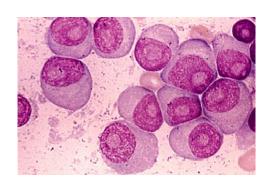
### ORGANIZZAZIONE E PROGRAMMAZIONE DI UNA TARGET THERAPY

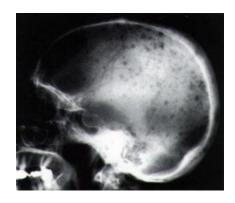




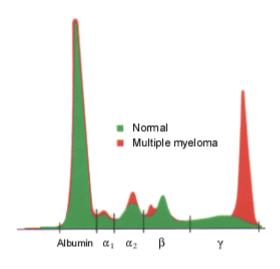


### Mario Boccadoro

DIVISON OF HEMATOLOGY UNIVERSITY OF TORINO AZIENDA OSPEDALIERO-UNIVERSITARIA CITTÀ DELLA SALUTE E DELLA SCIENZA DI TORINO TORINO, ITALY



#### Serum Protein Electrophoresis







# Clinical Trials.gov

A service of the U.S. National Institutes of Health

ClinicalTrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world. Learn more <u>about clinical studies</u> and <u>about this site</u>, including relevant <u>history</u>, <u>policies</u>, and <u>laws</u>.

### Now Available: Final Rule for FDAAA 801 and NIH Policy on Clinical Trial Reporting

Find Studies About Clinical Studies Submit Studies Resources About This Site

ClinicalTrials.gov currently lists 229,466 studies with locations in all 50 States and in 193 countries.

Text Size ▼

### Search for Studies

Example: "Heart attack" AND "Los Angeles"

Search

Advanced Search | See Studies by Topic See Studies on Map

### **Search Help**

- How to search
- How to find results of studies
- How to read a study record

# For Patients and For Families

- How to find studies
- See studies by topic
- Learn about clinical studies
- Learn more

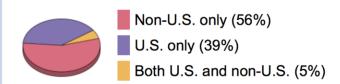
#### For Researchers

- How to submit studies
- Download content for analysis
- About the results database
- Learn more

### For Study Record Managers

- Why register?
- How to register your study
- FDAAA 801 requirements
- Learn more

#### **Locations of Recruiting Studies**

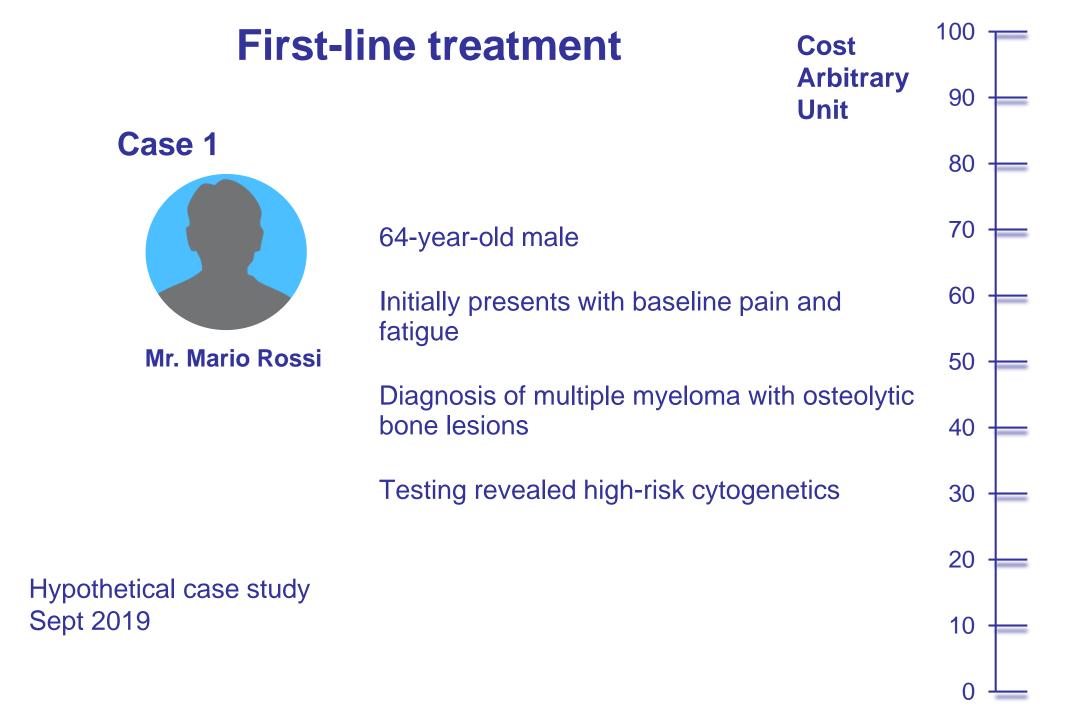


Total N = 39,992 studies (Data as of November 03, 2016)

