IMWG CONFERENCE SERIES 2019

THE BEST OF ASH

Brian G.M. Durie, MD

María V Mateos, MD

Joseph Mikhael, MD

Monday, December 9th, 2019

IMWG
INTERNATIONAL MYELOMA WORKING GROUP
A Research Division of International Myeloma Foundation

INTERNATIONAL MYELOMA FOUNDATION

Thank you to our sponsors!

AMGEN®

Oncology

Takeda

ONCOLOGY

janssen Oncology

PHARMACEUTICAL COMPANIES OF Johnson & Johnson

TONIGHT'S SPEAKERS

Monday
DEC 9
2019

THE **IMWG CONFERENCE SERIES**
"Making Sense of Treatment"

watch the **LIVESTREAM:** **5:30 PM PT/7:30 PM CT/8:30 PM ET**
(replay will also be available)

IMWG
INTERNATIONAL MYELOMA WORKING GROUP
A Research Division of International Myeloma Foundation

IMWGconferenceseries.myeloma.org

Joseph Mikhael
Translational Genomics Research Institute (TGen)
City of Hope Cancer Center

Brian GM Durie
Cedars-Sinai Medical Center

María-Victoria Mateos
University of Salamanca

TOPICS FOR DISCUSSION

- Smoldering myeloma
- Frontline therapy
- Significance of FISH testing
- CAR T therapy/Bispecific T Cell Engagers/MoAb
- Novel agents/combinations

SMOLDERING MYELOMA

- **What is HR-SMM?**
- **How should it be managed?**

IMWG
INTERNATIONAL MYELOMA WORKING GROUP
A Research Division of International Myeloma Foundation

INTERNATIONAL MYELOMA FOUNDATION

IMWG Classification of HR SMM

Progression by Risk Group (n = 1151 pts)

2/20/20 Model

- **FLC Ratio** 20
- **Serum M Protein** 2 g/dl
- **Bone Marrow Plasma Cell %** 20%

Risk Factor	Coefficient	Odds Ratio (95% CI)	P-value	Score
FLC Ratio				
0-10 (reference)	-	-	-	0
>10-25	0.69	1.99 (1.15, 3.45)	0.014	2
>25-40	0.96	2.61 (1.36, 4.99)	0.004	3
>40	1.56	4.73 (2.88, 7.77)	<0.0001	5
M protein (g/dL)				
0-1.5 (reference)	-	-	-	0
>1.5-3	0.95	2.59 (1.56, 4.31)	0.0002	3
>3	1.30	3.65 (2.02, 6.61)	<0.0001	4
BMPC%				
0-15 (reference)	-	-	-	0
>15-20	0.57	1.77 (1.03, 3.06)	0.04	2
>20-30	1.01	2.74 (1.6, 4.68)	0.0002	3
>30-40	1.57	4.82 (2.5, 9.28)	<0.0001	5
>40	2.00	7.42 (3.23, 17.02)	<0.0001	6
FiSH abnormality	0.83	2.28 (1.53, 3.42)	<0.0001	2

Risk Score

Low Risk

High Risk

New SMM Risk Score Tool

Rationale for Early Intervention

➢ To treat the disease early: to achieve cure

- *Early detection and intervention is a pre-requisite for cure in most malignancies*
- *Why is the standard of care in MM no treatment until CRAB?* Risk of harm: *clonal selection, toxicities.*

Numerous clinical trials in SMM (~ 51 in clinicaltrials.gov)

TO DELAY THE DISEASE PROGRESSION:

- **Len-Dex vs observation: +PFS & OS**
- **Len vs observation: +PFS**
- **Elo-Rd:** *Positive results*
- **Ixaz-Rd:** *Positive results*
- **Daratumumab:** *Positive results*
- **KRd:** *Positive results (12 cases MRD- 92%)*
- **Pembrolizumab; Nivolumab-Rd; Isatuximab**

TO CURE THE DISEASE:

- **KRD + ASCT + Consol + Maint (CESAR)**
- **KRD + Dara..... (ASCENT)**

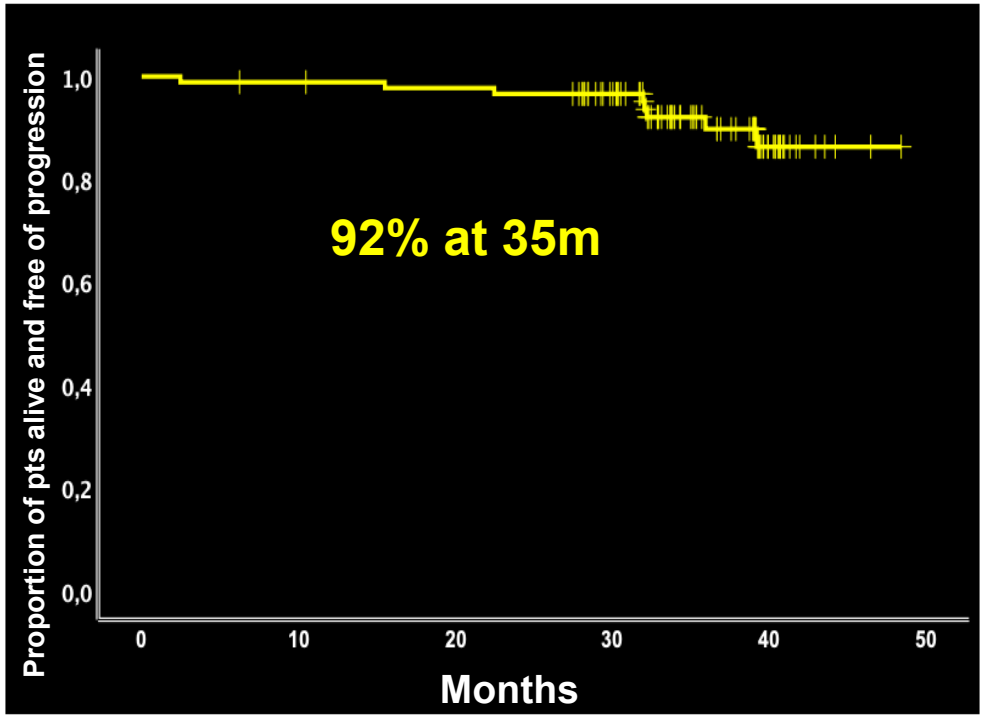
Improvement in the quality of response over the treatment

	Induction (KRdx6) N = 77	HDT/ASCT N = 77	Consolidation (KRdx2) N = 77	Maintenance (Rdx1y) N = 77
≥CR	**43%**	**63%**	**75%**	**81%**
VGPR	43%	24%	18%	13%
PR	13%	13%	7%	5%
PD				1%*
MRD-negative	**33%**	**49%**	**62%**	**62%**

*** Progressive disease was biological at the end of maintenance and the MRD was positive**

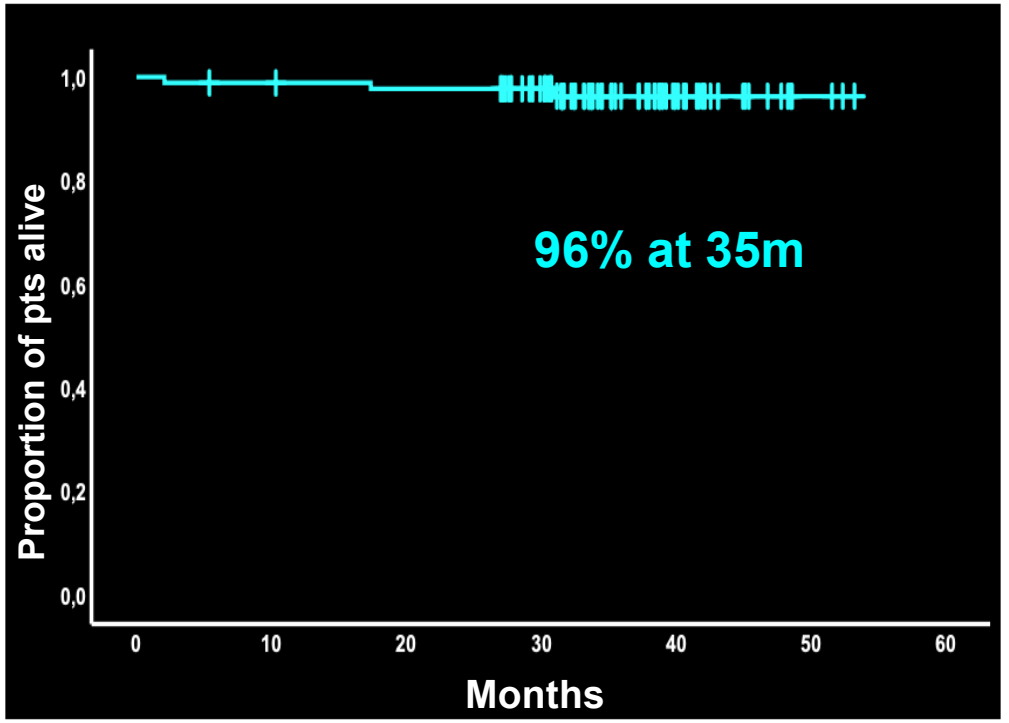
781 Curative Strategy (GEM-CESAR) for High-Risk Smoldering Myeloma (SMM): Carfilzomib, Lenalidomide and Dexamethasone (KRd) As Induction Followed By HDT-ASCT, Consolidation with Krd and Maintenance with Rd

PFS



6 pts did progress and in 5 pts PD was biological and 4 pts were at ultra high risk

OS

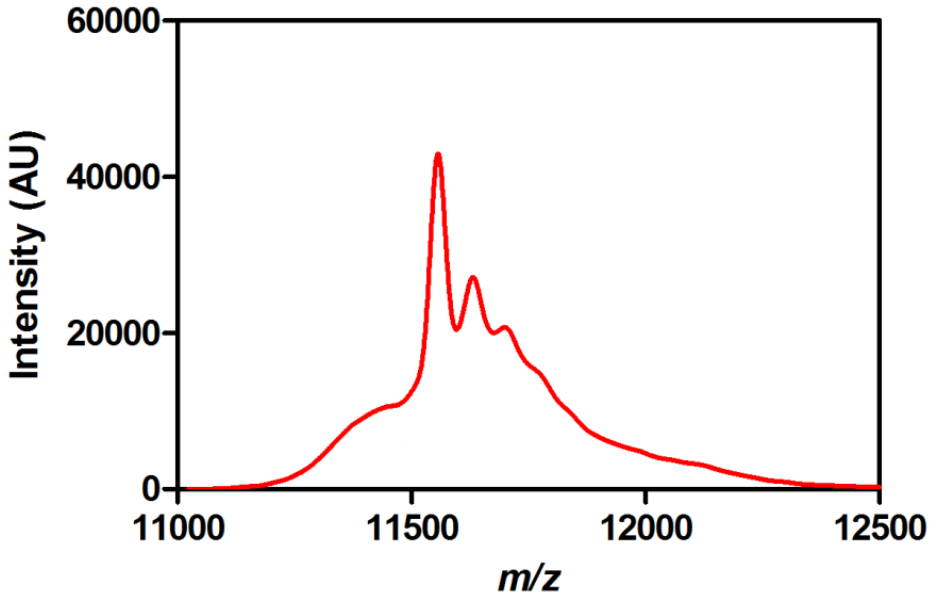


3 pts died and in only one was treatment-related death

581 Qip–Mass Spectrometry in High Risk Smoldering Multiple Myeloma Patients Included in the GEM–CESAR Trial: Comparison with Conventional and Minimal Residual Disease IMWG Response Assessment

The Innovative Approach

Identify M-protein molecular mass with high precision and accuracy



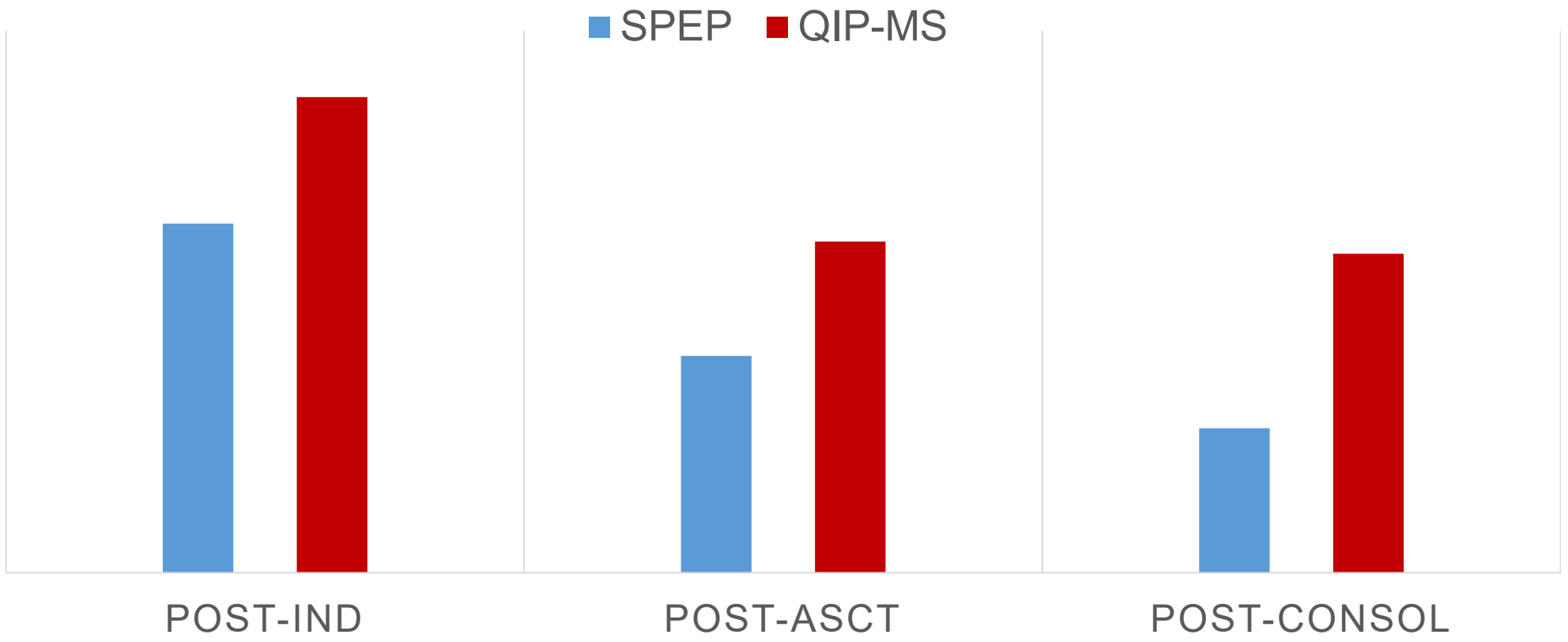
Molecular mass defines clonality / intensity defines abundance

The result is a highly sensitive and specific approach to monitor M-proteins

Noemi Puig, MD, PhD, et. al.

