensack Cancer Center will build on the momentum already generated by the MMRC and will help to achieve the MMRC’s mission in myeloma to accelerate drug development. More specifically, because Hackensack Cancer Center treats a large number of myeloma patients, we have a significant patient population that may be candidates for clinical trials conducted in the MMRC; this will help to expedite the clinical trials process so that new drugs are brought to market faster. Our large patient population will allow us to play a lead role in the rapid accrual of tissue samples into the MMRC Tissue Bank; this will enable the MMRC to continue to advance important validation efforts and genomics studies.

What are the advantages to the MMRC’s collaborative research model?

By joining 10 leading institutions through a shared tissue bank, state-of-the-art IT systems, and uniform member agreements, the MMRC has enabled a new level of collaboration once only imagined. I have no doubt that the MMRC’s collaborative research model and its team approach to science and medicine will accelerate myeloma research and drug development to a pace never before possible. This will result in the more rapid translation of research discoveries into effective new treatments and, ultimately, to a cure.

Spotlight on the Clinical Trials Core

Led by Paul Richardson, MD, Dana-Farber Cancer Institute, the MMRC Clinical Trials Core supports multi-site clinical trials of novel and combination therapies and associated correlative studies. The MMRC Clinical Trials Core launched its first clinical trial in 2005, a Phase I clinical trial of CHIR-258, and several additional high-priority clinical trials are targeted to open this year.

Committed to conducting clinical trials as efficiently as possible, the MMRC has developed several uniform documents designed to significantly expedite contract negotiations, which is one of the greatest delays in a clinical trial’s launch. To further streamline clinical research efforts, the MMRC has selected MDS Pharma Services as its preferred Contract Research Organization (CRO); MDS Pharma will play a vital role in managing the MMRC’s research efforts, including multiple clinical trials.

To learn more about the Multiple Myeloma Research Consortium (MMRC), visit the MMRC’s website: www.themmrc.org
Phase I Clinical Trial of CHIR-258 Accruing Myeloma Patients

The MMRC’s Phase I study of CHIR-258, conducted in partnership with Chiron Corporation, is now accruing patients. CHIR-258, a novel compound developed by Chiron, is known to inhibit fibroblast growth factor receptor 3 (FGFR3), as well as several other growth factor receptors. As such, CHIR-258 may hold promise in treating myeloma patients known to express FGFR3.

This trial is currently enrolling patients at several centers nationwide:
- Dana-Farber Cancer Institute
- Emory University
- H. Lee Moffitt Cancer Center
- Mayo Clinic

For information about participating in this clinical trial, contact Alicia Sable-Hunt, RN, MMRC Program Manager, at sablehunt@themmrc.org
The MMRF Awards $600,000 To Accelerate the Development of New Therapies

**Translational Research**

**MMRF’s Transitional Awards Program**

The MMRF is pleased to announce that it has awarded six Translational Research Awards, totaling $600,000, to seven outstanding researchers. The Translational Research Awards program was developed to rapidly promote the translation of pre-clinical findings into effective new treatments for myeloma.

Advances in our understanding of the biology of multiple myeloma have identified numerous therapeutic molecular targets for myeloma and several promising compounds that interact with these molecular targets which are now under investigation or in various stages of development. To rapidly advance these discoveries into new treatments for the disease, increased efforts focused on bridging the gap between the laboratory and the clinic are urgently needed.

Vital steps in developing novel and combination treatments for multiple myeloma are supported through the Translational Research Awards. These awards support critical research efforts focused on the validation of novel compounds, the screening of potential targets against active compounds, and the identification of compounds active against validated molecular targets for myeloma.

“The MMRF’s Translational Research Awards will play an important role in rapidly converting recent discoveries in the laboratory into better treatments for myeloma patients,” said Translational Research Award winner Kelvin Lee, MD, University of Miami Miller School of Medicine.

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“The MMRF’s Translational Research Awards will play an important role in rapidly converting recent discoveries in the laboratory into better treatments for myeloma patients,” said Translational Research Award winner Kelvin Lee, MD, University of Miami Miller School of Medicine.

**What is Translational Research?**

Translational research describes the scientific process of developing new therapies, from pre-clinical testing of new compounds in the laboratory to clinical trials of new treatments.

The MMRF expects that research leads identified through the Translational Research Awards program may require additional resources and intends to invest additional funding to support the translation of these discoveries into new treatments.