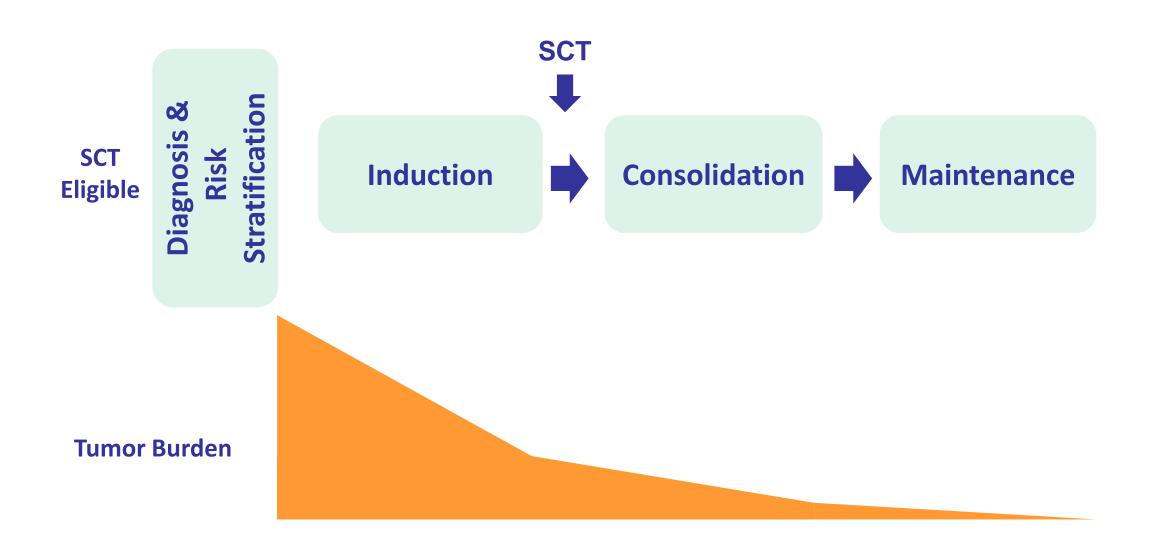
• See more trends, charts, and maps

#### **Learn More**

- Final Rule Webinar Series
- Tutorials for using ClinicalTrials.gov
- Glossary of common site terms
- Brown in the press
- Musing our RSS feeds



