



*Accelerating
the
Search
for a
Cure*

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MYELOMA FOCUS

Newsletter of the Multiple Myeloma Research Foundation

CHICAGO GALA: \$400,000 CLOSER TO A CURE

The MMRF Chicago Gala raised over \$400,000! The Gala took place March 1st, at the Four Seasons Hotel in Chicago, IL. Over 600 guests turned out to celebrate with our honorees, to

Bonnie Hunt began the evening by introducing the MMRF and its mission. She described how her experience as an oncology nurse gave her an understanding of the seriousness of myeloma, and led her to participate in the event. Dr. Steven Rosen of Northwestern University's Robert H. Lurie Cancer Center, spoke of his experience as a clinician working with patients battling myeloma, and reflected on advancements in treatment options resulting from the increase in funding by the MMRF.



Fox's Emmy Award Winner Paula Zahn
accepts the MMRF's
Public Awareness Award



Emcee and Actress Bonnie Hunt with honorees Harry Kraemer of Baxter (L) and Al Heller of Searle(R).

show their support for the MMRF, and to help raise funds to support myeloma research.

Chicago Gala Photos on pages 1 and 3 by Todd Minske of Searle

The Chicago Gala, was a tremendous success with Bonnie Hunt, actress and former oncology nurse, appearing as emcee. Ms. Hunt co-starred in *The Green Mile* opposite Tom Hanks, and recently completed *Return to Me* starring David Duchovny and Minnie Driver, which she co-wrote and directed.

Several awards were presented at the Gala. Gloria Scoby, Group Publisher for Crain Communications, Inc., who recently lost her sister-in-law, Mary Baker to myeloma, presented the Public Awareness Award to Paula Zahn. Emmy Award winner Paula Zahn, current host of Fox News Channel's "The Edge with Paula

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Welcome Letter

Dear Friends,

I am deeply saddened to report that in November of 1999, the myeloma community lost a dear friend. Craig McCarty, a myeloma patient, was a personal inspiration to me and to so many others because of his profound courage, determination, and positive attitude as he fought the disease.

Craig was acutely aware that the best way to battle this disease is for people to work together to find a cure. It was such a joy to work with him over the past several years because we shared that understanding. Together, the MMRF and the McCarty Cancer Foundation distributed \$2 million to fund myeloma research grants and our research roundtable on immune therapy. We look forward to continuing that successful collaboration in the years to come.

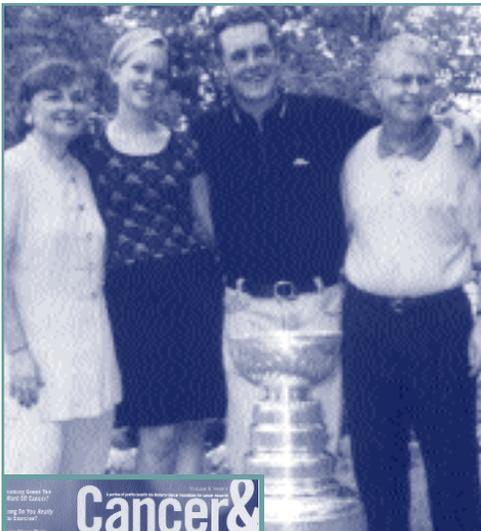
In the spirit of collaboration, it was such an honor to visit the NCI and meet with Dr. Klausner on Dec. 20th. The MMRF, Dr.



PROGRESS AT NCI: (L-R) Roberta McCarty (McCarty Cancer Foundation), Dr. Rabson, Kathy Giusti (MMRF), Dr. Klausner, Dr. Kyle, Dr. Anderson, Mike Katz (IMF), (not pictured, but in attendance: Jean Ard (LSA) and Pat Nichols (The Goldman Foundation)).

Ken Anderson and Dr. Robert Kyle were joined by Roberta McCarty, Craig's wife who continues his good work at the Foundation, and representatives of the IMF, the Leukemia Society and the Goldman Foundation. Together, we focused on the need for increased support for multiple myeloma. We were all so encouraged by Dr. Klausner's commitment to the disease. It's by everyone working together that a cure will be found so much faster.

Craig McCarty's Good Work Continues



(L-R) Roberta, Melissa, Darren and Craig McCarty with The Stanley Cup

In June of 1997, Darren McCarty, a professional hockey player for the Detroit Red Wings, started the Foundation as a Father's Day gift to Craig. The now nationally known Foundation was established to create patient support groups

in the Detroit area, as well as to address the frustrating lack of information about myeloma

available to patients. Craig's ultimate goal for the Foundation was to find a cure for the disease through funding research.

