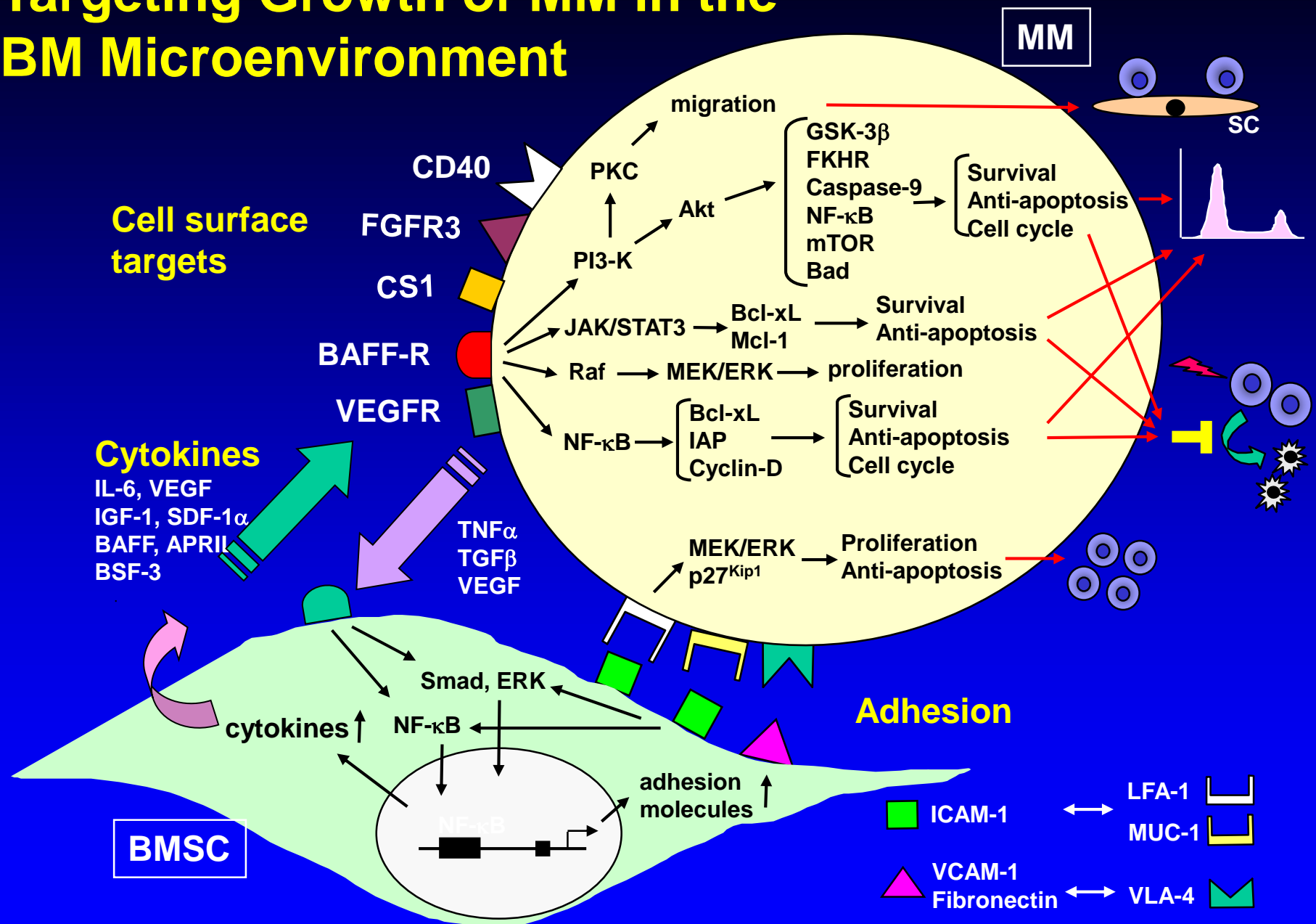


# **Understanding Biological Activity to Inform Drug Development in Multiple Myeloma**

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**Jerome Lipper Multiple Myeloma Center  
Dana-Farber Cancer Institute  
Harvard Medical School**

# Targeting Growth of MM in the BM Microenvironment



# Integration of Novel Therapy Into Myeloma Management

**Proteasome inhibitors:** Bortezomib, carfilzomib, ixazomib; **immunomodulatory drugs:** thalidomide, lenalidomide, pomalidomide; **HDAC inhibitor:** panobinostat; **monoclonal antibodies:** elotuzumab and daratumumab

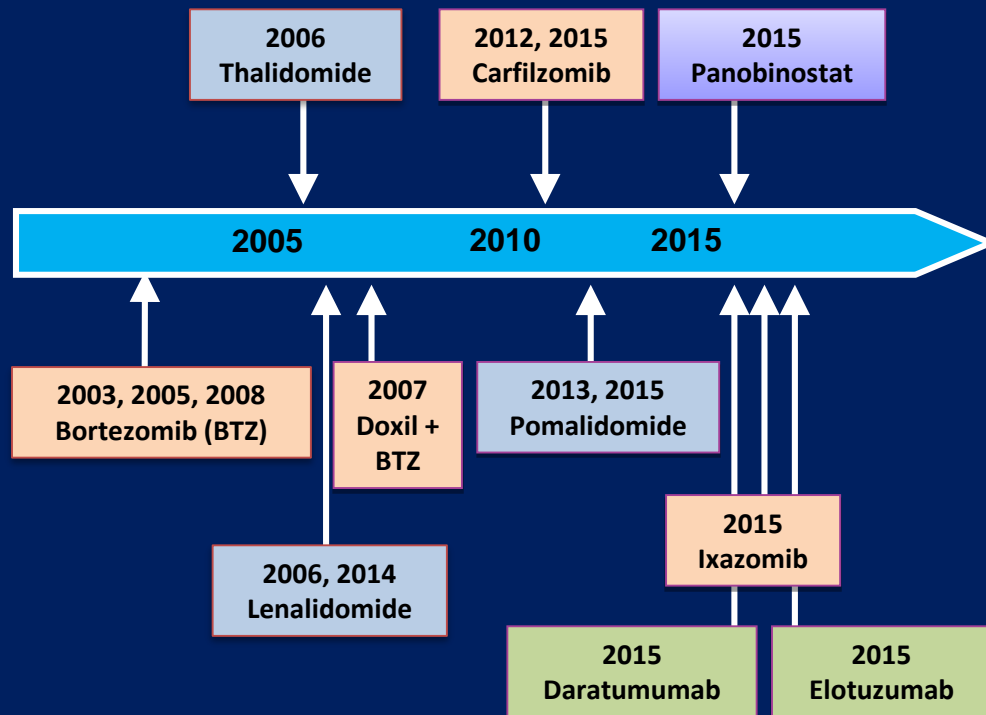
Target MM in the BM microenvironment, alone and in combination, to overcome conventional drug resistance *in vitro* and *in vivo*

Effective in relapsed/refractory, relapsed, induction, consolidation, and maintenance therapy

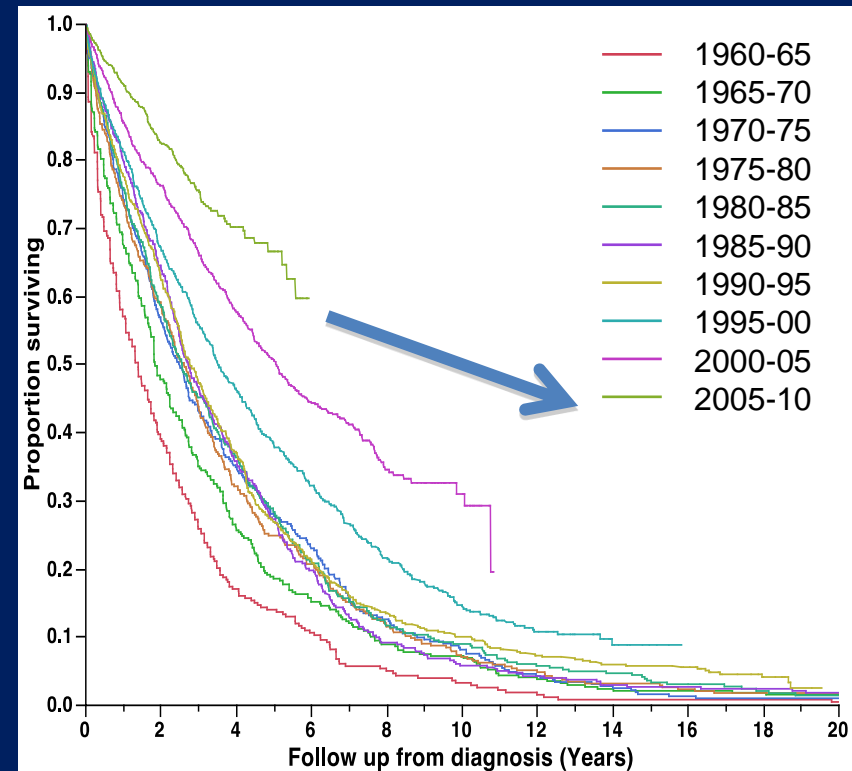
18 FDA approvals and median patient survival prolonged 3-4 fold