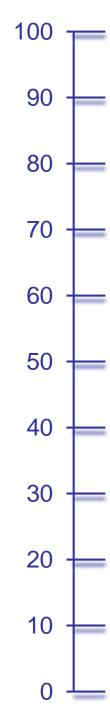
# **Myeloma Treatment Paradigm**



### Case 1

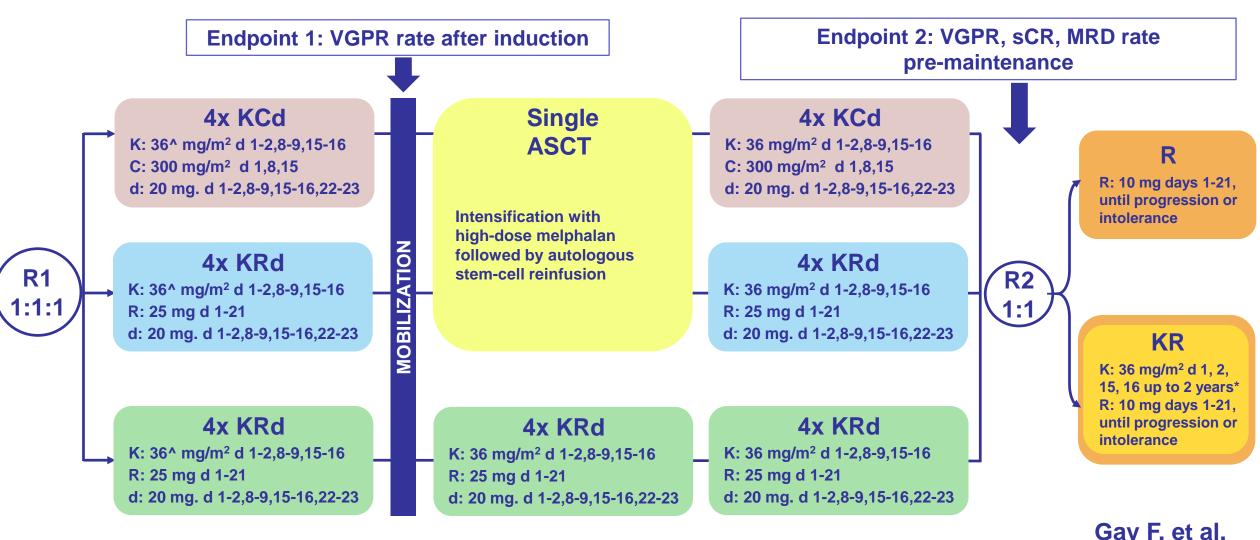


# **Induction treatment**



# **UNITO-MM-01/FORTE Study**

NDMM patients, transplant-eligible and younger than 65 years



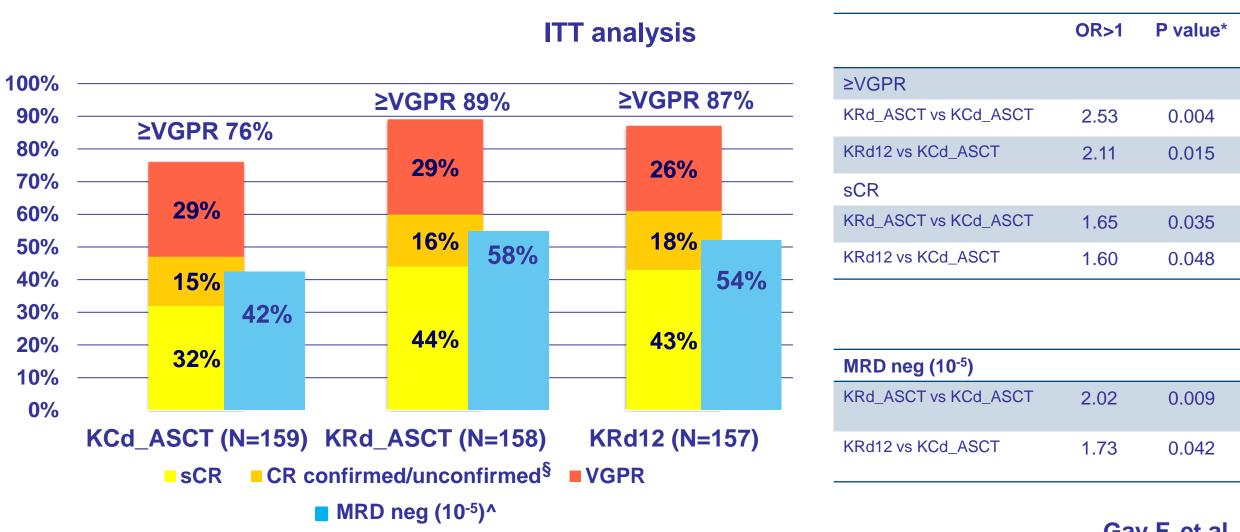
^20 mg/m² on days 1-2, cycle 1 only. \*Carfilzomib 70 mg/m² days 1, 15 every 28 days up to 2 years for patients that have started the maintenance treatment from 6 months before the approval of Amendment 5.0 onwards.

R1, randomization 1; R2, Randomization 2; IQR, interquartile range K, carfilzomib; C, cyclophosphamide; R, lenalidomide; d, dexamethasone; d, days; ASCT: autologous stem-cell transplantation; R, lenalidomide; KR, carfilzomib, lenalidomide. NDMM, newly diagnosed multiple myeloma; VGPR, very good partial response.

Gay F. et al. ASCO 2019. Oral pres. #8002

## **UNITO-MM-01/FORTE study**

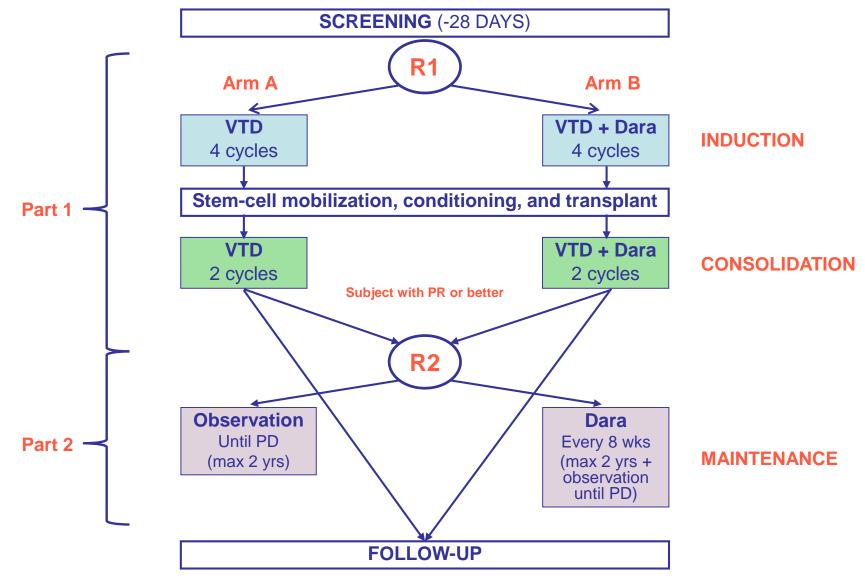
## Pre-maintenance response rate and MRD negativity



(~10%) as positive. FISH, LDH. ^Patients whose samples not available were considered \*Adjusted §Unconfirmed CR/sCR: patients missing immunofixation/sFLC analysis needed to confirm CR/sCR (6% in KCd\_ASCT\_KCd; 8% in KRd\_ASCT\_KRd; 6% KRd\_12). ASCT, autologous stem-cell trasplantation; K, carfilzomib; R, lenalidomide; C, cyclophosphamide; d, dexamethasone; KCd\_ASCT, KCd induction-ASCT-KCd consolidation; KRd\_ASCT, KRd induction-ASCT-KRd consolidation; KRd12, 12 cycles of KRd; MRD, minimal residual disease; neg, negativity; sCR, stringent complete response; CR: complete response; VGPR: very good partial response; OR: odds ratio; FISH, fluorescence in situ hybridization; LDH, lactate dehydrogenase; FLC, free light chain, ISS, International Staging System.