<table>
<thead>
<tr>
<th>Translational Research Award Winners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Researcher</strong></td>
</tr>
<tr>
<td>Kelvin Lee, MD, University of Miami Miller School of Medicine</td>
</tr>
<tr>
<td>Shmuel Yaccoby, PhD, University of Arkansas for Medical Sciences</td>
</tr>
<tr>
<td>Axel H. Schonthal, PhD, University of Southern California Keck Medical School</td>
</tr>
<tr>
<td>Helena Jernberg Wiklund, PhD, Uppsala University Karin Vanderkerken, PhD Vrije Universiteit Brussel</td>
</tr>
<tr>
<td>Lori Hazlehurst, PhD, H. Lee Moffitt Cancer Center &amp; Research Institute</td>
</tr>
<tr>
<td>Teru Hideshima, MD, PhD, Dana-Farber Cancer Institute</td>
</tr>
</tbody>
</table>
From ASH

The MMRF is pleased to present the results of the latest and most exciting research findings presented at the 47th Annual meeting of the American Society of Hematology (ASH). Over 700 abstracts on myeloma were presented.

**Advances in Front-line Treatment and Stem Cell Transplant**

*Special Thanks to Guest Editor Dr. Donna Reece*

A wealth of promising findings regarding the use of novel therapies as front-line therapy was presented. Addition of novel therapies to standard regimens increases response rates, but it is too early to tell if this translates into improved survival. A recurrent theme with novel therapies is the need to determine their optimal usage: as an intensive regimen up front or their use in a sequential, progressive fashion to prolong response.

**Thalidomide (Thalomid®)**

Thalidomide (Thalomid, Celgene) and dexamethasone (thaldex) is now considered one of the optimal treatment choices for patients with newly diagnosed myeloma. Results of several trials evaluating thalidomide-based regimens in older patients were presented (see table below). All show unprecedented response rates when thalidomide is added to other agents as up-front therapy.

In addition to its established role as front-line therapy, there is emerging data that long-term use of thalidomide following autologous stem cell transplant helps extend survival. The final analysis of the IFM9902 trial demonstrated that thalidomide improves event-free survival after autologous transplant among patients with myeloma, especially those who have high beta-2-microglobulin levels (>2.5 mg/L) without deletion of chromosome 13 (Attal et al).

**Lenalidomide (Revlimid®)**

There is much excitement regarding the use of lenalidomide (Revlimid®, Celgene) in the front-line setting. A Phase II study evaluating the combination of lenalidomide and dexamethasone found it very rapidly effective in newly diagnosed disease (Rajkumar et al). Nearly all patients (91%) responded, with 38% of patients achieving complete, near complete, or very good partial responses. Grade 3/4 hematologic toxicities included neutropenia and anemia; about half of patients experienced nonhematologic grade 3/4 toxicities.

The combination of clarithromycin (Biaxin®, Abbott), lenalidomide, and dexamethasone (BiRD) resulted in a high complete remission rate (27%) and overall response rate (95%) in newly-diagnosed patients with poor prognostic features (Niesvizky et al).

The addition of lenalidomide to the standard melphalan and prednisone regimen appears to be a promising approach for patients who are not eligible for transplant, with early data showing a 95% response rate (Palumbo et al).

**Front-line Thalidomide-based Regimens Evaluated in the Elderly**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Author</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPT vs. MP vs. M and ASCT</td>
<td>Facon et al</td>
<td>Response rates with MPT were superior to both MP and intermediate-dose melphalan (MEL100 mg/m²) combined with ASCT. MPT also offered significantly longer overall survival (OS) and progression-free survival (PFS) compared with the other treatments, but also more grade 3/4 toxicities</td>
</tr>
<tr>
<td>MPT vs. MP</td>
<td>Palumbo et al</td>
<td>MPT yielded significantly higher response rates and longer PFS compared with MP; more grade 3/4 toxicities seen with MPT</td>
</tr>
<tr>
<td>T-Thal-dex-Doxil® (liposomal doxorubicin, Ortho Biotech)</td>
<td>Offidani et al</td>
<td>Very high overall response rate (98%) and complete response rate (37%) achieved with low-dose thal + high-dose dex + pegylated-liposomal doxorubicin; infections and thromboembolic disease seen in patients not receiving adequate prophylaxis</td>
</tr>
</tbody>
</table>

M = melphalan; P = prednisone; T = thalidomide; ASCT = autologous stem cell transplant; Thal-dex = thalidomide + dexamethasone
Bortezomib (Velcade®)

Bortezomib (Velcade®, Millennium) continues to be investigated in the front-line setting. Single-agent bortezomib has demonstrated activity in newly diagnosed myeloma, with a CR rate of 11% reported in a Phase II trial (Richardson et al). The most common adverse events were neuropathy, fatigue, and rash. Preliminary data suggest that bortezomib is also effective as front-line therapy in patients with high-risk disease, but further follow-up is required (Dispenzieri et al).

Bortezomib, alone or with dexamethasone added if a response was not achieved after several cycles, was shown to be active as first-line therapy, with 89% of patients achieving at least a partial response (Jagganath et al). The combination, which was required by 70% of patients, was successfully used as induction therapy for stem cell transplantation. The most common adverse events included neuropathy, fatigue, constipation, and nausea.