Craig felt that this could best be accomplished through collaboration between the McCarty Foundation and the MMRF, each capitalizing on the strengths of the other.

To further address the lack of information on myeloma available to patients, Craig designed and implemented the distribution of Cancer & You, a cancer publication distributed nationally through Kmart pharmacies. He also authored a book entitled "Rinkside," a heartwarming story of dedication, sacrifice and success, which chronicles his role as the father of a successful hockey player.

Craig's wife, Roberta McCarty, now president of the Foundation, remains dedicated to the search for a cure. The Foundation is committed to educating myeloma patients on such issues as pain management and alternatives, insurance issues, research updates, and general oncology issues by facilitating support groups in Toronto and Windsor, Ontario, and in the Detroit area. The Foundation continues to support myeloma research by organizing many exciting fundraising events. To learn more about Craig's good work, and that of the McCarty Cancer Foundation, please visit www.cancerfoundation.org.



CHICAGO GALA

Continued from page 1

Zahn," was presented the Public Awareness Award for her efforts to heighten public awareness of the fight against cancer.

Tony Kesman, President of Care Continuum Products and Services Group for Allegiance Healthcare Corporation and a member of MMRF's Board of Directors, presented the Corporate Leadership Award to Harry Kraemer, President and CEO of Baxter International, for his role in Baxter's work in the pioneering of medical technologies, which have saved the lives of many afflicted with cancer and other life threatening conditions.



(L-R) Paula Zahn, Kathy Giusti, Al Heler, Gail Scoby, Tony Kesman and Bonnie Hunt

Dinner Chairmen Richard U. DeSchutter, Vice Chairman of Monsanto, for organizing the Gala, as well as W. James Farrell, Chairman, President and CEO of Illinois Tool Works, Inc., Phillip J. Purcell, Chairman and CEO of Morgan Stanley Dean Witter, and Gloria Scoby for their support. The MMRF would also like to express its heartfelt gratitude to Vice Chairs Tony Kesman and Steve Rosen for their efforts, as well as to Pat Hurley, Ellen Hoffing and Jill Carter for working on the event, Beth Strever for designing the program, Alan Keller for writing the program, Todd Minske of Searle for the event photography, Barb Kesman and Barbara Recht for reaching out to so many friends, and a special thanks to the entire Gala Committee for their dedication. The success of the Gala is also due to the kindness of individuals and corporations. We'd like to thank the following Benefactors and Sponsors of the Gala:



Tony Kesman (l) presents Leadership Award to Harry Kraemer (r)

Kathy Giusti presented the Humanitarian Award to her former manager and friend, Al Heller, Co-President and COO of Searle Pharmaceuticals for his outstanding dedication to, and tremendous impact on, the growth of the MMRF.

So many people worked so hard to make the Chicago Gala such a success. The MMRF would like to extend an especially big thank you to



(L-R) Dr. Steve Rosen, Bonnie Hunt, Kathy Giusti and Dr. Ann Traynor

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WORKING TOGETHER TO FIND A CURE

AN INTERVIEW WITH RICHARD D. KLAUSNER, MD, DIRECTOR OF THE NATIONAL CANCER INSTITUTE (NCI)

On December 20, 1999, representatives of several patient advocacy groups met with the NCI to present the most recent myeloma statistics and research. The entire team was greatly inspired by the commitment to myeloma research so clearly articulated by Dr. Klausner on behalf of the NCI. The following is based on a recent interview the MMRF held with Dr. Klausner.

Dr. Klausner stated that the mission of the NCI is to "make progress against all cancers through research." Dr. Klausner indicated that during his five-year tenure, the Institute initiated "the most far-reaching and dramatic restructuring since its inception in 1937." Dr. Klausner described a total re-organization involving the development of new planning and priority-setting process and of a new "vision" for the Institute, involving the use of Progress Review Groups (PRG's). Dr. Klausner explained that "PRG's bring together experts and the advocacy community to set priorities, establish what questions we need answered now, the tools we need to develop, and the barriers we need to overcome in making progress against the disease."



Richard D. Klausner, MD

This Spring, the NCI will convene a PRG to specifically discuss, and develop a research plan for multiple myeloma for the first time. Dr. Klausner referred to several specific areas of myeloma research that the NCI has already identified as being of key importance. They include: 1) Developing immunologic approaches to treatment.

