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# MYELOMA FOCUS

Newsletter of the Multiple Myeloma Research Foundation

## 2 MILLION DOLLARS TO FUND RESEARCH IN 2000 APPROVED BY THE MMRF

**T**his year the MMRF will distribute an astounding \$2 million to accelerate the search for a cure for multiple myeloma. The MMRF, under the guidance of its Board of Directors, remains steadfast to raise funds and to apply as much of these funds as possible to only the most promising myeloma research.

The MMRF distributes funds to researchers through \$40,000 Fellows Awards, and \$100,000

Senior Research Awards distributed in conjunction with the McCarty Cancer Foundation. Senior Research Awards of the highest quality will now be funded for two years. To ensure the best use of research funds, the MMRF's Scientific Advisory Board, comprised of 30 of the world's top myeloma experts, employs research standards set forth by the NIH in their review of all the grant applications made to the MMRF. The MMRF remains singular in its focus - to find a cure as soon as possible.



## Dr. Judah Folkman & the MMRF HOST ANGIOGENESIS ROUNDTABLE

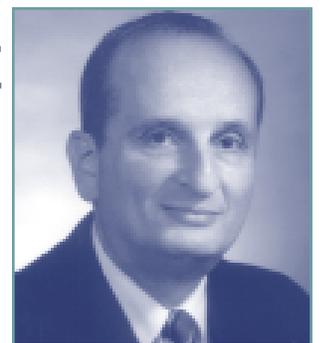
**T**he MMRF is very pleased to sponsor the 2000 Worldwide Symposium on Angiogenesis and Multiple Myeloma to take place on October 3<sup>rd</sup> and 4<sup>th</sup> in Boston, Massachusetts. Dr. Judah Folkman, professor of surgery at Harvard Medical School, will serve as keynote speaker. Among his many accomplishments, Dr. Folkman was awarded the 1997 Massry Prize in honor of his groundbreaking work in angiogenesis.

This exciting MMRF-funded Roundtable will be co-chaired by Dr. Ken Anderson of the Dana Farber Cancer Institute and by Dr. Nilkil C. Munshi of the University of Arkansas. The

Roundtable brings together for the first time Dr. Folkman, the leading expert in angiogenesis, myeloma experts and pharmaceutical industry professionals.

The goal is to transfer the technologies and techniques utilized against solid tumor cancers to bear against multiple myeloma.

Be sure to check future issues of Myeloma Focus for updates on this promising collaboration.



Dr. Judah Folkman



# Welcome Letter

# The "World's Best" SMALL SHIP CRUISE LINE"

**D**ear Friends,

Four years ago when I was diagnosed with multiple myeloma, I was devastated to learn that the 5-year survival rate was only 25%, and that there had been little change in that statistic over time. Today however, due to new and promising research, there is more hope than ever.

The MMRF is proud to bring new hope to myeloma patients worldwide. Our commitment to funding high-value, high-quality research grants and cutting-edge research roundtables is definitely paying off. We have seen a groundswell in the development of new therapeutic approaches to the treatment of myeloma over the past several years.

Based on the advice of our Scientific Advisory Board, we are focusing on many cutting-edge areas of research, including immune therapy and vaccines, angiogenesis and cell signaling. By working with some of the leaders in myeloma research such as Dr. Bellamy (see Medical Corner), and facilitating roundtables to foster collaboration with experts from other disciplines such as Dr. Folkman, we are trying to identify new approaches for the treatment of myeloma and quickly bring them to market.

We at the MMRF all share a sense of urgency around finding a cure and are committed to achieving that goal as soon as possible. I hope you will read this newsletter with renewed hope that comes from the knowledge that the MMRF is tirelessly working for a cure.



## JOINS THE BATTLE AGAINST MULTIPLE MYELOMA

In August of 1998 at age 46, Janet Burke, then Silversea Cruises' Senior VP of Sales and Marketing, was diagnosed with advanced multiple myeloma. Dismayed at the lack of information available on the disease, and the limited funding for research, Ms. Burke's friends and colleagues at Silversea created the Janet Burke/Silversea Cruises Endowment benefiting the MMRF.

Spearheading the Endowment effort was Bill Smith, President and C.O.O of Silversea, and Jennifer Schott, Director of Corporate Communications. Mr. Smith said the MMRF was selected as sole beneficiary of the Endowment

because "they are a volunteer-driven organization and every dollar possible is devoted to research." Also key to their selection was the fact that the MMRF is a young and energetic organization driven to find a cure fast.