Bortezomib has also been found to be highly effective in combination with thal-dex prior to transplant (BTD, Wang et al). In a small study, only two cycles of this combination were necessary to achieve remission in 92% of patients, thus minimizing exposure and toxicity to these novel agents. BTD was followed by autologous stem cell transplant, which resulted in all patients responding (PR=66%, CR=34%).

The addition of bortezomib to standard melphalan and prednisone (MP) also produced a high rate of response (86%) in treatment-naive elderly patients (Mateos et al). Responses were rapid and 30% achieved a complete response. Most grade 3/4 toxicities were hematologic in nature.

New Developments in Stem Cell Transplant

There is much interest in tandem (double) transplant procedures as a means to improve outcome of single transplants. Two studies comparing outcome of double autologous transplants with autologous transplants followed by reduced-intensity (mini) allogeneic transplants show higher response rates with the auto-allo procedure; one study (Bruno et al) also showed significantly improved survival and comparable rates of treatment related mortality, which is typically higher with the allo procedure. Ongoing trials should provide more insight into the clinical utility of these tandem strategies, as well as the potential role of novel therapies.

Novel Agents and Advanced Clinical Trials in Relapsed/Refractory Myeloma

[Special Thanks to Guest Editor Dr. Vincent Rajkumar]

As in front-line therapy, a wealth of encouraging findings was reported with novel and combination therapies in relapsed and refractory myeloma.

Thalidomide (Thalomid)

Given the dose-related toxicities seen with thalidomide and the uncertainty regarding the minimal effective dose, the French IFM group conducted a prospective randomized study to compare the efficacy of two thalidomide doses in patients with relapsed, refractory myeloma. An interim analysis of the multicenter study showed that thalidomide at 100 mg/day yielded a comparable 1-year survival rate as 400 mg/day but with improved tolerability. The final results of this study should help determine the optimal dose of this agent.

Lenalidomide (Revlimid)

Exciting updated clinical data from the two pivotal Phase III trials evaluating lenalidomide, plus dexamethasone (dex) in previously treated myeloma patients were presented at the meeting. Data from both the International and North American trials showed the combination led to statistically significant improvement in median time to disease progression; data from the North American trial also showed statistically significant improvement in overall survival.

The table summarizes data from the International trial. In both trials, patients treated with lenalidomide plus dex had an increase in side effects as compared to those treated with dex alone. The most common side effects with the combination were constipation, diarrhea, and neutropenia.

<table>
<thead>
<tr>
<th>Revlimid International Phase III Trial:</th>
<th>Rev + Dex</th>
<th>Dex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median time-to-disease progression</td>
<td>49 weeks</td>
<td>20 weeks</td>
</tr>
<tr>
<td>Median overall survival as of June 2005</td>
<td>Not reached</td>
<td>104 weeks</td>
</tr>
<tr>
<td>Overall response rate</td>
<td>59%</td>
<td>24%</td>
</tr>
<tr>
<td>CR/nCR response rate (EBMT criteria)</td>
<td>17%</td>
<td>4%</td>
</tr>
</tbody>
</table>
The combination of Doxil, vincristine, reduced frequency dexamethasone, and lenalidomide (DVd-R) also resulted in a high response rate in patients with refractory myeloma not responding to conventional VAD or thal-based regimens (Baz et al). Preliminary results of an open-label study continuing to evaluate the effectiveness and safety of single-agent lenalidomide in relapsed and refractory disease showed 25% of patients achieving a partial response or better (Richardson et al).

**Bortezomib (Velcade)**

**Updates from the APEX Trial**

Bortezomib is becoming well established for relapsed or refractory myeloma as a second-line treatment option. Data continue to be reported from the APEX trial, which compared bortezomib and dexamethasone, which are helping determine optimal usage of this agent (see box [below]). Extended survival data show a 6-month survival advantage in the bortezomib arm compared with the dexamethasone arm (median overall survival, 30 vs. 24 mos.), confirming earlier results.

**Major Findings From Subanalyses of the APEX Trial**

Twenty percent of responses occurred after 4 cycles of therapy, suggesting that patients achieving stable disease continue on bortezomib unless there is disease progression. When they occur, thrombocytopenia and neutropenia typically resolve prior to the next cycle of therapy. As a patient responds to therapy, the severity of thrombocytopenia improves, so early platelet support, not dose reduction, might be warranted to maximize the effect of bortezomib.

Dosing modification guidelines were helpful in reducing the incidence of severe peripheral neuropathy. In addition, neuropathy was reversible in most patients.

**Novel Combinations with Bortezomib**

Promising preliminary data were reported from a number of studies evaluating different bortezomib-containing regimens in relapsed/refractory disease (see table [following]), suggesting that efficacy can be further enhanced with the addition of bortezomib.

**Emerging Therapies for Myeloma**

There was an abundance of presentations on novel targeted therapies for myeloma. The tables [below] highlight examples of emerging therapies, representing a variety of promising therapeutic strategies, in clinical trials and preclinical testing.