2) Studying the interaction between myeloma and the bone, and the development of therapies directed at that interaction, and 3) Developing new mechanism-based therapies, which target those molecular machines responsible for myeloma. Dr. Klausner said that the process takes about nine months, and a national research plan for multiple myeloma

should be fully developed by the Spring of 2001.

Dr. Klausner would like readers to know that the NCI is working closely with patients, myeloma organizations, such as the MMRF, patient advocates such as Kathy Giusti as well as the research community, and that **"while myeloma is a disease that does not get as much press as more common cancers, that does not mean that the NCI is any less committed to understanding the disease and finding treatments."**

Update on MEDICARE

Medicare currently excludes myeloma patients 65 and older from the potential benefits of autologous transplants. A team of patient advocates and clinicians presented their concerns regarding this policy to the Health Care Financing Administration (HCFA). As a result, autologous stem cell coverage was discussed on September 15-16, 1999 at the first meeting for the Medicare Coverage Advisory Committee (MCAC) Drugs, Biologics, and Therapeutics (DBT) panel. At the meeting, the vote was, 5 in favor and 1 abstaining, that the myeloma team had presented sufficient evidence to support stem cell transplants in the Medicare population. The panel's recommendations were then presented to the Executive Committee (EC) for review and ratification. Unfortunately, the EC did not accept the panel's recommendations and sent the reimbursement question back to the MCAC DBT panel. The next MCAC DBT meeting is scheduled on April 27 and 28 in Baltimore. Please write to your legislators now and express your concern that Medicare is not covering this important procedure.

For full details on MCAC meetings, visit HCFA's website:

www.hcfa.gov/quality/8b1-c.htm, or call the MCAC Hotline, 877-449-5659.

For a full listing of legislators, visit: www.lcweb.loc.gov/global/legislative/congress.html



Ask the Expert

This month's *Ask the Expert* features the MMRF's Scientific Advisor William S. Dalton, MD, PhD, Associate Center Director for Clinical Investigations and Professor of Medicine, H. Lee Moffitt Cancer Center.

1. Dr. Dalton, my doctor periodically performs an electrophoresis test on my blood. Why is this done?

Electrophoresis (EP) is a laboratory test that uses an electric current to sort out proteins by their relative size and electrical charge. It can be performed on blood, where it is called a serum protein electrophoresis (SPEP), or on urine (UEP). In myeloma, the abnormal antibody protein (monoclonal or M protein) produced by the malignant plasma cells shows up as a dense band



William S. Dalton, MD, PhD

on the electrophoresis and appears as a large "spike" when the test results are analyzed (see picture). The test also shows the total amount of protein present. Monitoring the relative changes and proportions of proteins can help your physician monitor your disease and

its treatment. An additional test, called an immunoelectrophoresis (IEP), may also be performed to provide more specific information about the relative amounts of normal and abnormal antibody proteins.

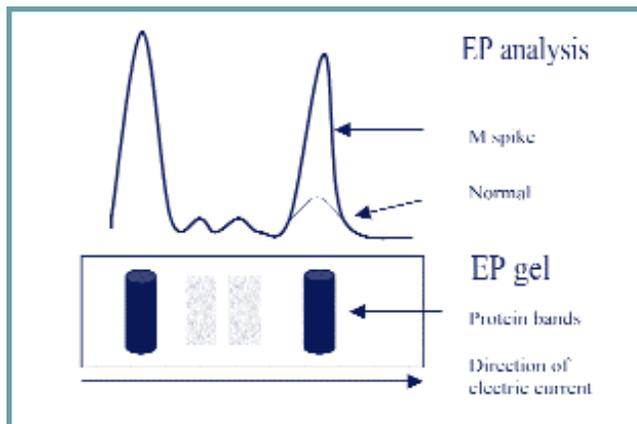


FIGURE LEGEND: Proteins in the serum or urine sample move across the gel to different points when an electric current is applied (bottom). The gel is stained and read in a machine, which produces a tracing (top). The abnormal antibody protein appears as a tall spike; in normal individuals, this spike is much lower and broader. In patients with light chain only myeloma, the area of the gel that usually contains the "spike" appears normal or actually smaller than usual.

2. I've heard that vaccines offer promise in myeloma. But why are most of the current vaccine protocols being done in combination with stem cell transplant? Can't vaccines be used by themselves?