In just nine months, the ultra-luxury cruise line has raised almost \$60,000 to aid in the search for a cure. This was accomplished through individual donations and the live auctioning of goods and cruises donated by Silversea and its marketing partners.



Photo by Tom Newbenger

Janet Burke and Jennifer Schott

We are happy to report that Ms. Burke is in full remission. Now retired, she retains the mantle of Executive Advisor to the President, and is grateful to count as her extended family an organization that "has such a positive attitude and deep concern for its employees."



# THE NUMBERS ARE IN! SHOWING MORE PROMISE THAN EVER

**I**n its short three-year history, the MMRF experienced its best fundraising year in 1999, by raising \$2.6 million. This figure represents a **41% increase over 1998**, and brings the total amount of money raised by the MMRF to **more than \$5 million** - an amazing feat for such a young non-profit organization. Scott Santarella, the MMRF Executive Director, commented, "As a 15-year veteran of the non-profit community, what I find truly amazing is that the MMRF has done in three years what many organizations take 7 to 10 years to accomplish. It's satisfying to see our hard work pay off, but we believe we have only just begun. **Everything we do, and continue to do, we do with one goal in mind - finding a cure.**"

The MMRF would like to extend its sincere gratitude to all of you who support us, and especially to an anonymous donor whose kindness helped us achieve this goal.

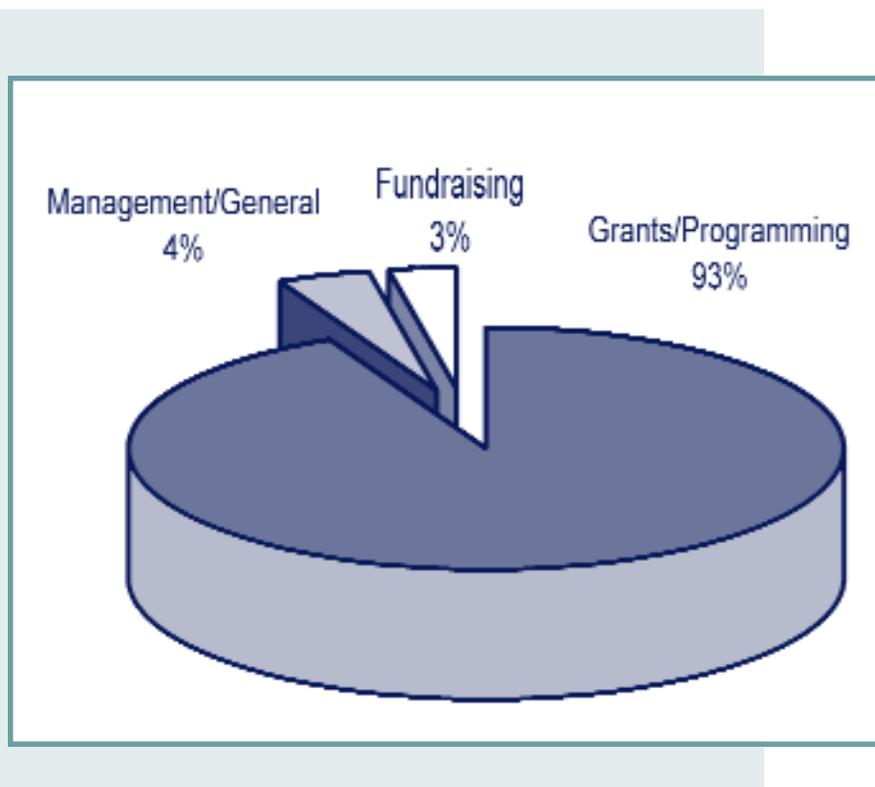
The MMRF is proud of its reputation as a lean organization, minimizing its overall costs by maintaining and relying on more than **150 volunteers**. For 1999, the audit reflects general management expenses at an incredibly low 4%.

What is even more amazing is the MMRF's commitment to funding research. The 1999 audit indicates that 93% of all funds were expended for research grant awards and related programming.

As a result of our success, the MMRF Board has committed to the distribution of **\$2 million in research funding for the year 2000**. This decision is consistent with the MMRF's mission of finding a cure as soon as possible. The MMRF Board also remains committed to educating you about the latest cutting-edge research programs.