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**Novel Combinations with Velcade: Relapsed/Refractory Myeloma**

<table>
<thead>
<tr>
<th>Combination</th>
<th>Preliminary Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vel + Mel + Dex + Thal (VMDT)</td>
<td>Among 25 evaluable patients, 2 achieved a CR (8%) and 12 a PR (48%) with manageable toxicities.</td>
</tr>
<tr>
<td>Vel + Mel + Thal (V-MPT)</td>
<td>After a median of 3 courses and a median follow-up of 5 months, 10 pts (67%) had responded; there were: 2 CR, 1 near CR, and 7 PR.</td>
</tr>
<tr>
<td>Vel + Rev</td>
<td>This Phase I study shows promising activity, even in patients who had previously received either agent alone; maximum tolerated dose not yet reached.</td>
</tr>
<tr>
<td>Vel + CY</td>
<td>Velcade can be added to oral CY + prednisone with acceptable hematologic toxicity; maximum tolerated dose not yet reached.</td>
</tr>
<tr>
<td>Vel + CY + dex</td>
<td>Highly active regimen without increased toxicity compared with Velcade alone.</td>
</tr>
</tbody>
</table>

**Vel = Velcade; Mel = melphalan; Pred = prednisone; Rev = Revlimid; CY = cyclophosphamide**

[Special Thanks to Guest Editor Dr. Kenneth Anderson]

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**Emerging Targeted Therapies in Clinical Trials**

<table>
<thead>
<tr>
<th>Agent</th>
<th>Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atiprimod (Callisto Pharmaceuticals)</td>
<td>I</td>
</tr>
<tr>
<td>IPI-504 (Infinity Pharmaceuticals, Inc.)</td>
<td>I</td>
</tr>
<tr>
<td>KOS-953 (Kosan Biosciences)</td>
<td>I</td>
</tr>
<tr>
<td>Perifosine (Keryx)</td>
<td>I/II</td>
</tr>
<tr>
<td>PR171 (Proteolix)</td>
<td>I</td>
</tr>
<tr>
<td>SGN-40 (Seattle Genetics)</td>
<td>I</td>
</tr>
</tbody>
</table>

**Emerging Targeted Therapies in Preclinical Development**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABT-737</td>
<td>Abbott</td>
</tr>
<tr>
<td>CHIR-12.12</td>
<td>Chiron</td>
</tr>
<tr>
<td>GRN163L</td>
<td>Geron</td>
</tr>
<tr>
<td>NPI-0052</td>
<td>Nereus</td>
</tr>
<tr>
<td>NPI-1387</td>
<td>Nereus</td>
</tr>
<tr>
<td>PKC412</td>
<td>Novartis</td>
</tr>
<tr>
<td>Tubacin</td>
<td></td>
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</table>
You Need to Know

The final Institutional Insights program of 2005 was held at the H. Lee Moffitt Cancer Center and Research Institute on November 17th. Dr. Melissa Alsina, who graciously chaired this program, was joined by Drs. David Roodman of the University of Pittsburgh, David Vesole of St. Vincent's Comprehensive Cancer Center, Ivan Borrello of Johns Hopkins University, and Seema Singhal of Northwestern University. Thank you to the faculty and attendees that made our Institutional Insights program such a success.

Update from ASH

WebCast

The MMRF is now webcasting highlights from the American Society of Hematology (ASH)’s annual meeting in Atlanta. Exciting new data on treatments such as Doxil, Revlimid, Velcade, stem cell transplant, and the emerging role of genomics will be presented by Drs. Kenneth Anderson (Dana-Farber Cancer Institute), Vincent Rajkumar (Mayo Clinic Rochester), and Donna Reece (Prince Margaret Hospital). The webcast is live now on the MMRF website (www.multiplemyeloma.org)

Upcoming Clinical Controversies Programs:

March 15, 2006
Atlanta, GA
Patient/Caregiver Program 11:00 AM - 2:00 PM
CME Program 5:00 PM - 8:00 PM
Chair: Sagar Lonial, MD, Emory University

September 7 - 8, 2006
Cleveland, OH
Patient/Caregiver Program: 3:30 PM - 7:30 PM
CME Program: 8:00 AM - 12:00 PM
Chair: Mohammad Hussein, MD, The Cleveland Clinic

October 2, 2006
New York, NY
Patient/Caregiver Program: 11:00 AM - 2:00PM
CME Program: 5:00 PM - 8:00 PM
Chair: Michael Schuster, MD, NY Presbyterian-Weill Cornell Medical Center

For more information, please contact the MMRF at 203-972-1250, or visit www.multiplemyeloma.org/medical_programs

Listen to a Live Reporting of Update from ASH Teleconference

The MMRF presented, “Update from ASH”, an interactive teleconference featuring Drs. Sagar Lonial (Emory University) and Robert Orlowski (University of North Carolina). You can listen to a replay of the teleconference by visiting the MMRF website. www.multiplemyeloma.org

Brian Porter, Dr. David Vesole, Dr. G. David Roodman, Krista Culhane, Dr. Melissa Alsina, Dr. Seema Singhal, and Dr. Ivan Borrello
ANNUAL MEDICAL MEETING CALENDAR:

Oncology Nursing Society
Boston, MA: May 4 - 7, 2006

The American Society of Clinical Oncology
Atlanta, GA: June 2- 5, 2006

The European Hematology Association
Amersterdam: June 15 - 18, 2006

Stay tuned at www.multiplemyeloma.org for complete details!