581 Qip–Mass Spectrometry in High Risk Smoldering Multiple Myeloma Patients Included in the GEM–CESAR Trial: Comparison with Conventional and Minimal Residual Disease IMWG Response Assessment

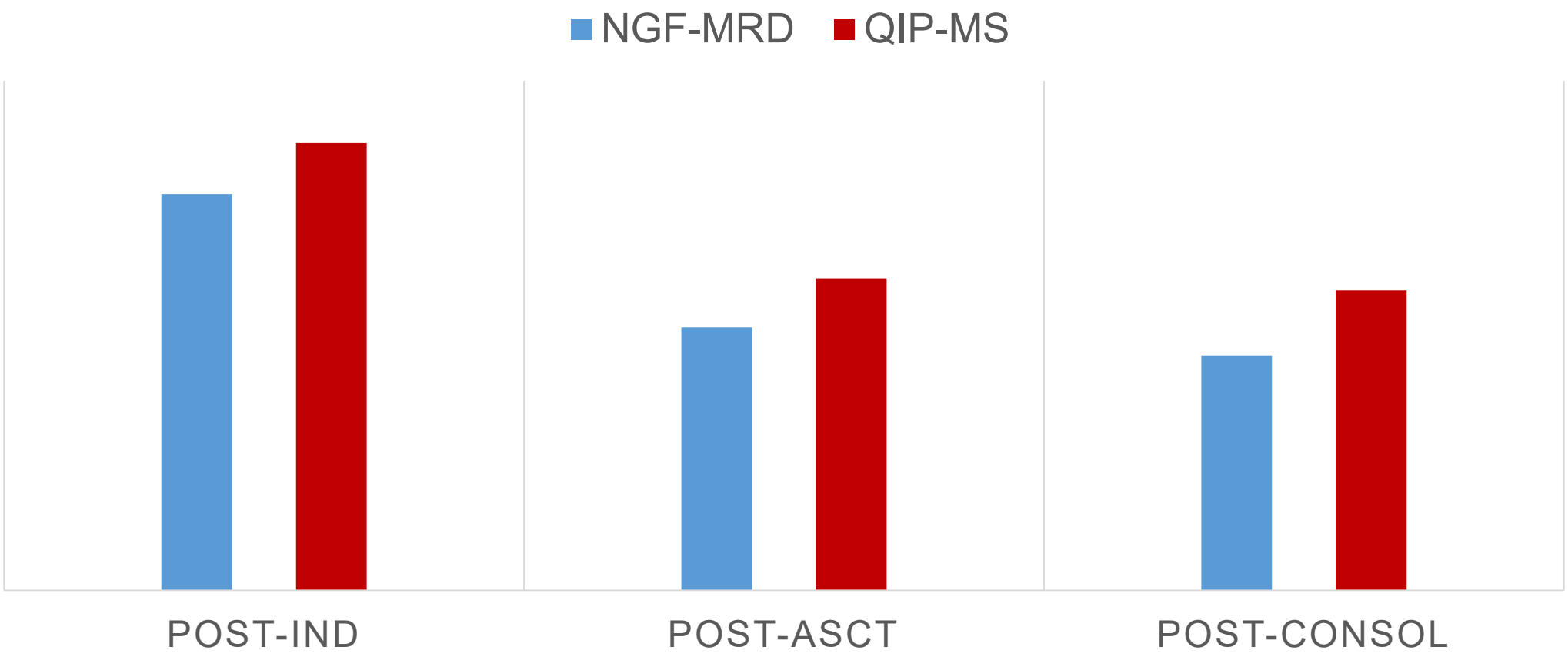
SPEP/IFE *vs* QIP-MS: Sensitivity



Noemi Puig, MD, PhD, et. al.

581 Qip–Mass Spectrometry in High Risk Smoldering Multiple Myeloma Patients Included in the GEM–CESAR Trial: Comparison with Conventional and Minimal Residual Disease IMWG Response Assessment

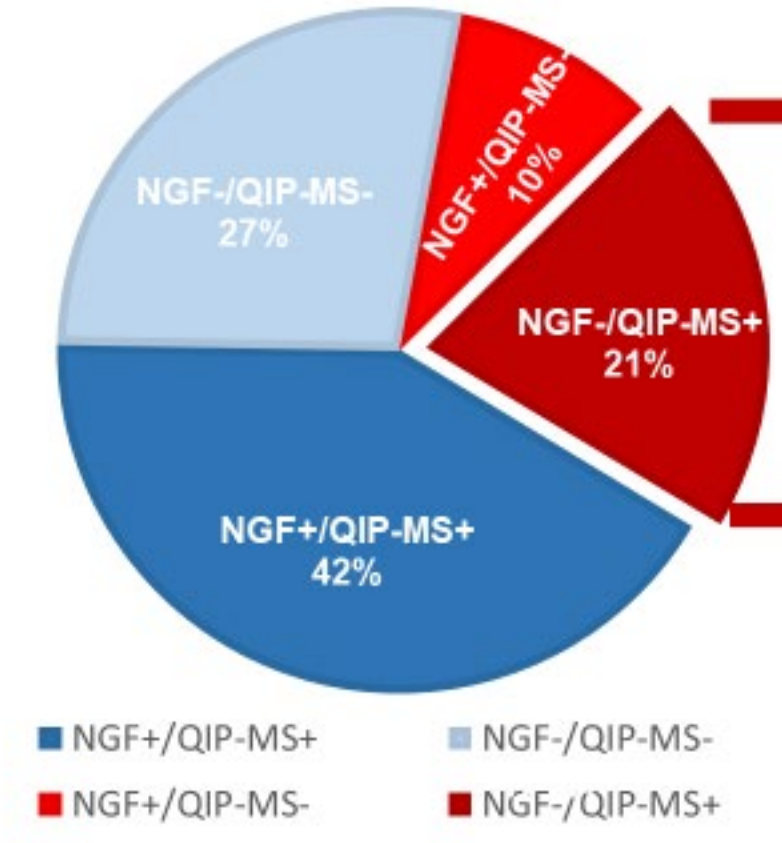
NGF-MRD vs QIP-MS: Sensitivity

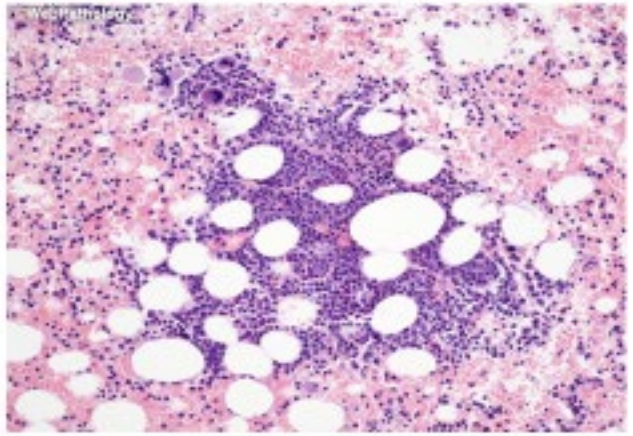


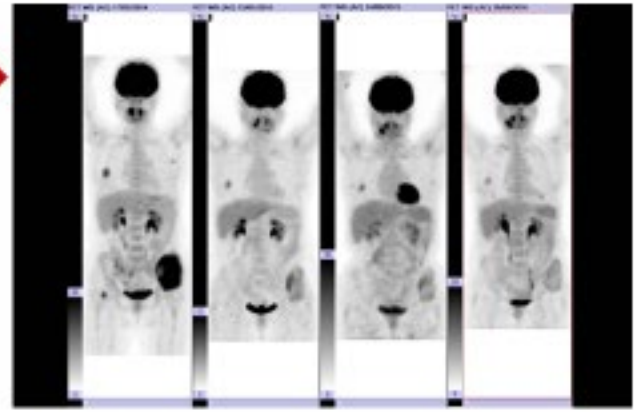
Noemi Puig, MD, PhD, et. al.

581 Qip–Mass Spectrometry in High Risk Smoldering Multiple Myeloma Patients Included in the GEM–CESAR Trial: Comparison with Conventional and Minimal Residual Disease IMWG Response Assessment

NGF-MRD - *vs* QIP-MS+







Noemi Puig, MD, PhD, et. al.

SMOLDERING MYELOMA

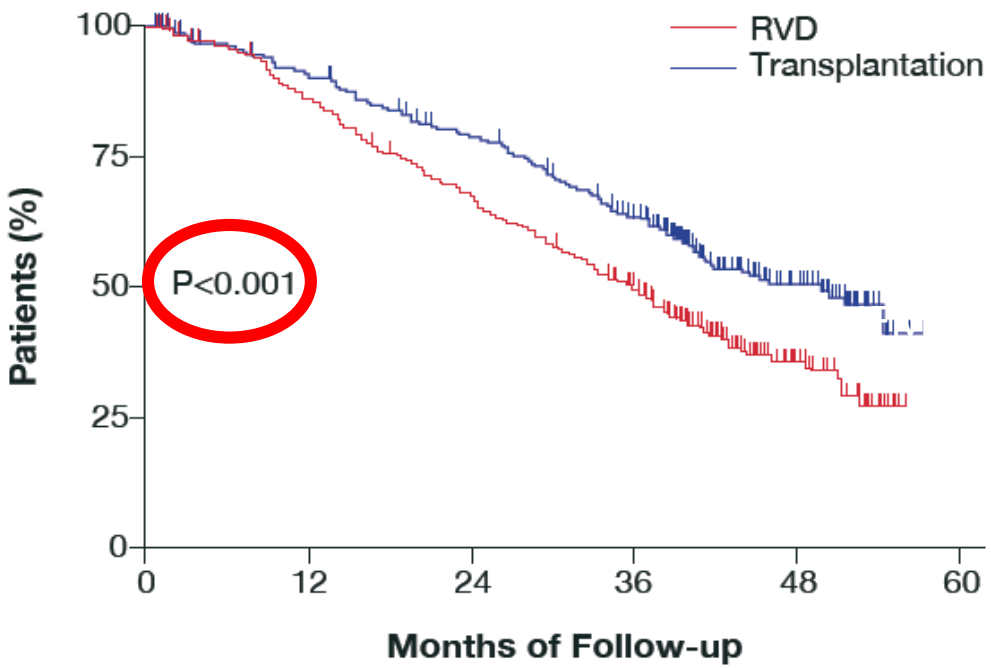
- Are current HR SMM criteria good enough?
- Are we starting to CURE some patients?
- Is single-agent therapy appropriate?
- Will mass spectrometry help with monitoring?

FRONTLINE THERAPY

- **What is best?**
- **Are dara + triplet regimens the way forward?**

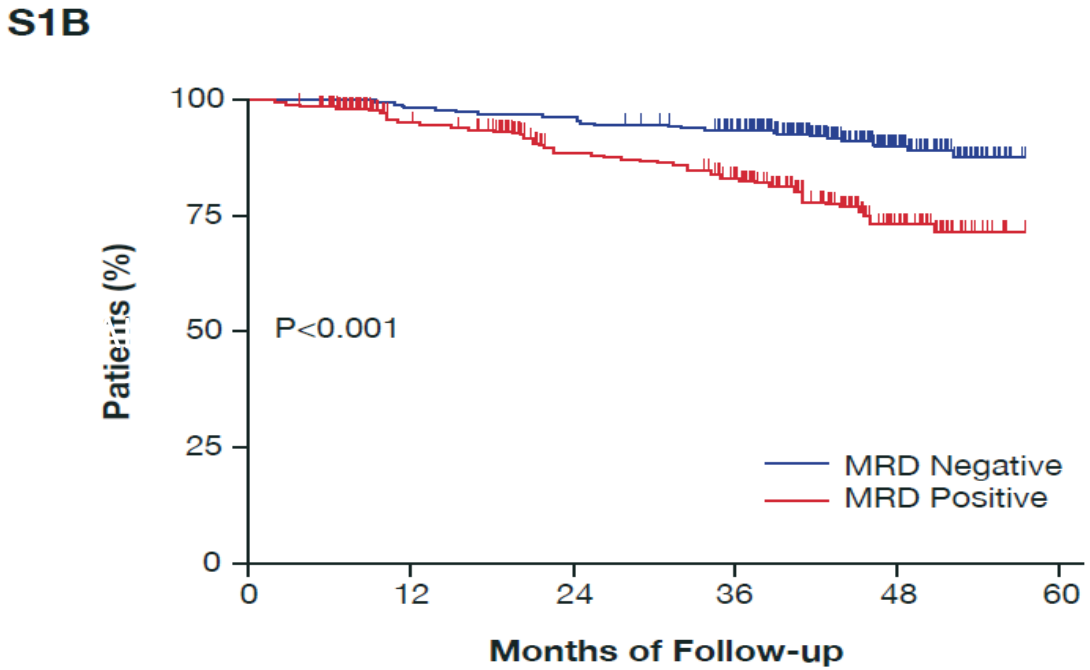
VRd + ASCT: IFM 2009 STUDY

PFS



No. at Risk						
RVD	350	294	228	157	32	0
Transplantation	350	308	264	196	50	0

OS



No. at Risk						
MRD Negative	0	311	379	347	119	0
MRD Positive	700	358	259	227	65	0

VRD x 6, 458 Patients
GEM2012 trial

blood®
Prepublished online September 4, 2019;
doi:10.1182/blood.2019000241

Bortezomib, lenalidomide, and dexamethasone as induction therapy prior to autologous transplantation in multiple myeloma

Laura Rosiñol, Albert Oriol, Rafael Rios, Anna Sureda, María-Jesús Blanchard, Miguel Teodoro Hernández, Rafael Martínez-Martínez, Jose M Moraleda, Isidro Jarque, Juan Bargay, Mercedes Gironella, Felipe de Arriba, Luis Palomera, Yolanda Gonzalez-Montes, Josep Marti, Isabel Krsnik, Jose M Arguiñano, Maria-Esther Gonzalez, Ana Pilar Gonzalez, Luis Felipe Casado, Lucia Lopez-Anglada, Bruno Paiva, Maria-Victoria Mateos, Jesus San Miguel, Juan-José Lahuerta and Joan Bladé