It is only with your help that the MMRF has been able to achieve these amazing results. Our success continues to depend on the generosity of our supporters. With the knowledge that the MMRF utilizes every dollar possible to directly fund only the most promising research, we urge you to help us cure multiple myeloma by mailing a donation today. There are so many ways to participate. Consider small fundraisers of your own, such as hosting a cocktail party or golf outing. However you choose to join in the search for a cure, please start today!

For information on how to get involved, contact Jenny McMahon (203) 801-5212. We are always pleased to share our financial information with you.



# MMRF INSTITUTIONAL INSIGHTS:

## LEARN ABOUT THE LATEST RESEARCH

In response to requests by patients and physicians seeking access to the latest cutting-edge research and treatment, the MMRF has developed a CME Symposia Series called, **Institutional Insights - Novel Therapeutic Approaches in the Treatment of Multiple Myeloma**. Institutional Insights (II) offers regional-based CME symposia at influential cancer centers throughout the U.S. with a physician symposium and a separate patient/family segment held at the institution.

The objectives of the program include, educating oncologists and hematologists on the diagnosis and treatment of multiple myeloma; providing the most up-to-date treatment information on multiple myeloma to oncologists, nurses, researchers, patients and their families; and raising awareness of the MMRF at leading myeloma institutions nationwide.

For its first program in the series, the MMRF joined forces

with Dr.

**Mohamad Hussein** at the Cleveland Clinic. **Dr. Phil Greipp** from the Mayo Clinic, **Dr. Steven Treon** from the Dana Farber Cancer



Top photo: Dr. Steve Treon taking a lunch break from the meeting with Ellen, a patient. Bottom photo L-R: Dr. Steve Treon, Dr. Candice McCoy, Dr. Philip Greipp, Dr. Mohamad Hussein and Dr. Isador Lieberman working together to provide access to the latest research.

Institute, and Dr. Isador Lieberman from the Cleveland Clinic, joined us as guest speakers for the program. The event was web cast by [Cancereducation.com](http://Cancereducation.com) and is available by visiting the MMRF website at [www.multiplemyeloma.org](http://www.multiplemyeloma.org) and clicking on Programs.



Top photo: Dr. Greipp talking with Scott, a patient. Bottom photo L-R: Kathy Giusti, Dr. Edward Stadtmauer, Dr. Sundar Jagannath, Dr. Phillip Greipp and Ellen Kaplan, all working together to provide access to the latest research.

Our second II program was held May 3<sup>rd</sup> with the University of Pennsylvania Cancer Center and the Wellness Community of Philadelphia. Guest speakers included Dr. Phil Greipp from the Mayo Clinic, Dr. Sundar Jagannath from St. Vincent's Comprehensive Cancer Center and Dr. Edward Stadtmauer from the University of Pennsylvania Cancer Center.

There are several more II programs planned where you can learn more about prognostic indicators in multiple myeloma, bisphosphonates, the role of high-dose chemotherapy and stem-cell transplantation, immune-based therapies, and new approaches in angiogenesis. Please check our calendar on page 10 for upcoming dates.



# Ask the Expert

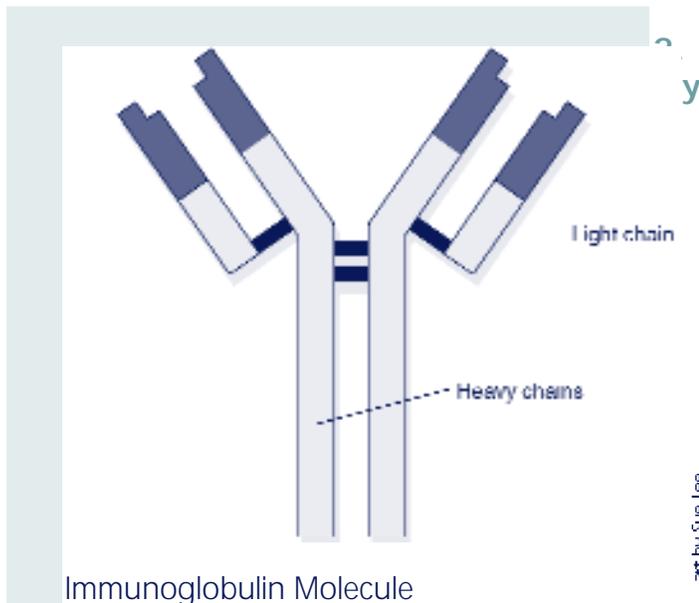
This month's ASK THE EXPERT features the MMRF's Scientific Advisor Jean-Luc Harousseau MD, Professor and Head of the Hematology Department at the University Hospital Nantes, France.