Vaccines in development for myeloma are being used to help the body eliminate any cancer cells that remain following high-dose chemotherapy and stem cell transplantation, a condition referred to as minimal residual disease (MRD). In previous studies involving various types of cancers, vaccines have not been effective enough by themselves to handle a large number of cancer cells. So for now, the strategy is to eliminate as much of the cancer as possible using these more established treatments, and use a vaccine as a supplemental therapy to try to help the body mount an attack against any cells that remain.

3. My mother has myeloma. She always says she feels tired and weak. What can I do to help her?

Lack of energy and fatigue are common with any type of cancer and its treatment. Although many things can cause tiredness, one of the most common is anemia, a condition where there are reduced numbers of red blood cells in the blood. (See *You Need to Know*, page 8, for an article on anemia.) Your mother's physician can diagnose anemia by measuring: (1) the amount of hemoglobin (Hb), the iron-containing, oxygen-transporting protein present in red blood cells, and (2) the hematocrit (HCT), the volume of red blood cells in the blood. If anemia is diagnosed, there are now effective treatments, including erythropoietin (EPO), which stimulates the bone marrow to produce more red blood cells. Patients with a Hb of 10 or less may benefit from the use of EPO. Blood transfusions are also sometimes used. To help her cope with fatigue, remind your mom to rest as needed, eat right, and to ask for help when needed.

Medical Corner

ASH Treatment Update

This issue's *Medical Corner* presents highlights of recent treatment advances presented during the symposium, "Multiple Myeloma: New Advances in Biology and Treatment," that was presented as part of the American Society of Hematology's (ASH) Annual Meeting last December. Approximately 1000 doctors were in attendance, which was sponsored by the Multiple Myeloma Research Foundation and the IMF and was made possible by an educational grant from Novartis Pharmaceuticals.

Insights into the Causes of Myeloma

Brian G.M. Durie, MD, Director of the Myeloma Program at Cedars-Sinai Comprehensive Cancer Center, introduced the program with some of the latest research regarding the potential causes of myeloma. Myeloma appears to be caused by a combination of factors. Age, race, gender, and environmental factors, such as exposure to dioxin or radiation, appear to play a role. Infection with a number of viruses, including the human immunodeficiency virus (HIV), the hepatitis viruses, the Epstein-Barr virus (EBV), human herpesvirus-8 (HHV-8), and simian virus 40 (SV40), has been correlated with an increased risk of myeloma. In some cases, abnormal forms of these viruses appear to be associated with the disease.

Immune Therapy Promising

Recent progress in our understanding of the mechanisms that regulate the growth of myeloma cells is leading to



Top L-R: Ian Clements, Dr. Brian Durie, Dr. Ken Anderson, Dr. Bob Kyle, Dr. Bart Barlogie. Bottom L-R: Dr. James Berenson, Susie Novis, Tom Held, Kathy Giusti & Karen Kaminski.

new treatments. Kenneth C. Anderson, MD, of the Dana-Farber Cancer Institute, discussed several novel treatment approaches that utilize immune therapy to target the tumor and/or its surrounding environment. This strategy may help achieve more complete and selective elimination of myeloma cells, which in turn may improve disease-free survival and bring us closer to a cure.

Recent evidence suggests that high response rates can be achieved using high-dose therapy followed by stem cell transplantation. "However, patients are destined to relapse and few, if any, are cured," noted Dr. Anderson. One of the major obstacles to cure is the persistence of minimal residual disease (MRD).

Anderson's group is developing improved transplantation techniques and strategies to improve the safety and efficacy of allografting and are investigating an effective treatment for relapsed myeloma in these patients-donor lymphocyte infusion (DLI). It appears that donor lymphocytes -- particularly T cells that express the CD4

surface marker -- can mediate a graft-versus-myeloma effect that helps eliminate residual myeloma cells. Preliminary results using DLI of CD4+ T cells are encouraging.

In addition, Anderson's group is evaluating a technique called autologous adoptive immuno-therapy to treat MRD. This technique involves harvesting T cells from myeloma patients before they undergo autologous stem

cell transplant and then growing these cells in the laboratory. This cell expansion, as it is called, is accomplished by stimulating the T cells with specially treated myeloma cells. This process "trains" the T cells to respond against the patient's myeloma. The T cells are then given back to the patient to help eliminate any residual myeloma cells that are present.