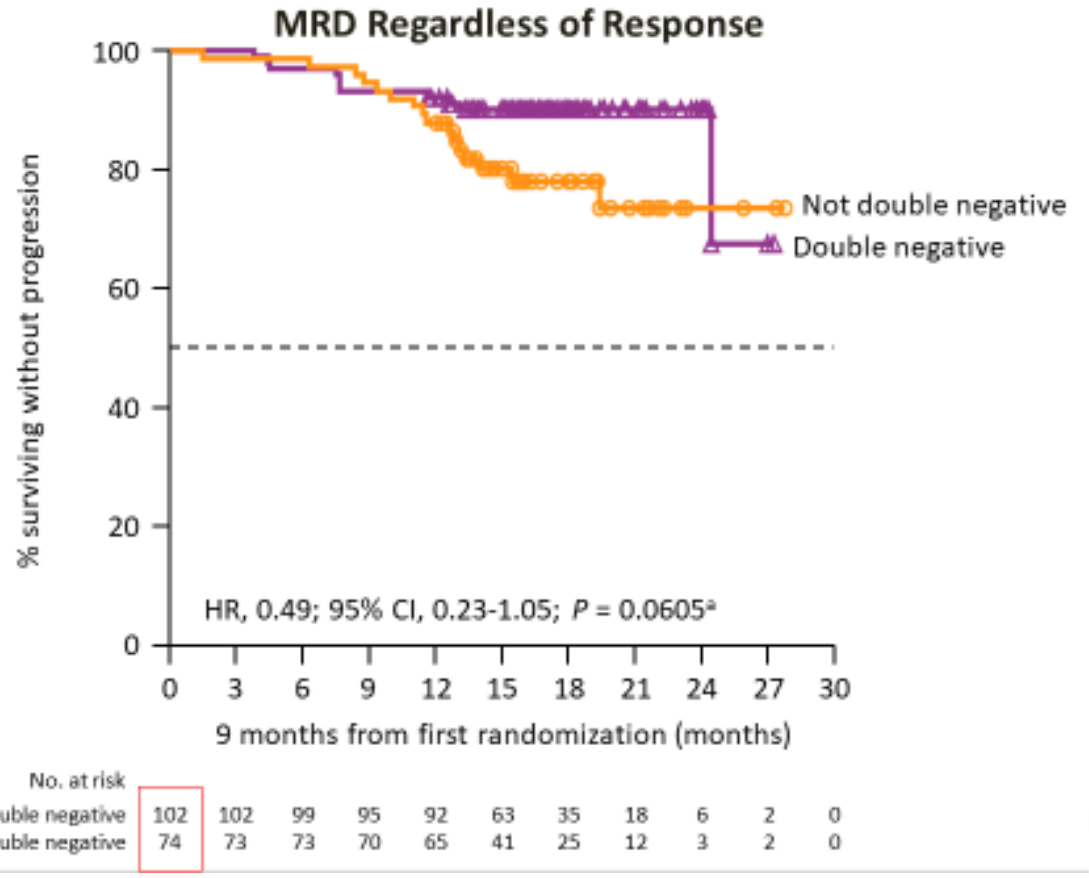
VELCADE

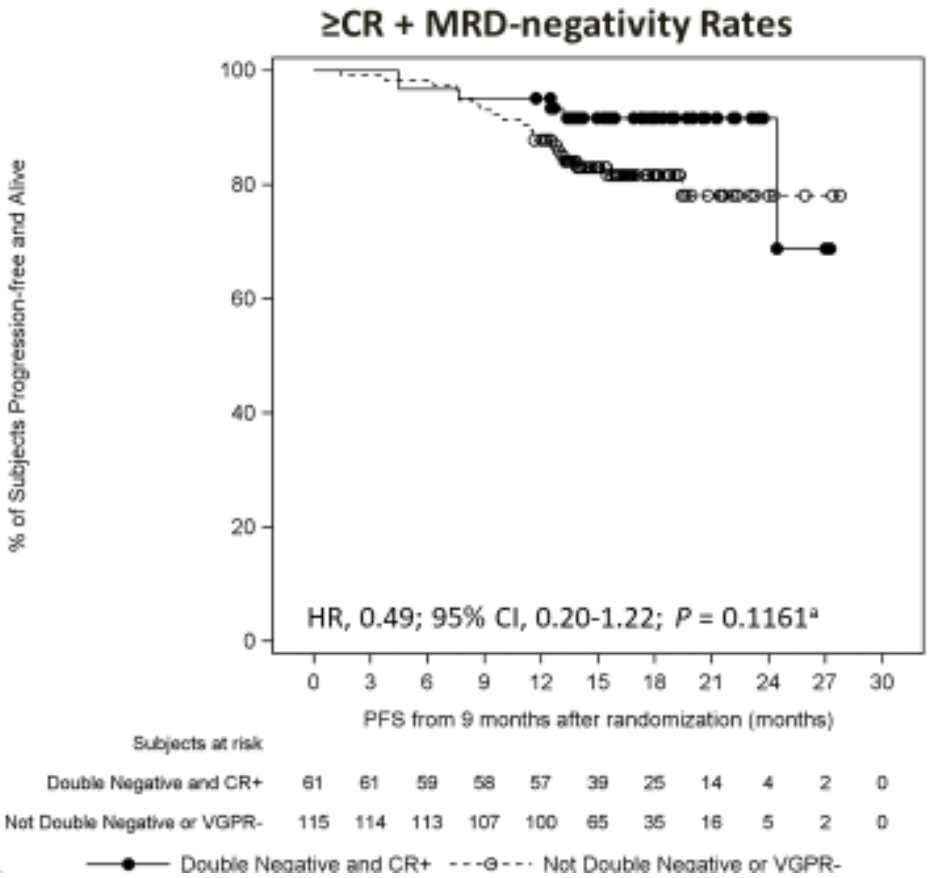
- **2x each week SQ for 2 weeks**
- **Q4 week cycles**

Dara VTd versus VTd (Cassiopeia)

PFS From First Randomization

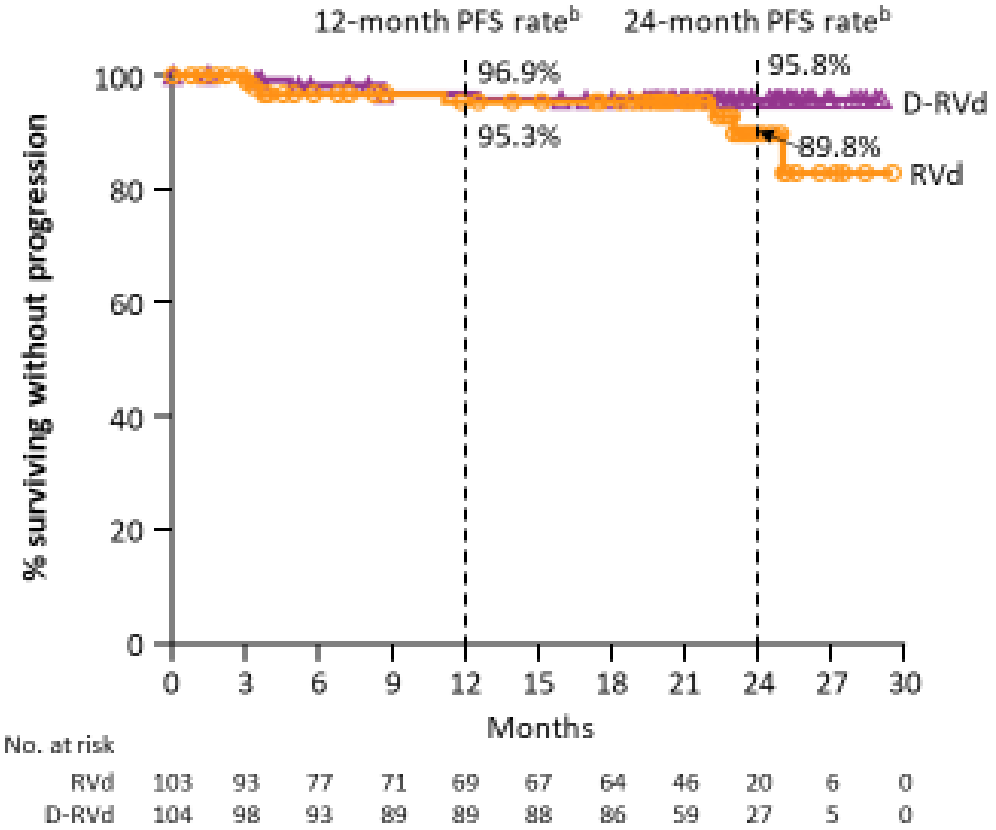
Landmark Analysis for PFS by Double-negativity Rate for MRD (MFC; 10^{-5}) and PET/CT Post-consolidation

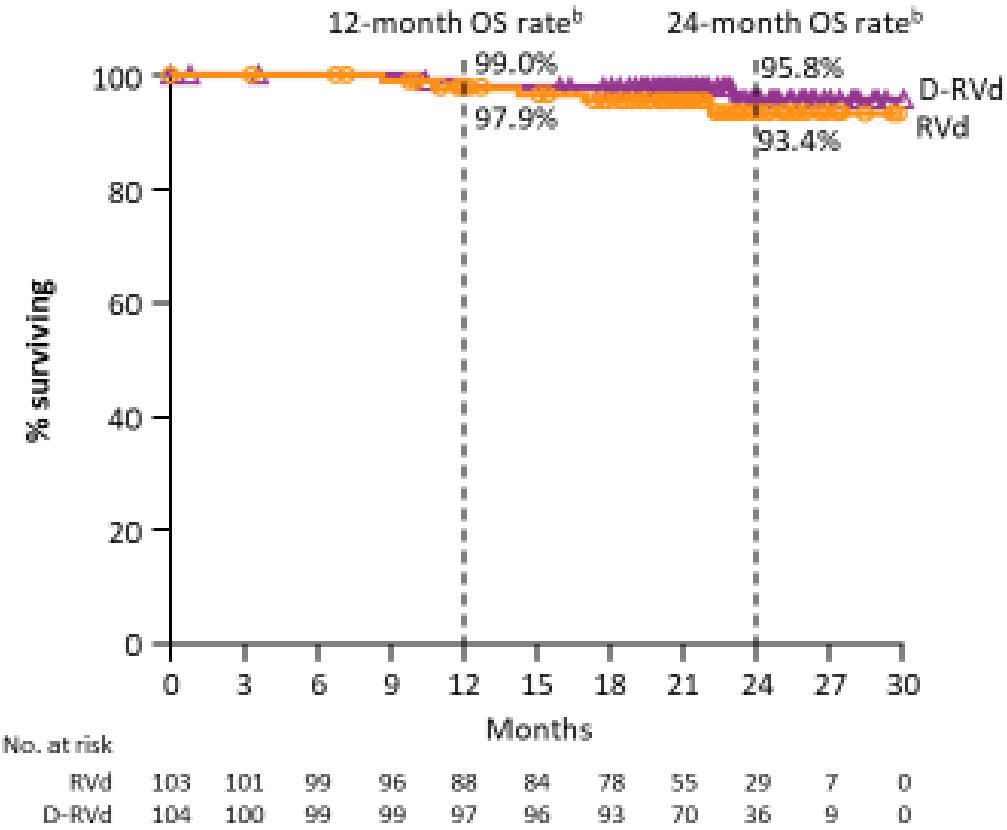




691 Depth of Response to Daratumumab (DARA), Lenalidomide, Bortezomib, and Dexamethasone (RVd) Improves over Time in Patients (pts) with Transplant–Eligible Newly Diagnosed Multiple Myeloma (NDMM): Griffin Study Update

- Median follow-up = 22.1 months





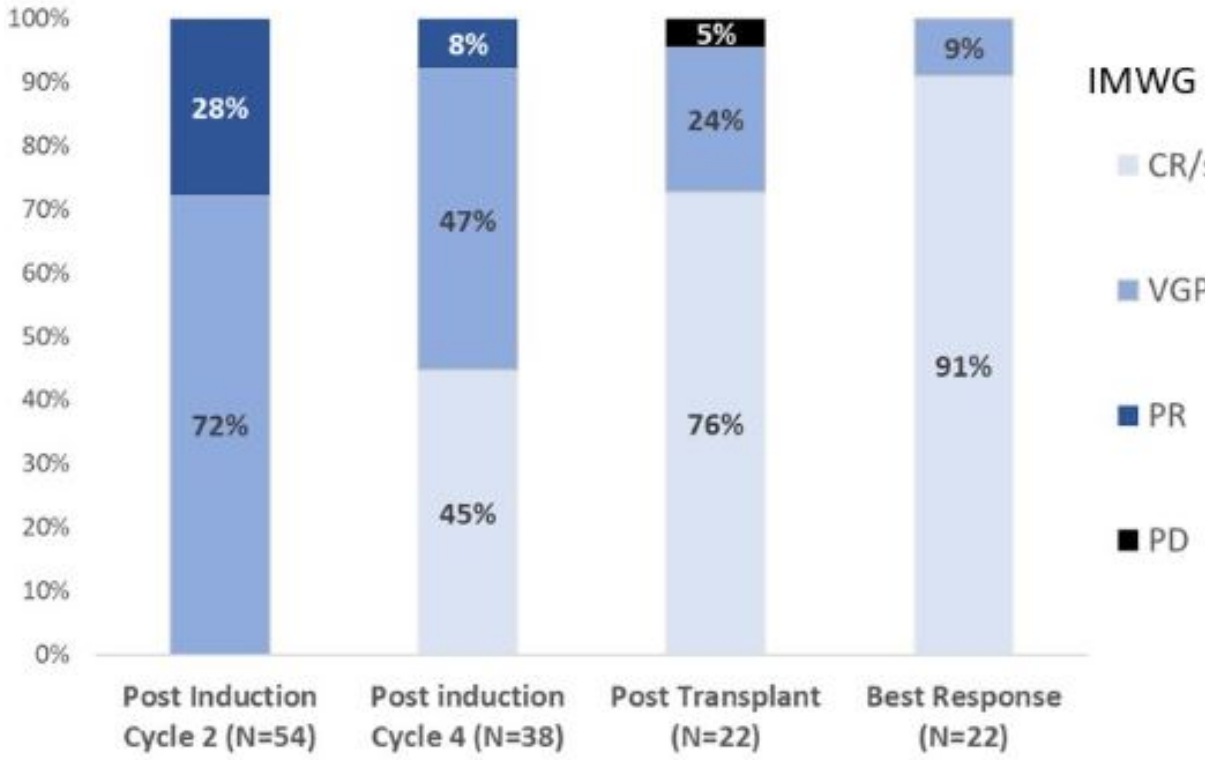
Median PFS and OS not reached for D-RVd and RVd

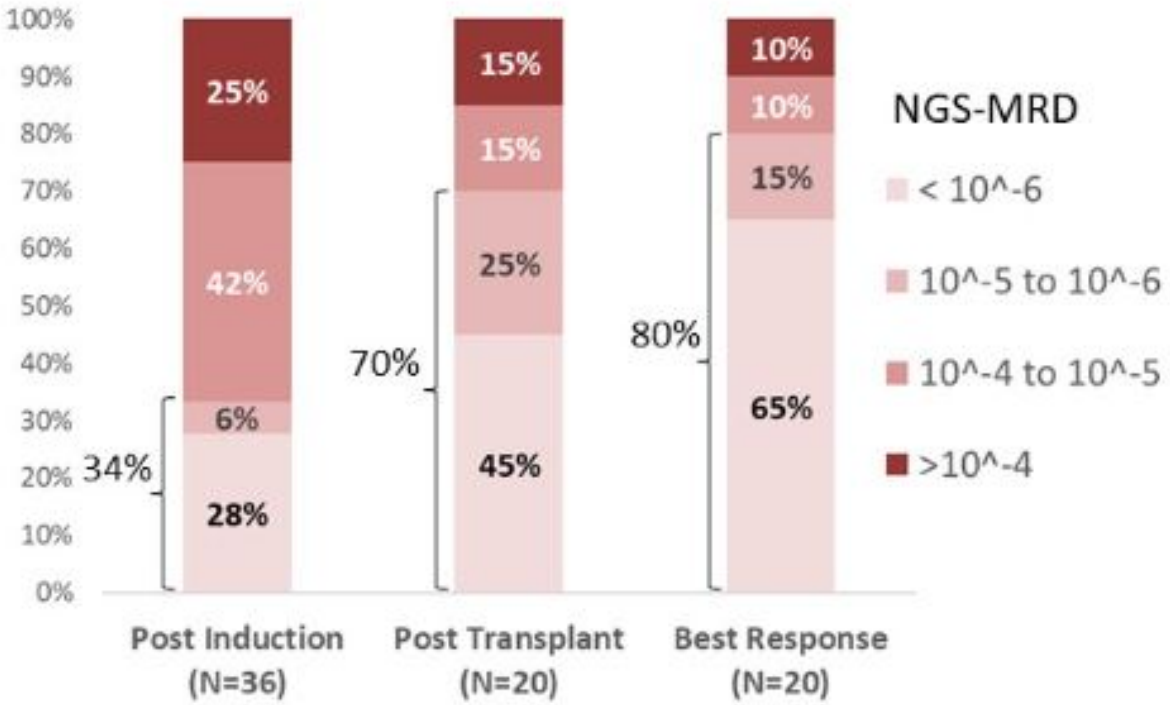
[a]ITT population. [b]Kaplan–Meier estimate.