Dr. Harousseau

## 1. Dr. Harousseau, I've been told I have Bence-Jones myeloma. How is this myeloma different from other types?

The malignant plasma cells in most myeloma patients produce complete monoclonal proteins known as immunoglobulins. Immunoglobulins normally consist of both long and short chains, otherwise known as heavy and light chains, respectively. (See figure below.) However, in 15% to 20% of patients, the plasma cells produce only light chains. These light chains are also called Bence-Jones proteins after the person who discovered them and these patients are referred to as having Bence-Jones myeloma. Because these proteins are often found in the urine, it is easier to monitor Bence-Jones myeloma with urine analysis instead of serum electrophoresis. Bence-Jones proteins may deposit in the kidney and clog the tiny tubules that make up the kidney's filtering system. Because this can damage the kidneys, your doctor will also need to periodically check your kidney function.



art by Sue Lee

## My husband is about to undergo a stem cell transplant. How can I make sure he is protected from infections?

Because patients who undergo stem cell transplantation are at increased risk of infection, the transplant center will institute several procedures to help minimize the chance that your husband will be exposed to infectious agents. Visitors may be asked to wear masks and gloves, and fresh fruits,

vegetables, and flowers may be prohibited from your husband's room because they can carry germs. In addition, many transplant patients also routinely receive growth factors (also called colony-stimulating factors) following transplantation to speed recovery of normal white blood cell counts, which will shorten the time they will be at risk for infection. Patients also often receive antibiotics following the procedure to help prevent infections. Your transplant center will provide you with additional guidelines for preventing infection after discharge. (See YOU NEED TO KNOW on page 8 for additional information on reducing the risk of infection.)

## 3. My sister was diagnosed with non-secretory myeloma. What does this mean?

In very few cases (about 1%) of myeloma, the malignant plasma cells do not produce the abnormal monoclonal immunoglobulin proteins that are characteristic of the disease. In these cases, the myeloma is referred to as "non-secretory." In one respect, patients with non-secretory myeloma are spared some of the consequences of the excess protein that is a hallmark of myeloma, such as kidney damage. However, the non-secretory myeloma cells still cause the same problems in the bone marrow as secretory cells, such as bone damage and crowding out of normal cells. Since there are no abnormal proteins in the blood or the urine that would allow monitoring of the disease, your sister may need to have bone marrow aspirates and analyses, along with imaging studies, such as magnetic resonance imaging (MRI), to assess her disease.



# Medical Corner

## ANGIOGENESIS

Within the past few years, there has been considerable interest in the role of angiogenesis in various types of cancer, including multiple myeloma. In this month's Medical Corner, we interview William T. Bellamy, PhD, Associate Professor in the Department of Pathology at the University of Arizona. Dr. Bellamy is a 1999 MMRF Senior Research Award recipient who is investigating the role of angiogenesis in myeloma.



William T. Bellamy, PhD

### What is the role of angiogenesis in cancer?

Angiogenesis appears to play a role in the growth of solid tumors. Like normal tissue, tumors require nutrients to grow. For tumors to grow beyond 1 to 2 millimeters in size, they require new blood vessels to bring nutrients closer to and within the tumor mass. Angiogenesis allows the tumor to grow and unlike the normal process, continues as the tumor grows. This growth of new blood vessels also helps tumor cells spread to other parts of the body. Scientists have begun to investigate the various molecules that trigger angiogenesis, as well as drugs that can inhibit the process.

### How is angiogenesis involved in myeloma, which is not a solid tumor?

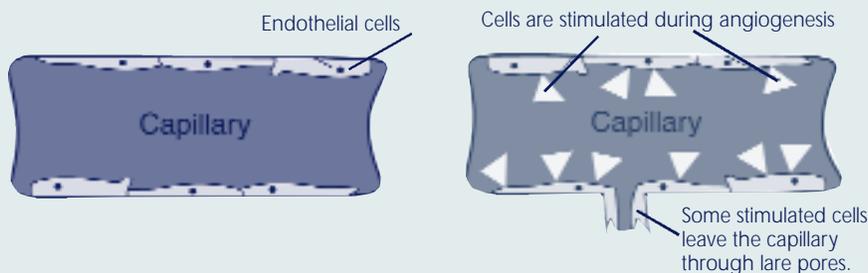
Until recently, angiogenesis was not thought to play a role in cancers of the bone marrow and blood because the marrow has a rich blood supply and blood cells are continually bathed in blood. However, researchers have found that the density of blood vessels (also known as microvessel density) increases in myeloma and certain types of bone marrow cancers, indicating that the process of angiogenesis is occurring. In fact, lower microvessel density has been associated with a more favorable prognosis in myeloma and other cancers.