A most promising therapy is the use of vaccines to enhance immunity against myeloma. Anderson's group is pursuing several strategies, including immunizing patients with autologous CD-40-activated tumor cells, recombinant vaccines, and myeloma cells that are fused with dendritic cells (immune cells that present antigens in a way that the body recognizes them). The myeloma cell-dendritic cell fusion strategy is particularly intriguing because the entire myeloma cell is presented as a foreign substance, and thus an immune response may be elicited against the entire cell. Ultimately, vaccines will be used along with adoptive immunotherapy to attempt to treat MRD and thereby improve outcomes.

Medical Corner

Exciting News with Thalidomide

Bart Barlogie, MD, PhD, of the Arkansas Cancer Research Center at the University of Arkansas, reported on the exciting results of a Phase II trial of thalidomide in patients with advanced and refractory disease who had relapsed following high-dose therapy. Thalidomide was shown to effect biological activity, that is, it reduced paraprotein levels by at least 25% in one-third of the patients. At least 25% of the patients had reductions in paraprotein levels of at least 50%, and nearly 10% achieved complete or near complete remission of their disease.

The reduction in paraprotein was accompanied by a significant reduction in numbers of plasma cells in the bone marrow and an improvement in hemoglobin levels. Follow-up of 180 patients revealed that the responses were rapid, appearing within 2 months in three-quarters of the patients. In addition, half of the patients were alive and over a third were event free at 18-month follow-up.

Thalidomide was well tolerated in this study. The side effects reported included constipation, drowsiness, fatigue, and mild-to-moderate neurological effects. No significant bone marrow toxicity was seen.

Based on these and other results in the treatment of advanced disease, thalidomide is being

tested in earlier stages of the disease. The ongoing Total Therapy II trial includes newly diagnosed patients (see figure at bottom of this page).

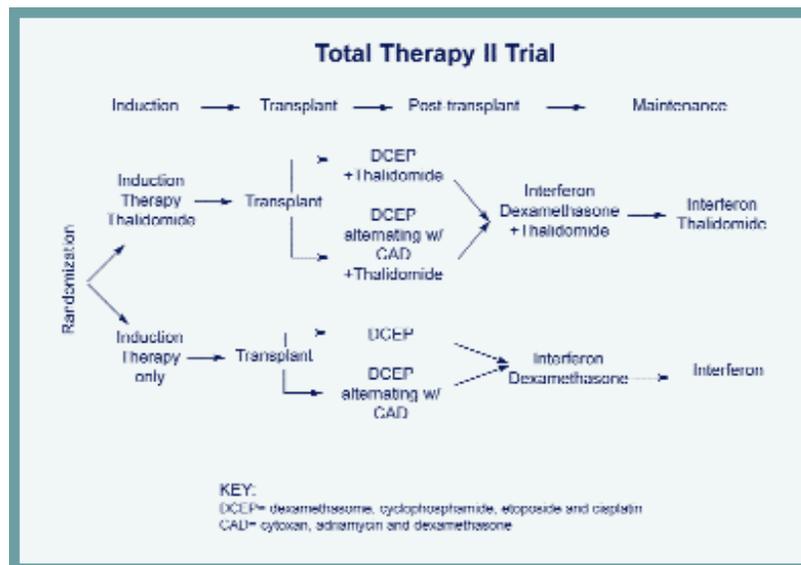
Zometa: A Promising Treatment for Myeloma Bone Disease

Several newer, more potent bisphosphonates are being evaluated in the hopes that they will achieve not only better relief of skeletal symptoms in patients with myeloma, but may also prolong survival. In addition to their ability to reduce skeletal events, the bisphosphonates Aredia (pamidronate) and an investigational agent, Zometa (zoledronic acid), have been shown to induce apoptosis (programmed cell death) of fresh myeloma cells and human myeloma cell lines grown in the laboratory. Thus, these agents may have a direct effect on multiple myeloma. In addition, bisphosphonates may reduce tumor burden by affecting changes in the bone itself.

James R. Berenson, MD, at the UCLA School of Medicine, presented results of a Phase II trial comparing these two agents in patients with myeloma or breast cancer. Patients receiving a short, 5-minute infusion of 2 mg or 4 mg of Zometa experienced rates of skeletal events that were similar to those in patients receiving a 2-hour, 90-mg infusion of Aredia. However, patients receiving 0.4 mg of Zometa experienced more skeletal events. Zometa was also well tolerated and had a similar safety profile to Aredia.