# Bench to Bedside Translation of Novel Agents in Myeloma

Preclinical and Clinical Studies leading to  
FDA Approvals in MM



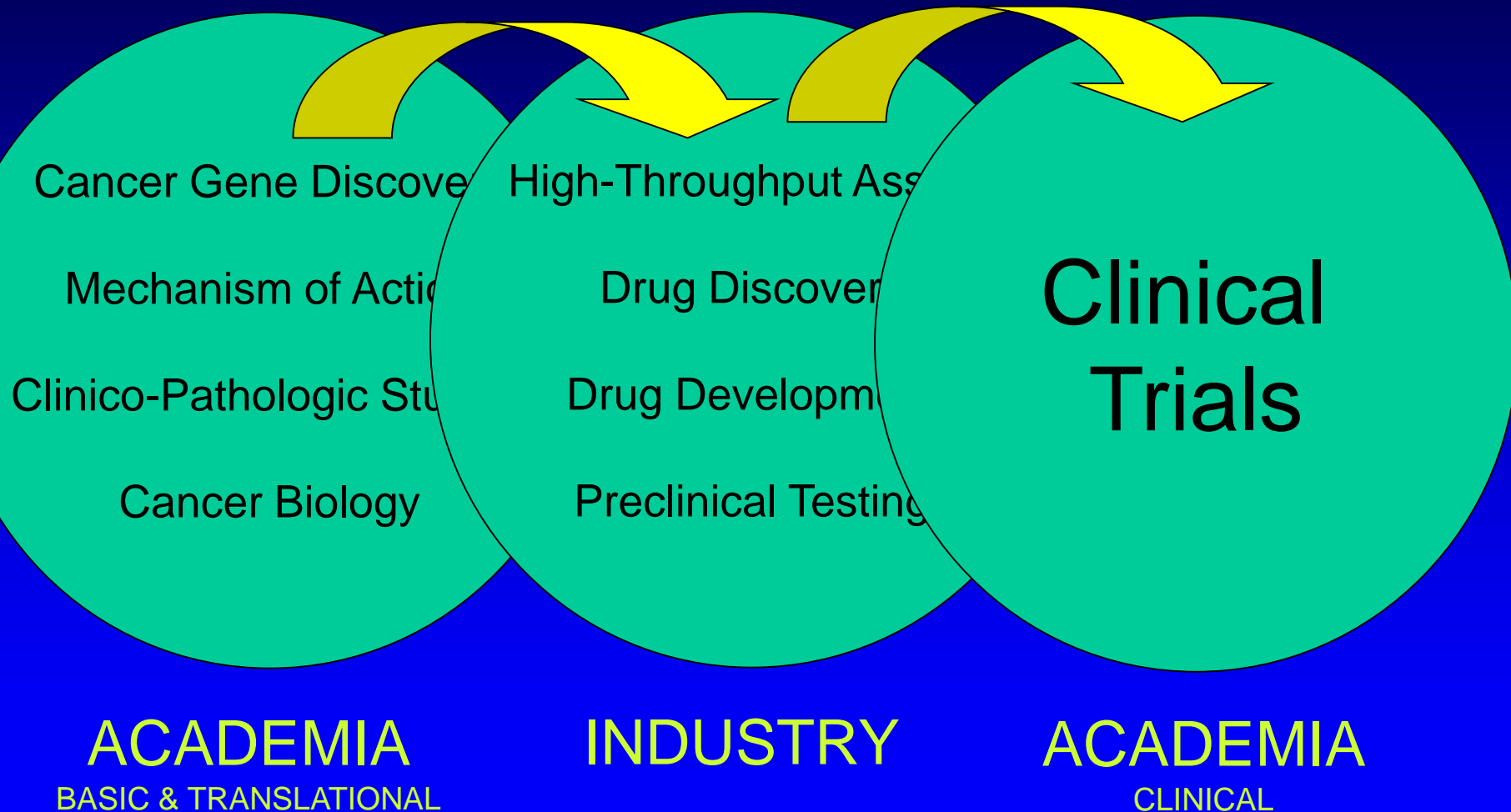
Improvement in overall survival from  
median of 3 to 8-10 years



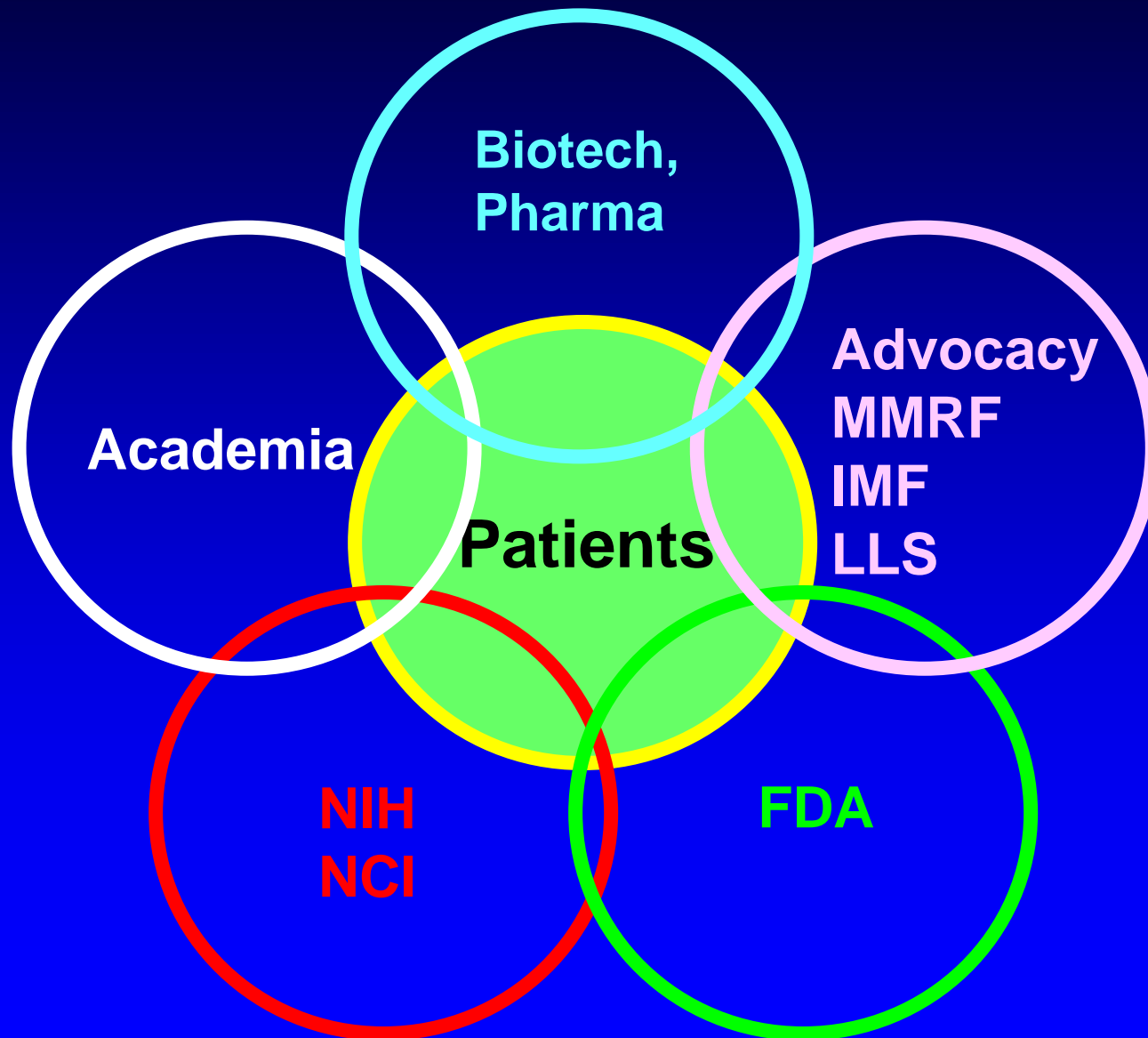
Immunomodulatory agent  
**Monoclonal Antibody**

**Proteasome inhibitor**  
HDAC inhibitor

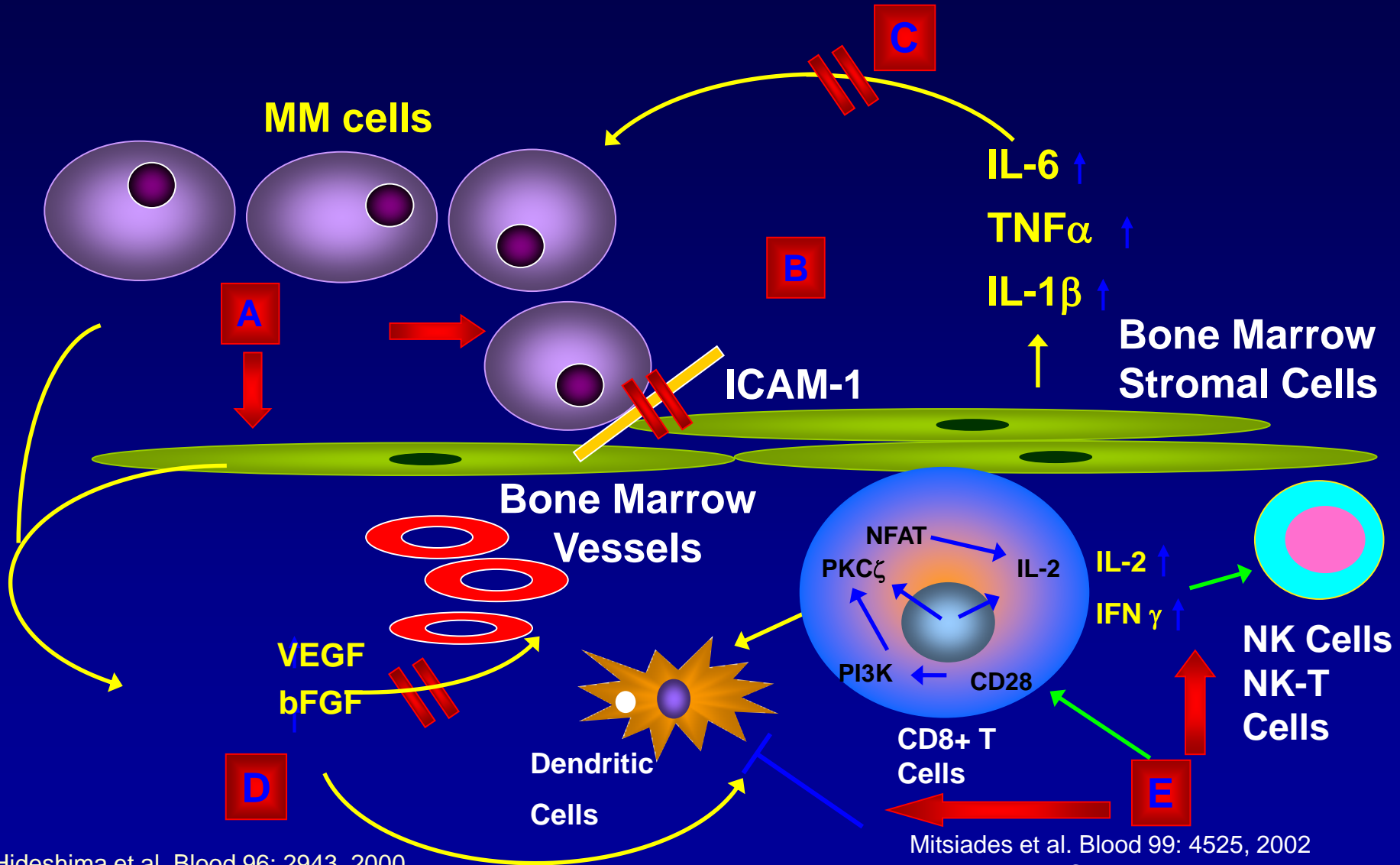
# Myeloma Model to Link Partners to Overcome Obstacles in Traditional Drug Development