Gay F. et al. ASCO 2019. Oral pres. #8002

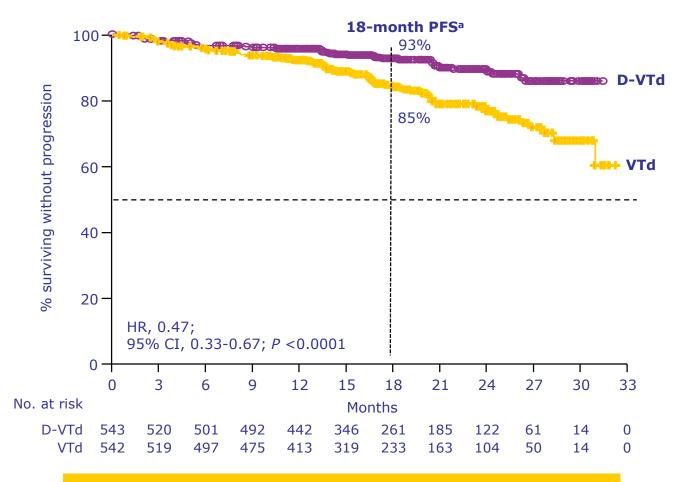
# Daratumumab in Transplant-Eligible Participants With Previously Untreated Multiple Myeloma (Cassiopeia)



# Cassiopeia: Daratumumab-VTd vs VTd before and after transplant in NDMM

Median (range) follow-up: 18.8 (0.0-32.2) months





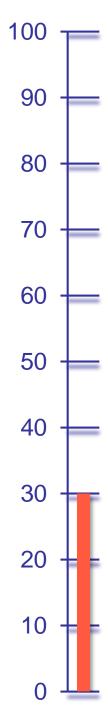
53% reduction in the risk of progression or death in patients receiving D-VTd

Moreau P. et al. ASCO 2019. Oral pres. #8003

### Case 1



# Treated with Exp1+Exp2+D+MoAb for 6 months + Auto

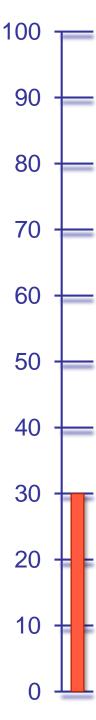


### Case 1



# Treated with Exp1+Exp2+D+MoAb for 6 months + Auto

MRD, NGS, NGF, MRI, PET

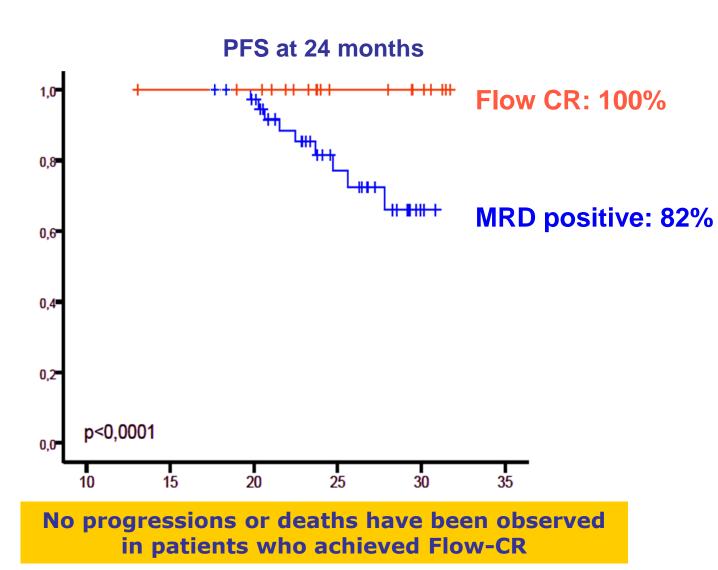


### Exp = Expensive drug

D, dexamethasone; MoAb, monoclonal antibody; MRD, minimal residual disease; NGS, next-generation sequencing; NGF, next-generation flow; MRI, magnetic resonance imaging; PET, positron emission tomography.

# **GEM2010:** 8-colors and 10<sup>-5</sup> (>2x106 leukocytes)

Median follow-up: 20 m (10-32)



Mateos MV. et al. Blood 2013;122: ASH 2013; oral pres. #403

# Techniques available to measure MRD in MM

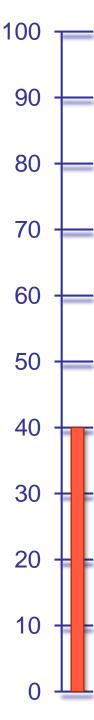
	Multidimensional (≥8-color) FC	Molecular ASO-PCR	High- throughput sequencing	PET-CT
Diagnostic sample	Important but not mandatory	Mandatory	Mandatory	?
Time	2 hours	5 days	7 days	2 hours
Availability	High	Intermediate	?	Intermediate
Cost	~150 euros	~450 euros	??	High
Standardization	Ongoing	Yes (Biomed)	Yes (Sequenta)?	?
Sensitivity	10 <sup>-5</sup>	10 <sup>-5</sup> -10 <sup>-6</sup>	10 <sup>-6</sup>	High (?)

