



*Accelerating  
the  
Search  
for a  
Cure*

**INSIDE  
THIS ISSUE**

Family of  
Volunteers  
Page 2

Angiogenesis  
Roundtable  
Page 4

Ask the  
Expert  
Page 5

Medical  
Corner  
Pages 6-7

Industry  
Update  
PAGE 8

Institutional  
Insights  
Page 9

Meet our  
Board  
Page 10

Dates to  
Remember  
Pages 10

Wine and Jazz  
Fundraiser  
Page 11

# MYELOMA FOCUS

Newsletter of the Multiple Myeloma Research Foundation

## FALL GALA BRINGS US \$1 MILLION CLOSER TO A CURE

**T**his year's "Friends for Life" Fall Gala was an incredible success, raising over one million dollars to aid in the search for a cure! The Gala took place October 21<sup>st</sup>, at the Grand Hyatt in



"Can we talk?"  
Joan Rivers serving as  
Master of Ceremonies.

Greenwich, CT. Once again, the event was well attended in showing support for the MMRF and to raise funds to support myeloma research.

The inimitable Joan Rivers served as Master of Ceremonies, and Hamilton Jordan, former White House Chief of Staff and best-selling author, was the honored guest for the evening. Mr. Jordan is a three-time cancer survivor. Having faced and survived lymphoma, prostate, and skin cancers, Mr. Jordan has shown remarkable courage in the face of what may seem to be insurmountable hardships. The MMRF is extremely grateful for Mr. Jordan's and Ms. Rivers' participation in this year's Gala.

The evening was an elegant and dazzling affair that included cocktails, a silent auction, dinner, and a live auction followed by dancing until midnight. Among the top items auctioned were Silverseas Cruises' Chilean Voyage of a Lifetime, the "Match Point" at Wimbledon trip, the behind-the-scenes tour of the "Today" show, and a walk-on role on NBC's "Will and Grace." These were but a few of the incredible items that led to spirited bidding during the evening's auction.

The MMRF is grateful to all those individuals and organizations that donated items to this important fundraiser.

continued page 3



Impressed with the enthusiastic bidding, Hamilton Jordan (left) sits with Tom Savage of AIG Financial Products (right) as they watch the competition.

# Welcome Letter

**D**ear Friends,

The Holidays bring a time of special remembrance and reflection to all of us. For me, they also mark my diagnosis of multiple myeloma, which came during the 1995 Christmas season and in an instant turned my life upside down.

But as I look at the tremendous progress the MMRF has made in the last three years, I am filled with hope. We have brought awareness of multiple myeloma to millions of families through television coverage on shows like *INSIDE EDITION* and *CBS THIS MORNING*. This Thanksgiving, we will be featured on the *TODAY SHOW*. And in our search for a cure, we have distributed \$2 million in research grants this year alone.

The Holidays are also a time of gratitude, and I would like to voice thanks to the organizations working with us - to the National Cancer Institute, currently conducting a (PRG) Progress Review Group on blood cancers; to the pharmaceutical and biotech firms, which are pushing to bring new myeloma compounds to market as quickly as possible; and to the other foundations, such as the McCarty Cancer Foundation, which share with us the spirit of collaboration in our quest.

I would also like to thank all the individuals who volunteer with the MMRF and who have made the realization of our dreams a possibility!



A Special Thanks from the MMRF to the "Friends for Life" (L-R) Bonnie Arnix, Susan Boston, Barbara Wright, Molly Ludtke, and Suzanne Cole -- a strong team of volunteers who have made the Fall Gala one of the MMRF's most successful

## Family of Volunteers "Friends for Life"



"Friends for Life" Barbara Blasso and Lori Ward enjoying the Fall Gala - an evening that they were so crucial in making it happen.

**F**rom the beginning, the MMRF knew it could not accomplish its goals alone. It would need to rely on the time, energy, and expertise of committed individuals to help maintain the commitment to funding the most promising myeloma research in the world. The MMRF takes

great pride in, and is grateful for, its network of committed volunteers whose time, talent, and guidance help the Foundation meet its objectives.

Special events for the MMRF provide the most visible volunteer opportunities. Over 100 individuals donated their time and energy to make the 2000 "Friends for Life" Fall Gala happen. This year's Gala is the Foundation's most successful fundraiser to date.

We also wish to acknowledge and to thank the many "behind the scenes" individuals, a core group of committed volunteers, who provide yearlong support with a variety of administrative tasks and patient-related services enabling the Foundation to remain true to its mission and keep our overhead costs low.