Peter M. Voorhees, MD, et. al.

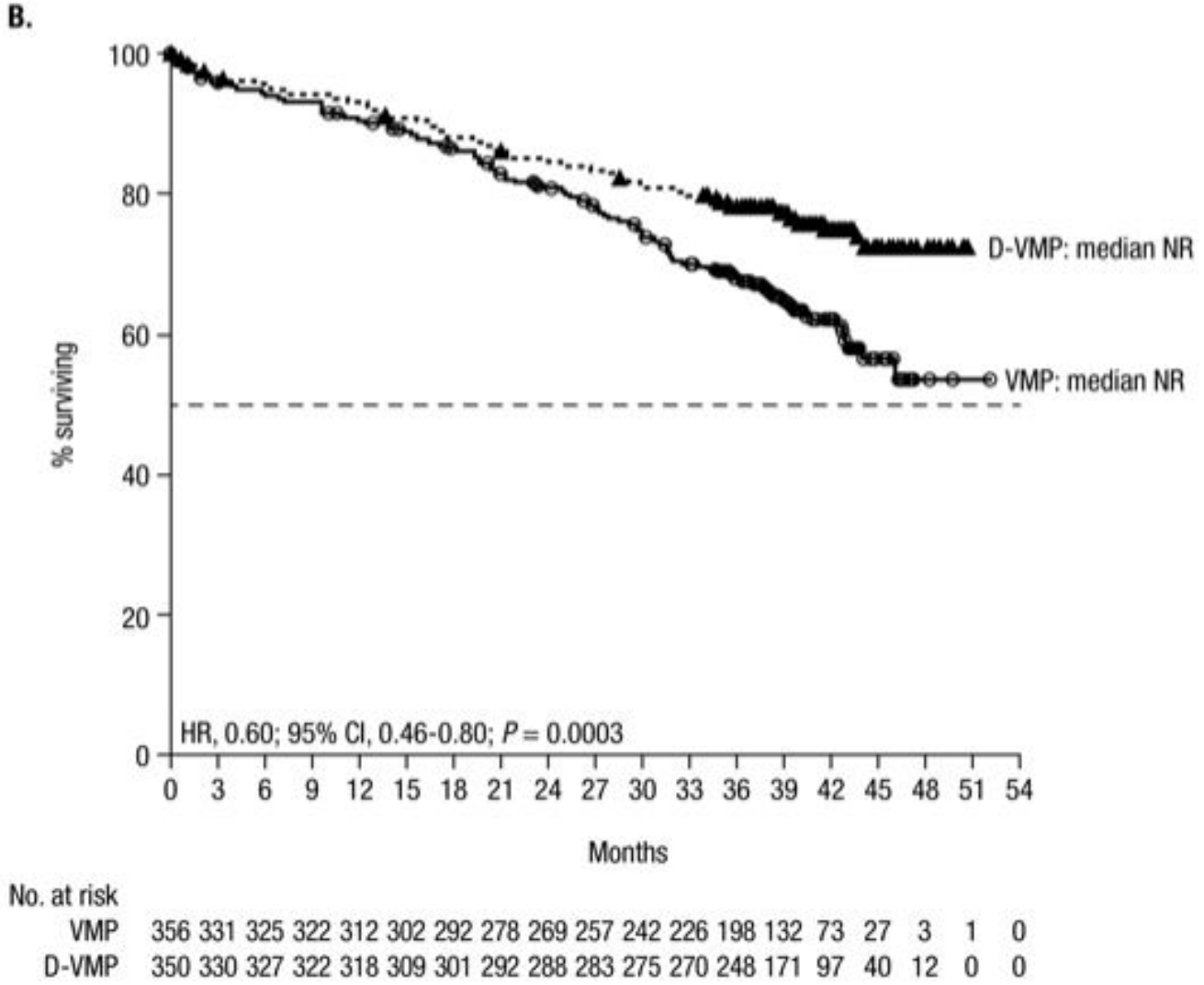
860 Daratumumab, Carfilzomib, Lenalidomide and Dexamethasone (Dara-KRd) Induction, Autologous Transplantation and Post-Transplant, Response-Adapted, Measurable Residual Disease (MRD)-Based Dara-Krd Consolidation in Patients with Newly Diagnosed Multiple Myeloma (NDMM)

Luciano J. Costa, MD, PhD[1], *Saurabh Chhabra, MD*[2], *Kelly N. Godby, MD*[3^], *Eva Medvedova, MD*[4^], *Robert F. Cornell, MD, MS*[5], *Aric C. Hall, MD*[6^], *Rebecca W. Silbermann, MD*[4], *Racquel Innis-Shelton, MD*[7], *Binod Dhakal, MBBS*[8], *Diego Deldiaquez, MD*[3^], *Pamela Hardwick, RN*[3^], *Yelak Biru*[9^], *James L. Omel, MD*[10^], *Parameswaran Hari, MD*[11] *and Natalie Scott Callander, MD*[12]





859 Daratumumab Plus Bortezomib, Melphalan, and Prednisone Versus Bortezomib, Melphalan, and Prednisone in Patients with Transplant–Ineligible Newly Diagnosed Multiple Myeloma: Overall Survival in Alcyone



Maria-Victoria Mateos, et. al.

FRONTLINE THERAPY

Will dara + triplet become the "standard of care"?

- **dara-VRd (Griffin)**
- **dara-KRd (for high risk)**
- **dara-VTd (if R not available)**
- **dara-VMP (for non-transplant)**
- **dara-IRd (for non-transplant)**

OR will we stick with?

- **dara Rd (MAIA)**
- **VRd (modified)**
- **Other triplets**

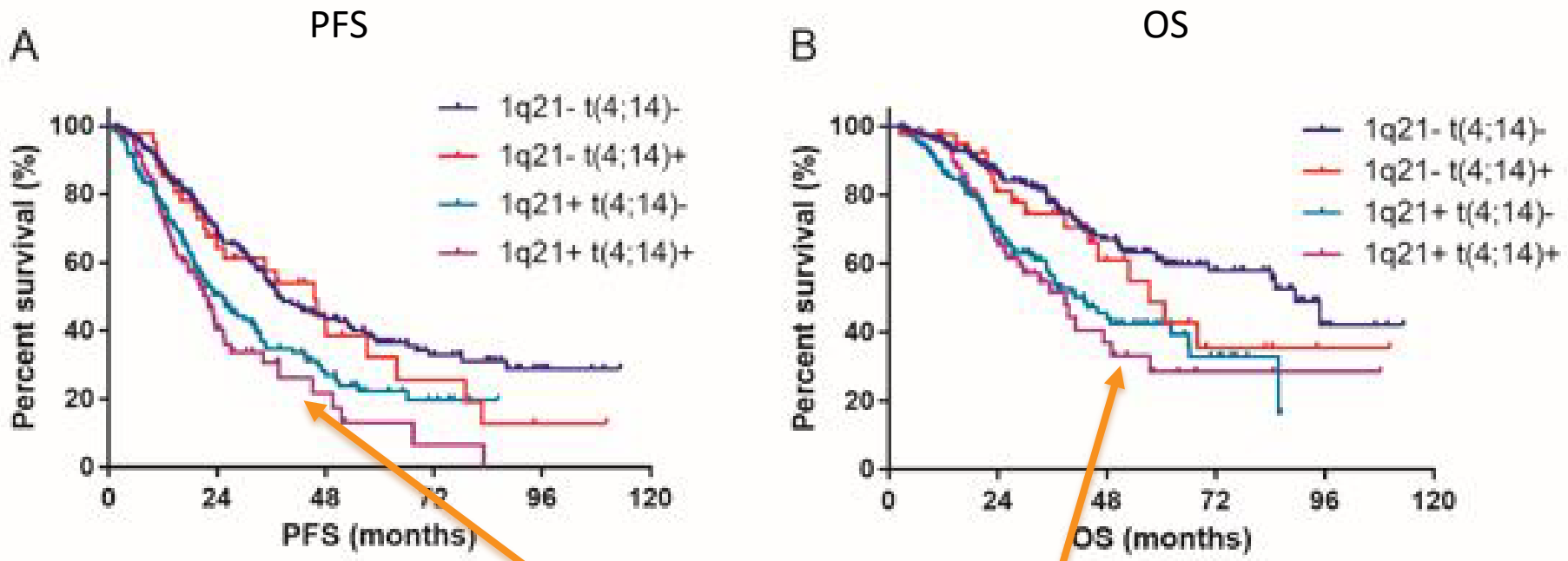
…and save quadruplets for later?

WHAT IS THE IMPACT OF FISH TESTING?

- 1q21 gain
- t(11;14)

4343 1q21 Gain May Challenge the Role of t(4;14) As an Adverse Prognostic Marker of Multiple Myeloma

Chenxing Du[1], An Gang, MD[2*], Yan Xu[2*], Xuehan Mao, MD[2*], Yuting Yan[3*], Jiahui Liu[4*], Huishou Fan[4*], Weiwei Sui[2*], Shuhui Deng, MD[2*], Li Zengjun[2*], Chengwen Li[5*], Shuhua Yi, MD[2*], Mu Hao[6*], Dehui Zou, MD[2*], Fenghuang Zhan, MD, PhD[7], Yu-Tzu Tai, PhD[8], Kenneth C. Anderson, MD[9] and Lugui Qiu, MD, PhD[1]*

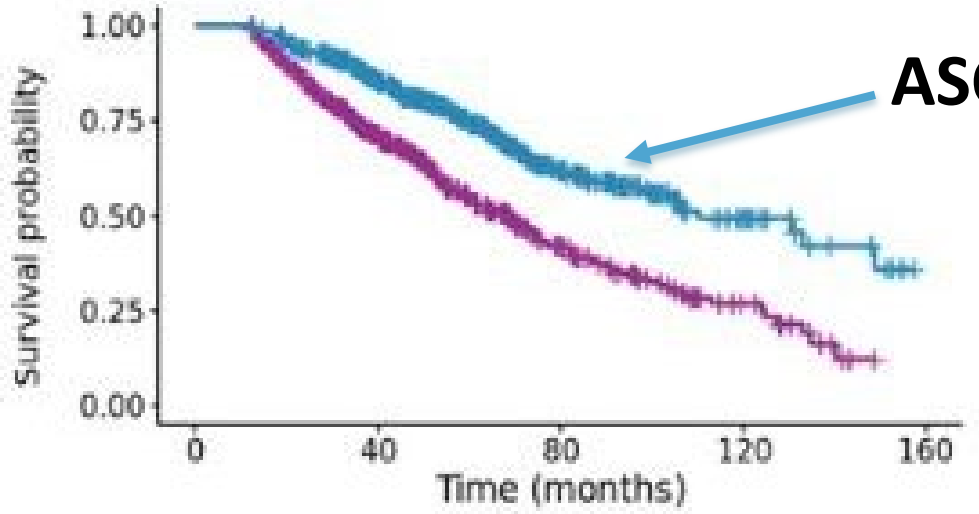


1q+ plus t(4;14)

4580 Role of High-Dose Melphalan and Autologous Stem Cell Transplantation in Multiple Myeloma Patients Presenting with t(11;14)

Eduardo Sobejano, et. al.

Overall Survival



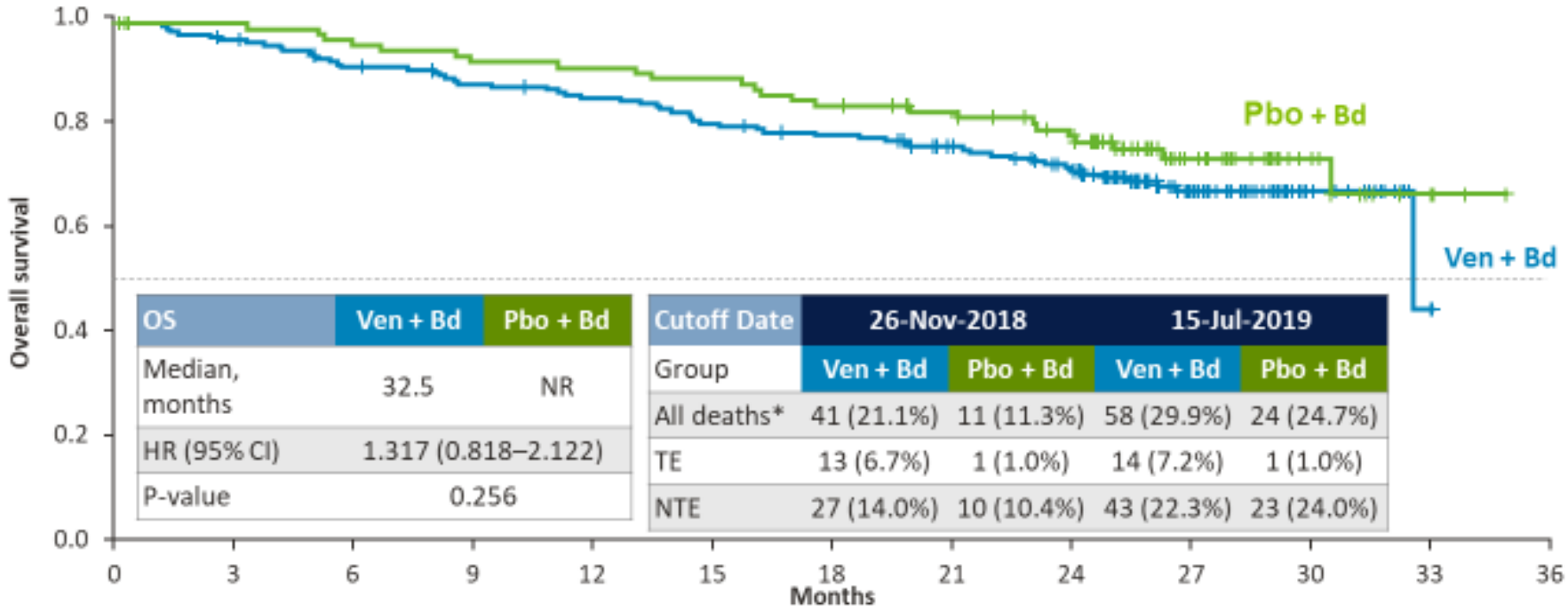
Number at risk

No stem cell	449	251	68	16	0
stem cell within 1 year	510	362	99	21	0

Figure 3: Survival of patients by stem cell transplant received within 12 months of the first line of therapy, from date of diagnosis

1888 Updated Analysis of Bellini, a Phase 3 Study of Venetoclax or Placebo in Combination with Bortezomib and Dexamethasone in Patients with Relapsed/Refractory Multiple Myeloma

BELLINI – Overall Survival (ITT) (as of 15-July-2019)



OS	Ven + Bd	Pbo + Bd
Median, months	32.5	NR
HR (95% CI)	1.317 (0.818–2.122)	
P-value	0.256	

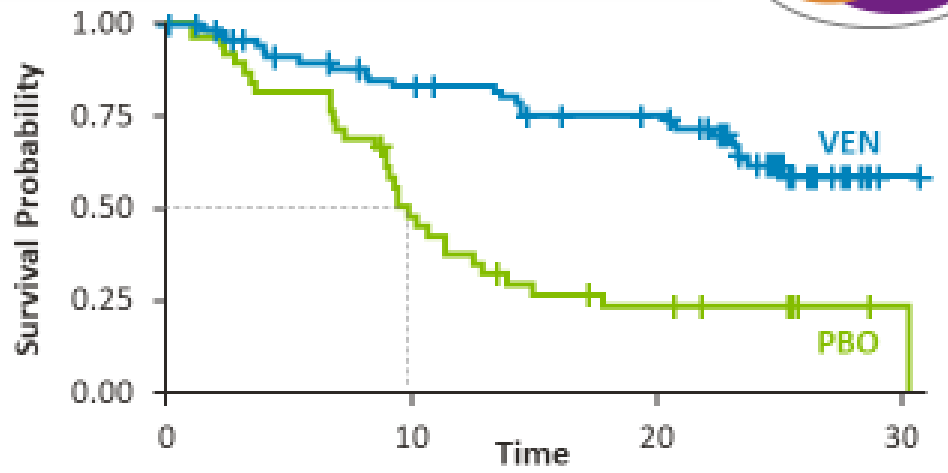
Cutoff Date	26-Nov-2018		15-Jul-2019	
Group	Ven + Bd	Pbo + Bd	Ven + Bd	Pbo + Bd
All deaths*	41 (21.1%)	11 (11.3%)	58 (29.9%)	24 (24.7%)
TE	13 (6.7%)	1 (1.0%)	14 (7.2%)	1 (1.0%)
NTE	27 (14.0%)	10 (10.4%)	43 (22.3%)	23 (24.0%)

Subjects at Risk													
VEN+Bd	194	186	174	165	159	150	144	133	118	62	18	0	
PBO+Bd	97	95	91	88	87	85	80	75	66	33	12	2	0

Philippe Moreau, MD, et. al.

