Managing Myeloma

Key Presentations in Multiple Myeloma from ASH 2018

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Welcome to *Managing Myeloma*. We are here at ASH 2018 and I think what we want to do is really set the stage for a lot of the specific presentations that are going to follow. I think there are really two big categories of data that were really very interesting and important at this meeting.

The first was looking at ways to enhance the efficacy of induction therapy, and the big wave of this meeting was the use of antibodies in conjunction with standard therapy. Whether that is lenalidomide and dexamethasone as in the MAIA trial or VTD with daratumumab as we saw in a press release prior to the meeting, updates in the ALCYONE trial, or trials looking at the addition of isatuximab to other standard regimens as well. I think what we saw from this is that clearly the speed of response and depth of response was better with the addition of monoclonal antibodies. We may have some new standards established through some of these large phase 3 trials, but we also may need a little bit longer follow-up to fully understand the impact on clinical benefit other than response endpoints such as CR or MRD negativity.

I think the other big area that was really exciting in myeloma was in the relapsed/refractory setting, and I break this up into two categories. The first is all the CAR T-cell stuff. As we know, there were probably six or seven different CAR T-cells being presented at this meeting, updates, new data on different constructs, different trials, and all of them send a really important message, and that is patients can get responses with CAR T-cells and that in some patients, those responses can be quite durable. What we also learned is that differentiating between these CAR T-cells may be a little difficult given the very small data sets that we have from each of these new trials. The other areas that were really quite interesting were the areas of new drugs or new targets, and the one that I think was probably the most exciting of the entire meeting was the data on the new BCMA bispecific or BiTE. This was data presented by the German group with a long infusion bispecific that really demonstrated very encouraging responses targeting BCMA in a relapse and refractory setting. This sets the stage for the continued sort of battle if you will between antibody drug conjugates targeting BCMA, CAR T-cells targeting BCMA ,and BiTEs or bispecifics targeting BCMA, and whether you can use them together separately independently, all those things I think are yet to be determined.

Finally, we saw updated data on some new trials looking at both venetoclax and selinexor which are both new drugs and new targets in myeloma It is really encouraging to have new targets, specifically in subset directive patients such as we have seen with venetoclax in the 11;14 subset, and all of these I think combines together to give us better long early responses with improving induction as well as salvage therapies in the context of relapse. So overall, I think it was a really exciting ASH meeting from the myeloma perspective. Thank you for your attention and we looked forward to staying tuned with you in further *Managing Myeloma* sessions.