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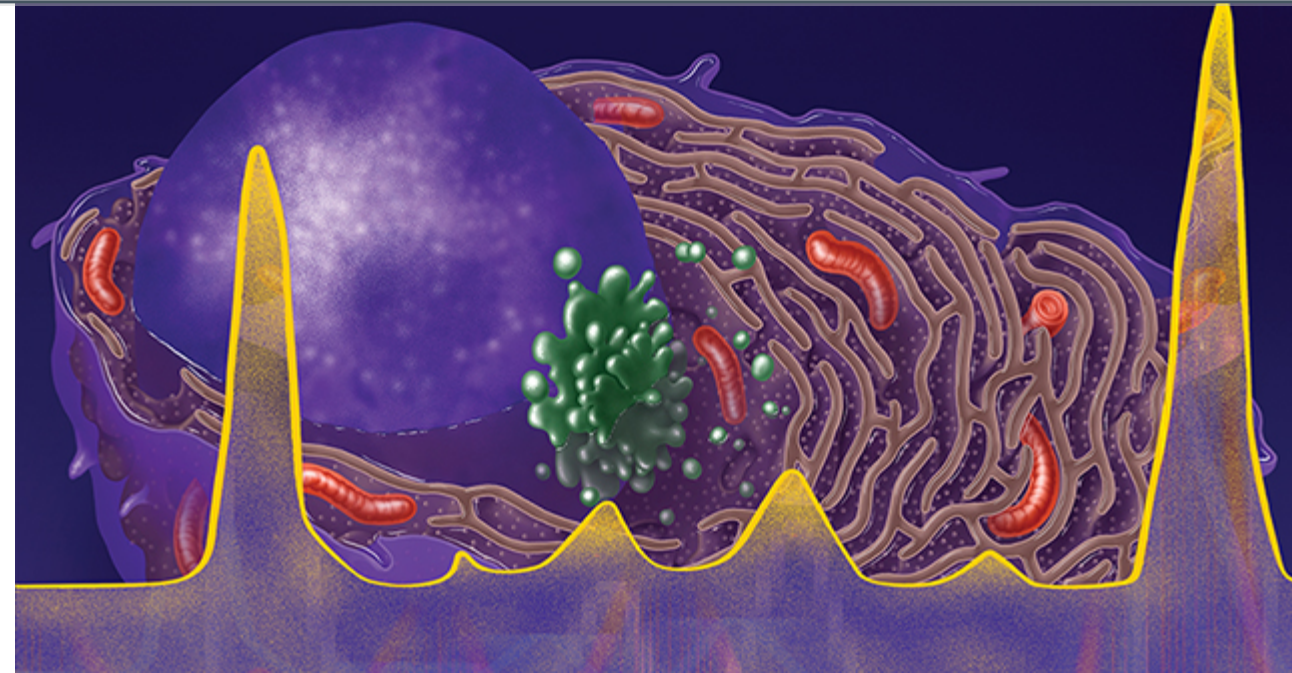


Approaches To Achieve the Best Possible Outcomes in Myeloma

Friday, December 6, 2019
1:00 PM – 4:00 PM
Orlando, Florida

Supported by educational grants from Celgene Corporation, Janssen Biotech, Inc., administered by Janssen Scientific Affairs, LLC, Karyopharm Therapeutics Inc., Oncopeptides, Takeda Oncology, and The Binding Site.

Friday Satellite Symposium preceding the 61st ASH Annual Meeting & Exposition.



Program Chair and Moderator

Brian G.M. Durie, MD

Medical Director, AMyC

Co-Chair Myeloma Committee, SWOG

Chairman, International Myeloma Foundation

Specialist in Multiple Myeloma and Related Disorders

Cedars-Sinai Outpatient Cancer Center

Los Angeles, California

Brian G.M. Durie, MD, has disclosed that he has received consulting fees from Amgen, Celgene, Johnson & Johnson, and Takeda.

Faculty

Shaji Kumar, MD

Department of Hematology
Mayo Clinic
Rochester, Minnesota

Shaji Kumar, MD, has disclosed that he has received consulting fees paid to his institution from AbbVie, Amgen, Celgene, Genentech, Janssen, Kite, MedImmune, Merck, and Takeda and funds for research support from AbbVie, Amgen, Bristol-Myers Squibb, Celgene, Janssen, Kite, MedImmune, Merck, Novartis, Roche/Genentech, Sanofi, and Takeda.