1888 Updated Analysis of Bellini, a Phase 3 Study of Venetoclax or Placebo in Combination with Bortezomib and Dexamethasone in Patients with Relapsed/Refractory Multiple Myeloma

PFS per INV
t(11;14) or *BCL2*^{high}

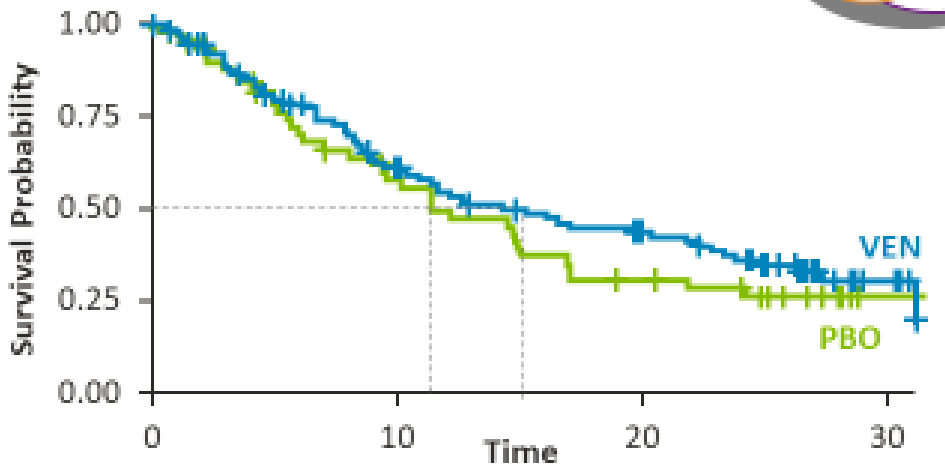


Number at risk

PBO+Bd	40	18	7	1
VEN+Bd	74	53	43	1

PFS	Ven+Bd	Pbo+Bd
Median, months	Not reached	9.89
HR (95% CI)	0.30 (0.17–0.53)	
P-value	<0.001	

PFS per INV
non-t(11;14) and *BCL2*^{low}



Number at risk

PBO+Bd	54	28	14	1
VEN+Bd	110	56	35	7

PFS	Ven+Bd	Pbo+Bd
Median, months	15.3	11.5
HR (95% CI)	0.85 (0.56–1.30)	
P-value	0.451	

Philippe Moreau, MD, et. al.

DO YOU FORESEE "PRECISION MEDICINE" APPROACHES FOR t(11;14), 1q+ and OTHERS?

- 1q+ plus t(4;14): treat as high risk?

- t(11;14): treat incorporating:
  - venetoclax?
  - ASCT?

IMWG
INTERNATIONAL MYELOMA WORKING GROUP
A Research Division of International Myeloma Foundation

INTERNATIONAL MYELOMA FOUNDATION

IMMUNE THERAPY RESULTS DOMINATE ASH 2019

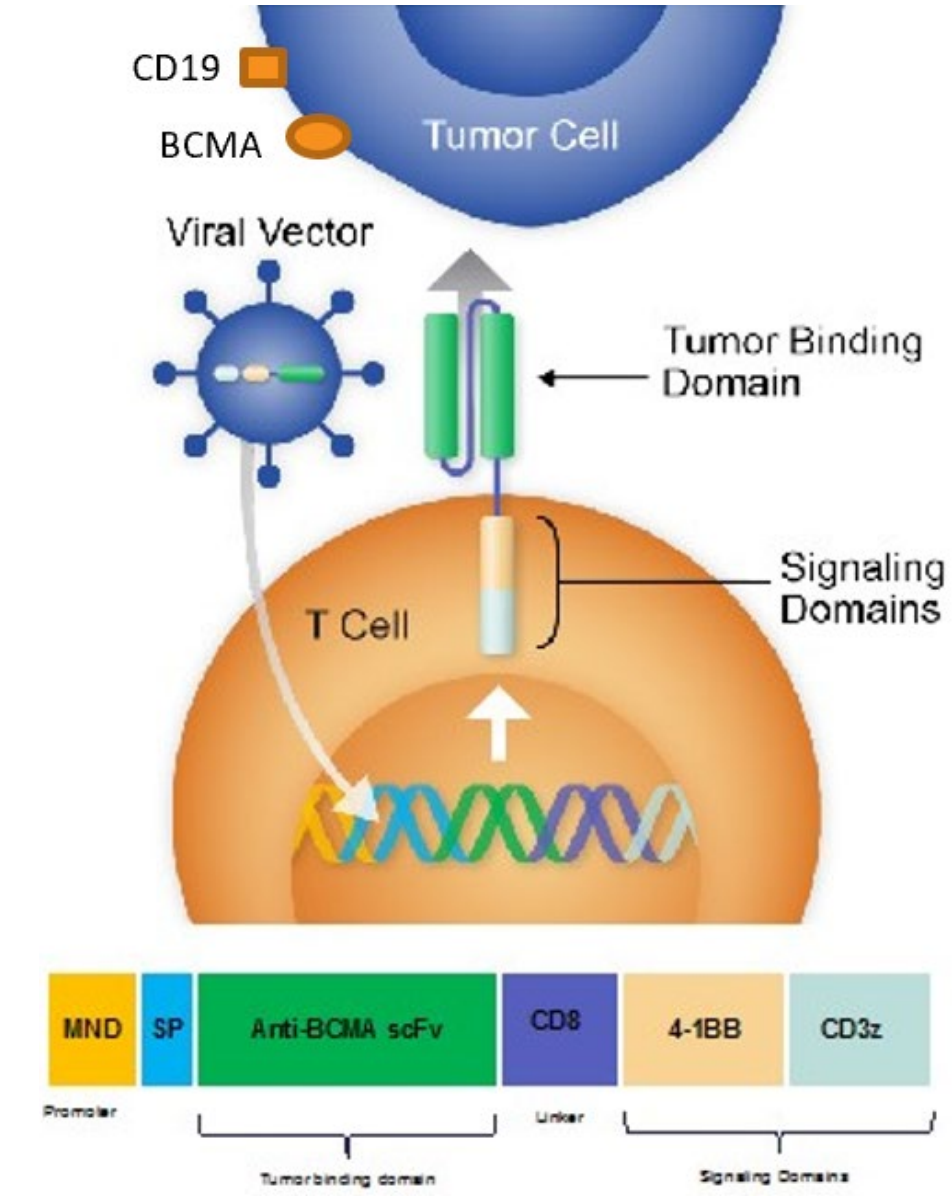
- **CAR T Therapy**
- **Bispecific T Cell Engagers**
- **GSK 2857916 (“belamaf”)**

IMWG
INTERNATIONAL MYELOMA WORKING GROUP
A Research Division of International Myeloma Foundation

INTERNATIONAL MYELOMA FOUNDATION

Chimeric Antigen Receptor (CAR) Therapy for Multiple Myeloma

Is CAR T Therapy a Game Changer in MM?



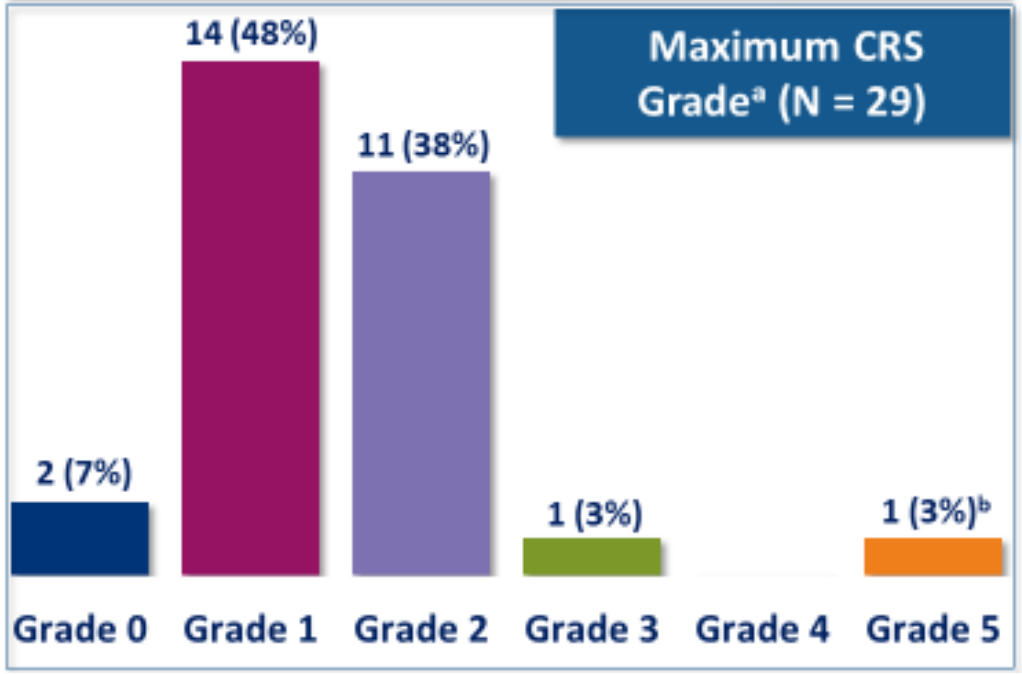
Kochenderfer, et al. 2016.
Ali. Blood. 2016;128:1688.

577 Results from CARTITUDE-1: A Phase 1b/2 Study of JNJ-4528, a CAR-T Cell Therapy Directed Against B-Cell Maturation Antigen (BCMA), in Patients with Relapsed and/or Refractory Multiple Myeloma (R/R MM)

CARTITUDE-1: Safety

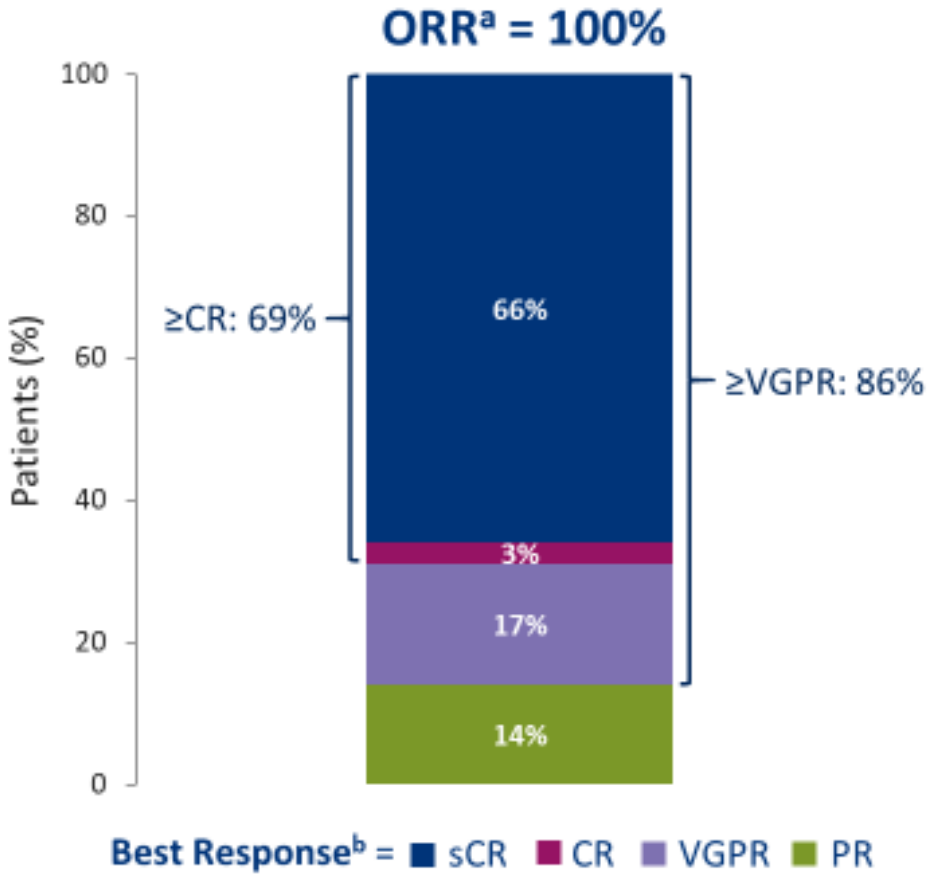
Hematologic AEs (≥25% All Grade)	N = 29	
	All Grade	Grade ≥3
Neutropenia	27 (93)	27 (93)
Anemia	25 (86)	16 (55)
Thrombocytopenia	25 (86)	20 (69)
Leukopenia	15 (52)	15 (52)
Lymphopenia	13 (45)	9 (31)
Non-Hematologic AEs (≥25% All Grade)		
Increased AST	9 (31)	2 (7)
Increased ALT	8 (28)	1 (3)
Diarrhea	8 (28)	1 (3)
Upper respiratory tract infection	8 (28)	0

CAR-T-associated AEs	N = 29	
	All Grade	Grade ≥3
Neurotoxicity consistent with ICANS[b]	3 (10)	1 (3)



577 Results from CARTITUDE-1: A Phase 1b/2 Study of JNJ-4528, a CAR-T Cell Therapy Directed Against B-Cell Maturation Antigen (BCMA), in Patients with Relapsed and/or Refractory Multiple Myeloma (R/R MM)

CARTITUDE-1: Early, Deep Responses and High Response Rate



- ORR and depth of response were independent of BCMA expression on MM cells at baseline
- Median time to first response = 1 mo (1 – 3)
- Median time to ≥CR = 1 mo (1 – 9)
- 100% patients evaluable for MRD were MRD negative
- 27 / 29 patients remain progression free at 6 months median follow-up