Supportive Care

Robert A Kyle, MD, of the Mayo Clinic, reviewed some of the latest recommendations regarding supportive care in myeloma, including treatment of skeletal complications, renal failure, and anemia. Several studies have shown that anemia in myeloma patients can be successfully treated with erythropoietin (EPO), which stimulates the bone marrow to produce red blood cells. Those who benefited the most were patients who had low serum erythropoietin levels. In addition, successfully treated patients reported a significant improvement in their quality of life and an improved sense of well-being. (See *You Need to Know*, page 8, for an article on anemia.)



YOU NEED TO KNOW

Anemia: More Than Just Being Tired

It's not surprising that patients with myeloma feel tired: fatigue is the most commonly reported symptom in cancer patients.

Side Effect/Symptom	Rank	%Patients Ranking This Symptom as #1
Fatigue	Highest	60%
Nausea	2nd Highest	22%
Depression	3rd Highest	10%
Pain	4th Highest	8%

Survey Question: Which of these side effects or symptoms do you think affects/affected your everyday life: pain, nausea, fatigue, or depression?

However, the impact of fatigue on quality of life has only recently been realized. According to a survey conducted by the Fatigue Coalition, 60% of cancer patients said that fatigue affects their everyday lives more than nausea, depression, and pain (see the following chart). In addition, 89% said fatigue had a negative impact on their day-to-day activities.

Fatigue has many causes, including cancer and its treatment. However, one of the most common causes of fatigue is anemia.

What is anemia?

In simple terms, anemia is a condition in which the blood is low in red blood cells or hemoglobin, the iron-containing protein that transports oxygen. Anemia can occur when the production of red blood cells in the bone marrow is inhibited or when there is excessive blood loss. When either occurs, the body has trouble transporting oxygen, which is needed to provide energy, to its tissues.

With myeloma and other bone marrow malignancies, several things contribute to anemia, including decreased production of red blood cells and shortened lifespans of the cells that are produced. In fact, almost all patients with myeloma experience anemia at some point.

What are the symptoms?

Anemia that occurs in myeloma can have many symptoms, including tiredness, weakness, dizziness, headache, shortness of breath, and inability to concentrate. Your doctor can diagnose anemia with a simple blood test (see *Ask the Expert* on page 5 for more information).

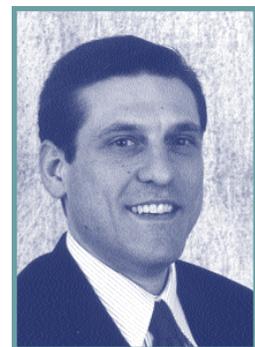
What can be done?

Fortunately, there are medical treatments for anemia, including blood transfusions and the drug erythropoietin (Procrit®). Proper nutrition and vitamin and mineral supplements may also help relieve fatigue. In addition, you can better cope with fatigue if you plan and pace your activities, take short naps and breaks during the day, and try to walk or do some light exercise when you're able, which will help keep up your energy levels.

Remember, you're not in this alone. Talk with your health care provider about your options. He or she may be able to help you overcome your fatigue and return to a more active lifestyle.

Our New Exec. Director

The MMRF is very pleased to announce that Scott T. Santarella has joined the MMRF team as Executive Director. In this position, Mr. Santarella will be responsible for overseeing the MMRF's daily operations, including fund-raising, grant-making and educational programming.



A fundraising and grant-making professional for more than 13 years, Mr. Santarella was

Scott T. Santarella

most recently a Program Officer at the Educational Foundation of America, a \$320 million national family foundation located in Connecticut. In addition, he has served as a development consultant to various local non-profits and was Director of Development/Public Relations at the Nature Center for Environmental Activities, Westport where he implemented the organization's first development office. Prior to this, he was the International Manager of Communications/Marketing at the Knights of Columbus World Headquarters in New Haven. He began his career as promotions manager for The March of Dimes National Office, White Plains, NY, where he was responsible for acquiring national corporate sponsorships for the organization's largest special event, WalkAmerica. Mr. Santarella graduated Cum Laude from the University of Massachusetts, Amherst and holds a B.A. in Journalism.

WORKING FOR A CURE

EVERYTHING YOU NEED TO KNOW ABOUT MYELOMA...A MOUSE-CLICK AWAY!