# Multiple Myeloma Collaborative Model for Bench to Bedside Research



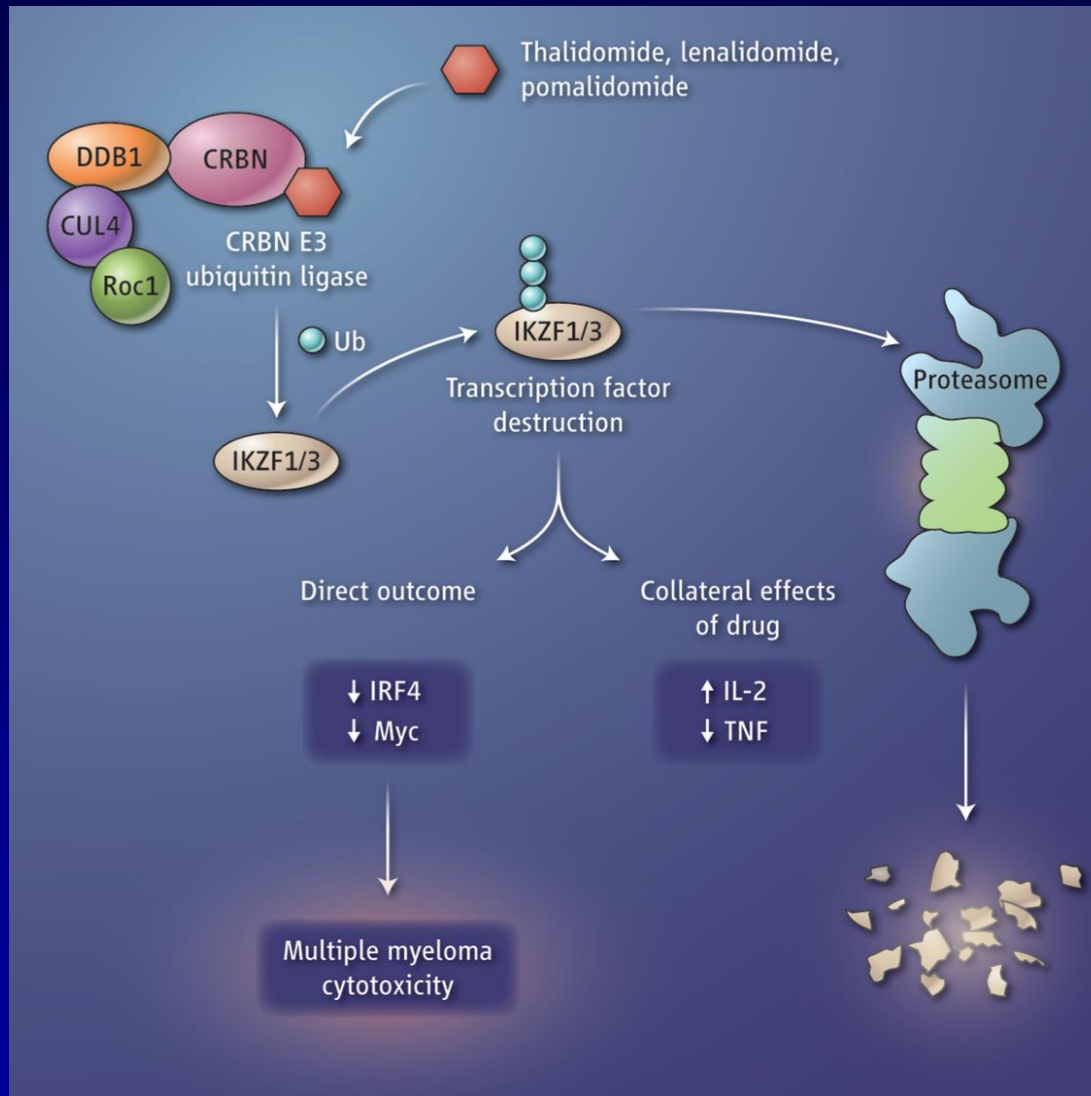
# Immunomodulatory Drugs in Myeloma



Hideshima et al. Blood 96: 2943, 2000  
 Davies et al. Blood 98: 210, 2001  
 Gupta et al. Leukemia 15: 1950, 2001

Mitsiades et al. Blood 99: 4525, 2002  
 Lentzsch et al Cancer Res 62: 2300, 2002  
 LeBlanc R et al. Blood 103: 1787, 2004  
 Hayashi T et al. Brit J Hematol 128: 192, 2005

# Mechanism of Action of Immunomodulatory Drugs



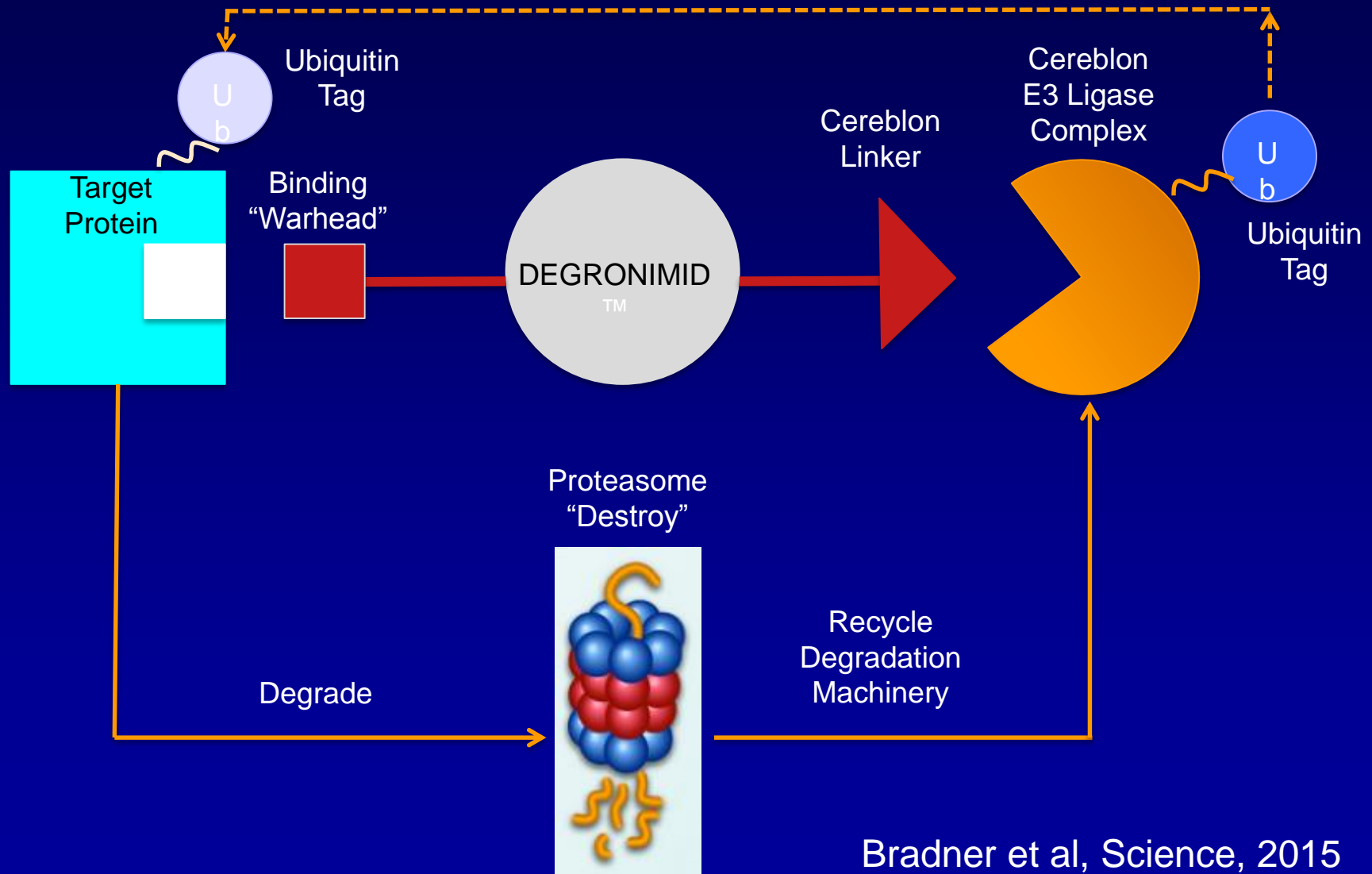
Degronimids:  
Link to ubiquitin  
3 ligase complexes