At a time of year when expressing gratitude seems so appropriate, the MMRF would like to extend its sincerest thanks to all of those who give to the MMRF, especially those who give of their precious time, their energy, and their talents.



# FALL GALA

Continued from page 1

Each year so many people work very hard to make the "Friends for Life" Fall Gala such a grand success. It is only through their dedication and hard work that this event continues to be MMRF's largest and most important fundraiser. The MMRF staff would like to express our heartfelt gratitude to all those who participated. We wish to extend a special thanks to Event Chairs, Karen Andrews and Lori Ward, and Program Chairs, Kristy Campuzano, Doreen Collins, Jenny McMahon, Allison Mennitt, Jill



(L-R) Jenny McMahon, Kathy Giusti, Joan Rivers, Karen Andrews, Hamilton Jordan, and Lori Ward.



Above are Congressman Christopher Shays with his wife Betsi Shays

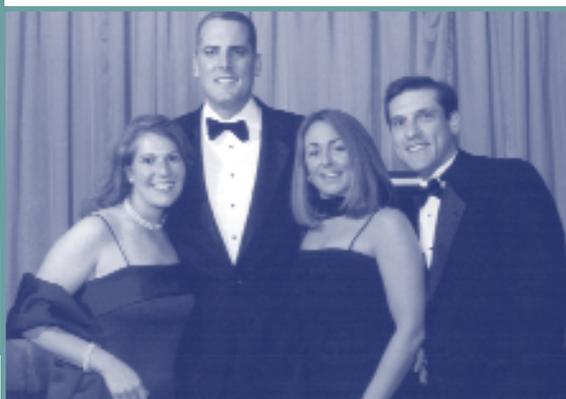
(Right Photo) Erin Noonan and Trish DeSantis signing in for the Silent Auction.



Below (L-R): Ellen Kaplan, Mike and Amy Cavers, and Scott Santarella



Above: Roberta and Michelle McCarty



Colombo, Kelly Menna, and Carol Wolf. In addition, the MMRF thanks Vicki Nye, Karen McCaffery, Pat Morgan, Christine Rosa, and Nancy Scranton for their extraordinary efforts.

The success of this year's Friends for Life Fall Gala is due to the kindness of individuals and corporations. We'd like to thank the following Benefactors & Sponsors

## BENEFACTORS:

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# You Need To Know

## MMRF RESEARCH ROUNDTABLE ON ANGIOGENESIS

**D**uring the fourth experts' Research Roundtable in multiple myeloma, various exciting, novel, and unique targets were evaluated for the first time for control of myeloma cell growth. The Roundtable focused on examining angiogenesis (new blood vessel formation) as a therapeutic target in myeloma, as well as strategies for targeting the myeloma cell and its bone marrow microenvironment. Held October 3-4 in Boston, MA, the Roundtable was organized and funded by the MMRF and sponsored by the Dana-Farber Cancer Institute.

According to co-chairs Dr. Kenneth Anderson and Dr. Nikhil Munshi, the Roundtable was extremely enlightening. World experts in myeloma and angiogenesis, including the renowned angiogenesis authority Dr. Judah Folkman, joined together with leading scientists from the National Institutes of Health and major pharmaceutical companies who are developing novel therapies, to share their thoughts on improving the treatment of myeloma.

Multiple new strategies for inhibiting the growth of myeloma cells by affecting the bone microenvironment were presented. These include use of:

☞ Angiogenesis inhibitors, such as thalidomide, thalidomide analogs, Neovastat (AE-941), and PTK787/ZK



Kathy Giusti, President MMRF; Dr. Kenneth Anderson, Dana Farber; Dr. Judah Folkman, Harvard Medical School Children's Hospital; Dr. Nikhil Munshi, University of Arkansas for Medical Science; Ms. Amy Cavers, Celgene Corp.



Roundtable participants listening intently to the Roundtable presentations and participating in the discussions.



222584, which not only inhibit new blood vessel formation but also exhibit multiple anti-myeloma effects

☞ Agents such as proteasome inhibitors and immunomodulatory drugs (IMiDs), which block the production of growth factors in the bone marrow that support the growth of myeloma cells

☞ Molecules that block the localization of myeloma cells in the bone marrow

Many of these strategies act indirectly on myeloma cells, serving to "evict"

them from the bone marrow, where they will be more susceptible to various therapies. Several of these therapies also have direct anti-tumor effects on myeloma cells.