More recently, investigators have begun to look at the various chemicals and factors that promote angiogenesis in cancer. They have found that these factors not only promote

### What is angiogenesis?

Angiogenesis is the formation of new blood vessels. It is a normal process that occurs at various times, such as during fetal growth or when the body repairs an injury. During angiogenesis, blood vessels become leaky and the cells that line blood vessels (endothelial cells) become stimulated and divide, creating new branches of the vessel. After the new vessels are complete, the process turns itself off.

## How the Process of Angiogenesis Works



Capillaries are made of cells called endothelial cells.

During the process of angiogenesis, endothelial cells become stimulated and leave the capillary through these larger pores.

Then they divide and multiply ...

# Medical Corner

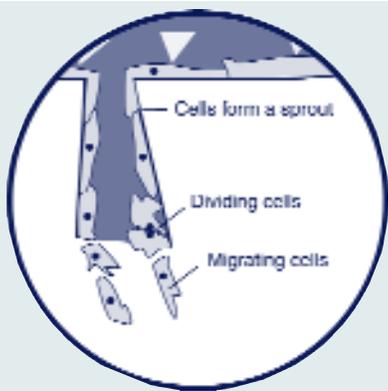
angiogenesis, but appear to act as survival factors for cancer cells as well. The angiogenic factor known as vascular endothelial growth factor (VEGF) has been shown to protect cancer cells from the effects of chemotherapy.

## Can you tell us a little bit about thalidomide's effect in myeloma?

The recent results with thalidomide in treatment-refractory patients out of the University of Arkansas are very exciting. These studies have demonstrated that thalidomide is active against advanced myeloma and can induce marked and durable responses in some patients.

Thalidomide is known to inhibit angiogenesis, but the exact mechanism of action of thalidomide in myeloma is unknown. In the myeloma study, the investigators were not able to correlate the level of angiogenesis in patients' bone marrow with their response to thalidomide. However, thalidomide has a variety of effects that may account for its activity in myeloma. Thalidomide may have a direct inhibitory effect on myeloma cells or special support cells in the bone marrow known as stromal cells, which have been shown to enhance the survival of myeloma cells. Alternatively, thalidomide may inhibit the secretion and activity of various chemical mediators that enhance the growth, survival, and drug resistance of myeloma cells. In addition, thalidomide has a variety of stimulatory effects on the immune system, which may enhance the body's ability to destroy the malignant cells.

Studies are ongoing to determine just how thalidomide may be acting against myeloma.



... forming a sprout on the capillary.  
This sprout becomes a new capillary.

## Can you tell us about your current research in myeloma?

Our laboratory is studying the role of VEGF, a key angiogenic molecule. VEGF increases the leakiness of blood vessels and stimulates the growth of new blood vessels. However, the role of VEGF on blood cells is not known.

We are specifically looking at the production of VEGF and expression of its receptors in myeloma patient samples as well as human myeloma cell lines grown in the laboratory. We have been able to show that VEGF is produced by malignant plasma cells in both of these settings.

However, we have not found receptors for VEGF on these myeloma cells. Rather, we have found receptors on some of the normal cells in the bone marrow, which would lead us to believe that VEGF acts on myeloma cells indirectly via its effect on other cell types (a paracrine effect) rather than having a direct effect on myeloma cells (an autocrine effect). (See figure.)

We are also trying to determine how VEGF is acting in myeloma. We will be looking at agents that specifically block VEGF, as well as more generalized anti-angiogenic agents such as thalidomide, to see their effects.

## Can you tell us about your next steps?

We have developed a mouse model of myeloma in which we will be able to look at the effects of various treatments on myeloma cells. These mice have defective immune systems, and when they are injected with various human myeloma cell lines, the cancer grows unchecked. We can use this model to monitor treatment effects on disease progression, as well as look at the production of various growth factors in addition to VEGF.

