



*Accelerating
the
Search
for a
Cure*

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MYELOMA FOCUS

Newsletter of the
MMRF

MMRF Honors Chicago Cubs Manager at 2004 Chicago Awards Dinner



Dusty Baker, Chicago
Cubs Manager

The Multiple Myeloma Research Foundation (MMRF) is pleased to announce that it will honor Chicago Cubs Manager, Mr. Dusty Baker, at the MMRF 2004 Chicago Spring Awards Dinner. This event is scheduled for Wednesday, April 14 at Chicago's Four Seasons Hotel.

The MMRF will present Mr. Baker with the MMRF Spirit of Hope Award for his efforts in raising awareness of the devastating effects of

cancer, the need for a positive approach to treatment and care and for urging African-American men to educate themselves about prostate cancer, watch their diet and get checked regularly. Mr. Baker, a prostate cancer survivor himself says, "I enjoyed my life before the surgery, but I was always preparing for tomorrow. Now I'm more concerned about today."

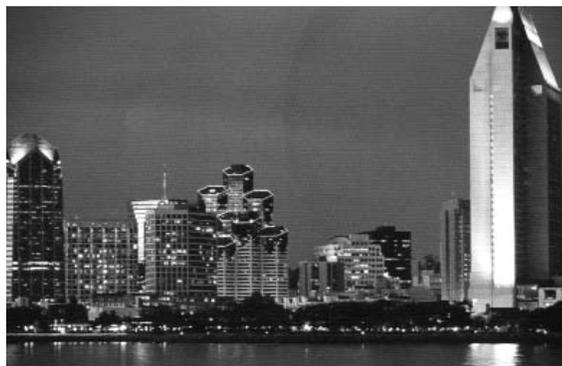
Last year's event, spearheaded by Event Chairman Lester Knight, Founding Partner of Roundtable Healthcare Partners, was a tremendous success raising over \$1 million for multiple myeloma research. For more information contact, Shelley Christie at Christies@themmrf.org or 203-972-1250.

Report from the ASH Meeting

The MMRF is delighted to report the results of cutting-edge research findings presented at the 45th Annual American Society of Hematology (ASH) Meeting in San Diego, CA. Almost 19,000 clinicians and researchers attended this important hematology meeting, which was held Dec. 5-9, 2003.

Key data presented at the meeting included:

- ◆ Complete results from the Revlimid™ (formerly known as Revimid, CC-5013, Celgene) Phase II trial.
- ◆ Promising preliminary results from new trials of Velcade™ (bortezomib, Millennium).
- ◆ New data regarding non-myeloablative 'mini'-allogeneic transplants.



Special Thanks to Our Guest Editors

Kenneth Anderson, MD
Dana-Farber Cancer Institute

Bart Barlogie, MD, PhD
University of Arkansas for Medical Sciences

Rafael Fonseca, MD *Mayo Clinic*

Welcome Letter

Families Funding Research

Dear Friends,

In the last two years, incredible progress has been made in the treatment of multiple myeloma. These advancements were made clear at the recent American Society of Hematology (ASH) meeting, and we are proud to share them with you.

Investment in research is really paying off. We now have a greater understanding for the role of transplantation, and we are learning more every day about the progress of therapies such as Velcade, Revlimid and thalidomide in clinical trials. We also understand more about managing treatment side effects and which combination therapies may work best in different patient cases.

All of this progress is a marked change from just a short time ago, and the MMRF is proud to be at the forefront of support for these advancements.

We are also proud to be able to share this new and critical information with the entire myeloma community faster and better than ever before. Webcast audio interviews, visual slides and full transcripts of ASH presentations were recently sent to our entire database of email contacts and posted on the MMRF homepage. In addition, the MMRF hosted a follow-up conference call recapping the entire ASH meeting for thousands of patients, families and medical professionals. Finally, we are sharing detailed information with this in-depth newsletter.

Being able to share timely information in many different formats is one of the MMRF's most important roles. We are proud that many patients think of us as their own "personal consultant" and we understand that the more we all know, the closer we are to finding a cure.



Seven years ago, Elaine Snyderman asked her doctor 'who is the best organization to contribute to for research in multiple myeloma?' At Dr. Traynor's suggestion, she contacted the MMRF and was impressed. Even then, Elaine knew that the organization was going to do great things and she continues "to be inspired by Kathy Giusti's success with taking an idea and building it into an amazing organization with awesome results."