Kronke et al,  
Science, 2014

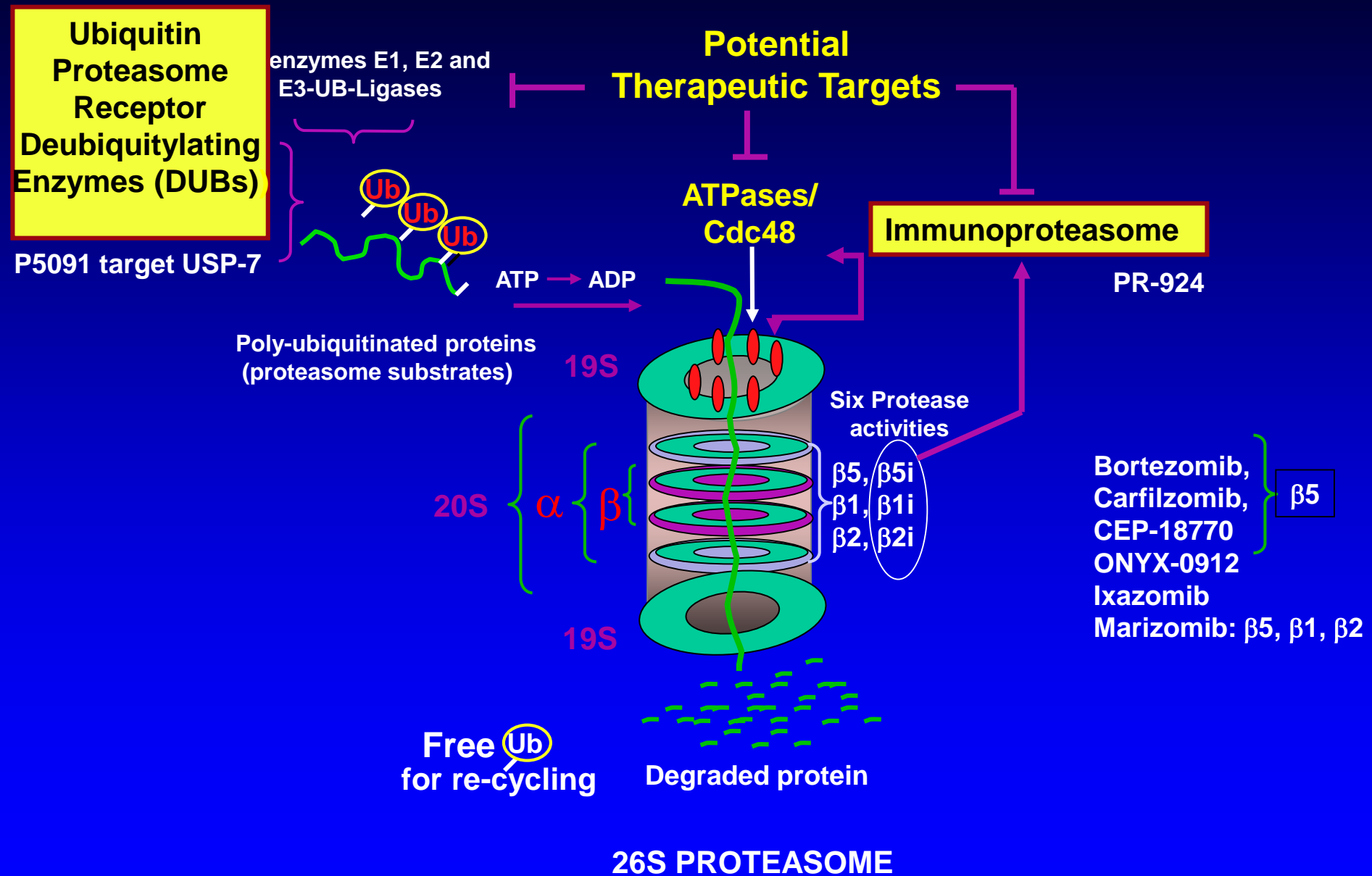
Lu et al, Science,  
2014



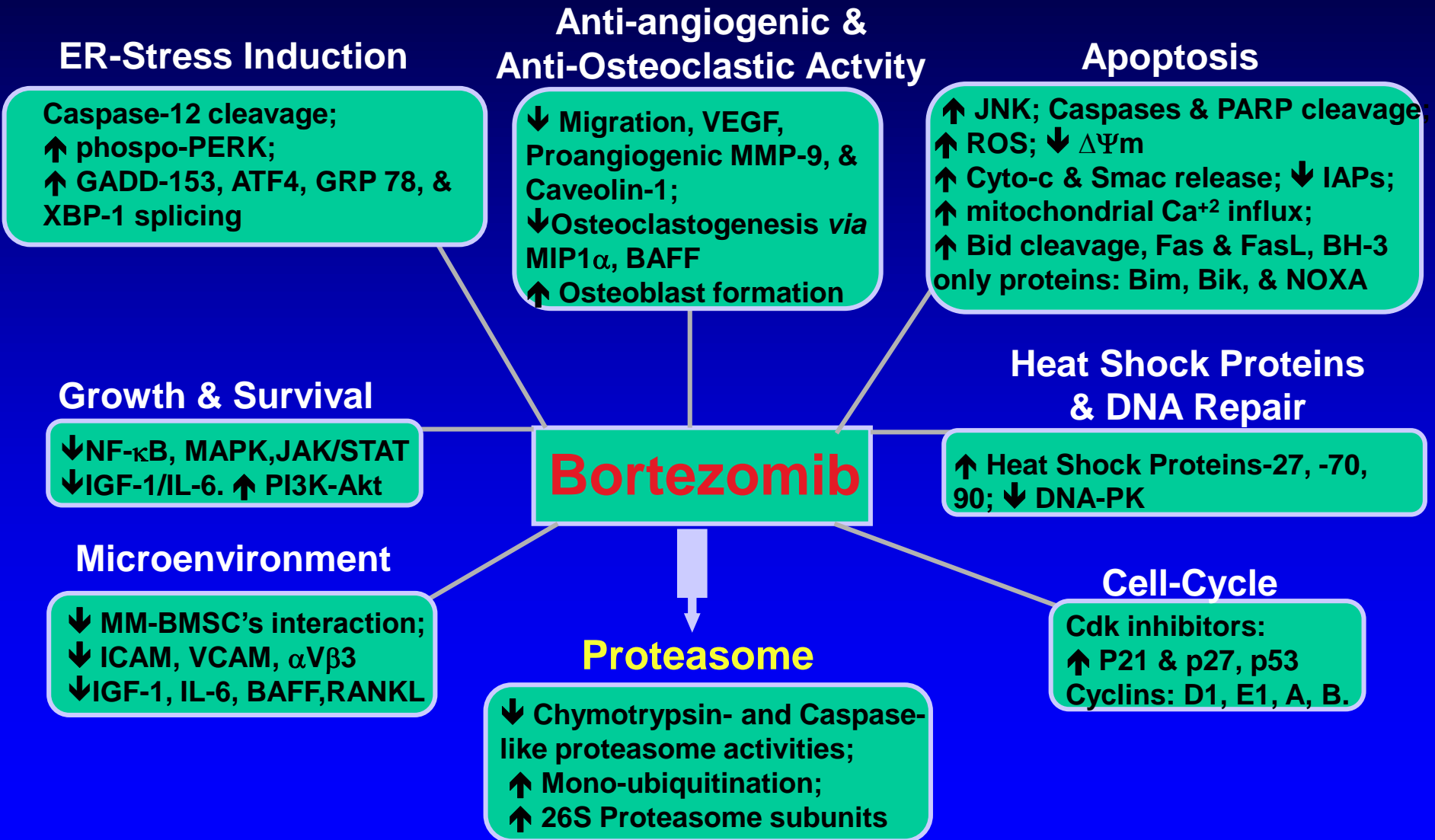
# Degronimids Trigger Degradation of Selective Substrates



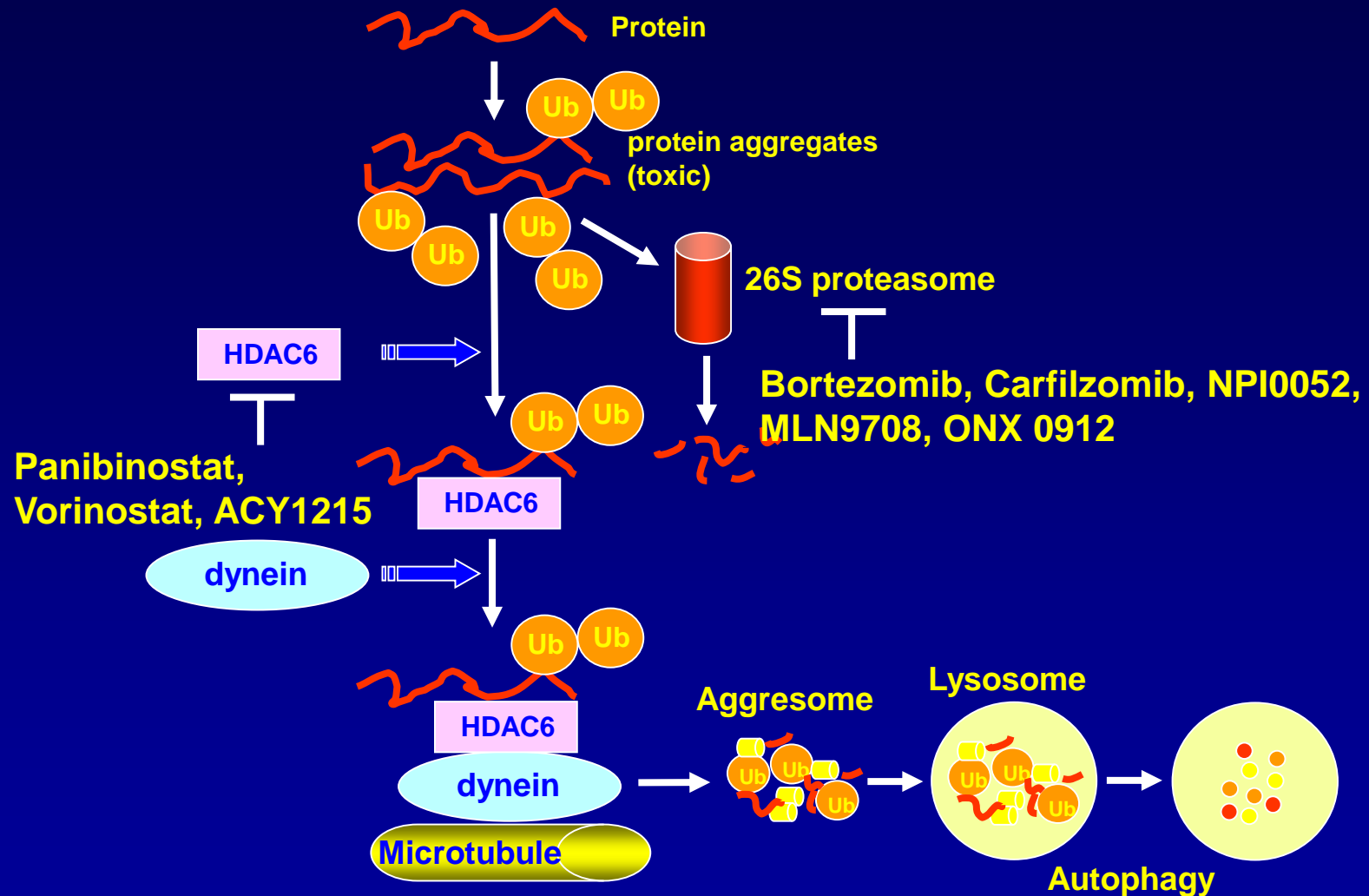
# Proteasome: Present and Future Therapies



# Mechanisms Mediating Anti-MM Activity of Bortezomib



# Development of Rationally-Based Combination Therapies (HDAC and Proteasome Inhibitors)



# **Panobinostat or Placebo Plus Bort/ Dex in Relapsed or Relapsed/ Refractory MM**

**Improvement in median PFS of 4 mos w/o difference in ORR or OS**

**Two-fold increase in nCR/CR rate (28% vs 16%)**

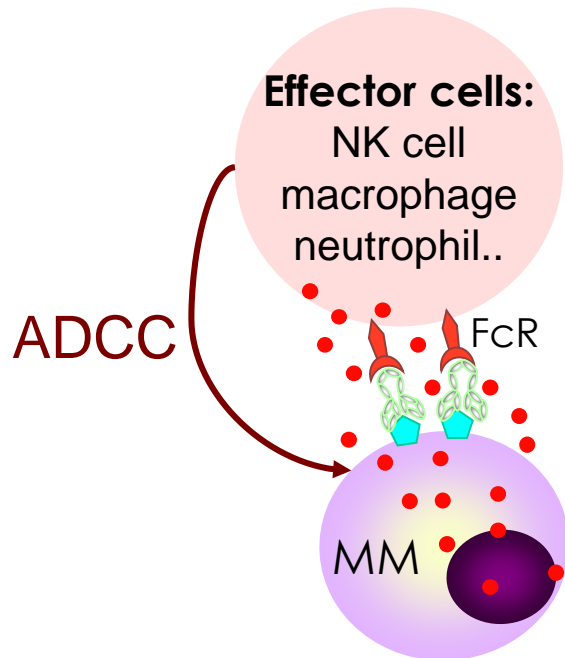
**Higher rate of Grade 3/4 diarrhea (25.5% vs 8%), fatigue (23.0% vs 11.9%), thrombocytopenia (67.4% vs 31.4%), and leucopenia (34.5% vs 11.4%), discontinuation due to AE (33.6% vs 17.3%).**