Using this model, we've been able to show that myeloma cells produce large amounts of VEGF in the animals -- just as we see in patients -- but the cells themselves do not express receptors for the growth factor. This would again support the concept of VEGF acting indirectly on myeloma cells through its effects on other cells. Our next step is to treat the animals with an antibody against VEGF to determine its effect on tumor growth.

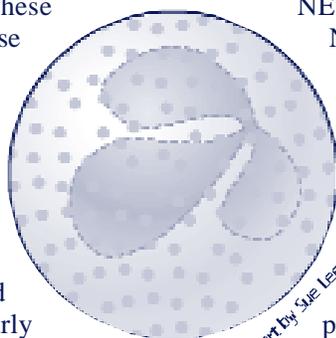


# YOU NEED TO KNOW

## REDUCING YOUR RISK OF INFECTIONS

**P**atients receiving chemotherapy as part of a stem cell transplant or a treatment regimen are at an increased risk of infection. This occurs because chemotherapy, which works by killing fast-growing cancer cells, can also affect normal cells, particularly important cells in the bone marrow. These bone marrow cells give rise to white blood cells, which are important infection-fighting cells, as well as red blood cells, which help transport oxygen.

One type of white blood cell that is particularly important in fighting off infection is called a neutrophil (see figure), also known as a granulocyte or polymorphonuclear cell. When neutrophil levels drop below normal (a condition known as neutropenia), you are less able to fight off infection.



Neutrophil

Your doctor will periodically monitor your risk of infection by checking the level of neutrophils in your blood. Following a stem cell transplant, or if you develop neutropenia after chemotherapy, your doctor may recommend a medication called NEUPOGEN® (filgrastim). NEUPOGEN is a growth factor that stimulates the cells in the bone marrow to produce more neutrophils, thus reducing your risk of infection.

Infections are a serious matter in chemotherapy patients and can develop in almost any area of the body. There are several things you can do to reduce your risk of infection. One of the best ways to avoid the spread of infection-causing bacteria is to wash your hands frequently, particularly before eating and after using the bathroom.

### OTHER STEPS TO TAKE:

- ▶ Avoid contact with crowds and people who have colds or other illnesses.
- ▶ Practice good hygiene. Shower daily, use lotion to protect your skin, and clean cuts with soap, warm water, and an antiseptic.
- ▶ Use an electric shaver instead of a razor.
- ▶ For good oral hygiene, cleanse your mouth with warm salt water and use a soft toothbrush to avoid hurting your gums.
- ▶ Properly handle, wash, and thoroughly cook all foods.

If you develop any symptoms of infection (fever >100.4°F, chills or sweating, sore throat, diarrhea, etc.) notify your doctor.



## A.C.C.E.S.S. -- A New Educational Support Program for Cancer Patients

As many patients with cancer already know, having the right information is key to gaining control of the treatment of your disease. You may already be aware of some of the many resources available that can provide you with information about your disease and its treatment.

Amgen has recently developed a free educational support system that can provide you with additional information customized to your special needs. The program is called A.C.C.E.S.S., which is short for Amgen Cancer and

Chemotherapy Educational Support System.

Based on your diagnosis and current treatment, A.C.C.E.S.S. will research and choose materials relevant to your particular needs. You will be provided with useful information on both medical and everyday issues gathered from a variety of sources, as well as materials unique to the program. The materials can span subjects as diverse as exercise, nutrition, and emotional issues, as well as your disease and what you can expect

from chemotherapy. These materials will be sent to you throughout your course of chemotherapy to help support you through the process.

To receive the free video "Improving the Chemotherapy Experience" and to participate in A.C.C.E.S.S.

Call 1-877-90AMGEN. You will be asked to provide information regarding your diagnosis and current treatment. Your information will be kept confidential.

# Industry Partners

## RITUXIMAB THERAPY IN MYELOMA

The first response in a myeloma patient treated with a therapy directed against B cells was recently reported. The therapy, a monoclonal antibody called Rituxan® (rituximab), targets B cells that express the CD20 protein on their surface. It is currently approved for the treatment of B-cell lymphoma and is being investigated for use in myeloma. In about 20% of myeloma patients, malignant bone marrow plasma cells express CD20. In addition, CD20-positive B cells are found in the blood of some myeloma patients.