Faculty

Thomas G. Martin, MD

Clinical Professor of Medicine

Associate Director, Myeloma Program

University of California, San Francisco Medical Center

San Francisco, California

Thomas G. Martin, MD has disclosed that he has received consulting fees from Legend Biotech and funds for research support from Amgen, Johnson & Johnson – Janssen, Sanofi, and Seattle Genetics.

Faculty

Philippe Moreau, MD

Professor of Clinical Hematology
Head, Hematology Department
University Hospital Hôtel-Dieu
Nantes, France

Philippe Moreau, MD, has disclosed that he has received consulting fees from AbbVie, Amgen, Celgene, Janssen, and Takeda.

Faculty

S. Vincent Rajkumar, MD

Edward W. and Betty Knight Scripps Professor of Medicine

Mayo Clinic

Rochester, Minnesota

S. Vincent Rajkumar, MD, has no real or apparent conflicts of interest to disclose.

Faculty

Jesús F. San-Miguel, MD, PhD

Director of Clinical and Translational Medicine

Universidad de Navarra

Pamplona, Spain

Jesús F. San-Miguel, MD, PhD, has disclosed that he has received consulting fees from Amgen, Bristol-Myers Squibb, Celgene, Janssen, Merck Sharp & Dohme, Novartis, Roche, Sanofi, and Takeda.

Learning Objectives

At the conclusion of this activity, participants should be able to:

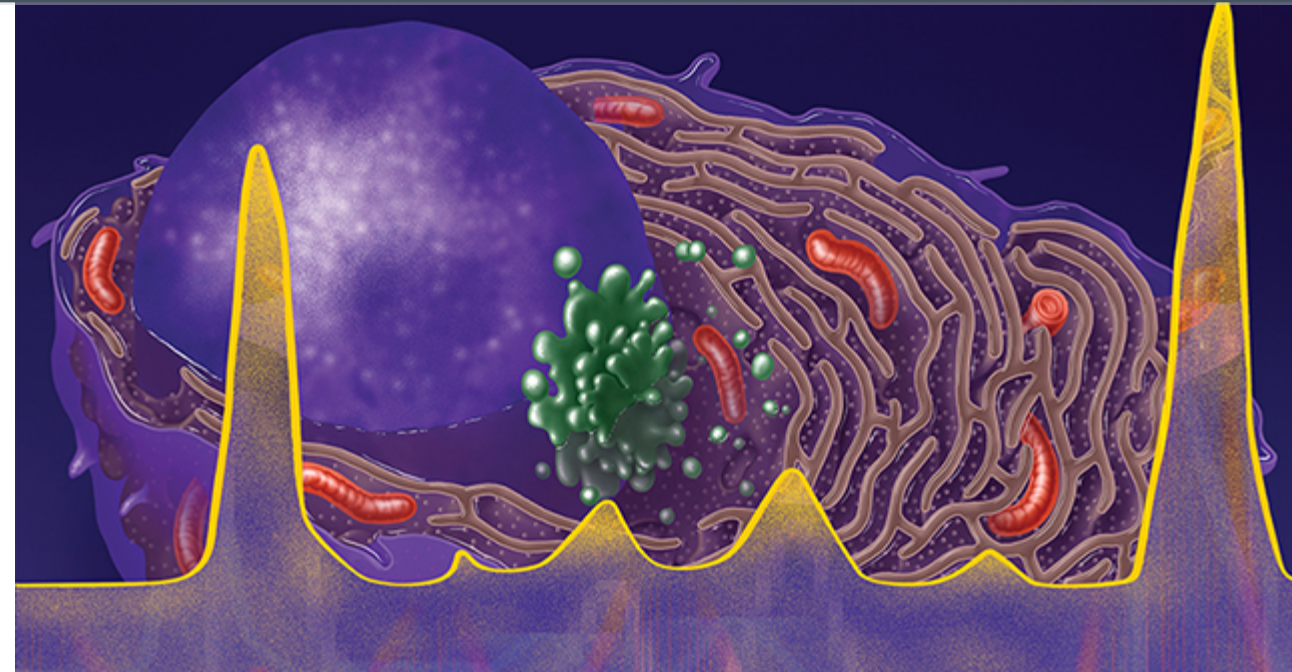
- Initiate treatment for appropriate patients based on an accurate diagnosis of monoclonal gammopathy of undetermined significance, smoldering MM, or active MM
- Create individualized treatment strategies for patients with newly diagnosed MM through consideration of the available clinical data as well as risk assessment, age, comorbidities, and patient preferences
- Select safe and effective maintenance therapy for patients with MM based on risk and response to induction therapy
- Evaluate the efficacy and safety of combination regimens to individualize therapeutic strategies for patients with MM at first relapse
- Plan appropriate treatment strategies using all available agents and classes to provide efficacious combination therapies to heavily pretreated patients with relapsed/refractory MM
- Employ novel agents and clinical trial participation as part of clinical care strategies for MM