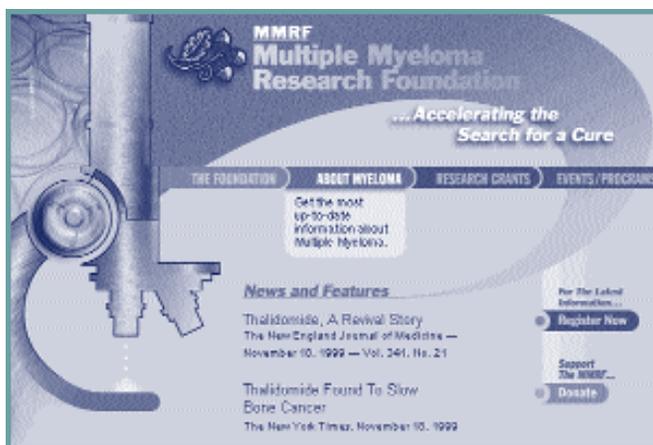
WWW.MULTIPLEMYELOMA.ORG UNVEILED:

This huge undertaking would not have been possible without the significant contributions of many hardworking people. The MMRF would like to thank Peter Neimi, Don Stewart, Alex Fishgoyt, James Saccento and Joe Gondek of Grey Healthcare Group, Charlie Sands, Independent Web Developer, and Karen South, Medical Writer, for all of their dedication to making the MMRF's new website a reality!

Over the past several months the site has undergone a complete transformation to be more user-friendly and informative to patients, clinicians and researchers.

When you visit the site you'll have access to critical information on prognostic indicators, staging, and routine tests. Viewers will be kept informed of all upcoming myeloma programs such as teleconferences and symposia. Abstracts of cutting-edge research funded by the MMRF's

Senior Research and Fellows Awards are presented in full detail, as well as information on the most promising research being conducted worldwide. Researchers can download grant applications directly from the website. There is a new section devoted entirely to myeloma treatments -- including stem cell transplants, chemotherapy, thalidomide, immune therapy -- and more that addresses the options currently available to patients as well as those that are in clinical trials that will hopefully be available soon. And since funding myeloma research is critical to finding a cure, complete information will always be available on upcoming fundraising events and how you can get involved.



The MMRF's new website is the place to go for the very latest, most complete and accurate information on multiple myeloma. Be sure to visit www.multiplemyeloma.org today and register to receive the latest cutting-edge information on multiple myeloma!



The MMRF Thanks
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Midwest Healthcare Supports MMRF

The Midwest Healthcare Marketing Association's Annual Holiday Ball raised funds for myeloma research. This black-tie event was attended by 550 people and included a cocktail reception, dinner and dancing. Special thanks to Craig Sondalle, of Smith Bucklin & Associates, Meg Ainley of Medical Economics, and Mike Grossman of Goble & Associates for organizing the event.

The MMRF would like to recognize Amgen for providing the graphics on Peripheral Blood Stem Cell (PBSC) Transplantation used in the Winter 1999 Medical Corner. For more information on Neupogen*'s role in transplantation or chemotherapy, please visit www.Neupogen.com

MEET OUR BOARD



Anthony K. Kesman

Anthony K. Kesman

President of Care Continuum Products and Services Group for Allegiance Corporation, Mr. Kesman has been a member of the Board of Directors since its inception. Mr. Kesman was asked to serve on the Board because of his knowledge of healthcare and his experience in the business.

Mr. Kesman remarked of his early involvement with the Board of Directors, "members of the Board were able to provide Kathy with thoughts

on organizational development, networking, and idea generation, around how we could create a grounding for the foundation that would enable it to succeed in the long run." The Board focused on the organization of the Foundation, defining its immediate objectives, developing a volunteer organization, and creating a streamlined management process while maintaining "discipline around our expense management." Mr. Kesman indicated that the key concern was that **"capital raised should be immediately put into the hands of researchers to achieve our ultimate objective - to find a cure for the disease as soon as possible."**

As to the future direction of the Foundation, "we need to continue to build awareness around the Foundation and the extraordinary work that it is doing, particularly as it relates to the clinical research that is underway around the world." Mr. Kesman also believes that "we need to continue to build a management team that emphasizes our expense discipline and our quality objectives, and we need to explore our alliances with other foundations and other clinical research organizations that may allow us to expedite our race for the cure."