Elaine and Perry Snyderman

Elaine Snyderman's contributions to the MMRF are many. She worked on media promotions for the first Ann Landers' race, bringing her enthusiasm, dedication and contacts to make the event a success. She also went to Washington DC to lobby, and along with her family and friends, she continues to attend and support MMRF events bringing hope and contributions toward funding research. She has two books going to print very soon and plans on donating proceeds towards funding multiple myeloma research. "Alien on a Familiar Planet" is a memoir of her experience as a newly diagnosed patient and her journey through a stem cell transplant.

"The MMRF's web site is its crowning achievement," she says, "with access to trials, views from experts and updates on new drugs." Timely information from the MMRF has helped make her journey through evaluating her own course of treatments and understanding her disease possible. Elaine had her first stem cell treatment in 1998, relapsed last February and had another stem cell transplant in April. She began Velcade treatment in June and now "feels like dancing in the streets. I am most grateful for the drugs that have come to market, the research for which the MMRF has played a significant role in funding." She remains comfortably optimistic about her future. "At this point I would not choose to leave the life I am living. I am having a wonderful time and am thankful that I feel this good."

Raising Funds Race for Research

Capital City Race for Research A Huge Success!

Nearly 700 participants came to the heart of the Nation's Capital on November 16th to kick off the first annual MMRF Race for Research-D.C. In addition to raising awareness of myeloma on this beautiful autumn morning, event participants and sponsors raised, for myeloma research, more than \$140,000.

We would like to thank our sponsors, R&R Mechanical, Human Genome Sciences, Shaw Pittman, LLP, Celgene, BAE, Millennium Pharmaceuticals and Snyder's as well as Honorary Event Chair, Senator Kay Bailey Hutchison for all of their support!



Team Fabian shows their support



And they're off...the 1st annual MMRF Race for Research D.C. starts out with a bang

SAVE THE DATE:
MMRF Race for Research coming
to a city near you!

San Francisco, CA
Saturday, April 17, 2004

Boston, MA
Saturday, May 8, 2004

Cleveland, OH
Sunday, June 13, 2004

New Canaan, CT
Saturday, June 26, 2004

Seattle, WA
Saturday, July 10, 2004

Chicago, IL
Sunday, September 12, 2004

For more information, please visit the NEW
MMRF Race for Research web address at
www.mmrfpace.org

MULTIPLE MYELOMA
RESEARCH FOUNDATION



MMRF Announces
National Race
for Research
Chairmen

*see back cover to see
who they are!*

Raising Funds MMRF Events



An entertaining evening you would
not want to miss

MMRF
Laugh
for Life



A celebration of life through laughter

Wednesday, April 21, 2004
Carolines on Broadway, New York City

For more information, please contact Sue Korn
at laughforlife@themmrf.org

Winter 2003 Correction
*below is the corrected chart on the NCCN
Treatment Guidelines for multiple myeloma*

Excerpt from NCCN Treatment Guidelines

I. Primary conventional therapy

- ◆ Melphalan/prednisone (MP)
- ◆ VAD
- ◆ Dexamethasone
- ◆ Thal/Dex (insufficient data to recommend treatment duration)

II. Maintenance Therapy

- ◆ Steroids
- ◆ Interferon

III. Salvage Therapy

- ◆ Repeat primary conventional therapy
- ◆ Cyclophosphamide-VAD
- ◆ EDAP
- ◆ High-dose cyclophosphamide
- ◆ Thalidomide
- ◆ Bortezomib

Anderson, K.C., et al. The NCCN Multiple Myeloma clinical practice guidelines in oncology, version 1.2003. Available at: http://www.nccn.org/physician_gls/index.html. Accessed 11/19/03. To view the most recent and complete version of the guideline, go online to www.nccn.org.

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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.

MEDICAL CORNER

Update From ASH

Update on Current Therapies



Guest Editor, Dr. Kenneth Anderson

Thalidomide

Data from recent and on-going clinical trials of thalidomide (Thalomid®, Celgene) in patients across the spectrum of myeloma disease continue to provide important insight into its role in myeloma therapy.

Dr. Neeraj Agrawal shared promising data on a regimen combining thalidomide and Doxil® (pegylated doxorubicin, Ortho Biotech), vincristine and dexamethasone (DvD-T). The outcome in both newly-diagnosed and relapsed/refractory disease is similar to that typically achieved following high-dose therapy with autologous stem cell transplant (ASCT) and warrants further study.