Agenda

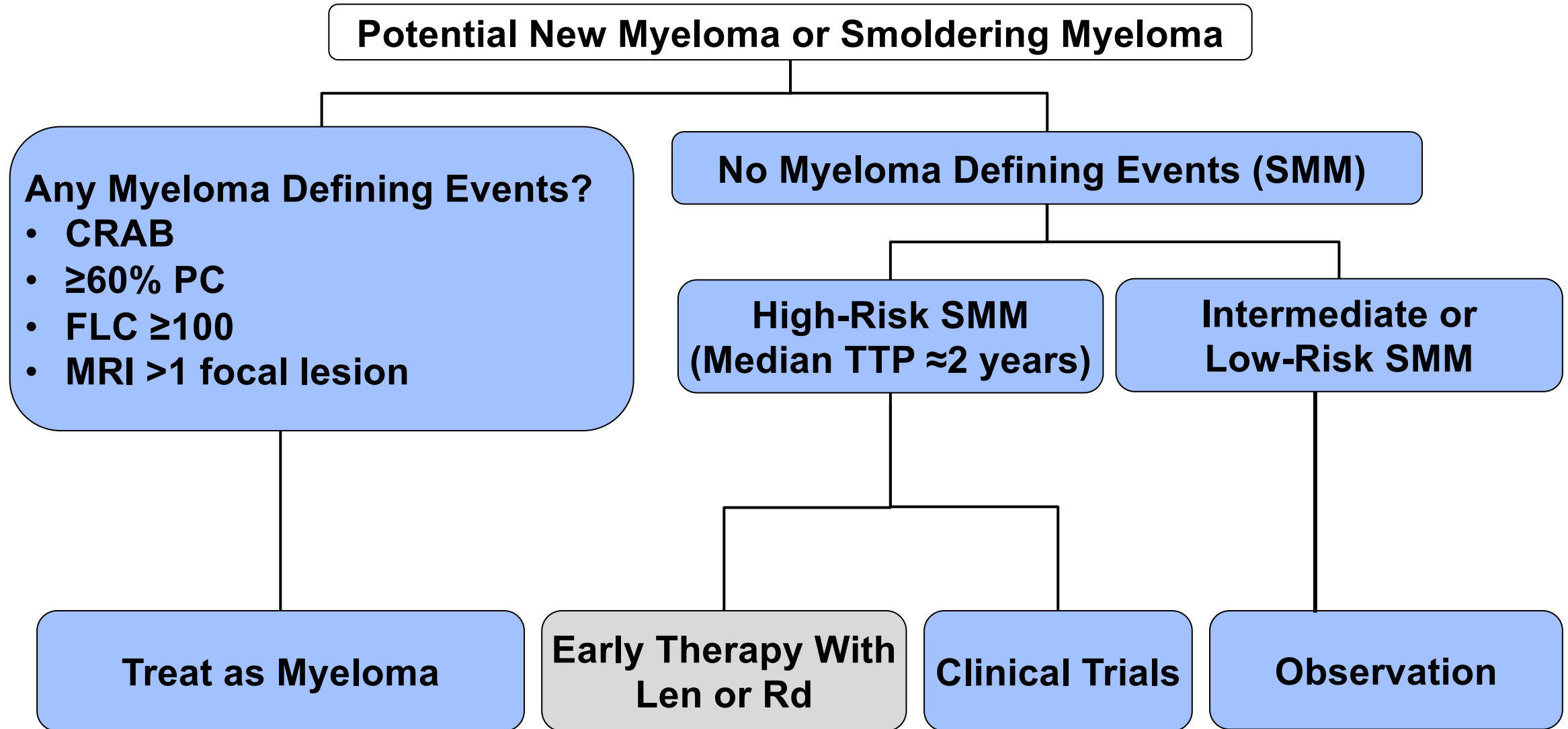
- Diagnosis and Risk Stratification of Plasma Cell Disorders - *Jesús F. San-Miguel, MD, PhD*
 - Evolution of Upfront Therapy for the Transplantation-Ineligible Patient - *Shaji Kumar, MD*
 - Upfront Therapy for the ASCT-Eligible Patient: Advances in Induction, ASCT, Consolidation, and Maintenance Therapy - *Philippe Moreau, MD*
 - The Current Therapeutic Landscape for Relapsed or Refractory MM: Which Combinations to Use and When? - *S. Vincent Rajkumar, MD*
 - Future Directions: A New Era of Promising Treatments for MM - *Thomas G. Martin, MD*
 - Proposed 2020 treatment algorithms for MM
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Proposed 2020 Treatment Algorithms