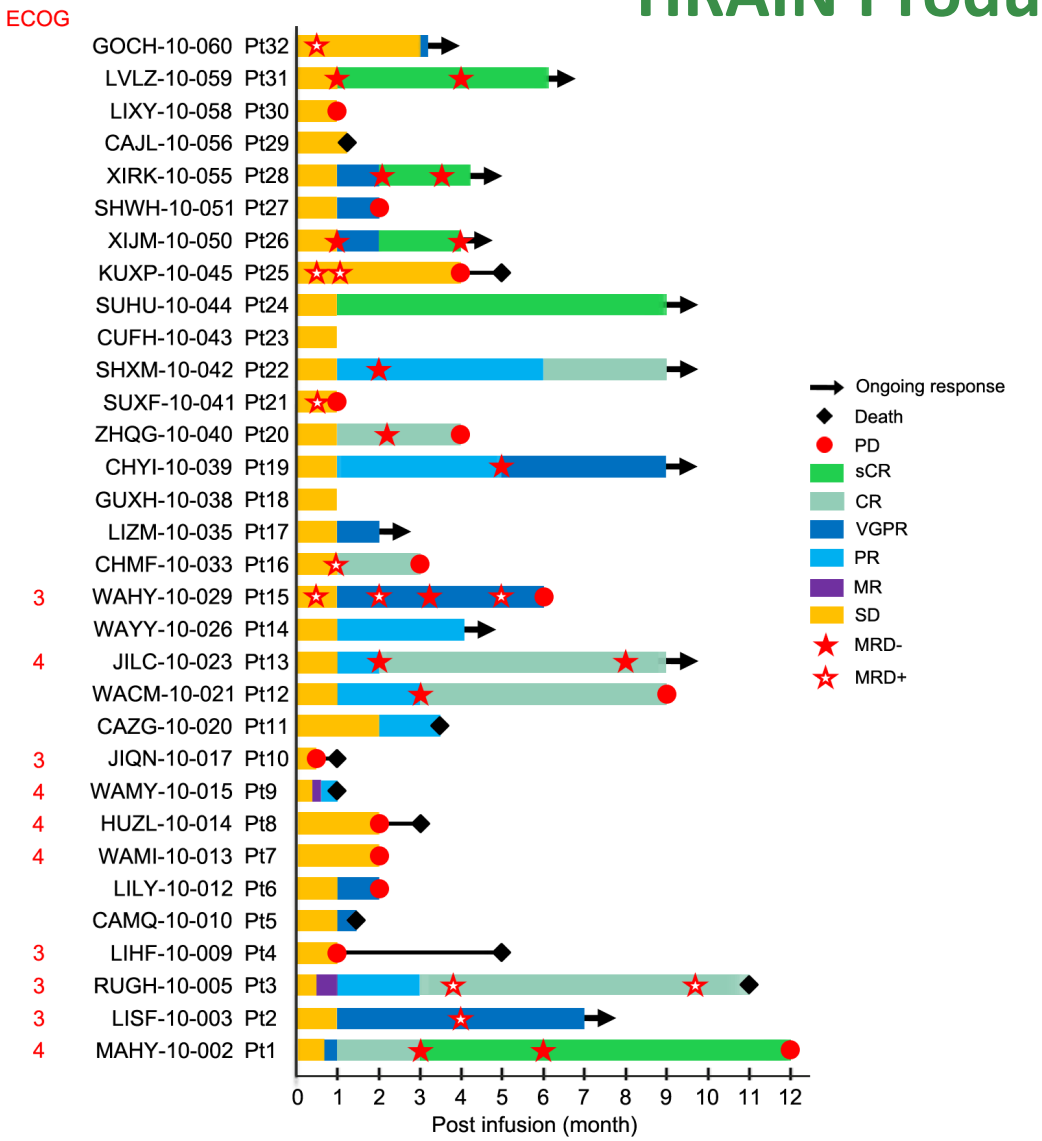
IND Approvals for BCMA-CAR T Therapy in China

No.	Company	Product	Indication	Approved time
1	Nanjing Legend Biotech Co.,Ltd.	LCAR-B38M Chimeric Antigen Receptor T Cell (LCAR-B38M CAR-T)	R/R MM	2018.03
2	Shanghai HRAIN Biotechnology Co.,Ltd.	Human BCMA Targeted T Cells Injection (BCMA-CART)	R/R MM (BCMA+)	2018.12
3	Shanghai CARsgen therapeutics Co.,Ltd.	CT053(Human anti-BCMA CAR-T) Cell Infusion	R/R MM	2019.03
4	Nanjing IASO Biotherapeutics Co.,Ltd.	Fully human BCMA CAR T-cell Injection (humanized BCMA-CART)	R/R MM	2019.09

3154 Efficacy and Safety of CAR-T Therapy with Safety Switch Targeting Bcma for Patients with Relapsed/Refractory Multiple Myeloma in a Phase 1 Clinical Study

HRAIN Product with Safety Switch

Hospital 1

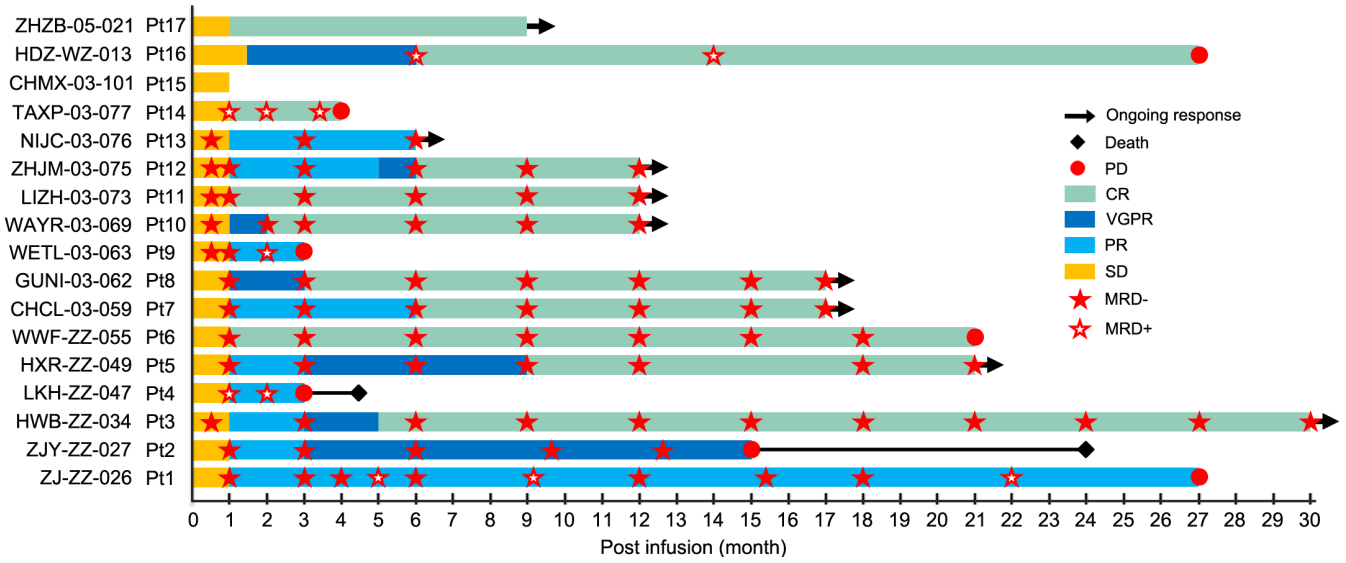


ORR: 38/49 (77.55%), ≥CR 43%

ECOG ≥3 ORR: 15/20 (75.00%)

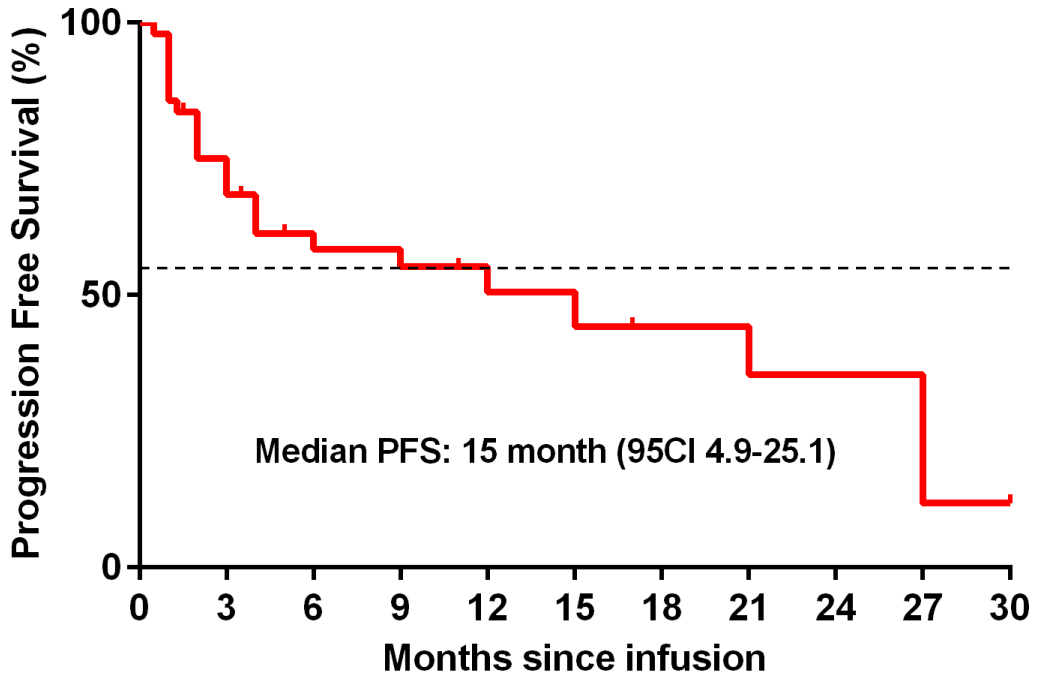
ECOG 0~2 ORR: 23/29 (79.31%)

Hospital 2 & 3



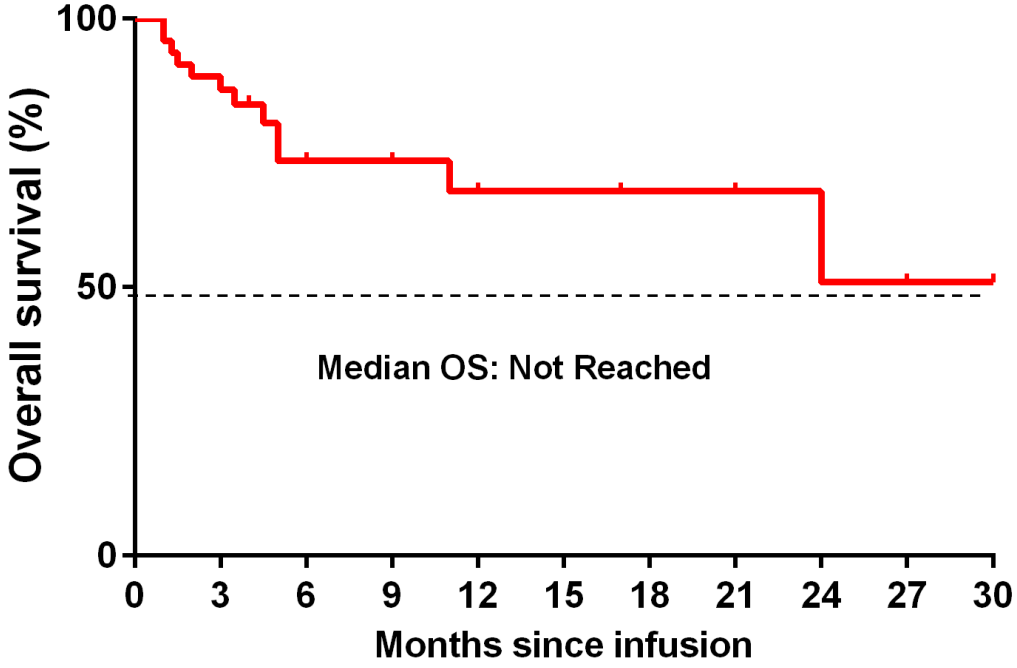
HRAIN product with safety switch: PFS and OS (n=49)

PFS



No. at Risk	49	34	21	18	12	8	7	5	5	3	1

OS



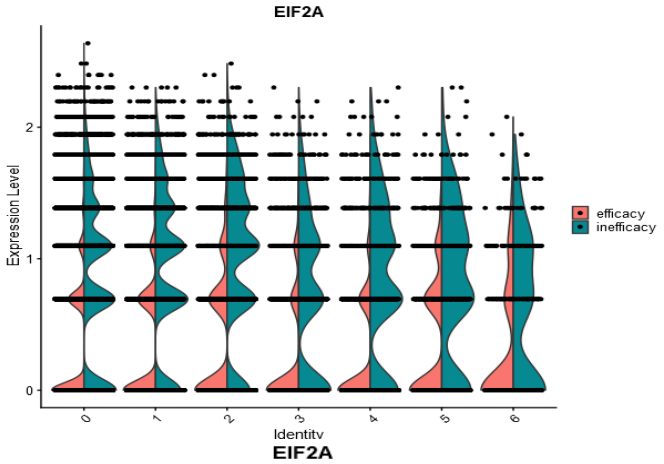
No. at Risk	49	36	20	17	12	12	8	6	4	3	1

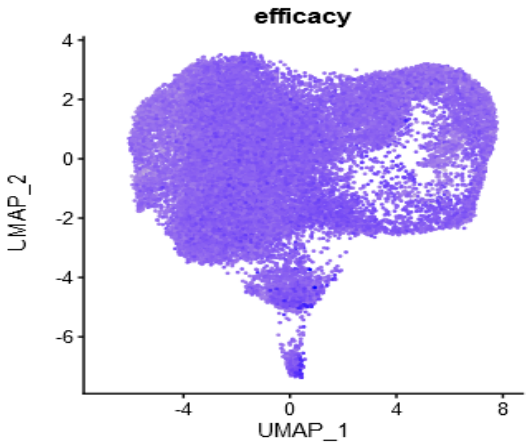
Non-response and relapsed patients after BCMA-CAR T therapy: Upregulated mTOR pathway in BMPC

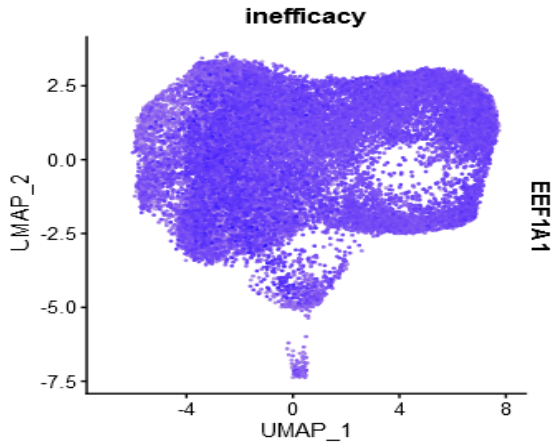
Single cell sequencing

Response——preBM:
#1-7854 cells
#2-9144 cells
#3-8733 cells

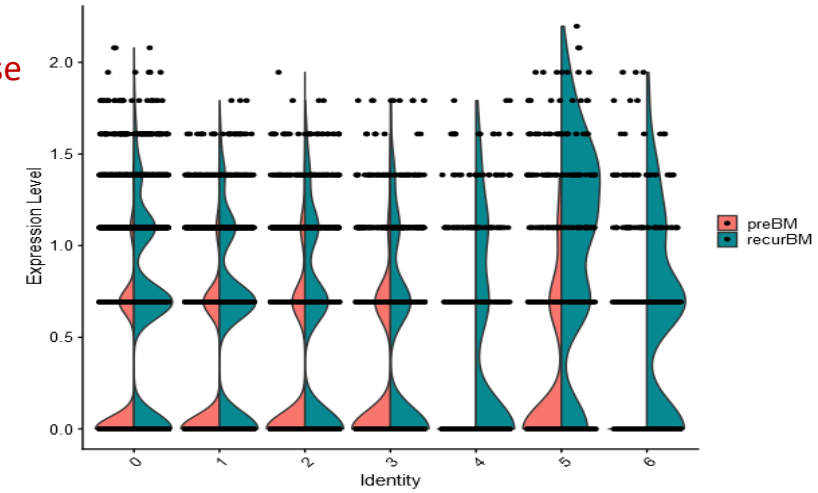
Non-response——preBM:
#4-5660 cells
#5-6485 cells
#6-10367 cells