According to Dr. Anderson, there was a very tangible outcome of the meeting. "Not only was there sharing of information that enhanced our understanding of basic biology, but there will be clinical trials of new drugs as a direct result." This offers hope to patients in that these agents may help bring us closer to a cure for myeloma.

The MMRF has partnered with HealthTalk Interactive to feature interviews from the Roundtable with Dr. Anderson and Dr. Folkman. To listen to or read these compelling interviews, visit HealthTalk at:

[www.healthtalk.com/horiz](http://www.healthtalk.com/horiz)

Special thanks to Celgene for providing funding for the Roundtable program and the abstract books.



# Ask the Expert

This month's Ask the Expert features the MMRF's Scientific Advisor James Berenson, MD, Director of the Myeloma and Bone Metastasis Program at Cedars-Sinai Medical Center, Los Angeles, California.



Dr. James Berenson

## 1. My doctor has suggested I receive Aredia® (pamidronate). What is the recommended dosing? How long will I have to take it?

Aredia is a bisphosphonate, a type of drug used to treat myeloma bone disease. Aredia helps reduce the advancement of bone disease, decrease bone pain, and reduce the occurrence of fractures and other bone-related complications.

Aredia works by inhibiting the activity of bone-destroying cells called osteoclasts, which is increased in myeloma (see figure below). The recommended dose of Aredia in patients with myeloma bone disease is 90 mg administered as a 2-hour intravenous infusion once a month. Because of the continuing bone loss even in responding patients, the medication is given indefinitely. Long-term Aredia use can rarely affect the kidneys; therefore your doctor may want to test your kidney function periodically (about every 3 to 4 months) with standard tests of renal function, such as serum creatinine, SGOT, BUN, and/or albumin as well as urine creatinine and protein.

## 2. What is dexamethasone and how does it work? How does it differ from prednisone?

Both dexamethasone and prednisone are members of a class of drugs known

as corticosteroids. Corticosteroids are synthetic versions of naturally occurring hormones and are potent drugs that affect many body systems.

Dexamethasone is several times more potent than prednisone, but otherwise these drugs have similar effects. They suppress inflammation and some immune reactions and directly kill some types of cancer cells, including malignant plasma cells. These drugs are the most active agents against myeloma, thus they are commonly used therapeutically alone or in combination with other drugs. Dexamethasone may be used by itself for patients who have not yet been treated or have not responded to primary treatment, or in elderly patients who may not tolerate more aggressive chemotherapy regimens. It is also used in combination with drugs such as vincristine and doxorubicin (VAD therapy).

Prednisone is used in combination with a variety of other agents, such as melphalan (MP therapy). Recent randomized studies show that chronic prednisone therapy helps maintain remissions and improve survival among patients responding to VAD chemotherapy. Prednisone is available as tablets while dexamethasone is

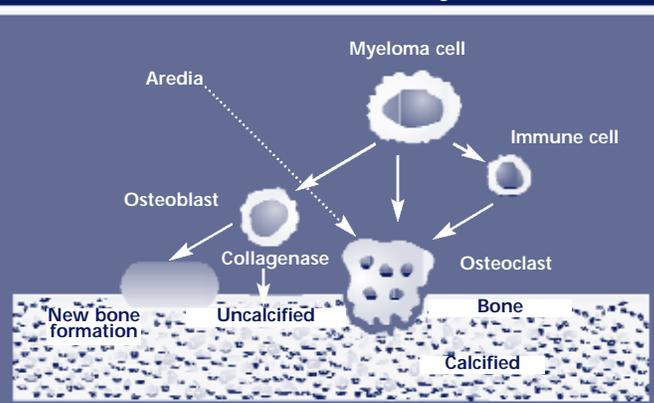
available in both oral (pill and liquid) and intravenous forms.

## 3. What is plasma cell leukemia? How is it related to myeloma?

Plasma cell leukemia is a variant form of myeloma. In this type of myeloma, large numbers of plasma cells are found in the blood in addition to within the bone. The plasma cells comprise more than 20% of the white blood cells present in the blood, with total counts of at least 2,000 per microliter of blood.