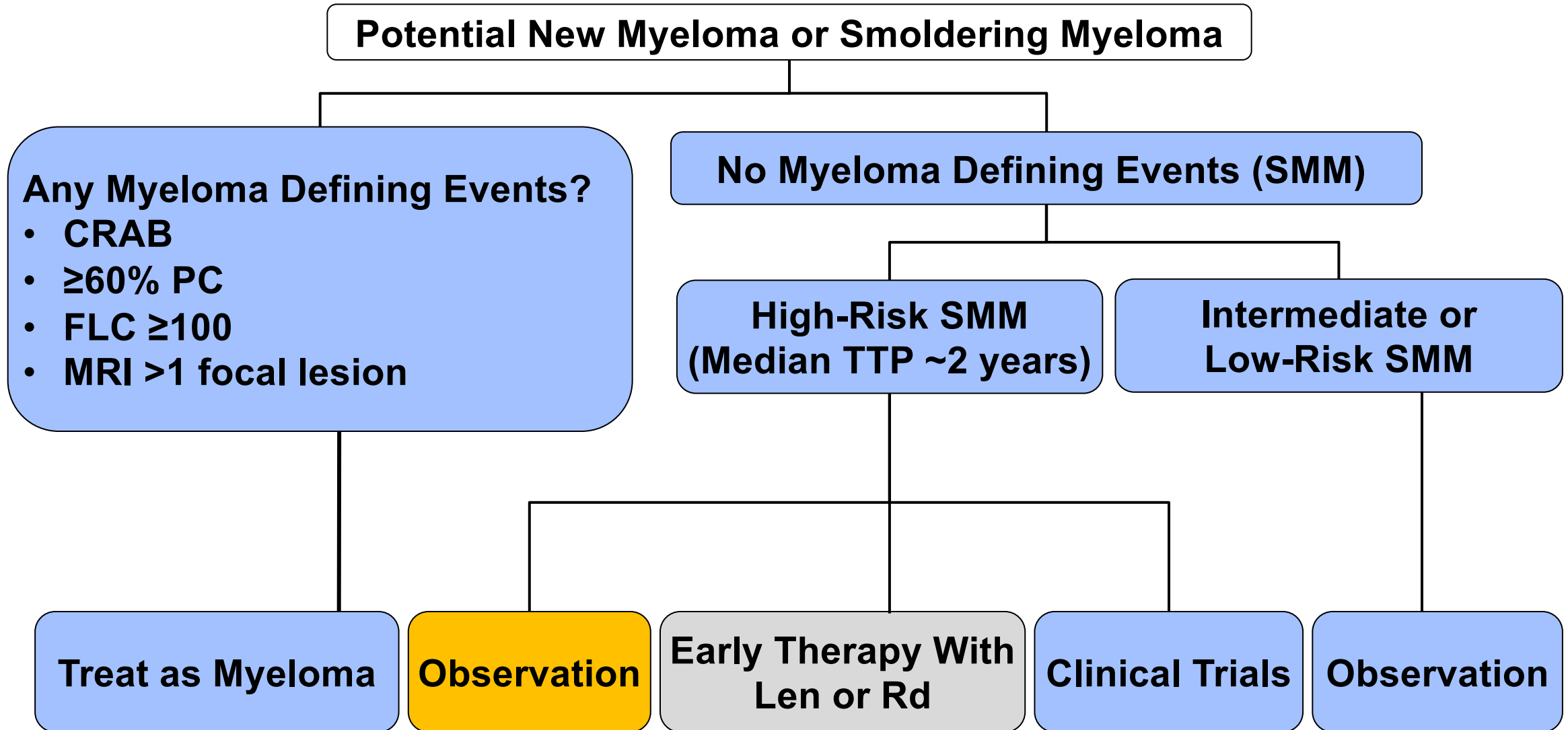
Panel Discussion



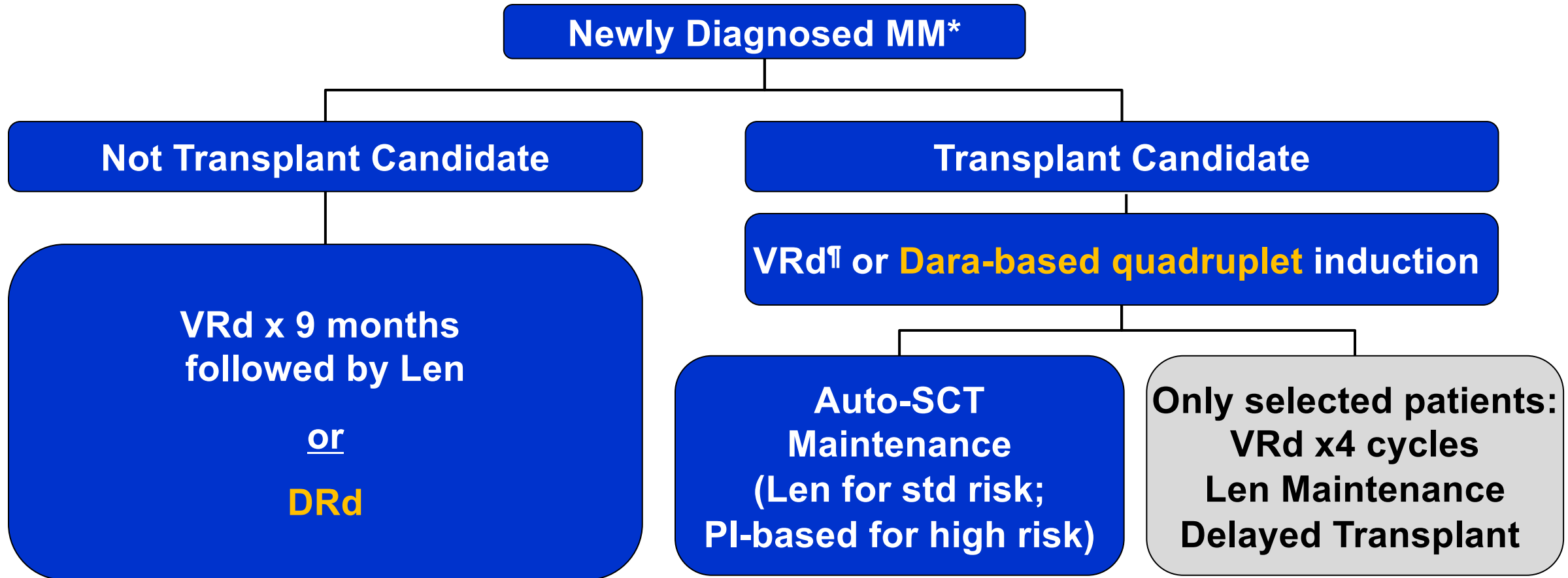
When Should Treatment Be Initiated?



When Should Treatment Be Initiated?