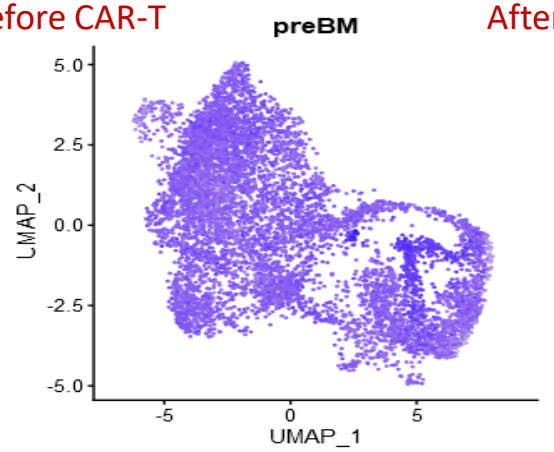




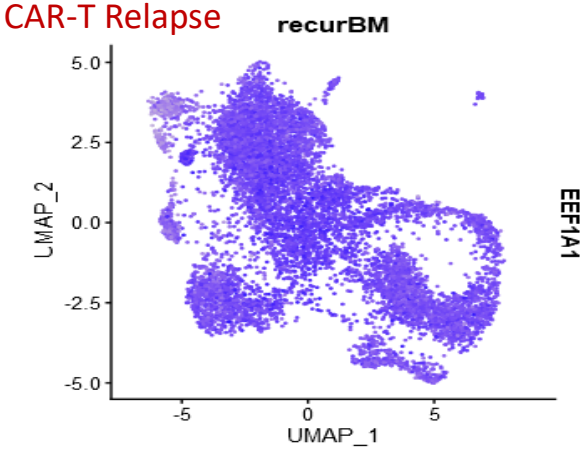
One case



Before CAR-T

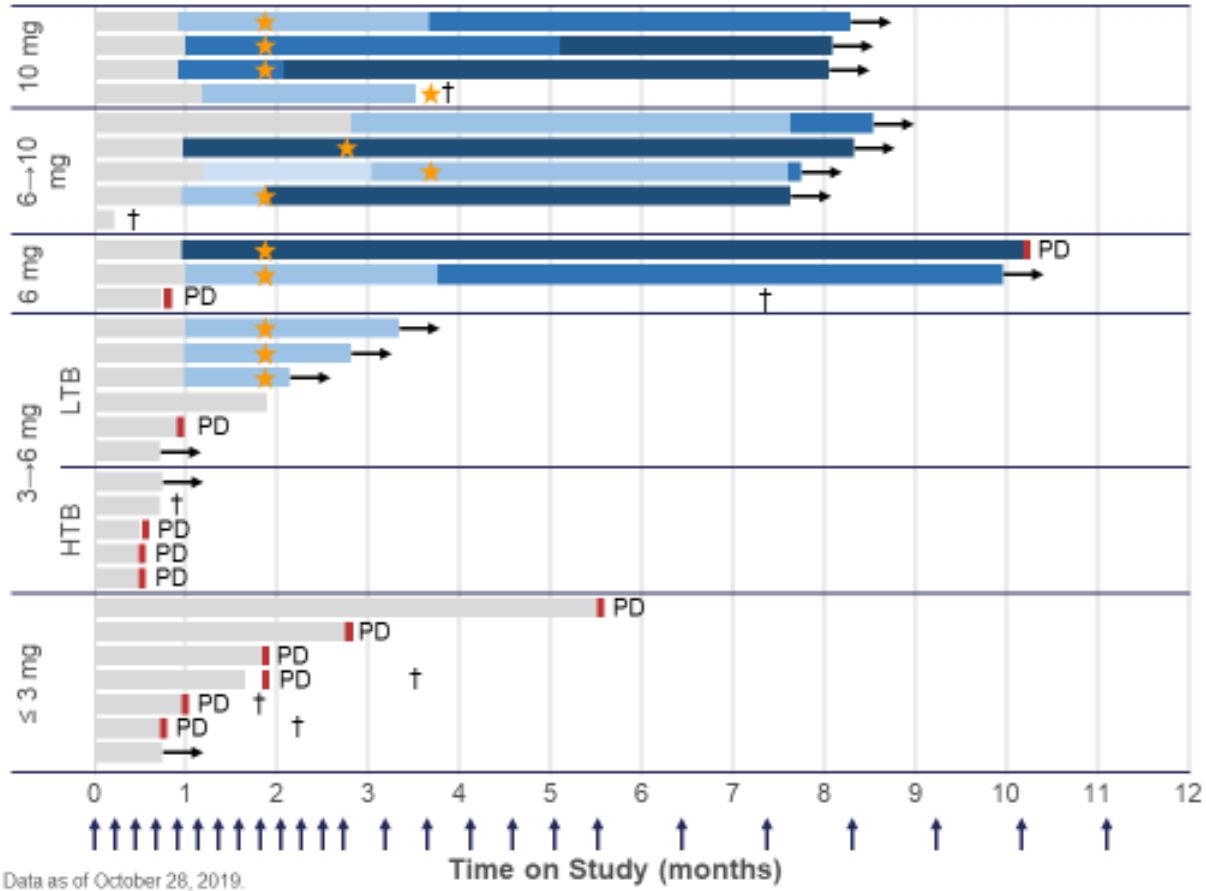


After CAR-T Relapse



143 First Clinical Study of the B-Cell Maturation Antigen (BCMA) 2+1 T Cell Engager (TCE) CC-93269 in Patients (Pts) with Relapsed/Refractory Multiple Myeloma (RRMM): Interim Results of a Phase 1 Multicenter Trial

RESPONSE OVER TIME



- Median time to first response was 4.1 weeks (range 4.0–13.1)
- 5 of 30 (16.7%) patients achieved an MRD-negative sCR/CR
  - Of 13 responding patients, 92.3% achieved MRD negativity (≤ $1/10^5$) in the bone marrow on or before C4D1 by Euroflow[a]

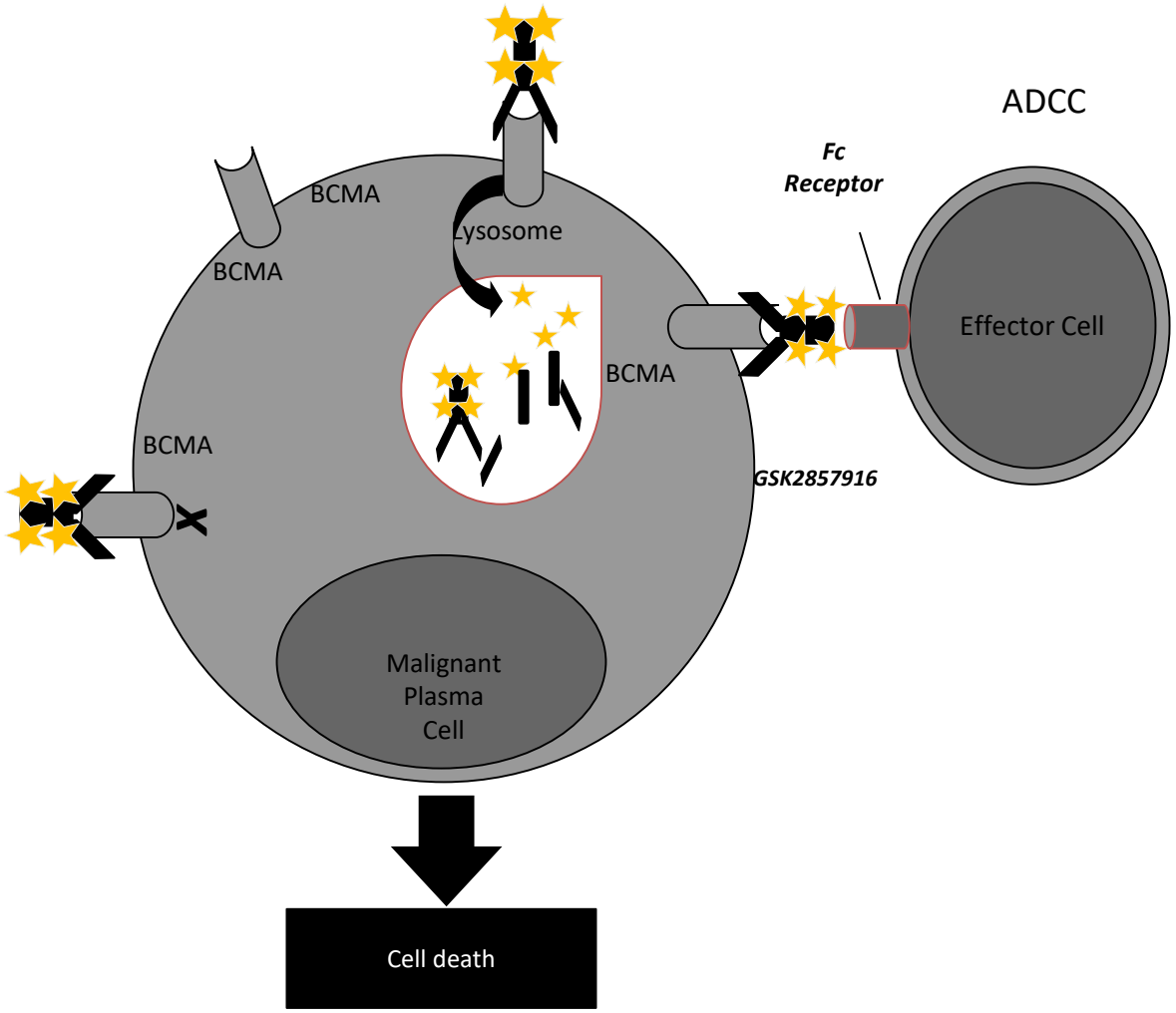
sCR/CR · VGPR · PR · MR · SD · PD · † Death · Ongoing · CC-93269 dose · ★ MRD-negative

Data as of October 28, 2019.

[a] MRD negativity by Euroflow analysis was reported only if a minimum sensitivity of ≤ 1 tumor cell in 10^6 nucleated cells was achieved and in patients who had ≥ 1 baseline and ≥ 1 post-baseline MRD assessment. HTB, high tumor burden (defined as > 50% bone marrow plasma cells or > 5 extramedullary lesions); LTB, low tumor burden (defined as ≤ 50% bone marrow plasma cells and ≤ 5 extramedullary lesions); MR, minimal response.

Luciano J. Costa, MD, PhD, et. al.

Belatamab Mafodotin (GSK2857916): a BCMA-Targeted Antibody Drug Conjugate



Fc region of the Antibody	**–Target specific –Enhanced ADCC**
Linker	**–Stable in circulation**
Drug	**–MMAF (non cell permeable, highly potent auristatin)**

Mechanisms of Action:

1. **ADC mechanism**
2. **ADCC mechanism**
3. **Immunogenic cell death**

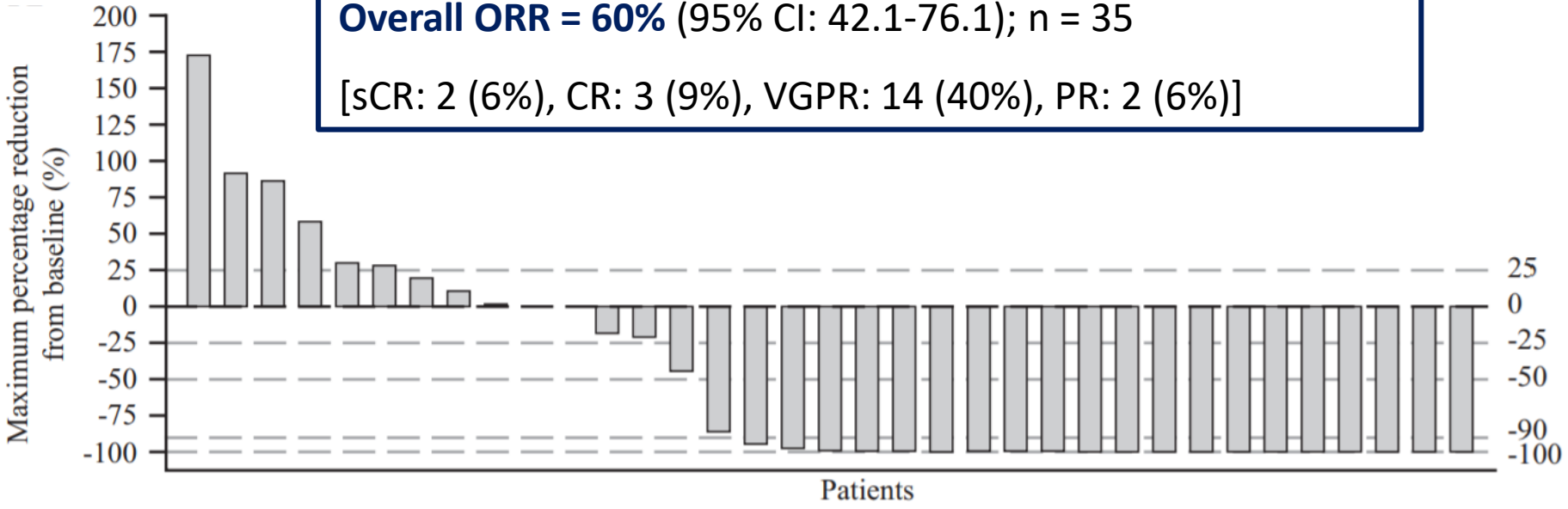
Tai. Blood. 2014;123:3128.

Belantamab Mafodotin: Efficacy in Multiple Myeloma

DREAMM – 1: single agent dose expansion results
Dose 3.4 mg/kg every 3 weeks, 1hr infusion

Overall ORR = 60% (95% CI: 42.1-76.1); n = 35

[sCR: 2 (6%), CR: 3 (9%), VGPR: 14 (40%), PR: 2 (6%)]



Heavily pretreated - 89% double refractory;
- 34% double + dara refractory

29% with high-risk cytogenetics

Efficacy in refractory populations

Patients refractory to IMID and PI (n = 32)
ORR: 56.3%
(95% CI: 37.7-73.6)

Patients previously treated with dara AND refractory to IMID and PI (n = 13)
ORR: 38.5%
(95% CI: 13.9-68.4)

Trudel. Blood Cancer J. 2019;9:37.