Plasma cell leukemia can be classified into two types: primary and secondary. Patients with the primary form (about 60% of the cases of plasma cell leukemia) initially are diagnosed by the presence of circulating plasma cells. In contrast, the secondary form of the disease occurs in patients who already have been diagnosed as having myeloma. In this form of the disease, the myeloma cells in the bone marrow are transformed in some way such that they are released in large numbers in the

## Bone Disease in Myeloma



Bone constantly renews and repairs itself through the coordinated action of osteoclasts (bone-resorbing cells) and osteoblasts (bone-forming cells). Myeloma cells release substances that increase the activity of osteoclasts, leading to increased bone destruction. Aredia inhibits osteoclast activity and helps reduce the advancement of bone disease.

# Medical Corner

## Understanding the Biology of Myeloma: The Key to a Cure?

In this month's Medical Corner, we interview Dr. Leif Bergsagel, Associate Professor of Medicine at Weill Medical College of Cornell University in New York. Dr. Bergsagel, a 1996 MMRF Fellows Award winner and 1999 MMRF - McCarty Foundation Senior Research Award winner, is doing exciting work in the area of myeloma genetics, where he is investigating the mechanisms that initiate myeloma. Dr. Bergsagel's hypothesis is that myeloma is not a single disease entity but rather includes slightly different variations based on specific genetic abnormalities occurring in the plasma cells, a finding that has important implications for therapy. To understand the theory, it's important to understand the normal biology of a plasma cell.



Dr. Leif Bergsagel

### What Happens in a Normal Plasma Cell?

The function of a normal plasma cell is to make antibodies, proteins that help fight infection. When you are first exposed to an infection or receive a vaccine, the plasma cells that recognize the microorganism or vaccine make what is known as a primary antibody. Primary antibodies provide rapid but short-lived protection, and are members of the class of antibodies referred to as IgM. When you are re-exposed to the same infection or you get a booster shot, the plasma cells keep the same specificity but switch to produce a secondary antibody, a long-lasting antibody with a different effector function that provides life-long immunity. Secondary antibodies are

typically of the IgG or IgA class.

Switching is a very complex process that occurs in the antibody gene of the plasma cell, which is physically located on chromosome 14. An antibody gene starts out with the DNA blueprints for producing antibodies of all the various classes, and the information for each

class is lined up in a row (figure on the next page). The DNA for producing the primary IgM antibody is first in line, so that is the first antibody produced. During switching, the chromosome is broken in two places and that portion of the DNA that codes for the IgM antibody is deleted. The remaining DNA segments are rejoined, and the cell reads the information that is next in line, producing one of the secondary antibodies.

### What Happens in Myeloma?

Myeloma is almost exclusively a tumor of plasma cells that have switched to secondary antibody production. About 60% of patients have myeloma of the IgG type, while about 20% have IgA myeloma. True IgM myeloma (which must be distinguished from Waldenström's macroglobulinemia, a disorder of plasma cells that does not cause bone pain) is very rare, affecting less than 0.5% of patients. The remaining 20% of patients secrete light chains (incomplete antibodies).

The hypothesis behind Dr. Bergsagel's

research is that a mistake in this switching process is the first step that leads to the development of myeloma (and probably monoclonal gammopathy) and subsequent events make the cells fully malignant. When switching goes awry, the chromosome is broken, but the wrong pieces of DNA are rejoined. The joining of parts of two different chromosomes is referred to as a translocation. When a translocation occurs, the cell now expresses whatever gene is next in line in the DNA segment as if it were an antibody gene, and the cell produces whatever protein is encoded by that gene.

### Myeloma Subtypes

Recently, techniques have become available to characterize these translocations in myeloma cell lines and in cells from myeloma patients. Dr. Bergsagel has found that there are at least three distinct subtypes of myeloma based on the type of translocation that occurs. In about 20% of patients with myeloma, the gene for a protein known as fibroblast growth factor receptor 3 (FGFR3) is inappropriately expressed. FGFR3 is a protein that is normally found on bone-forming cells, where it serves as a signal for growth. When this gene is expressed in the myeloma cell, the FGFR3 is expressed on the myeloma cell surface. The FGFR3 now allows the myeloma cell to grow and respond inappropriately to growth factors that are meant for bone cells.

In another 10% to 20% of patients, translocations result in the expression of a gene called *c-maf*. This gene is normally active in another type of immune cell known as a T cell, where it acts as a "switch" that turns on a whole machinery of genes that signals T cells

# Medical Corner

to help or augment an immune response. Myeloma cells with this translocation are also inappropriately signaled to grow. The expression of a gene called cyclin D1 has been identified in another 25% of patients and this gene controls how quickly a cell divides. The translocations in the remaining patients haven't been fully characterized yet.