**FDA approved for relapsed refractory MM exposed to bortezomib and IMiD**

**Need for less toxic more selective HDACi that can be given with PI to exploit synergistic cytotoxicity, ACY 241.**

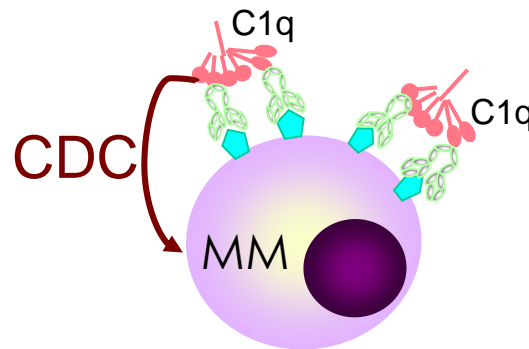
# MAb Based Therapeutic Targeting of MM

## Antibody-dependent Cellular Cytotoxicity (ADCC)



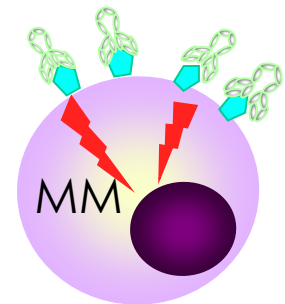
- Lucatumumab or Dacetuzumab (CD40)
- **Elotuzumab (CS1)**
- **Daratumumab (CD38)**
- XmAb®5592 (HM1.24)
- **SAR650984 (CD38)**

## Complement-dependent Cytotoxicity (CDC)



- **Daratumumab (CD38)**
- **SAR650984 (CD38)**

## Apoptosis/growth arrest via intracellular signaling pathways



- **huN901-DM1\* (CD56)**
- **nBT062-maytansinoid /DM4\* (CD138)**
- 1339 (IL-6)
- BHQ880 (DKK)
- RAP-011 (activin A)
- **Daratumumab (CD38)**
- **SAR650984 (CD38)**
- **J6M0-MMAF\* (BCMA)**

\* **Ab drug conjugate**

Updated from  
Tai & Anderson Bone Marrow Research 2011

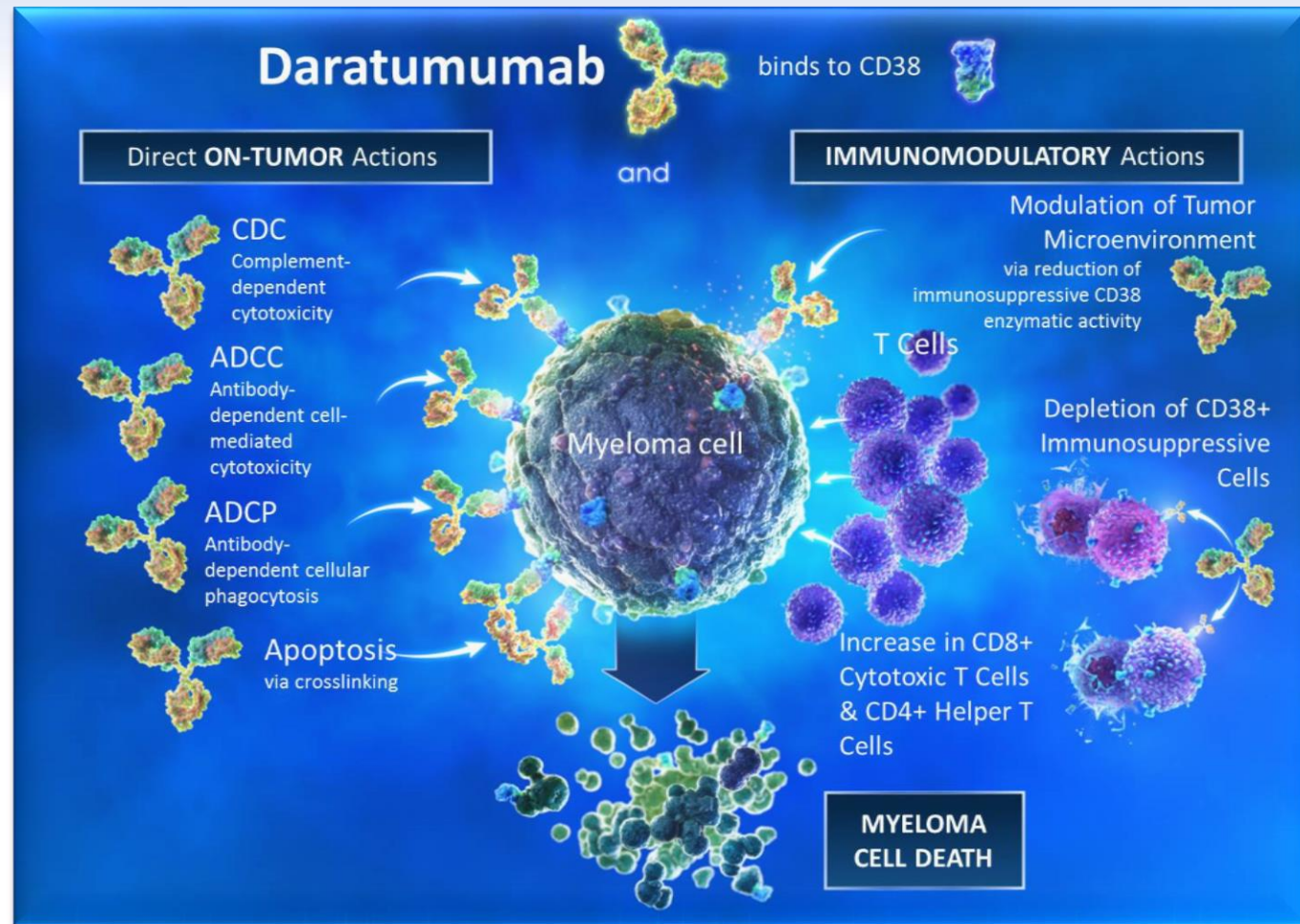
# **Iterative Bedside to Bench and Back Development of Elotuzumab and Lenalidomide Dexamethasone**

- SLAMF7 (CS1) is highly and uniformly expressed at gene and protein level on patient MM and NK cells
- Elotuzumab (Elo) is a humanized monoclonal antibody targeting CS1, activates NK cells via CD 16 and ADCC
- **Clinical trial of Elo in MM achieved stable disease**
- ADCC activity of Elo against MM enhanced by lenalidomide (len) in preclinical models (Tai et al, Blood 2008)
- **Phase II trial: 92% response to len dex elo in relapsed MM, PFS 32.5 months**
- Phase III trial shows len dex elo prolongs PFS in relapsed MM by 5 months compared to len dex, leading to FDA approval



# Daratumumab: Mechanism of Action

- Human CD38 IgGκ monoclonal antibody
- Direct and indirect anti-myeloma activity<sup>1-5</sup>
- Depletes CD38<sup>+</sup> immunosuppressive regulatory cells<sup>5</sup>
- Promotes T-cell expansion and activation<sup>5</sup>



1. Lammerts van Bueren J, et al. *Blood*. 2014;124:Abstract 3474.
2. Jansen JMH, et al. *Blood*. 2012;120:Abstract 2974.
3. de Weers M, et al. *J Immunol*. 2011;186:1840-8.
4. Overdijk MB, et al. *MAbs*. 2015;7:311-21.
5. Krejci J, et al. *Blood*. 2016. Epub ahead of print.



## **Dara, Len, and Dex (DRd) Versus Len and Dex (Rd) in RR MM**

- Daratumumab-Rd significantly improved PFS in comparison with Rd alone: **63% reduction in progression/death**
- DRd doubled CR/sCR rates and quadrupled MRD-negative rates, with safety profile of daratumumab or Rd alone
- Dimopoulos et al, EHA 2016, NEJM 2016

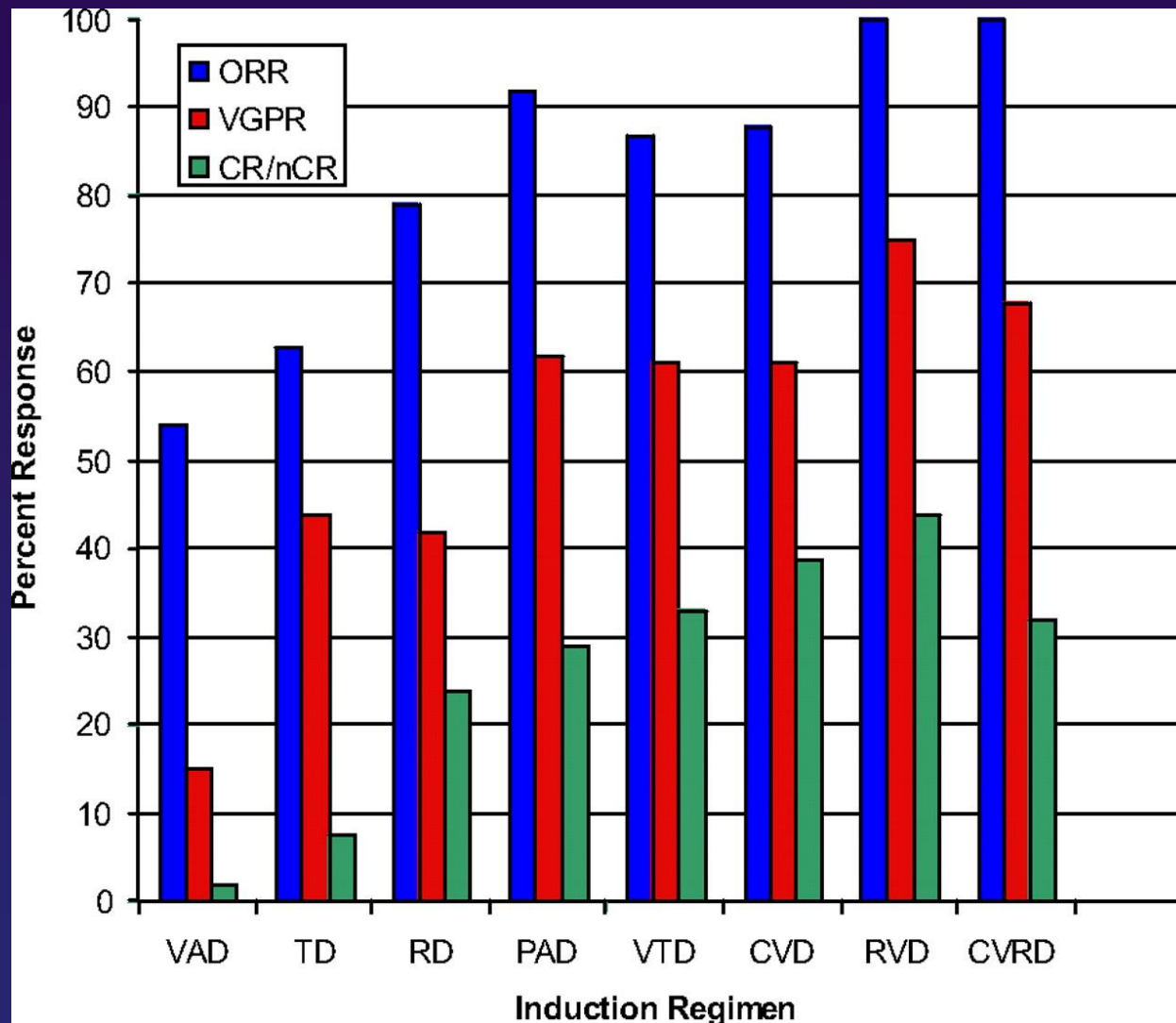
## **Dara, Bort and Dex (DVd) versus Bort and Dex (Vd) in R/R MM**