### Case 1



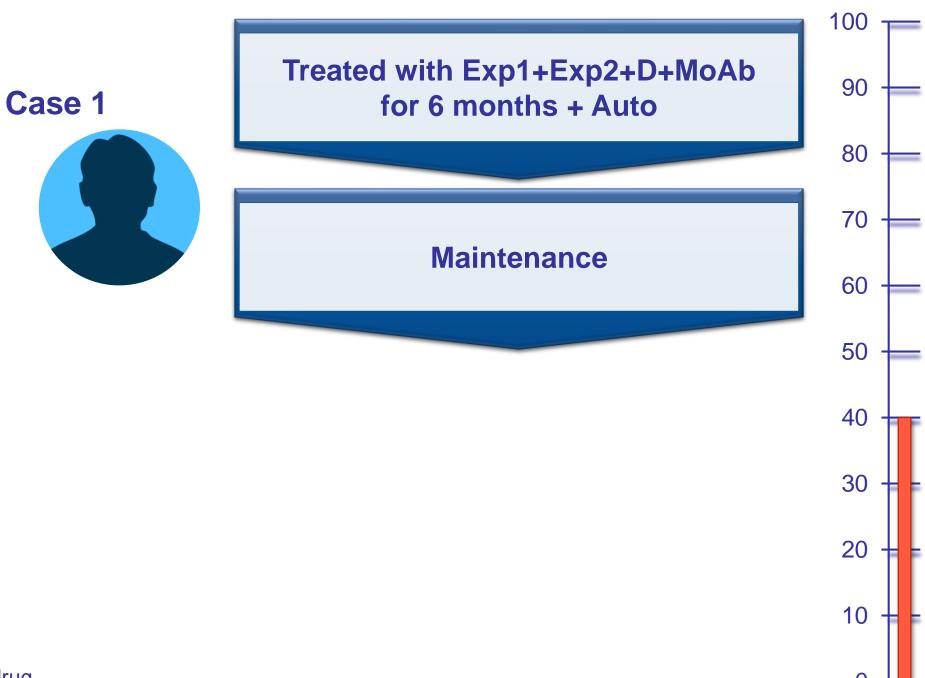
# Treated with Exp1+Exp2+D+MoAb for 6 months + Auto

MRD, NGS, NGF, MRI, PET



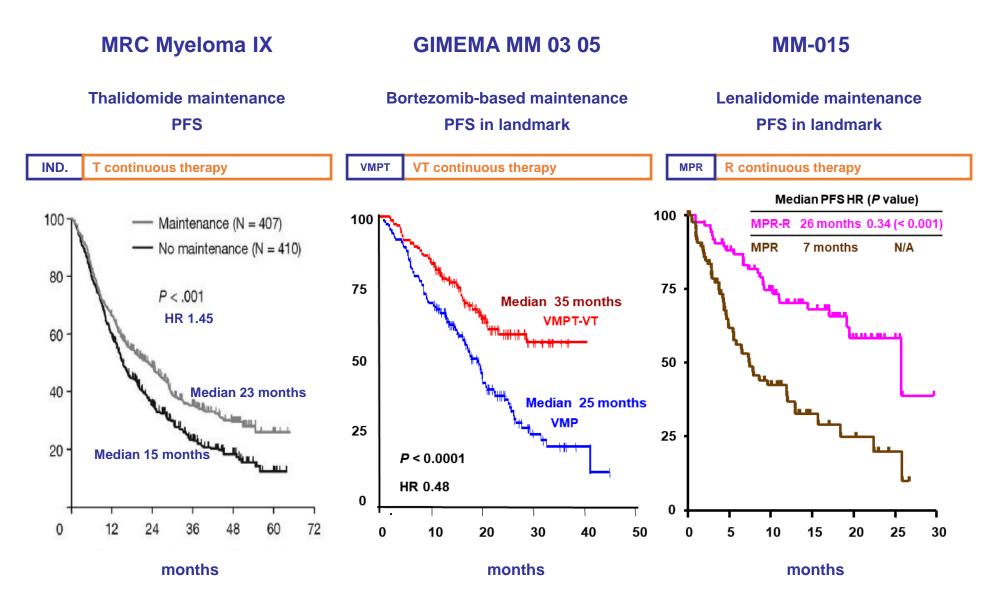
### Exp = Expensive drug

D, dexamethasone; MoAb, monoclonal antibody; MRD, minimal residual disease; NGS, next-generation sequencing; NGF, next-generation flow; MRI, magnetic resonance imaging; PET, positron emission tomography.



Exp = Expensive drug
D, dexamethasone; MoAb, monoclonal antibody.