Doxil, Vincristine, Dexamethasone and Thalidomide (DvD-T) in Myeloma

	Newly Diagnosed (n=49)	Relapsed/Refractory (n=50)
CR or near CR	49%	46%
Time to best response	4.2 mos.	4.0 mos.
≥ Stable disease	88%	86%

Data on the use of thalidomide in various settings were reported:

- ◆ Thalidomide in combination with melphalan and prednisone appears to be a promising approach for newly diagnosed symptomatic myeloma, particularly in older patients, with response rates similar to that achieved with ASCT.
- ◆ The combination of thalidomide and dexamethasone might provide an oral alternative to VAD, particularly for candidates for ASCT.
- ◆ Safety results of a pilot study of thalidomide as maintenance therapy following high-dose therapy and ASCT suggest that thalidomide doses of up to 200 mg/day are tolerable.

Side effects of thalidomide include constipation, neuropathy, and sleepiness. Deep vein thrombosis is seen infrequently, but the risk is slightly increased when patients receive thalidomide along with dexamethasone or certain chemotherapies.

Velcade™

Previously reported results of the two Phase II trials of Velcade (bortezomib, Millennium) showed that about a third of patients with relapsed and refractory myeloma respond to this recently approved agent. Further analysis of the data show that lower tumor burden was associated with a longer duration of response, time to disease progression and overall survival. However, other factors such as older age, chromosome 13 deletion, beta-2 microglobulin and type or number of prior therapies, were not predictive of these response parameters.

Further analysis of Phase II safety data provides information that will be important as Velcade becomes more widely used. The most common side effects seen were nausea, diarrhea, fatigue, low platelet counts (thrombocytopenia), and neuropathy. Velcade appears to temporarily suppress platelet formation and severe thrombocytopenia may occur in patients who already have a low platelet count. However, platelet counts rapidly return to baseline during the rest period. It appears that if patients experience neuropathy, it can be lessened or reversed by reducing the dose or changing the dosing schedule. Limited data suggest that Velcade can be given safely in patients with severe renal impairment, but studies are ongoing.

Other Therapies

Preliminary results of a phase IIb trial in newly diagnosed myeloma suggest that DVd may be more convenient than VAD (vincristine and conventional doxorubicin), a commonly used induction therapy. Both agents appear to have a similar safety profile and a similar proportion of patients proceeded to ASCT. Efficacy data is not yet available.

Preclinical research findings suggest that bisphosphonates, in addition to their benefits to bone, may also have direct activity against myeloma.

MEDICAL CORNER

Update from ASH

Emerging Therapies

Revlimid™

The immunomodulatory drug Revlimid, formerly known as Revimid (CC-5013, Celgene), is an oral agent that demonstrated substantial activity in heavily pretreated patients in early trials. Dr. Paul Richardson provided full data from the Revlimid Phase II trial in relapsed or refractory myeloma, preliminary results of which were reported last year. In this study, patients received single-agent Revlimid; dexamethasone was added if patients experienced progressive or stable disease.

The overall response rate was 37% among the patients receiving the single-agent. The addition of dexamethasone resulted in a response in an additional 41% of patients (see table). The most common toxicities were low platelet counts and low white blood cell counts.

Revlimid +/- Dexamethasone Phase II Study: Best Objective Response

Revlimid	N	Response			Stable Disease
		Complete	Partial	Minor	
Alone	91	10%	12%	15%	43%
+ Dex	49	0%	31%	10%	41%

Encouraging results from a Phase II study of Revlimid as post-transplant salvage therapy for myeloma were also reported. Response to the agent was independent of cytogenetic abnormalities and Revlimid dose.

Other Emerging Therapies

Data from a wide variety of promising agents are encouraging. For example, arsenic trioxide (Trisenox™, Cell Therapeutics) is being evaluated in combination with a variety of agents, including low-dose melphalan, thalidomide and dexamethasone.

Long-term follow-up data from the Phase I/II trial of STR™ (skeletal targeted radiotherapy, NeoRx) in combination with melphalan showed a 90% 3-year survival rate. The Phase III trial of this therapy, which delivers high doses of radiation to the bone, is planned to open in 2004.

New Approaches

A number of new agents are being evaluated in the laboratory, both as single agents and in combination with others. Several are ready to or have already entered clinical trials (see table).