Daratumumab-Vd significantly improved PFS, TTP, and ORR in comparison with Vd alone: **61% reduction in progression/death**

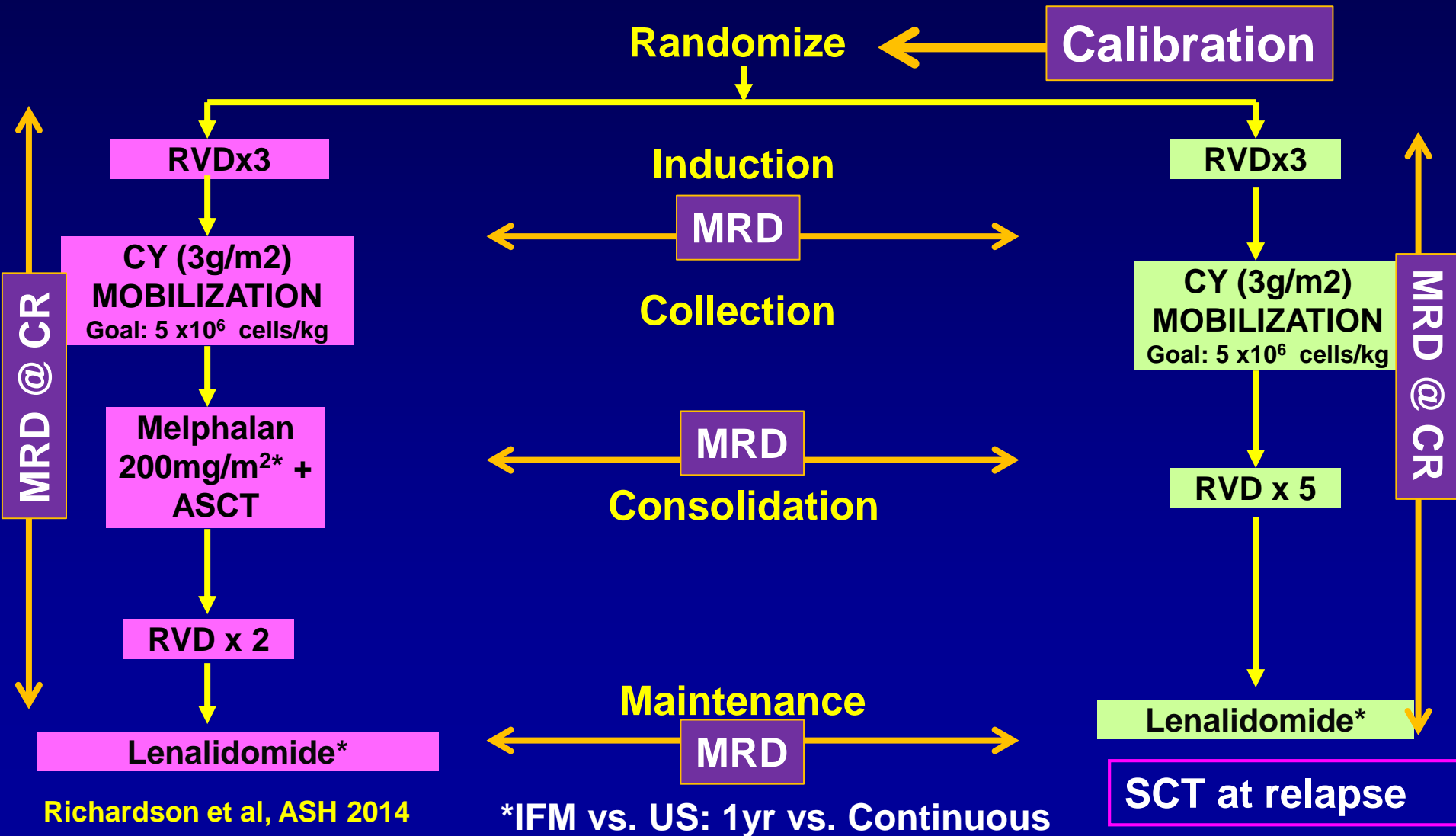
Daratumumab-Vd doubled VGPR and CR rates, w/o toxicities

Palumbo et al, ASCO 2016, NEJM 2016

# Combinations in the Upfront Treatment of MM



# Is Early Transplant Needed? IFM/DFCI 2009 (N=1,360)



# IFM: RVD and Early vs Late ASCT

	RVD arm N=350	Transplant arm N=350	p-value
CR	49%	59%	0.02
VGPR	29%	29%	
PR	20%	11%	
<PR	2%	1%	
At least VGPR	78%	88%	0.001
Neg MRD by FCM , n (%)	228 (65%)	280 (80%)	0.001