# Maintenance treatment prolongs PFS

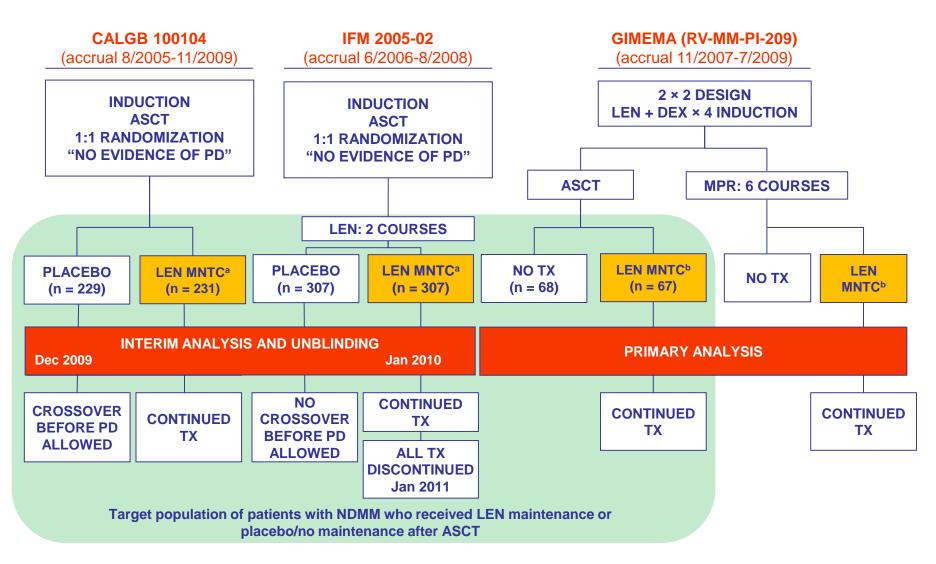


Morgan GJ, et al. Blood 2012;119:7

Palumbo A, et al. ASH 2012; Abs.200

Palumbo A, et al. NEJM 2012;366:1759

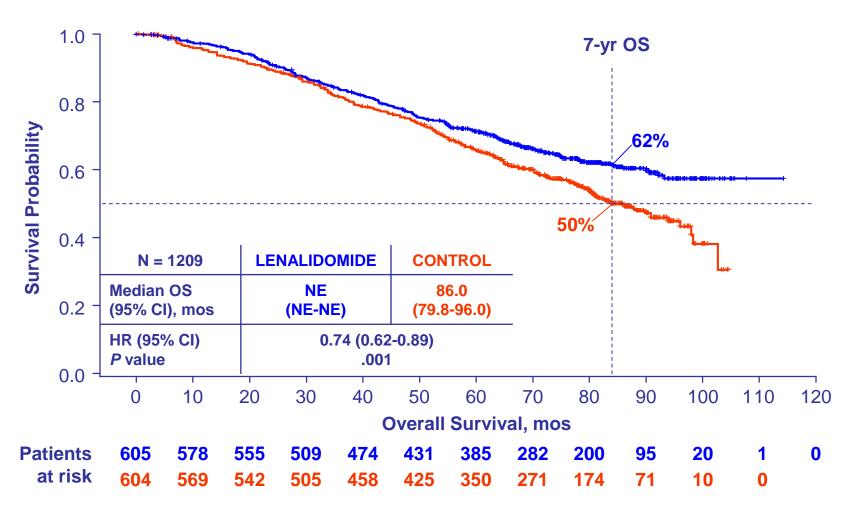
# Studies Included in Meta-Analysis



<sup>&</sup>lt;sup>a</sup> Starting dose of 10 mg/day on days 1-28/28 was increased to 15 mg/day if tolerated and continued until PD. <sup>b</sup> Patients received 10 mg/day on days 1-21/28 until PD. ASCT, autologous stem cell transplant; DEX, dexamethasone; LEN, lenalidomide; MNTC, maintenance; MPR, melphalan, prednisone, and lenalidomide; NDMM, newly diagnosed multiple myeloma; PD, progressive disease; Tx, treatment.

# **Overall Survival: Median Follow-Up of 80 Months**

26% reduction in risk of death
2.5-year increase in median overall survival<sup>a</sup>

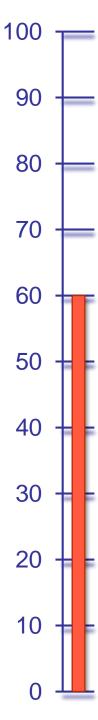


<sup>&</sup>lt;sup>a</sup> Median for lenalidomide treatment arm was extrapolated to be 116 months based on median of the control arm and HR (median, 86 months; HR = 0.74). HR, hazard ratio; NE, not estimable; OS, overall survival.