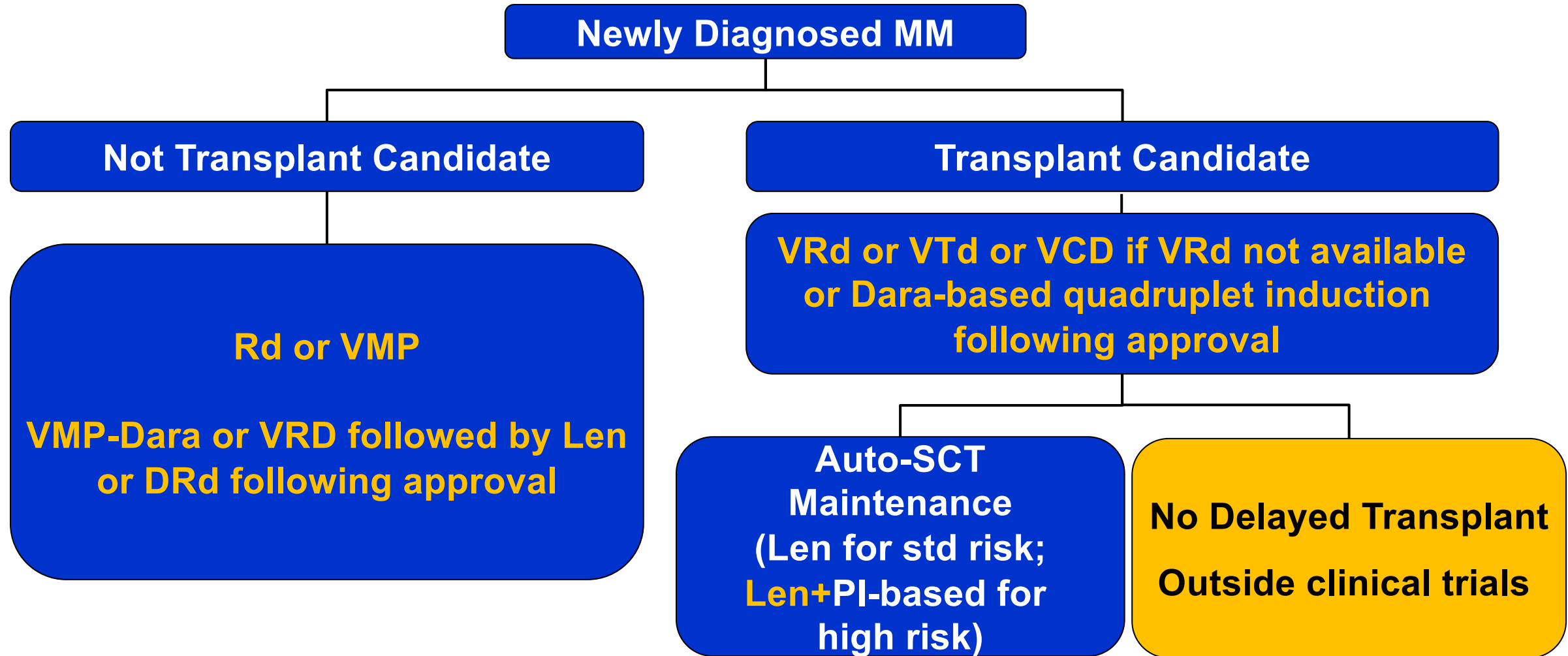
Myeloma: Frontline Treatment



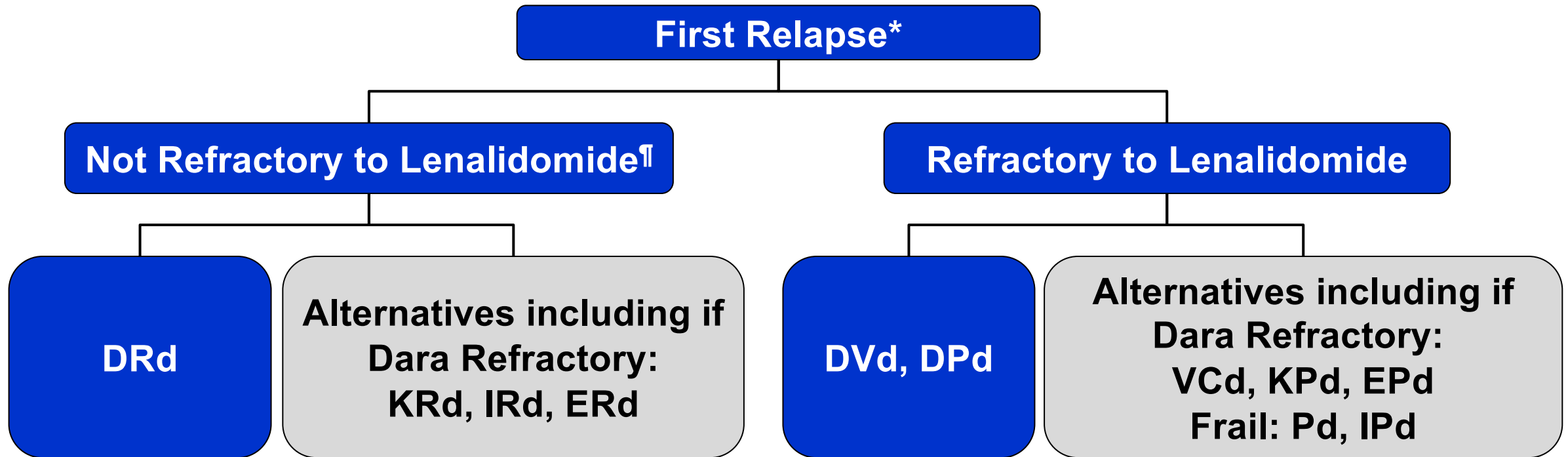
*Based on CALGB 100104, S0777, IFM-2009, CTN 0702, HOVON, MAIA, CASSIOPEIA