For Professionals
Great Debates: Case-Based Analysis of Treatment Options in Multiple Myeloma

This cutting-edge CME program uses an evidence-based medicine approach to present a thought-provoking series of five interactive patient cases. Cases 1-4 are currently available; Case 5 will be launched soon.

To access Great Debates visit www.multiplemyeloma.org

MMRF RESEARCH GRANT AWARD DEADLINES

Senior Research Award $100,000/year for two years May 1st

RFA - Compound Validation $100,000 for one year May 15th

RFA - Library Screening $100,000 for one year June 30th

Applications are available online at www.multiplemyeloma.org/research

Contact Stephanie Berkowitz, PhD, Research Manager at berkowitzs@themmrf.org

CLINICAL TRIALS MONITOR
Find the Latest Myeloma Trials!

Do you want access to the latest cutting-edge treatments for multiple myeloma? Are you trying to find a clinical trial in your area? Look no further! CTM is the most comprehensive database of myeloma trials found anywhere, with more than 110 trials currently listed. Following are several trials currently posted on CTM, and visit the site often as new trials are added to CTM weekly.

<table>
<thead>
<tr>
<th>Compound</th>
<th># Trials</th>
<th>Patient Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Velcade® (bortezomib)</td>
<td>23</td>
<td>Newly Diagnosed, Relapsed/Refractory</td>
</tr>
<tr>
<td>Revlimid® (lenalidomide)</td>
<td>8</td>
<td>Newly Diagnosed, Maintenance, Relapsed/Refractory</td>
</tr>
<tr>
<td>KOS-953</td>
<td>2</td>
<td>Relapsed/Refractory</td>
</tr>
<tr>
<td>IPI-504</td>
<td>1</td>
<td>Relapsed/Refractory</td>
</tr>
</tbody>
</table>

Log on to www.myelomatrials.org today to find the clinical trial that is right for you or your patient!

If you are a healthcare professional who would like to post a clinical trial on the MMRF’s Clinical Trials Monitor (www.myelomatrials.org), please contact Stefanie Kasven, at kasvens@themmrf.org
Thalomid® Pivotal Phase III Myeloma Trial Reaches Pre-Specified Interim Endpoint

The pivotal Phase III trial of Thalomid® (thalidomide, Celgene) and dexamethasone (thal-dex) versus dexamethasone (dex) alone as induction therapy in previously untreated patients met its primary endpoint in January, according to an independent data monitoring committee. Patients in the thal-dex arm had a median time to progression, the study’s primary endpoint, of 75.7 weeks versus 27.9 weeks for patients in the dex alone arm. The difference was highly statistically significant, leading to the unblinding of the study. Patients currently not on thalidomide have the opportunity to add thal to their dex regimen.

Patients treated with thal-dex had an increase in side effects as compared to those patients treated with dex alone. These included insomnia, tremors, dizziness, peripheral neuropathy, and constipation. Severe adverse events reported included thrombotic events (deep vein thrombosis and pulmonary embolism), which also occurred more frequently in the thal-dex arm.

Revlimid Approved For Use in Myelodysplastic Syndromes

The Food and Drug Administration (FDA) approved Revlimid® (lenalidomide, Celgene) in December, for the treatment of patients with transfusion-dependent anemia due to low- or intermediate-1-risk myelodysplastic syndromes (MDS) associated with a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities. MDS are a group of hematologic malignancies that occur when blood cells remain in an immature stage within the bone marrow and never develop into mature cells capable of performing their necessary functions.

Revlimid will continue to be available free of charge to previously treated myeloma patients through an Expanded Access Program, which is now enrolling patients at more than 50 sites throughout the U.S. and Canada.

Log on to www.myelomatrials.org to view trial information and open sites.

Blood Cancer Advocacy Day

2006 Blood Cancer Advocacy Day

Sponsored by the MMRF

Join hundreds of blood cancer patients and their families on May 23-24, 2006 in Washington, DC

If you are interested in becoming an advocate, please contact Bruce Holmberg at bpholmberg@comcast.net

Senator Kay Bailey Hutchison (R-TX) and Dr. Kenneth Anderson of the Dana-Farber Cancer Institute.