Cells of these various myeloma subtypes sometimes look different under a microscope and behave differently. The cells may also respond differently to treatment. The situation may be analogous to some leukemias and lymphomas where the type of translocation is the single most important determinant of a patient's prognosis and treatment. In the future, it may be possible to do genetic testing and tailor a patients' treatments to their particular translocation.

## Analogy to Chronic Myelogenous Leukemia

What is so exciting about the findings of such translocations in myeloma is the fact that a specific translocation has been identified as the trigger for chronic myelogenous leukemia (CML). In CML, the Philadelphia chromosome (a characteristic marker found in 85% of patients) is actually a translocation that results in the production of a protein (a tyrosine kinase) that is only present in leukemic cells. The drug STI-571 was developed specifically to inhibit the activity of this novel protein and has shown dramatic results with minimal toxicity.

According to Dr. Bergsagel, "There is no reason why we can't do the same

thing for the FGFR3 protein." Myeloma cells are the only cells in the bone marrow that express FGFR3 and although other cells in the body express the protein, they are not dependent on it for survival in the same way that myeloma cells are.

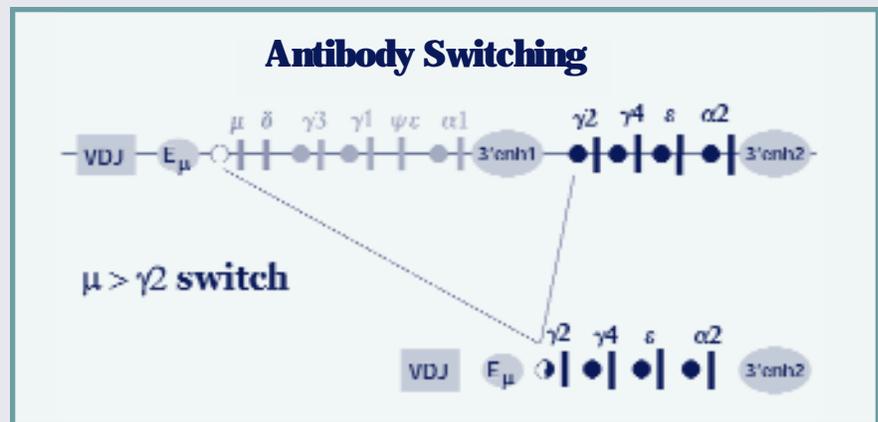
## Ongoing Research

With MMRF funding, Dr. Bergsagel's laboratory is developing a mouse model of myeloma that reflects what happens in human myeloma. To do this, they are reproducing the human FGFR3 translocation in mice, which will allow them to study the natural progression of myeloma disease. It will also allow them to evaluate potential therapies, such as agents that target FGFR3, at a much faster rate, helping them to proceed to human trials more quickly.

In collaboration with Dr. Bergsagel, Dr. Keith Stewart in Toronto, a 1998

MMRF-McCarty Senior Research Award winner, has been exploring the mechanisms by which FGFR3 contributes to myeloma. In Dr. Stewart's laboratory, mice transplanted with bone marrow cells engineered to make FGFR3 quickly succumb to a leukemia of early B cells (the forerunners of plasma cells), thus confirming that inappropriate expression of FGFR3 can cause cancers of the blood system. Other experiments suggest that FGFR3 allows myeloma cells to grow independently of interleukin 6, one of the factors normally required for growth of plasma cells. Furthermore, myeloma cells making lots of FGFR3 fail to die at a normal rate.

Based on these results, it is clear that suppression of FGFR3 makes sense as a therapy for myeloma, a topic now being explored by the combined efforts of Dr. Stewart's and Dr. Bergsagel's laboratories.



The antibody gene contains the DNA blueprints to produce antibodies of all the various classes. During switching, in this case from IgM to IgG2, the chromosome is broken in two places and the portion encoding the IgM antibody (μ) is deleted. The remaining segments are rejoined and the cell now reads the 2 region and makes IgG2 antibody. Errors in this process can lead to translocations (joining of parts of two different chromosomes).