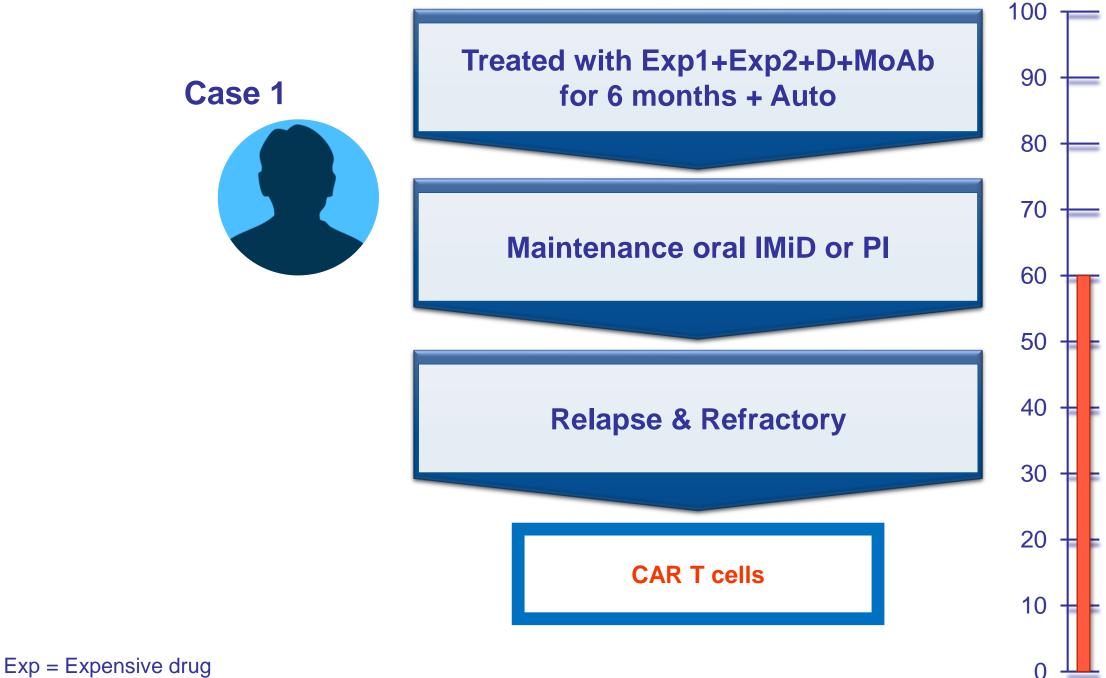


Treated with Exp1+Exp2+D+MoAb for 6 months + Auto

**Maintenance oral IMiD or PI** 



### Exp = Expensive drug

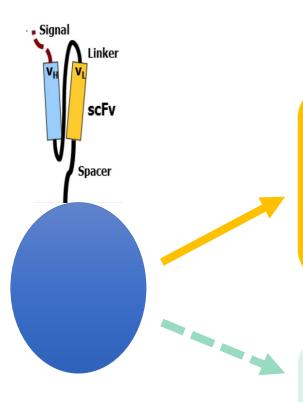


D, dexamethasone; MoAb, monoclonal antibody; IMiD, immunomodulatory agent; PI, proteasome inhibitor; CAR T cells, chimeric receptor T cells.

# **CAR T cells (Chimeric Receptor T cells)**







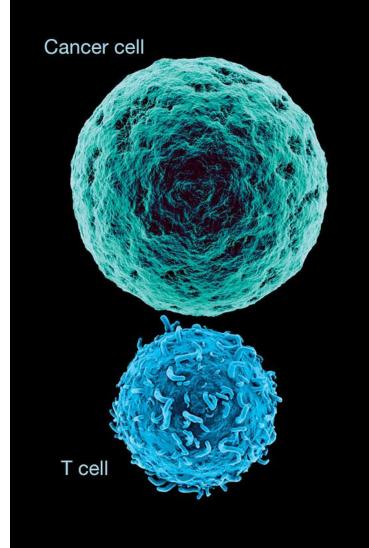
Insert new receptor

### **Haematologic Malignancies:**

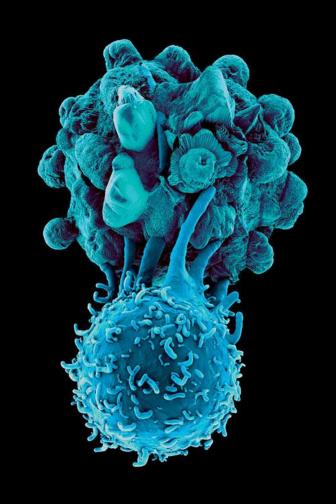
Acute lymphoblastic leukemia Chronic lymphocytic leukemia Lymphomas Myeloma

### **Solid Tumors:**

Melanoma
Breast cancer
Sarcomas







T cell attacks cancer cell.