Steven B. Treon, MD provided us with an update on a study of rituximab in previously treated myeloma patients being conducted at the Dana Farber Cancer Institute in Boston. As of May of this year, 19 patients have been enrolled in the study and 18 patients have completed rituximab therapy and can be evaluated.

Among these 18 patients, one patient has achieved a partial response and 5 patients have demonstrated stable disease. The length of time before treatment failure in the patients with stable disease has ranged from 3 months to more than 18 months, with a midpoint of 5 months. Of the 6 patients who responded in the study, 5 were found to have CD20-positive bone marrow plasma cells. The CD20 status could not be determined in the remaining patient. The treatment was well tolerated and the study is continuing.

Although these preliminary results suggest that patients with CD20-positive bone marrow plasma cells may be more likely to benefit from rituximab therapy, we'll know more as the study progresses.



**The MMRF Thanks**  
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support of Myeloma Focus

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## REPORT FROM ASCO 2000

ASCO 2000 reported a significant new development with the use of 166Holmium-DOTMP in an effort to target radiation therapy to the bone marrow while limiting exposure of normal tissues. Bensinger et al. reported that 166Holmium-DOTMP was administered to 70 myeloma patients as part of their intensive therapy regimen with high dose melphalan  $\pm$  TBI prior to stem cell rescue. The results show this technique to be safe with good engraftment, only mild to moderate extramedullary toxicity and an encouraging 45% complete response rate. The next step is to evaluate whether radiation, focused in this manner, yields more durable remissions than traditional means of high dose therapy.

The Arkansas group updated and confirmed their experience with thalidomide showing a 28% response rate based on at least a 50% paraprotein reduction. In addition to the single agent study, a number of studies of thalidomide in combination with other agents are in progress.

Valone and co-workers reported on the immunotherapeutic use of idiotype-loaded dendritic cells to induce more effective immunization of myeloma patients to their own malignant myeloma cells. They found that this treatment could cause remissions in nearly half of the patients tested with minimal residual disease after high dose therapy and stem cell rescue. Patients with high burden refractory disease did not respond to remission levels. The treatment was safe and well tolerated in both groups and appears suitable for expanded testing in patients with low tumor burden.

Coleman and Leonard presented a very preliminary paper on the surprising apparent effectiveness of the oral combination of clarithromycin 500mg bid, thalidomide 50 mg qd and dexamethasone 40 mg q wk on 17 patients with myeloma (13) or Waldenstrom's macroglobulinemia (4). All but 4 have been heavily pretreated. All evaluable patients responded within 6 weeks, 3 with CR. GI and neurotoxicity has not been insignificant, resulting in withdrawals, all promptly followed by relapse. Further investigation is required.



# MEET OUR BOARD



**Bill McKiernan**

Chairman and CEO of CyberSource Corp., and Chairman of Beyond.com Corporation, Mr. McKiernan joined the MMRF Board of Directors in the fall of 1999. Mr. McKiernan was asked to serve on the board because of his keen business sense, his passion for the cause

and his innate ability to generate interest among his peers to become involved in the fight against myeloma.

As a member of the Board, Mr. McKiernan's primary focus is to identify compassionate individuals, large foundations, and corporations willing to support the MMRF. Able to clearly articulate the mission of the MMRF, and raise awareness of the disease, Mr. McKiernan has been tremendously successful in bolstering funding.

Mr. McKiernan remarked, "I try to make introductions to the right people, for both individual and foundation donations." He also indicated that, "since the Foundation has done such a great job attracting the very best people to the scientific advisory board, and funding outstanding research, it is very easy for people to offer their support."

Reflecting on the MMRF as a foundation, Mr. McKiernan said, "The MMRF has done a phenomenal job, in a

very short period, in establishing itself as a world-class foundation. There's no question about it, from the standpoint of getting mindshare, raising money, funding research to battle the disease, it's just incredible what's been accomplished in just a few years. The MMRF's scientific advisory board is a world-class board, and their keen sense in identifying the best research programs has had a material impact on finding a cure for this disease."

As to the future direction of the Foundation, McKiernan said, "very simple ... cure the disease. To distill it down, what we're all about is to find a cure for this disease, that drives everything we do ... everything that we talk about is with that goal in mind. I'm absolutely convinced that we will find a cure for this disease. We'll find a cure so Kathy can see her children grow up and on behalf of all patients who are suffering from this terrible disease."



## DATES TO REMEMBER:

### August 31, 2000

The MMRF's Fellow's Awards applications are due.