Novel Drugs in Development

Agent	Phase	Description
SAHA	I	Histone deacetylase inhibitor that has the potential to overcome drug resistance in myeloma.
EM-164	I	Antibody that inhibits insulin-like growth factor (IGF-1), a factor that mediates growth and survival of myeloma cells
17-AAG	Preclinical	Heat shock protein inhibitor that induces death of myeloma cells and overcomes drug resistance. Scheduled to begin trials in 2004 alone and in combination with other drugs such as Velcade
GW654652	Preclinical	An inhibitor of receptors for vascular endothelial growth factor (VEGF) that acts on myeloma cells and the bone marrow microenvironment
Atiprimod	Preclinical	Oral drug that has been studied in autoimmune diseases; believed to inhibit myeloma cell growth and overcome drug resistance. Scheduled to enter trials in early 2004

MEDICAL CORNER

Update from ASH

The Role of Transplantation in Myeloma



Guest Editor,
Dr. Bart Barlogie

High-dose Therapy: Is it Superior?

High-dose therapy with autologous stem cell transplant (ASCT) is considered a standard of care for many patients with myeloma. ASCT offers a superior survival compared to standard chemotherapy regimens, such as VAD (vincristine, adriamycin [doxorubicin], and dexamethasone), which is used most often.

However, data from the S9321 Intergroup Trial, a large randomized trial comparing a more intensive chemotherapy regimen known as VBMCP (vincristine, BCNU, melphalan, cyclophosphamide, and prednisone) and ASCT, suggest no significant advantage of transplant over this regimen.

The overall survival in this study was significantly improved over prior standard regimens. However, there were no significant differences between the two treatment arms with regard to response rates and overall survival. In addition to the more intensive regimen used, Dr. Barlogie pointed out several important differences between this and previous studies, so direct comparisons cannot be made and further study is needed.

Role of Double Transplants

The role of double (tandem) autologous stem cell transplants as a means to improve on the results of single transplants continues to be investigated. Recently published results of the IFM 94 trial, which evaluated single versus tandem transplants, show superior survival with tandem over single transplant at 7 years (42% vs. 21%). The planned second transplant was of most benefit to patients who did not achieve a complete response (CR) with the first transplant.

Dr. Barlogie presented results from two tandem transplant trials: Total Therapy (TT) 1 and 2. TT 2 employed more intensive chemotherapy before and after tandem autotransplants and preliminary results indicate significantly greater CR rates. In addition, 4-year overall survival was significantly higher in TT 2 (81% vs. 64% in TT 1) among the two-thirds of patients with

normal cytogenetics, suggesting that more intensive treatment is a successful approach towards durable disease control in this population. However, tandem transplants are highly demanding procedure and not all patients are suitable candidates.

Because achievement of a CR is associated with longer overall survival, one next step is to determine whether use of novel agents can increase these CR rates, particularly in high-risk patients.

Non-myeloablative Transplants

Non-myeloablative (mini-allogeneic) transplants, which utilize lower doses of chemotherapy or radiation, are being investigated as a less toxic alternative to standard allogeneic transplants (see table). Both Italian and French studies, which utilize the treatment following an autologous transplant, show promising preliminary results, especially in high-risk patients with chromosome 13 deletion and high beta-2 microglobulin levels. Although these studies show a decline in early treatment-related mortality into the 15% range, this is still considerably higher than that seen with autotransplants.

Study	IFM9903/04 (France)	GITMO (Italy)	IBMTR (North America)
Patients	Newly diagnosed, high-risk	Newly diagnosed up to age 65	Newly diagnosed
Regimen	Auto/mini-allo (n=29) compared with tandem auto (n=73)	Auto/mini-allo (n=57)	Auto/mini-allo (n=53) or mini-allo alone (n=183)
Preliminary Results	Survival rates >50% at 3 years in both arms	CR achieved with mini-allo in 19/42 (45%) of patients not in CR after auto)	40-50% survival rates at 2 years

MEDICAL CORNER

Myeloma Genetics and Prognostic Factors



Guest Editor,
Rafael Fonseca

It is only within the last 5 years that researchers have begun to understand the genetic changes that cause a normal plasma cell to become a malignant myeloma cell. A number of genetic abnormalities have been identified, and researchers are trying to determine whether specific abnormalities can help identify patients with low- or high-risk disease and determine the best treatments for each.

An example is a deletion of chromosome 13 has been associated with poorer prognosis. Another genetic abnormality is a translocation (a mismatch of chromosome parts) known as t(4;14). Presentations at the meeting indicated that this translocation is associated with a lower response in patients receiving high-dose therapy and single or double autologous stem cell transplants.

Genetic studies such as these are just beginning to identify markers that may help determine patient-specific treatments in the future. Researchers at Dana Farber reported on the identification of a variety of genetic markers that are associated with a response to novel drugs such as bortezomib and a number of agents in preclinical testing. However, the field of myeloma genetics is still young and we have much to learn regarding the significance of these findings.