†VTd/VCd if VRd not available

Myeloma: Frontline Treatment



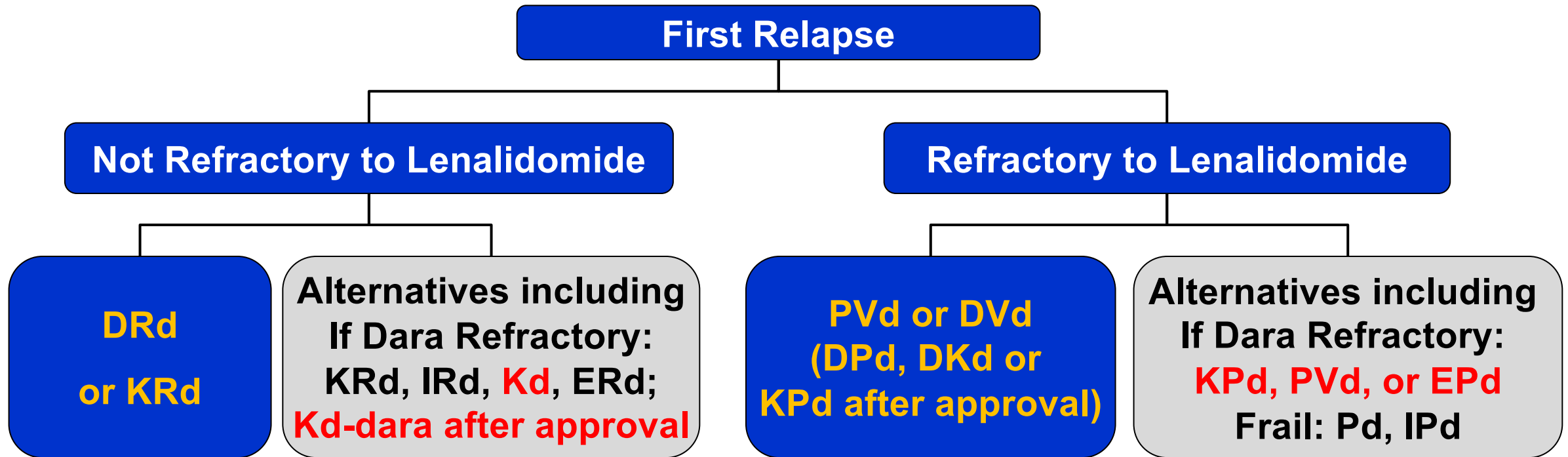
Myeloma: First Relapse



*Consider salvage auto transplant in eligible patients

†Relapse occurring while off all therapy, or while on small doses of single-agent lenalidomide, or on bortezomib maintenance

Myeloma: First Relapse



Myeloma: Second or Higher Relapse

First Relapse Options



- **Any first relapse options that have not been tried**

**(2 new drugs;
triplet preferred)**

Additional Options



- **VDT-PACE like anthracycline containing regimens**
- **Melphalan**
- **Bendamustine-based regimens**
- **Adding Panobinostat**
- **Quadruplet regimens**

Myeloma: Second or Higher Relapse

First Relapse Options



- Any first relapse options that have not been tried

(2 new drugs;
triplet preferred)

Isa-Pd, or DPd, or DKd, or KPd
after approval

Additional Options



- VDT-PACE like anthracycline containing regimens
- Melphalan/**melflufen**
- Adding Panobinostat
- Quadruplet regimens
- CART
- Bispecific
- Conjugated BCMA
- **Selinexor**
- **Referral for clinical trials always if available**

Panel Discussion



Thank you!