Kathy Giusti and volunteers Dave Spade (left) and Bruce Holmberg (center).
The Garden City Group (GCG) Honors Peter Buchband

The Garden City Group (GCG), the class action settlement firm co-founded by myeloma patient, Peter Buchband, continued its staunch support of the MMRF’s efforts by presenting a $50,000 donation in memory of Peter at their annual holiday celebration. This gift, combined with the Buchband family’s generous estate gift, will be applied to fund a research award in Peter’s name this spring.

After nearly a year of severe fatigue and a serious bout with pneumonia, a hematologist correctly identified, in November of 2001, multiple myeloma as the source. As with many things that Peter choose to do in life, he became a very involved patient. With the guidance and care of Dr. Malcolm Levine and Dr. Gerard Donnelly, Peter was an active participant in the care and management of his myeloma condition.

Enjoying retirement from the GCG, Peter and his wife Wally celebrated his 75th birthday, in May of 2004, along with their sons Richard and Bill, daughters-in-law, and five grandchildren. “This was a wonderful milestone,” Wally said. “It wasn't very long ago that surviving three years with multiple myeloma would have been a rarity. Scheduled around Peter's treatments, we were able to travel, enjoy a nice quality of life, and spend time with our family.”

Sadly, in August 2005, Peter suffered a fatal heart attack while vacationing with his family. Inspired by Peter’s courage and generosity, the GCG wanted to honor his memory. Executives and employees raised funds through various events in 2005 and collected donations. The MMRF extends a sincere thank you to the Buchband Family, and to everyone at the GCG for their generosity and commitment to the MMRF’s efforts and for honoring the memory of a beloved co-worker and leader in a most thoughtful way.

As a myeloma patient and someone who likes to stay informed, I read the MMRF newsletter religiously. I learned about the latest developments in myeloma research and treatments, helping me to make the best decisions about my own treatment. I also take the newsletter to my doctor's appointments. While my physician is very informed about treatment options, he appreciates any new information from the MMRF.

The MMRF is like a family member to me. It is the source of information, support, advice, and comfort that I need as I face multiple myeloma.

Since being diagnosed with the disease four years ago, the MMRF is the single organization that has helped me to understand, treat, and live with this disease. Because of this, and all the important work the foundation does, I decided to make a planned gift to the MMRF of the value of my home upon its sale, as part of my estate. I learned a great deal about planned giving options by visiting the “Get Involved” section of the MMRF's website.

I am an 80 year-old who has lived a full life with a wonderful family, and am now on my own. Leaving my home to the foundation was an easy decision, which will help fund the incredible work that the MMRF does informing patients, helping families, and supporting groundbreaking research. It is my way of ensuring that my legacy will be in good hands. In fact, in the same hands that has taken such good care of me since my diagnosis.

This planned gift is my way of saying “Thank You” to the MMRF and helping to ensure that others touched by this disease will continue to have new and improved treatment options, and one day, hopefully, a cure.

- Eleanore Sorrenti

For more information about the MMRF’s planned giving program please call Brian Porter at 203-652-0206 or email at porterb@themmrf.org
The MMRF is pleased to announce that our fifth Chicago Spring Awards Dinner will take place on Tuesday, April 4th at the Four Seasons Hotel Chicago. This will mark Bonnie’s fourth year as host.

This year’s event promises to be especially memorable, featuring Chicago-born actor, director and producer Bonnie Hunt as mistress of ceremonies. A longtime friend of the MMRF, Hunt was recently seen in the hit movie *Cheaper by the Dozen 2*, and will be featured in the upcoming Disney/Pixar film *Cars*. Having served as an oncology nurse at Northwestern University Hospital while pursuing her acting and comedic career, she brings a unique balance of humor and seriousness to this myeloma fundraising event.

The MMRF Chicago Awards Dinner is also supported by an extensive list of Vice and Dinner Chairmen, including Robert DeBaun, RoundTable Healthcare Partners; Brian Feltzin, Sheffield Asset Management, LLC; Joseph Hogan, GE Healthcare Technologies; Lester Knight, RoundTable Healthcare Partners; Lee Miller, DLA Piper Rudnick Gray Cary US LLP; David Purcell, Continental Advisors LLC; Philip Purcell, Global Business Consultant; Chris Reyes, Reyes Holdings LLC; Pat Ryan, AON Corporation; Michael Sacks, Grosvenor Capital Management, LP; and Perry Snyderman, Shell Vacations LLC.

Visit www.multiplemyeloma.org to reserve your table or tickets today. For additional information on ticket and sponsorship opportunities, contact Events Director Kim McCall at (203) 652-0205 or mccallk@themmrf.org

**Double, Perhaps Triple Your MMRF Support Via Corporate Matching Gifts**

Corporate matching gifts are an easy way for you to increase the impact of your personal contribution to The MMRF and help raise more funding to support research efforts. As a donor, take advantage of your company’s matching gift program where you can generate an additional gift that will automatically double or triple your initial contribution. To make a matching gift:

- Check with your company’s human resources or communications department to find out about its matching gift policy.
- If your company has a matching gift program, many employers will provide a form for you to complete and send to the MMRF.
- The MMRF will verify your gift and return the form to your company, which in turn issues a matching gift donation to the MMRF.