## Proteasome Inhibitor PS 341 to Undergo Clinical Testing

Written by Dr. Kenneth Anderson

Myeloma cells adhere to normal bone marrow cells and proteins, which assures their localization in an environment where they can grow and survive. This binding leads to production of factors (i.e., interleukin 6) which augment tumor cell growth and survival and make the myeloma cells resistant to chemotherapy. Therefore, drugs that inhibit myeloma cell binding to bone marrow cells can restore the ability of chemotherapy to kill myeloma cells.

Proteasome inhibitors are newly available drugs that exhibit several types of anti-myeloma activity and offer great potential to improve the outcome of treatment. First, these agents can directly kill myeloma cells -- even those resistant to conventional treatments. In addition, proteasome inhibitors can act indirectly to change the bone marrow in ways that further inhibit the ability of myeloma cells to grow and survive. They alter the surface fingerprint of myeloma cells and bone marrow cells in such a way that they no longer recognize each other. This serves to reduce tumor cell binding in the bone marrow, which in turn causes a marked reduction in interleukin 6 production. Proteasome inhibitors also inhibit angiogenesis (new blood vessel formation) in myeloma bone marrow.

In addition to these effects, the proteasome inhibitor PS 341, produced by Millennium Pharmaceuticals, Inc., has been shown to augment the anti-myeloma activity of dexamethasone. PS 341 has recently completed Phase I clinical testing in humans. These preliminary studies demonstrated that PS 341 has clinical activity in myeloma patients and was well tolerated. A multicenter trial, centered at Dana-Farber Cancer Institute, will begin later this year to test the effectiveness of PS 341 treatment, alone and together with dexamethasone, in myeloma.



## Zometa Receives Approvable Designation from FDA

Zometa® (zoledronic acid for injection), a potent intravenous bisphosphonate, received an approvable designation from the Food and Drug Administration (FDA) for treatment of hypercalcemia of malignancy (HCM). HCM is a potentially life-threatening disorder characterized by elevated serum calcium levels in patients with cancer.

This is a positive step in the registration process for marketing Zometa in the United States. The FDA noted that the information submitted provides convincing evidence that Zometa is effective in the treatment of HCM. However, in order to finalize the review, the Agency requested additional data from ongoing studies evaluating Zometa in the treatment of bone metastasis associated with multiple myeloma, as well as other cancers that spread to the bone.

## Patient Advocate Foundation Is on Your Side

The Patient Advocate Foundation (PAF) is a national non-profit organization that helps patients facing health crises. Established in 1996 in Newport News, Virginia, PAF's mission is to serve as an active liaison between the patients and their insurer, employer and/or creditors to resolve insurance, job discrimination and/or debt crisis matters relative to their diagnosis through case managers, doctors and attorneys. PAF seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment, and preservation of their financial stability.

Funded by private doctors, university medical centers, cancer groups, and pharmaceutical companies, PAF maintains a large staff of full-time case workers and a state-by-state network of resources to help patients resolve disputes quickly and receive the care they need. About 80% of the cases handled by PAF involve

insurance companies that have denied care or refused to pay after care had been provided. In many cases, patients simply lack the resources or are too ill to deal with battling the insurance companies for coverage of treatments or drugs. PAF is also extremely active in lobbying the federal government to increase Medicare beneficiaries' access to critical cancer drugs, in ensuring the passage of a patients bill of rights, and in working toward the passage of privacy legislation to ensure the confidentiality of patient medical records.

To learn more about PAF, and to get free printed material, including a state-by-state financial resources directory for patients, a managed care answer guide, a guide to appealing insurance decisions, and a booklet on health-related job discrimination, visit their website at [www.patientadvocate.org](http://www.patientadvocate.org), or call 1-800-532-5274.



# MMRF INSTITUTIONAL INSIGHTS PROGRAMS

**E**arly in October, the MMRF partnered with the Dana-Farber Cancer Institute in Boston and the Weill Medical College of Cornell University in New York City to present two MMRF Institutional Insights programs entitled: Novel Therapeutic Approaches in the Treatment of Multiple

Myeloma. Both seminars were filled to capacity with myeloma patients who came to hear presentations from some of the world's leading myeloma experts. Presentations highlighted recent important advances in therapeutic strategies for multiple myeloma, as well as current treatment options and clinical trials. Topics included supportive care, prognostic indicators, new advances in the biology and treatment of bone disease, treatment approaches for relapsing and refractory myeloma, strategies for improving high-dose therapies, monoclonal antibody therapy and vaccines, and novel biologically based therapies.

attending the MMRF Institutional Insights Program, patients commented that their treatment options were clearer and they felt more comfortable knowing that they could make informed decisions about their treatments. One patient remarked, "I learned what is happening in Phase I and II trials. I feel like I'm really in the loop with what's coming down the pike in terms of new treatments."