### October 5-6, 2000 Boston, MA

Institutional Insights: One symposium for clinicians and another free program for patients and family members. Presented by the MMRF and the Dana Farber Cancer Institute. Speakers: Dr. Ken Anderson, Dr. Bob Kyle, Dr. Nikhil Munshi, Dr. James Berenson and Dr. Joan Blade.

### October 7, 2000 New York, NY

Institutional Insights: One symposium for clinicians and another free program for patients and family members. Presented by the MMRF and Cornell University. Speakers: Dr. Bart Barlogie, Dr. Ken Anderson and Dr. Leif Bergsagel.

### Fall, 2000 Greenwich, CT

"Friends for Life" Fall Gala: To get involved, contact Jenny McMahon at 203-801-5212

### November 3-5, 2000 Charlotte, NC

Oncology Nursing Society (ONS)

### Meeting

### November 9-10 Chicago, IL

Institutional Insights: One symposium for clinicians and another free program for patients and family members. Presented by the MMRF and Northwestern University. Speakers: Dr. Steve Rosen, Dr. Ken Anderson, Dr. Bill Bensinger and Dr. Leif Bergsagel.

### December 1-4 San Francisco, CA

American Society of Hematology (ASH) meeting.

For more information on Institutional Insights Events,

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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.

# WELCOME NEW SCIENTIFIC ADVISORS!

The MMRF welcomes and is honored to announce 14 new members to its Scientific Advisory Board. These individuals, all world-renowned experts in the field of myeloma research, review all of our programs for educational content, develop the research strategy for the Foundation, and select recipients of the MMRF Senior Research and Fellows Awards to ensure that only the most promising research is funded by the MMRF. The MMRF is grateful for their commitment to the Foundation, and their dedication to finding a cure for myeloma.

## WELCOME TO:

### Dr. Leif Bergsagel

Weill Medical College of Cornell  
University

### Dr. Joan Blade

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### Dr. Alan Solomon

University of Tennessee Medical  
Center

### Dr. Pieter Sonneveld

University Hospital Rotterdam, The  
Netherlands

### Benjamin Van Camp

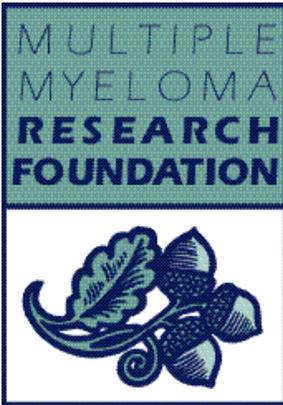
University Hospital V.U.B., Belgium

### Dr. Brian VanNess

University of Minnesota

## Be Sure to Visit MMRF's New Web Site

If you haven't seen the MMRF's new web site, you may be missing out on the very latest information on myeloma. While visiting the site at [www.multiplemyeloma.org](http://www.multiplemyeloma.org), be sure to provide your e-mail address so that you will be registered to receive the latest cutting-edge information on multiple myeloma!



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## DR. BARLOGIE TO CHAIR NCI PRG

**T**he National Cancer Institute (NCI) convenes Progress Review Groups (PRGs) to set priorities for site-specific research. A PRG is composed of 20 - 30 prominent members of the scientific, medical and advocacy communities and outlines and prioritizes a national research agenda for particular types of cancers.

Recently, the NCI selected co-chairs to represent each of the three specialties within the newly formed Lymphoma/Leukemia/Myeloma (LLM) PRG. Dr. Bart Barlogie of the Arkansas Cancer Research Center will represent myeloma, Dr. Clara D. Bloomfield of Ohio State University will represent leukemia, and Dr. Riccardo Dalla-Favera of Columbia University will represent lymphoma.

The LLM PRG will conduct a planning meeting in August 2000, to lay the plans for a roundtable wherein 150-200 scientists, clinicians, industry representatives, and advocates provide input on the key scientific questions that must be addressed to advance medical progress against the disease.

In February 2001, the completed report is submitted to NCI's Advisory Committee to the Director (ACD). Upon acceptance by the ACD, the final report is then widely disseminated. The PRG will meet a final time at an Implementation Meeting, to discuss the NCI's plans for addressing the PRG's recommendations.



Dr. Bart Barlogie

Additional information regarding the PRG's can be found on line at: <http://osp.nci.nih.gov/>  
Click "Program Assessment".