Send all gifts and forms to:

**MMRF Matching Gifts**

51 Locust Avenue, Suite 201
New Canaan, CT 06840

**MMRF Tax Identification Number**

06-1504413
Last year’s **MMRF Race for Research Washington, DC 5k Walk/Run** was held at West Potomac Park in Washington, DC. More than 800 participants came together Saturday, November 12, 2005. The event was a great success, raising over $120,000 for myeloma research.

Special thanks to Sandy Berlin, Laura Berlin, Ed English and the entire Sandy Barcroft Beavers Team who collectively raised over $16,000. Our top individual fundraiser was Bryan LaBombard who raised more than $6,000. Thanks also to all those who helped organize the event and all participants and volunteers who insured its success.

**SAVE THE DATE:**

**MMRF Race for Research coming to a city near you!**

- **San Francisco, CA**  
  Sunday, April 23, 2006
- **Boston, MA**  
  Saturday, May 13, 2006
- **New Canaan, CT**  
  Sunday, June 11, 2006
- **Seattle, WA**  
  Sunday, July 16, 2006
- **Cleveland, OH**  
  Sunday, July 30, 2006
- **Chicago, IL**  
  Sunday, September 10, 2006
- **Minneapolis, MN**  
  Sunday, September 24, 2006
- **Philadelphia, PA**  
  Saturday, October 7, 2006
- **Atlanta, GA**  
  Sunday, October 22, 2006
- **Washington, DC**  
  Sunday, November 5, 2006

For more information visit [www.mmrfrace.org](http://www.mmrfrace.org) or contact Shelley Terry at (203)652-0209 or terrys@themmrf.org
The MMRF is pleased to announce that now starting your own social event fundraiser is as easy as 1-2-3 with our new online social event planning tools. As so many myeloma families and friends across the country have discovered, at the MMRF it’s fun and easy to raise awareness and money for the fight against multiple myeloma!

“When myeloma struck my family I felt overwhelmed and helpless,” says Christine Cardillo. “The MMRF gave me the strength and hope that I needed.” Working with the MMRF, Christine successfully organized two gala events that have raised more than $100,000 and increased awareness of the disease in her community.

The MMRF’s new online social event planning tools provide you with everything you need to select the right kind of event for you and your community. Establish a realistic timeline and budget, and get local residents and merchants involved. From a social reception to a wine tasting party, we can help you make it happen. The key is to be creative and have fun!

“You’ll be surprised at how many people want to be involved,” says Sue Korn, another successful grassroots organizer. “It's not really work at all; it's a mission of love.”

To start planning your own social event fundraiser today, or to learn more about planning a sporting event or letter writing campaign, please visit www.grassroots.multiplemyeloma.org.

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**Drive For Research**

Planning a golf event can be a great way to get family, friends and business associates together to raise funds for myeloma research. The MMRF has a brand new "how to" kit available that will help you with all the steps needed to be successful.

To start your own golf tournament today, contact Dick Mann at rmann@themmrf.org

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**A Celebration of Life Through Laughter**

Caroline's on Broadway, New York City

For more information or to purchase tickets online, please visit www.mmflaugh.org today!

May 9 and 10, 2006
Introducing the New MMRF Acorn Charm Bracelet

Your mom, your sister, your wife, your friend -- she is nothing short of your everything. You can celebrate your love and affection with a gift that shows her how much you care.

Explore the MMRF’s exclusive Acorn Jewelry Collection today and you will learn why so many myeloma patients, friends and families wear the acorn with pride. Our symbol of promise and hope is now yours to give, and hers to wear, in support of the best gift of all -- a cure.

Visit www.jewelry.multiplemyeloma.org to shop online today.

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**MMRF Exclusive Acorn Jewelry**

**Order Form**

Name: ___________________________ Phone: _______________ Email: __________________________

Address: ___________________________ City: _______________ State: _______ Zip: _______________

Relation to Myeloma:  □ Patient □ Patient Family Member □ Patient Friend □ Nurse □ Clinician

Order total:  

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Payment By Credit Card:  □ Visa □ Mastercard □ Amex □ Discover # __________________________

Signature: ___________________________ Exp. Date _______/_______/_______

Please make all checks payable to the MMRF.
Please return to: MMRF, 51 Locust Avenue, Suite 201, New Canaan, CT 06840  Fax: 203-972-1259
Visit www.jewelry.multiplemyeloma.org to order online today.
As an organization that prides itself on being a leader in the blood cancer community, the MMRF continually evaluates its business plan to strengthen its efforts and recognize individuals who would easily qualify as a board nominee. Occasionally, there are individuals who, for a variety of reasons are unable to assume or commit to the governance responsibilities of board directorship. To address this, the MMRF Board recently established the MMRF Leadership Council, an executive advisory board, consisting of a select group of high profile individuals, who have helped raise awareness and funds toward the Foundation’s goal of accelerating the search for a cure. The MMRF Leadership Council will include prominent business executives who are willing to commit to a limited role serving as an advisor to the organization, providing their expertise, knowledge and resources.