# **Achilles Heals: Hallmarks of the Disease that are Vulnerabilities**

## **Excess Protein Production:**

Target protein degradation

Trigger selective protein degradation

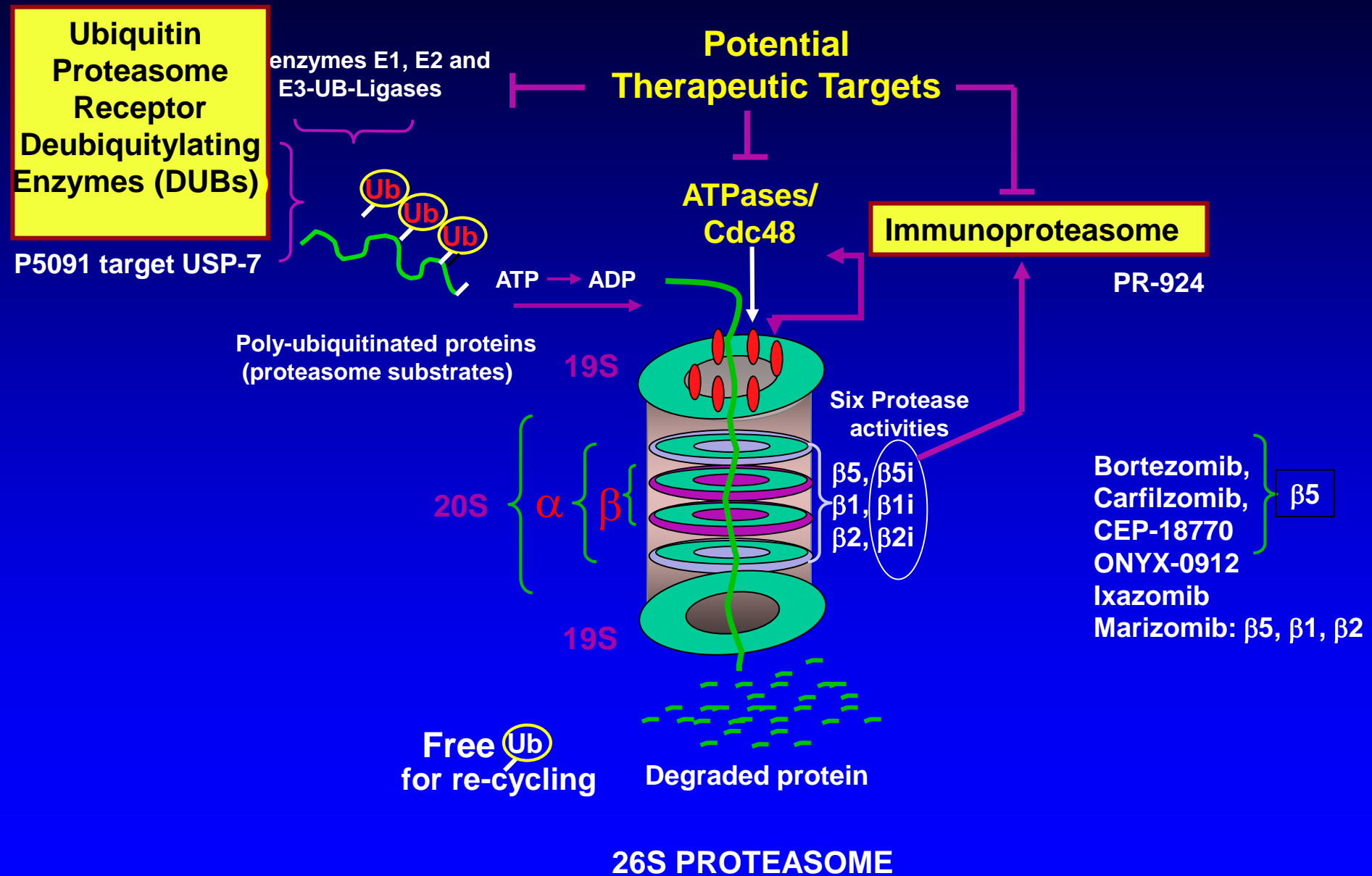
## **Immune Suppression:**

Restore anti-MM immunity

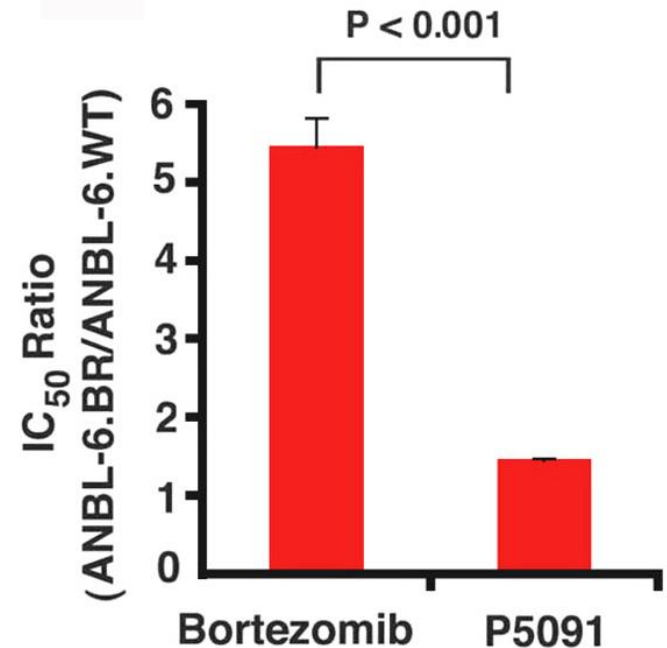
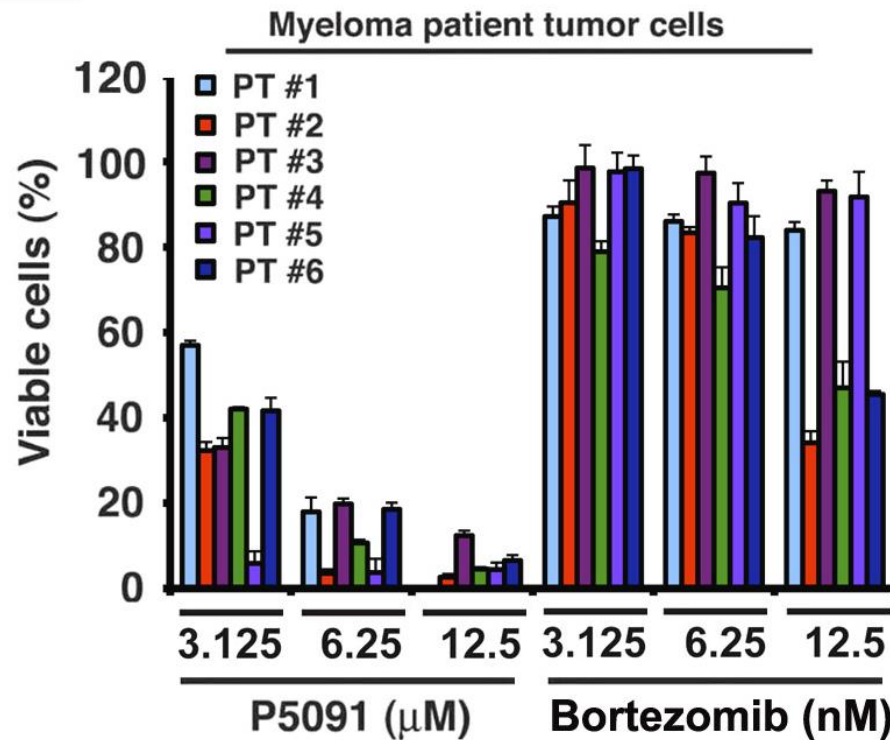
## **Genomic abnormalities:**

Target and overcome  
genomic abnormalities

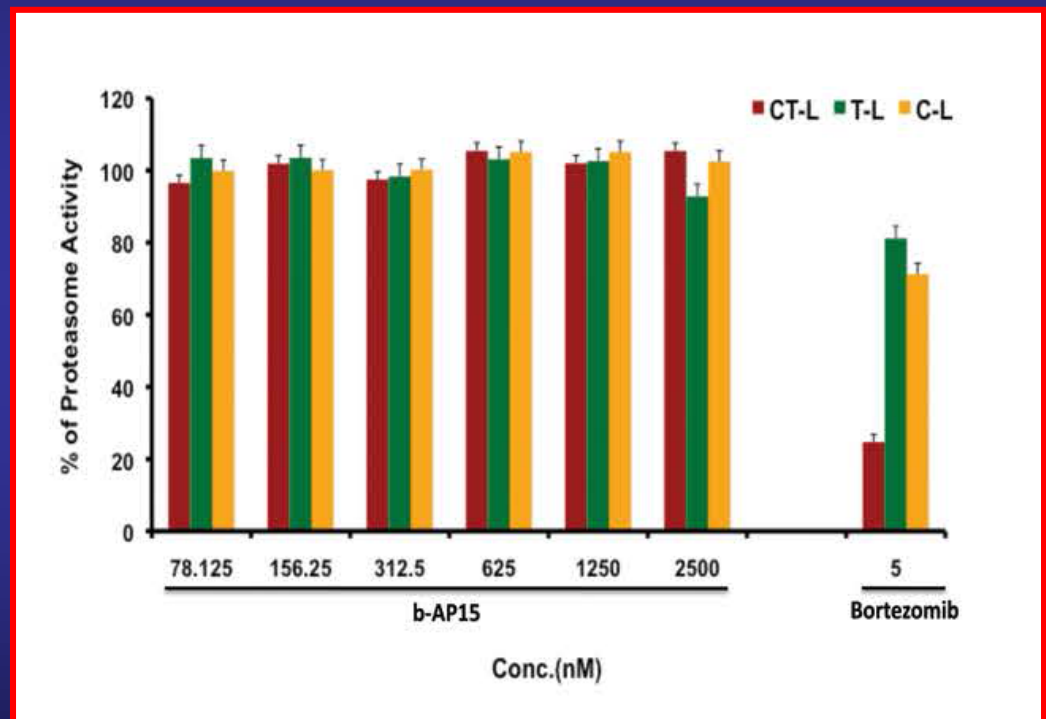
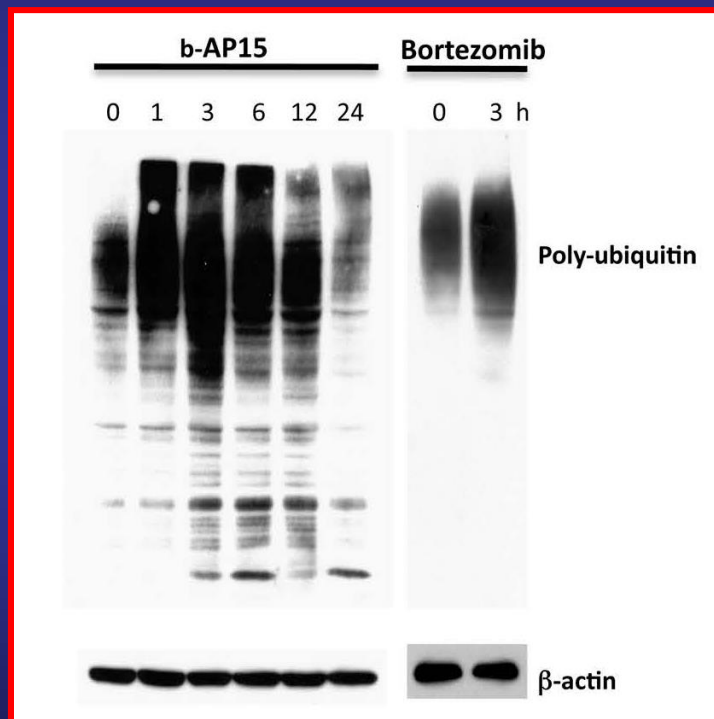
# Proteasome: Present and Future Therapies



# USP 7 (DUB) Inhibitor P5091 Overcomes Bortezomib-Resistance in MM



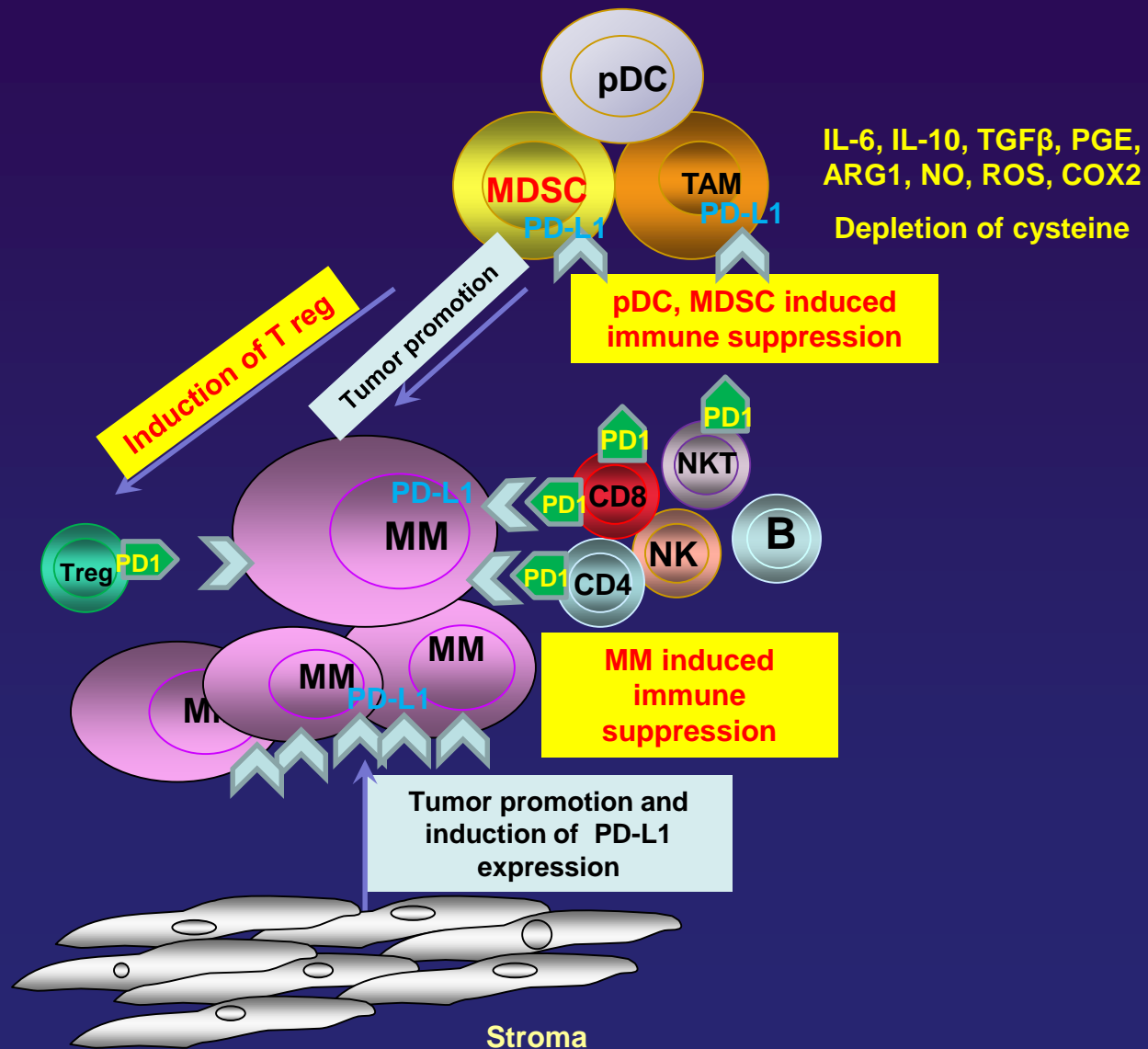
# b-AP15, a Novel USP14/UCHL5 Inhibitor, Induces Polyubiquitination Without Blocking Proteasome Catalytic Activities