In addition to genetic markers, there are patient factors that may be helpful in determining prognosis. These include factors unique to each patient, such as their levels of monoclonal protein, hemoglobin, or calcium. Two such factors that appear to allow a simple yet accurate determination of prognosis are beta-2 microglobulin and albumin. These factors are incorporated into the proposed international staging system for myeloma and can be easily measured in a physician's office.

Clinical Trials Monitor

To date, more than 25,000 visitors have accessed multiple myeloma clinical trials through the MMRF's Clinical Trials Monitor (CTM). CTM has over 80 trials listed at centers worldwide. You can easily search for myeloma trials according to type of treatment, patient type and geographic location at www.myelomatrials.org. Check out these trials currently posted on CTM:

- ◆ Phase II Revimid Trial for Relapsed/Refractory
- ◆ Phase II Velcade Trial for Newly Diagnosed
- ◆ Phase II Doxil/Vincristine/Dex + Thalidomide for Newly Diagnosed + Relapsed/Refractory
- ◆ Phase II Thalidomide + Trisenox + Dex for Relapsed/Refractory
- ◆ Phase III Revimid (+/- Dex) Trial for Relapsed/Refractory
- ◆ Phase III Thalidomide (+/- Dex) Trial for Relapsed/Refractory

Log on to www.myelomatrials.org today to find the trial that is right for you or your patients.

To submit a clinical trial, contact Anne at quinnyounga@themmr.org.

The MMRF THANKS
Celgene, Ortho-Biotech
and Millennium Sponsors of
Myeloma Focus



YOU NEED TO KNOW



The MMRF Research Grant Award Deadlines

\$ 1.5 Million

Collaborative Program Grant

- Preliminary grant application due June 15th
- Final application due September 15th

\$100,000 Senior Research Award

- Application due May 1st

\$50,000 Fellows Award

- Application due March 1st

Applications are available online at
www.multiplemyeloma.org/research

Multiple Myeloma Research Foundation (MMRF)
3 Forest Street, New Canaan, CT 06840
Tel: 203-972-1250

Contact Jill Shook, Grants Coordinator at
shookj@themmrf.org

WEBCAST ONLINE NOW



Myeloma Updates from the American Society of Hematology Annual Meeting available at

www.multiplemyeloma.org.

Audio clips, slides and transcripts are available 24 hours a day.

THE MMRF office is moving

As of February 1, 2004 our new address will be:

Multiple Myeloma Research Foundation (MMRF)
51 Locust Avenue Suite 201
New Canaan, CT 06840

Our numbers stay the same:
Tel: 203-972-1250, Fax: 203-972-1259,
Email: info@themmrf.org.



(L-R) Allan Bailey, Kathy Giusti and Senator Hutchison at the 2003 Blood Cancer Advocacy Day

2004 Blood Cancer Advocacy Day

Sponsored by the MMRF and The Lymphoma Research Foundation

Join hundreds of blood cancer patients and their families on

May 18-19, 2004 in Washington, DC

If you are interested in becoming an advocate, please contact Bruce Holmberg at bpholmberg@comcast.net

MMRF INSTITUTIONAL INSIGHTS

November 5 and 6, 2003,

The MMRF's Institutional Insights was held at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University in Chicago, IL. Dr. Steven Rosen directed the program co-sponsored by the Lymphoma Research Foundation. The professional CME/CEU program titled, "Novel Therapeutic Approaches to the Treatment of Myeloma and Lymphoma"



Torrance Campbell, Myeloma Mentor, sharing his story in Chicago

was well attended by community oncologist and oncology nurses from the Chicago Metro area. The MMRF would like to give special thanks to Torrance Campbell, Myeloma Mentor, for sharing his inspirational story with the myeloma patient and caregiver audience.

The MMRF team was in Tampa, FL on **November 13 and 14, 2003**. Dr. William Dalton directed the MMRF Institutional Insights on Myeloma program at the H. Lee Moffitt Cancer and Research Center for a fantastic finale of the 2003 live symposia series. The patient and professional programs had leading myeloma thought-leaders who presented on new data available on cutting-edge myeloma treatments. Myeloma Mentors, David Spade and Peter Freeman, were positively received when they shared their personal stories with the community attendees.



Rafiki Fatu, World Wrestling Entertainer and his mother attend the Tampa program

The MMRF would like to give special notes of appreciation to all the speakers this year. They continue to be passionate in finding a cure for multiple myeloma and kind enough to share their expertise with community patients and professionals at these live symposia. Thank you.