The MMRF Leadership Council will provide an opportunity for members to continue their affiliation and support of MMRF’s mission and programs and help to:

- Identify sources of support and, as appropriate, assist in the outreach for private and public funding.
- Share their knowledge and experience and alert the MMRF to information and opportunities that can enhance the organization.
- Serve as ambassadors for the MMRF and its programs.

As admirers of their professionalism and inspired by their kindness and commitment, the MMRF is proud to announce the inaugural class of Leadership Council Members, unanimously approved by the MMRF Board late last year.

**Lester Knight**  
**Founding and Managing Partner**  
**RoundTable Healthcare Partners**

Lester’s support and commitment to the MMRF has been nothing short of amazing. He served as Corporate Chair for the 2003 Chicago Awards Dinner, helping to achieve $1 million in support for the first time in its four year history. Lester was instrumental in engaging Phil Purcell, former CEO of Morgan Stanley, as the 2005 Chicago Dinner Corporate Chair. Lester has served as a dinner chair for the last four Chicago Events and has helped to bring to these events several colleagues and business associates at the $25,000 Dinner Chair level.

**Robert Wolf, COO, UBS**

Robert’s commitment and dedication to the MMRF has been stellar. Starting with six years of service on the MMRF Board of Directors, Robert provided strong leadership and assistance with Board Development and Fundraising. Robert raised more than $2 million to support the MMRF’s efforts through his business contacts sponsoring the MMRF Annual Fall Gala. Robert was responsible for engaging John Costas, CEO, UBS, as Fall Gala Corporate Chair (2002), resulting in the first MMRF event to exceed $1 million raised. He was instrumental in bringing Linda McMahon, CEO of WWE, as Corporate Chair for the 2003 Fall Gala, the second Fall Gala to raise over $1 million. Robert, and his wife Carol, in support of the MMRF’s efforts, have also generously made donations.
The Multiple Myeloma Research Foundation (MMRF) and the Multiple Myeloma Research Consortium (MMRC) welcomes Nancy Sumberaz, a former pharmaceutical marketing executive with over 15 years of experience, as the new president of both organizations.

Kathy Giusti, the founder of the MMRF and MMRC, will retain her role as Chief Executive Officer. Nancy Sumberaz has extensive experience with groundbreaking therapeutic products and will be building on the organization’s momentum in bringing innovative treatments to myeloma patients by aligning corporate and academic research efforts.

“Our commitment to bringing new drugs to market and to improving patient outcomes is unflagging,” said Giusti. “Nancy’s proven experience and personal dedication to the goals of the MMRF/MMRC make her a tremendous addition to our organization.”

Before joining the MMRF/MMRC, Sumberaz served as the president of her own consulting business, Point Pharma, LLC, and as Global Oncology Director and U.S. New Business Development Director of Bayer Corporation. Previously, she held numerous leadership roles during her 11 years of service at Eli Lilly and Company, including Global Manager of Lilly's Centers of Aging and Women's Health.

Executive Director of the MMRF, Scott Santarella, in a simultaneous leadership action, has taken on the additional role of Chief Administrative Officer for both organizations. Santarella will continue to oversee the MMRF’s overall strategic operations, ensuring the achievement of the organization’s mission and objectives as the leading innovator in the area of myeloma research. An experienced non-profit executive, in his expanded position, Santarella also will be responsible for providing administrative, human resources, systems and facility management for both organizations.
Brian Williams, on December 2, 2004, succeeded Tom Brokaw as anchor and managing editor of *NBC Nightly News*, the nation’s most watched news broadcast.

Throughout his career, Brian has been a leader in live reporting, covering everything from elections and political leaders to war zones and natural disasters. *Vanity Fair* magazine praised the “unfaltering composure, compassion and grit” Brian displayed in his coverage of Hurricane Katrina and its aftermath, calling him “a nation’s anchor” during the crisis. Brian was named “Man of the Year” by *GQ* magazine in 2001 and was featured as one of 10 extraordinary and inspiring men in *Esquire* magazine's July 2005 “Man at His Best” issue.

Brian was honored with the MMRF Leadership Award at the 2005 Friends for Life Gala, which took place on October 29 and raised more than $1.44 million for the MMRF and its mission to accelerate a cure for multiple myeloma. “Brian Williams has brought incredible dedication and passion to his own family and to others affected by multiple myeloma,” said MMRF founder and chief executive officer Kathy Giusti. “His personal dedication and drive make him a source of strength and inspiration to us all.”