Of his involvement in the Foundation, Mr. Kesman said "it has opened my eyes to the disease itself, and the implications that the disease has had on so many lives." He said, "I think that the work that has been done to date is extraordinary - we are now ready to take this organization to a new level in terms of the overall level of funds raised for research, and the geographic areas we reach."



DATES TO REMEMBER

April 12, 2000, CLEVELAND, OH

INSTITUTIONAL INSIGHTS: Patient and Physician Symposia. Presented by the MMRF & Cleveland Clinic. Speakers: Dr. Mohamed Hussein, Dr. Phil Greipp, and Dr. Steve Treon.

May 3, 2000 PHILADELPHIA, PA

INSTITUTIONAL INSIGHTS: Patient and Physician Symposia. Presented by the MMRF, University of Pennsylvania & The Wellness Community. Speakers: Dr. Phil Greipp, Dr. Edward Stadtmauer, Dr. Sundar Jagannath, and Kathy Giusti.

May 11-14, 2000 SAN ANTONIO, TX

Oncology Nursing Society Spring Meeting.

May 19-23, 2000 NEW ORLEANS, LA

American Society of Clinical Oncology Meeting.

May 31, 2000 The MMRF Senior Research Award applications are due.

June 1-2, 2000 ATLANTA, GA

INSTITUTIONAL INSIGHTS: Patient and Physician Symposia. Presented by the MMRF and Emory University. Speakers: Dr. Leonard Heffner, Dr. William Bensinger and Kathy Giusti.

June 9-10, 2000 WASHINGTON, DC

Immune Therapy Roundtable. Sponsored by the MMRF and the McCarty Cancer Foundation. Bringing together the world-renowned leaders in myeloma to share ideas and to create a team approach to finding a cure.

August 31, 2000 The MMRF's Fellow's Awards applications are due.

October 21, 2000 GREENWICH, CT

Friends for Life" Fall Gala. To get involved, contact Jenny McMahan, 203-801-5212.

For more information on INSTITUTIONAL INSIGHTS Events, contact Ellen Kaplan, 650-375-8852.

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The information herein is not intended to replace the services of trained health professionals (or to be a substitute for medical advice.) You are advised to consult with your healthcare professional with regard to matters relating to your health, and in particular, regarding matters which may require diagnosis or medical attention.

Industry Partners

FDA Designates Zometa™ for Priority Review

Zometa™ (zoledronic acid for injection), currently the most potent intravenous (IV) bisphosphonate in clinical trials, has been designated for priority review by the Food and Drug Administration (FDA). Bisphosphonates (bis-fos'fo-nâts) are a class of drugs that have been shown to treat and prevent bone complications in some diseases that involve bone. Zometa is currently being considered for the treatment of tumor-induced hypercalcemia (TIH), a potentially life-threatening disorder characterized by elevated serum calcium levels in patients with cancer.

The new drug application (NDA) for Zometa is being filed based on two identical pivotal studies comparing Zometa to Aredia™ (pamidronate disodium for injection), another Novartis agent used in the treatment of TIH. Results of these studies demonstrate that a statistically significant higher percentage of patients responded to Zometa 4mg (88.4%) compared to Aredia (70%) in reducing serum calcium levels to the normal range. In addition, the infusion of Zometa takes only 5 minutes, where Aredia requires approximately two or more hours of infusion. Common adverse effects reported are similar to those reported for Aredia.

The new drug application for Zometa was submitted by Novartis on December 21, 1999. The priority review process takes six months and so it is expected that the FDA will rule on the approvability of the drug by June 21, 2000.

Phase III Trials to Begin on New Myeloma Drug

The NeoRX Corporation recently announced an agreement with PPD, Inc. to perform Phase III clinical studies on its skeletal targeted radiotherapy product (STR) for the treatment of multiple myeloma. STR is a small molecule designed to carry the radiation therapy known as a radionuclide to the site of the disease in the bone. The novel radionuclide in the study is Holmium-166-DOTMP. Radiation is provided by Holmium-166 that is attached to DOTMP, which is a bone-seeking drug. Use of Holmium-166-DOTMP makes it possible to deliver radiation directly to bone marrow while sparing other organs from the radiation. In the next issue of Myeloma Focus we will provide an update with more information on this new treatment.



Now Available on the Internet!

A Corporate Friday Symposia:
Proceedings of the American Society of
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Multiple Myeloma Update: New
Advances in Biology and Treatment
Visit: www.medscape.com
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Thalidomide: An Emerging Role in the
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Photos by Stephanie Tracy

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