MMRF EDUCATION PROGRAM CALENDAR

ONLINE NOW - WEBCAST

Myeloma Updates from the American Society of Hematology Annual Meeting. Audio, slides, and transcripts available at www.multiplemyeloma.org

Friday, February 6, 2004 - Los Angeles, CA
Institutional Insights
Physician and Patient Symposia

April 2004 - Anaheim, CA
Oncology Nursing Society Annual Congress:
Multiple Myeloma Live Symposium

May 20 & 21, 2004 - Philadelphia, PA
Institutional Insights
Physician and Patient Symposia

May 26 & 27, 2004 - Atlanta, GA
Institutional Insights
Physician and Patient Symposia

June 2004 - Webcast/Teleconference
Myeloma Updates from the American Society of
Clinical Oncology (ASCO) Annual Meeting

Saturday, June 12, 2004 - Cleveland, OH
Institutional Insights Patient Symposium

September 17 & 18, 2004 - Dallas, TX
Institutional Insights
Physician and Patient Symposia

October 2004 - New York, NY
Institutional Insights Patient Symposium

November 2004 - Arizona
Institutional Insights
Physician and Patient Symposia

December 2004 - Webcast/Teleconference
Updates from the American Society of Hematology
(ASH) Annual Meeting

** Dates are subject to change.*

Visit our website for up to date program details and registration information -
www.multiplemyeloma.org/events
Or call Sara Nichols, Program Coordinator,
at 203-972-1250.

VOLUNTEER APPRECIATION



Bruce Holmberg

After being diagnosed with multiple myeloma in May of 2000, Bruce Holmberg retired from his job at an engineering firm, determined to live life to its fullest. Three and a half years later, he's doing just that-beyond his or his doctor's first expectations and thanks to the help and hope he found through the MMRF.

When Bruce first retired, he thought he would spend his days skiing and fly-fishing. He hasn't forgotten his love of the great outdoors, he has found a new passion to occupy his days.

Bruce has what he describes as a "new full-time job." He volunteers for the MMRF and spends months recruiting myeloma

patients to go to Washington and tell their stories to Congress on Blood Cancer Advocacy Day. It's a job that takes detailed organization, planning, and great interpersonal skill. "We start in December and work straight through the summer, recruiting advocates from all over the country and making sure they're prepared to meet with their Senators and Congressmen." Before sending the advocates to Capitol Hill, Bruce gives them a "layman's lesson on how to lobby" and encourages them to tell their personal stories, while asking for congressional support.

In addition to his work with Advocacy Day, he has become an MMRF "myeloma mentor". He presents his story to pharmaceutical companies, physician organizations and support groups to spread the information and hope that has brought him 'out of retirement'. Thank you Bruce for being such a valuable MMRF volunteer.

Myeloma Mentors



Standing (L to R): John Newton, Bruce Holmberg, Dina Feivelson, Torrance Campbell, Beth Compton, Jack Aiello, Dave Spade, Nancy Touhey, Stu Compton, Pete Freeman. Sitting (L to R): Angie Minnick, Jim Bond, Anne Quinn Young

The MMRF Myeloma Mentors are a group of myeloma patients who are passionate about sharing their story with many different audiences, either speaking on behalf of the MMRF to both small and large groups or in one-on-one mentoring situations. The Mentors represent a diversity of backgrounds and experiences with the disease. They include long-term survivors who have undergone numerous treatments including two or more transplants, patients who have participated in multiple clinical trials, patients in remission, and patients who are just starting their treatment regimen. What they share, however, is a shared commitment to making a difference in the lives of others in the myeloma community. To date, they have spoken to sales reps and Millennium employees at the Velcade launch meeting, support groups nationwide, nurses, reporters, and dozens of individual patients.

The MMRF is proud of and thankful for these patients who are committed to making a difference in the lives of myeloma patients everywhere by raising awareness of this disease and the tools patients need to fight it.

If you are interested in having one or more of the Mentors speak at your support group or if you would be to get in touch with one of them directly, please email mentors@themmrf.org.



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Accelerating the Search for a Cure

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MMRF National Race for Research Program

MMRF is pleased to announce Ann Curry and Bob Costas as 2004
MMRF National Race for Research Chairmen

Special thanks to Ann and Bob for their continued support of the organization

MULTIPLE MYELOMA
RESEARCH FOUNDATION



Ann Curry, NBC anchor
for the Today Show



Bob Costas, Sportscaster
for NBC and HBO