ROLE OF IMMUNE THERAPIES

Clearly active in relapsed patient population

- **How will BCMA targeted therapy be used and sequenced?**

- **Is earlier use the best approach?**
  - **For consolidation?**
  - **At first relapse?**

IMWG
INTERNATIONAL MYELOMA WORKING GROUP
A Research Division of International Myeloma Foundation

INTERNATIONAL MYELOMA FOUNDATION

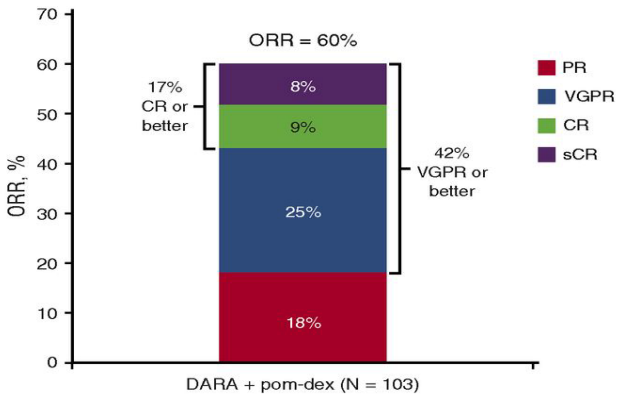
NOVEL AGENTS OR COMBINATION AT RELAPSE

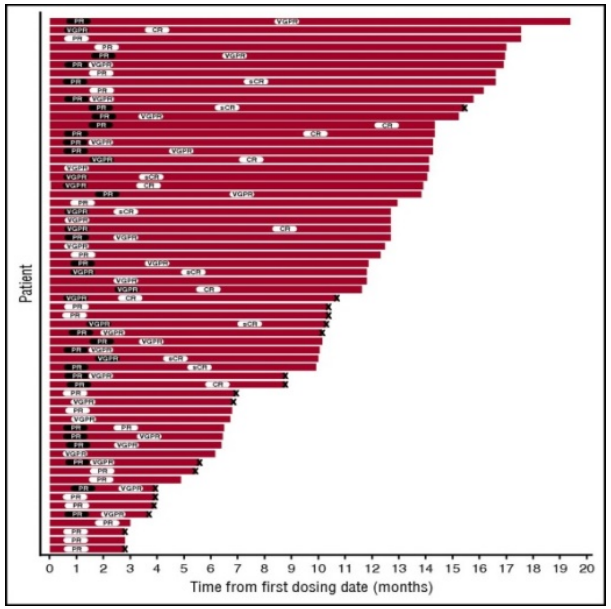
- dara/Kyprolis/dex (CANDOR): LBA-6
- dara/Pom/dex
- Kyprolis/Pom/dex
- iberdomide (CC-220)
- melflufen
- I ^{131} CLR 1404 (lipid rafts target)

IMWG
INTERNATIONAL MYELOMA WORKING GROUP
A Research Division of International Myeloma Foundation

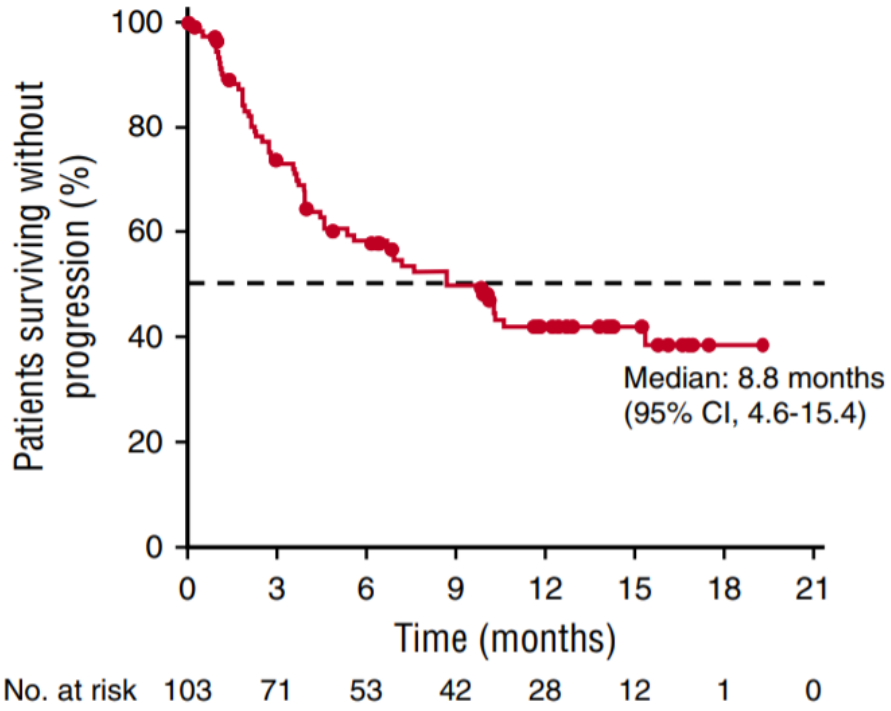
INTERNATIONAL MYELOMA FOUNDATION

Daratumumab-Pom-Dex: Phase II Trial (n = 103)

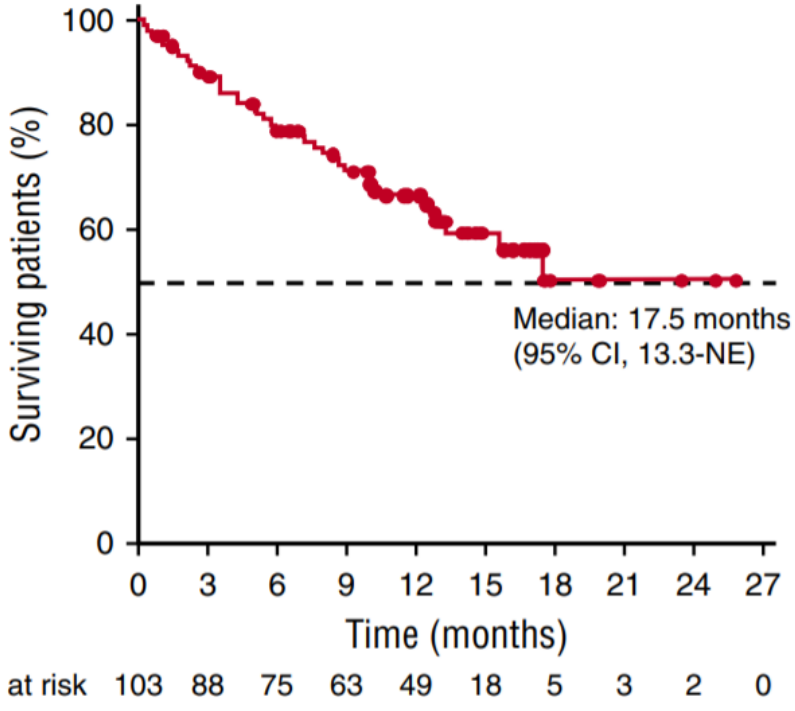




PFS



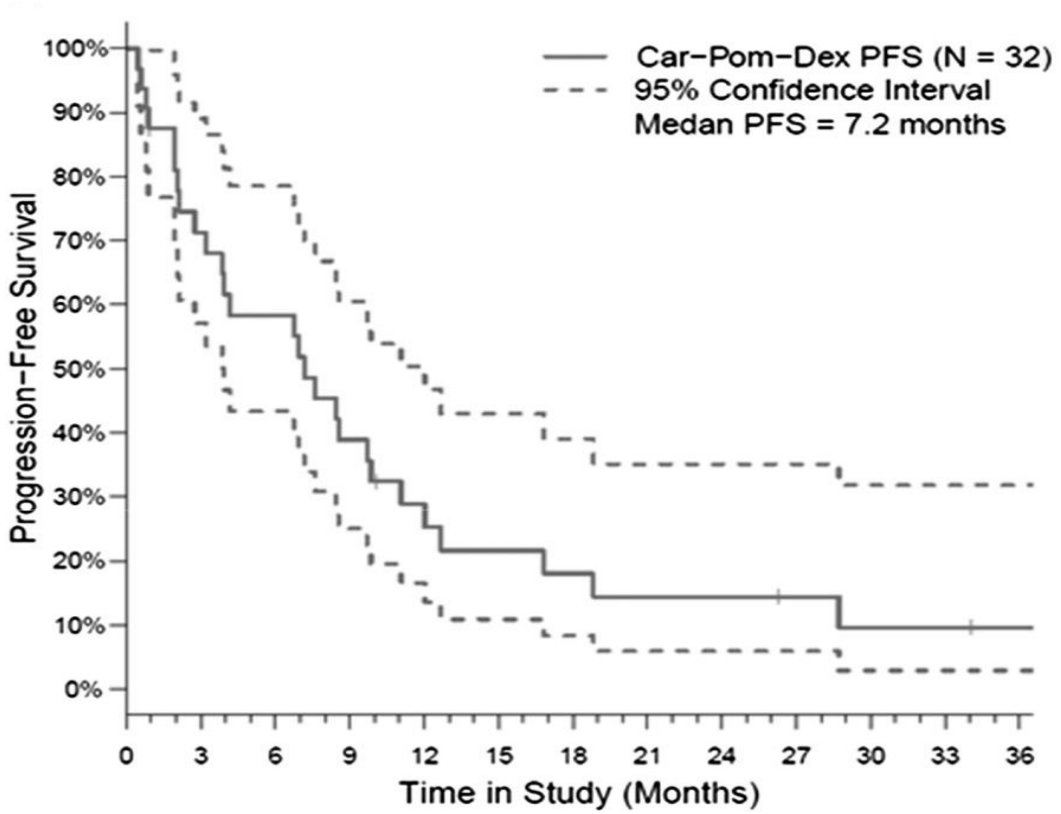
OS



Chari. Blood. 2017;130:974.

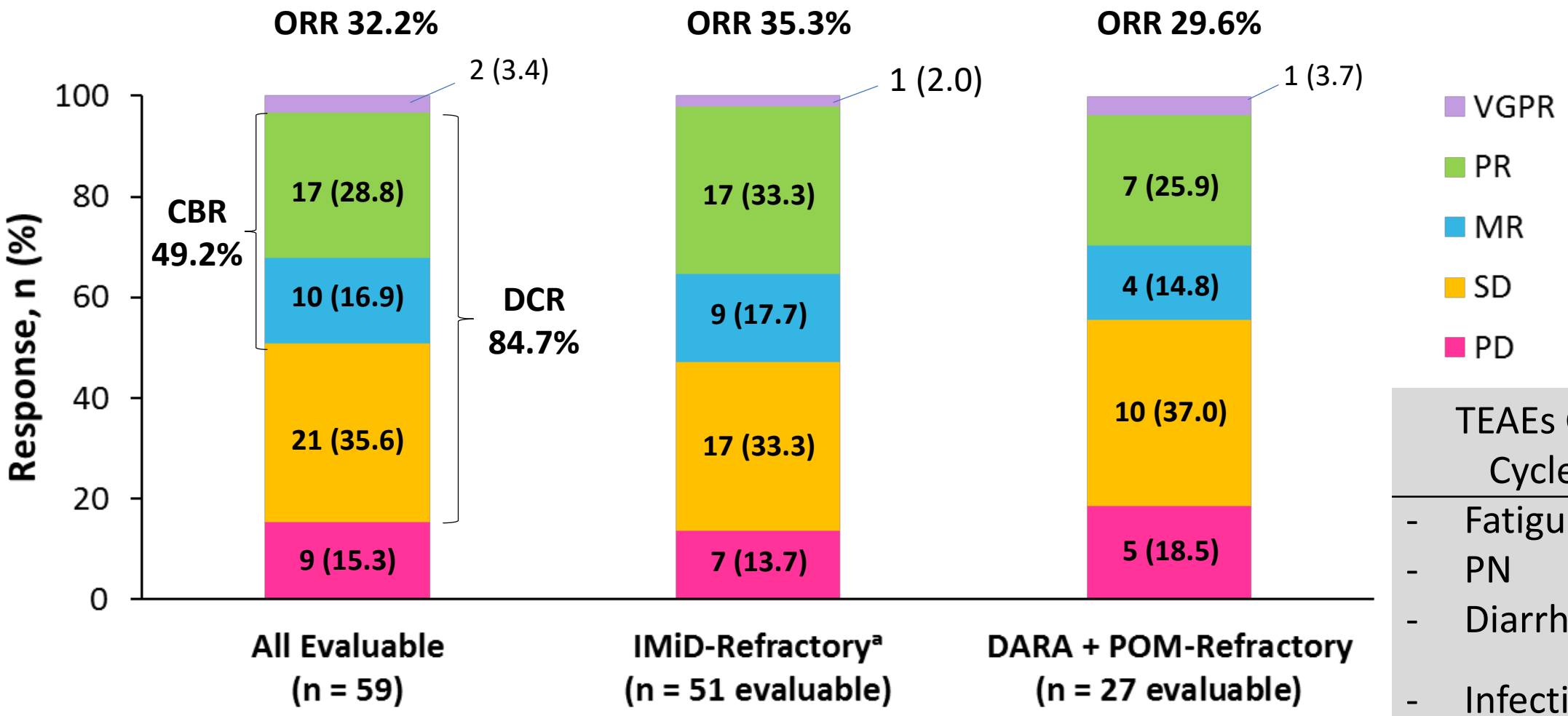
Carfilzomib-Pom-Dex: Phase I Trial (N = 32)

Response category, n (%)	All evaluable patients (N = 32)
ORR	16 (50)
VGPR	5 (16)
PR	11 (34)
MR	5 (16)
SD	8 (25)
PD	3 (9)



Shah. Blood. 2015;126:2284.

IBERDOMIDE (CC-220): Cohort B Response Results



[a]Includes Len or Pom

TEAEs G3/4 in Cycle 1, %	
- Fatigue	0
- PN	0
- Diarrhea	0
- Infection	12.1
- BM sup	8-18

Lonial. ASCO 2019. Abstract 8006.

Triple Class Refractory: When All Else Fails

Chemotherapy	HDAC Inhibitors/ XPO inhibitors	Monoclonal Antibodies	IMiDs / CelMODs/ Novel Drugs	BCMA Abs	Cellular therapies
Doxorubicin, Liposomal doxorubicin	Panobinostat	Isatuximab, SAR442085	CC-220 (Iberdomide), CC-94480	AMG-420, AMG-701, CC-93269	Idecabtagene vicleucel (bb2121), bb21217, JCRH125
Cyclophosphamide, Bendamustine, Melphalan	Vorinostat	TAK-079, TAK-573, TAK-169	Venetoclax	TNB-3838, PF-06863135, REGN5458,	LCAR38, P-BCMA
PACE, HyperCAD	Selinexor	MOR202, Others	Melflufen	Belantamab Mafodotin, MEDI2228, CC-99712	Many others Penn/NIH/Seattle

*Blue = available

*Purple = being tested in clinical trials

NEW THERAPY OPTIONS IN THE RELAPSE SETTING

How do you prioritize for:

- **Early Relapse (1-3 prior regimens)?**
- **Later Relapse?**

Thank you for watching!

IMWG
INTERNATIONAL MYELOMA WORKING GROUP
A Research Division of International Myeloma Foundation

INTERNATIONAL MYELOMA FOUNDATION

Thank you to our sponsors!


INTERNATIONAL
MYELOMA
FOUNDATION


IMWG
INTERNATIONAL MYELOMA
WORKING GROUP
A Research Division of International Myeloma Foundation