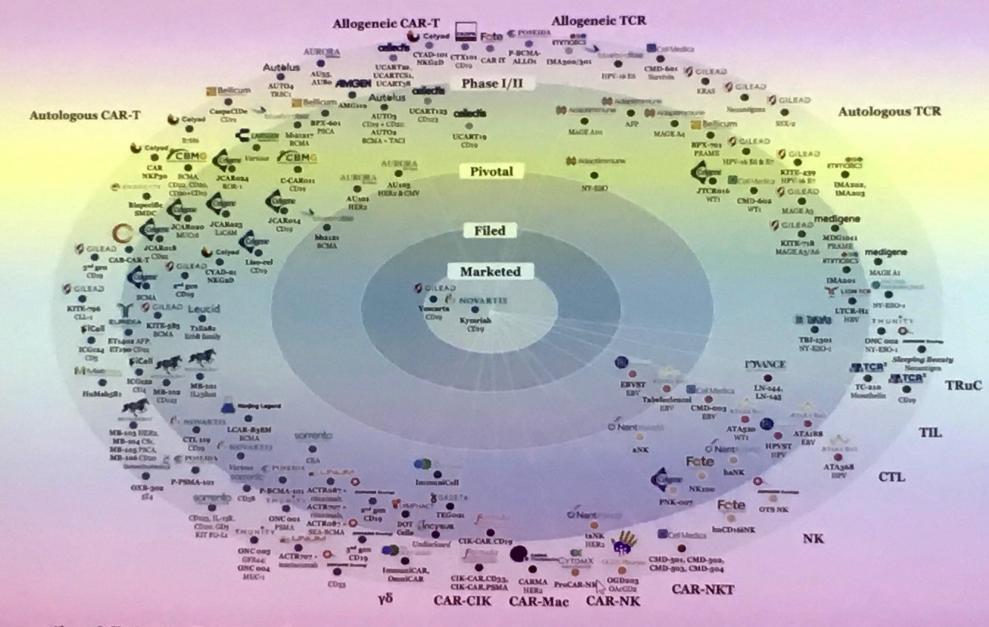
Cancer cell destroyed.

# Phase I, Open-label Trial Of Anti-BCMA Chimeric Antigen Receptor T Cells in Patients With Relapsed/ Refractory Multiple Myeloma

Wanggang Zhang et al. Haematologica 2017; 102(s2): 2 [EHA 2017 22nd Congress, #S103]

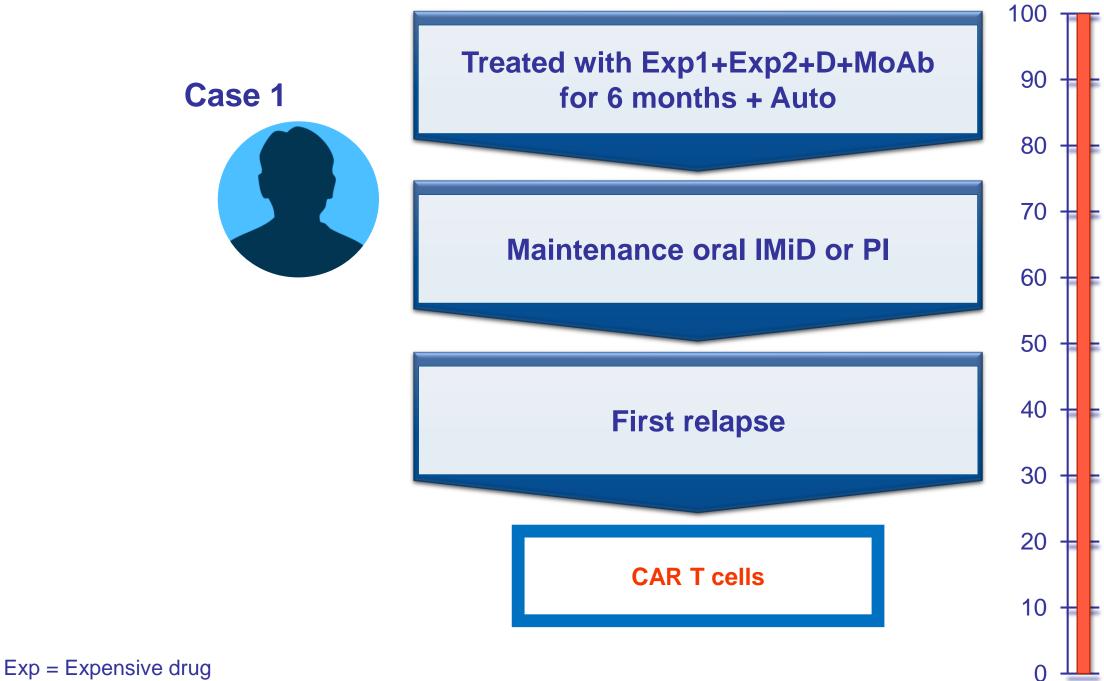


# CAR T Success Leads to Massive Investment in Cell Therapy



Source:

Aditi Krishnamurthy, Michelle Teicher, Benjamin Leibowitz, Jim Tornatore, Filippo Petti & John Bishai (Wells Fargo)



D, dexamethasone; MoAb, monoclonal antibody; IMiD, immunomodulatory agent; PI, proteasome inhibitor; CAR T cells, chimeric receptor T cells.

### **CONCLUSIONS**





# Organization

### European Myeloma Network



### **Board:**

Prof. Sonneveld (President)

Prof. Boccadoro (Vice President)

Prof. Dimopoulos (Member)

Prof. Einsele (Member)

Prof. Ludwig (Member)

Prof. San Miguel (Member)

Prof. Cook (Member)

Prof. Hajek (Member)

Prof. Moreau (Member)

Prof. Vangsted (Member)