## Dana-Farber Cancer Institute

**Dr. Ken Anderson,**  
Dana-Farber Cancer Inst.

**Dr. James Berenson,**  
Cedars-Sinai Med. Cntr.

**Dr. Joan Blade,**  
Hosp. Clinic, Barcelona

**Dr. Bob Kyle,**  
Mayo Clinic

**Dr. Nikhil Munshi,**  
Univ. of Arkansas for Med. Sci.

The MMRF, in partner-ship with HealthTalk Interactive, has made the seminar held at the Dana-Farber Cancer Institute available online at [www.multiplemyeloma.org](http://www.multiplemyeloma.org) under "web programs". If you were unable to attend the program, you can visit our website to hear the presentations or print the transcriptions.



(L-R) Dana-Farber: Nikhil Munshi, MD, Kenneth Anderson, MD, Scott Santarella, Exec. Dir. MMRF, Bob Kyle, MD, James Berenson, MD, and Bob Kyle, MD



Cornell: patients speak with Dr. Anderson

Special thanks to Celgene, Nexell Therapeutics, NeoRx, Novartis, and Ortho Biotech for supporting these programs.



Cornell: Dr. Barlogie speaks with patients.

Myeloma. Both seminars were filled to capacity with myeloma patients who came to hear presentations from some of the world's leading myeloma experts. Presentations highlighted recent important advances in therapeutic strategies for multiple myeloma, as well as current treatment options and clinical trials. Topics included supportive care, prognostic indicators, new advances in the biology and treatment of bone disease, treatment approaches for relapsing and refractory myeloma, strategies for improving high-dose therapies, monoclonal antibody therapy and vaccines, and novel biologically based therapies.

## Cornell University

**Dr. Ken Anderson,**  
Dana-Farber Cancer Inst.

**Dr. Bart Barlogie,**  
Univ. of Arkansas for Med. Sci.

**Dr. Leif Bergsagel,**  
Weill Med. College of  
Cornell Univ.

**Dr. Roger Pearse,**  
Cornell Med. College

During his lecture, Dr. Anderson advised patients to be proactive regarding their treatment, stressing that patients should talk to their doctors about their specific needs and to ask them about new available treatment options. He also encouraged patients to take part in clinical trials whenever possible so that new drugs can be made available sooner. After

Help us keep our website's support group resources current. Visit [multiplemyeloma.org/aboutmyeloma/hotsg.html](http://multiplemyeloma.org/aboutmyeloma/hotsg.html) to be certain your support group is listed. Contact Ellen Kaplan at [Ellen\\_mmrff@yahoo.com](mailto:Ellen_mmrff@yahoo.com) or call 650-375-8852 to have a hotlink to your support group website.

# MEET OUR BOARD



Diane S. Blum  
Executive Director  
Cancer Care Inc.

Diane Blum has brought to the MMRF's Board of Directors a depth of experience in both oncology and non-profit administration. She has served as Executive Director for the last 10 of her 15 years at Cancer Care, Inc., an organization devoted since 1944 to the provision of free professional support services to all who have cancer, and she has worked with cancer patients for her entire 25-year career.

"I met Kathy Giusti about two years ago," says Ms. Blum, "when she came to see me to learn about Cancer Care as a resource for the MMRF. I was impressed with what she was doing, and as we spoke subsequently, it became clear that some of my experience could be helpful to the MMRF."

"The MMRF has grown amazingly," Ms. Blum continues. "Kathy and the people who work with her have managed to establish a very significant place nationally much more quickly than many comparable organizations have."

From the perspective of her work at Cancer Care, Ms. Blum can help the MMRF avail itself of important new discoveries. "There have been major scientific breakthroughs in the fields of molecular biology and genetics, and in the different ways symptoms are managed," she says. "This is all key to the myeloma patient as well."

Working on a board with strong representation from the for-profit sector has been an engaging experience for Ms. Blum. "To an extent, the success of the MMRF is that it's a not-for-profit organization that's being run with entrepreneurial skills, like a new business. But of course, there are differences; there's a body of knowledge in the not-for-profit area, for fund raising, programs, communications, administration, and research, which we can draw on as well."

Ms. Blum looks to the future with both hope and pragmatism. "Our goal is of course to find a cure, and the MMRF has made a wonderful start. But in order to do that, we need to continue our already successful efforts in identifying and hiring quality, professional staff as we expand; we can't spend all the money on the mission alone. We need to build an organizational structure of people with expertise in specific areas, to support the fabulous volunteer team Kathy has assembled. I think I can be a voice for that in the Foundation."

# DATES TO REMEMBER

**February 10, 2001 Los Angeles, CA**

\*INSTITUTIONAL INSIGHTS ON MYELOMA AND LYMPHOMA at Cedars-Sinai Medical Center

**SPRING 2001 New York, NY**

Fundraising Event - To get involved, contact Jenny McMahon (203) 801-5212

**April 25, 2001 Cleveland, OH**

\*INSTITUTIONAL INSIGHTS ON MYELOMA at the Cleveland Clinic.

**March 9-10, 2001 Tampa, FL**

\*INSTITUTIONAL INSIGHTS ON MYELOMA at H. Lee Moffitt Cancer Center.

**May 3-4, 2001 Banff, Canada**

MMRF CELL SIGNALING ROUNDTABLE - Bringing together the world-renowned leaders in myeloma to share ideas and to create a team approach to finding a cure.

**May 4-8, 2001 Banff, Canada**

VIII INTERNATIONAL MYELOMA WORKSHOP

**May 12-14, 2001 San Francisco, CA**

AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) MEETING

**May 17-20, 2001, San Diego, CA**

ONCOLOGY NURSING SOCIETY (ONS) MEETING

**May 31, 2001 Applications are Due**

for THE MMRF SENIOR RESEARCH AWARDS

\*Each Institutional Insights program consists of two symposia sessions - one for patients and their family members and one for healthcare professionals. For more information on Institutional Insights Programs call (203) 972-1250 or visit: [www.multiplemyeloma.org/events/seminars.html](http://www.multiplemyeloma.org/events/seminars.html).

# Grammy Award Winner Supports MMRF

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Kathy Giusti  
Ellen Kaplan  
Scott Santarella

MEDICAL WRITER  
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MS Enterprises

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EXECUTIVE DIRECTOR  
Scott Santarella

The Multiple Myeloma  
Research Foundation  
11 Forest Street  
New Canaan, CT 06840  
Telephone (203) 972-1250  
Fax (203) 972-1259  
E-mail: [themmrf@themmrf.org](mailto:themmrf@themmrf.org)  
Visit our website at  
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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.

**M**s. Diana Krall, Grammy Award Winning Jazz Artist and MMRF's Public Awareness Award honoree, is joined by Ms. Myrtle Potter, Genentech, Inc.'s Chief Operating Officer, as MMRF's Corporate Leadership Award honoree at MMRF's 2000 Awards Dinner - An Evening of Wine and Jazz - on November 30<sup>th</sup> at the Peninsula Golf and Country Club in San Mateo, CA. In addition, Mr. Harris Barton, three-time Super Bowl champion with the San Francisco 49'ers and General Partner of Champion Ventures, agreed to emcee the event.

Ms. Krall is being honored for her many efforts to raise awareness of myeloma and support research for a cure. Ms. Potter and



(Top): Myrtle Potter, C.O.O. Genentech, Inc. (Right): Harris Barton, 3-time Super Bowl Champ and General Partner of Champion Ventures.



Grammy Award Winning Jazz Artist  
Diana Krall

Genentech, Inc. are being honored for their development and distribution of products critical to the well-being of cancer patients everywhere.

Three of the Bay area's leading executives co-chaired the event: Ms. Jean Kovacs, President and CEO of Comergent Technologies; Mr. William McKiernan, Chairman and CEO of CyberSource, Inc.; and Mr. William Newlands, President and CEO of Wine.com. In addition, Ms. Carol Riker, President of Listen In will chair the event's silent auction.

All proceeds are to benefit the funding of the most promising myeloma research in the world.



**The MMRF Thanks** the following corporations for their support of Myeloma Focus





This year's "Friends for Life" Fall Gala 2000 hosted a notable line-up with (Top L-R) Hamilton Jordan, Dr. Oken, Joan Rivers, Kathy Giusti, Geraldine Ferraro, Dr. Anderson, (Bottom L-R) Dr. Jagganath, Dr. Bergsagel, Dr. Van Ness, Dr. Kyle, and Dr. Greipp

All Gala photos by Stephanie Tracy

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