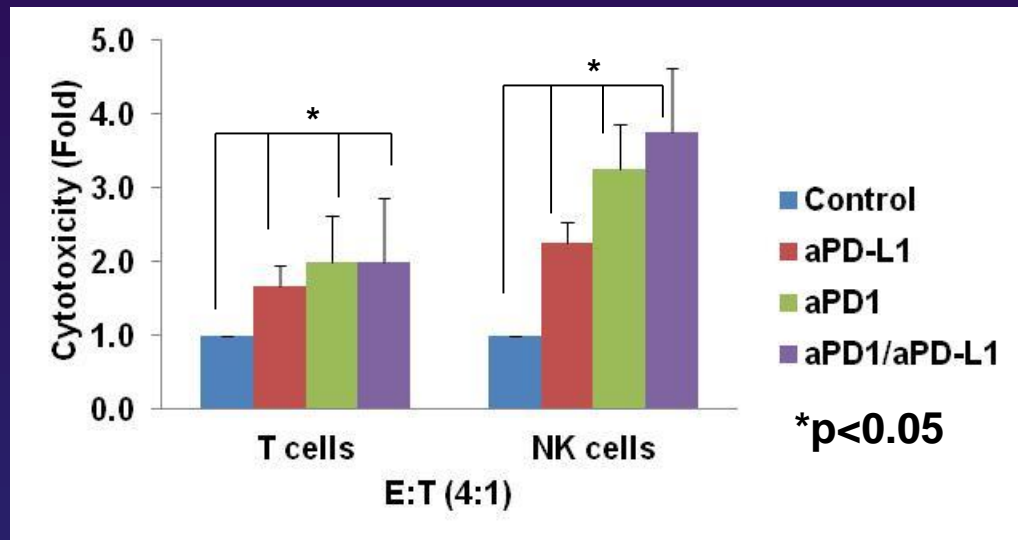
Clinical Trial Ongoing



# Immune Suppressive Microenvironment in MM



# Checkpoint Blockade Induces Effector Cell Mediated MM Cytotoxicity

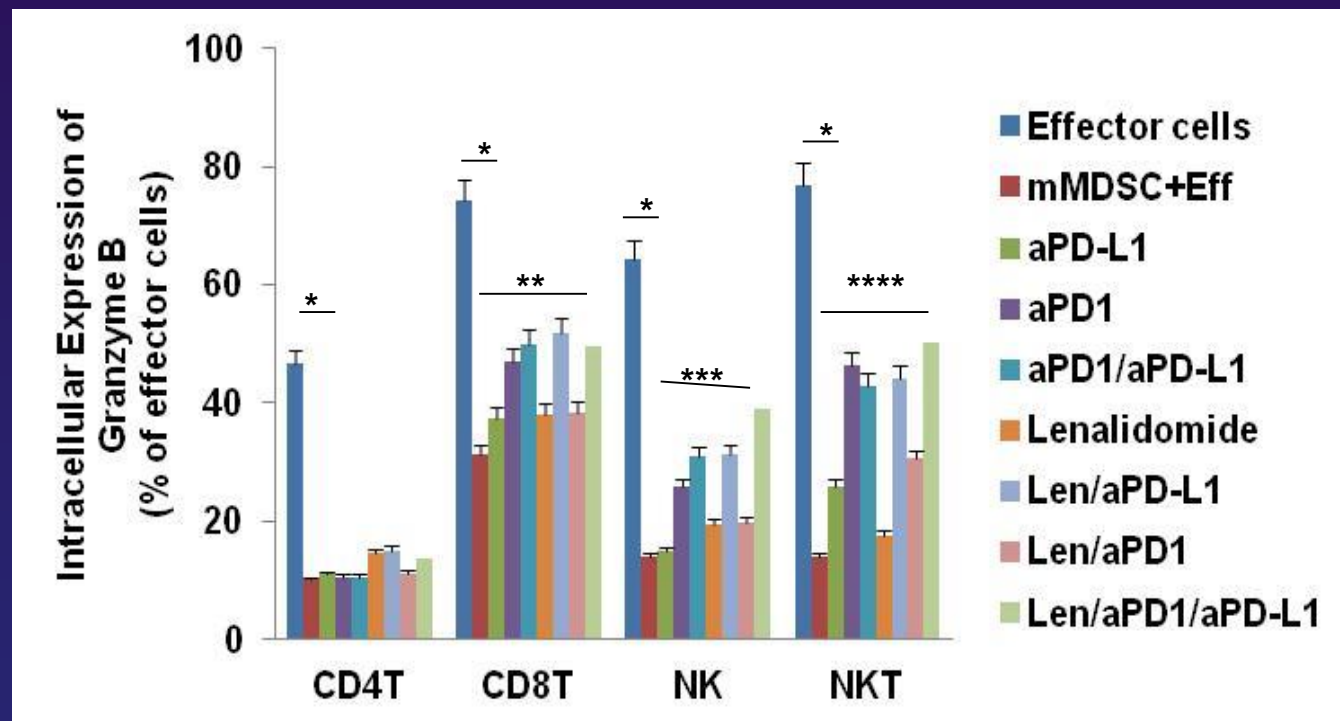


Effector: Autologous effector cells (CD3T cells, NK cells)

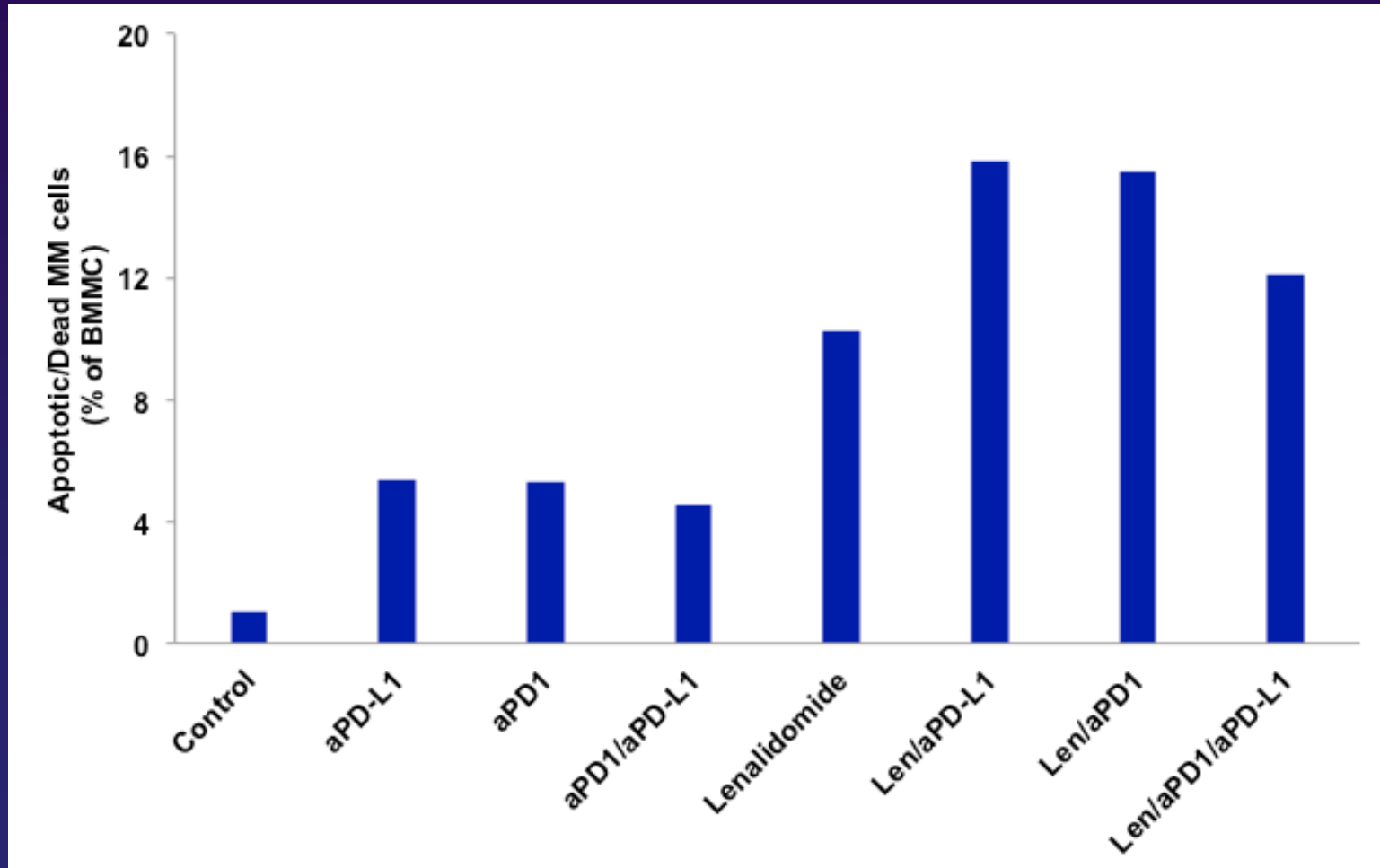
Target: CD138<sup>+</sup> MM cells from Rel/Ref MM-BM

# Lenalidomide with Checkpoint Blockade Reverses MDSC Induced Immune Suppression in MM

Autologous effector cells cultured with MDSC  
of RR-MM bone marrow

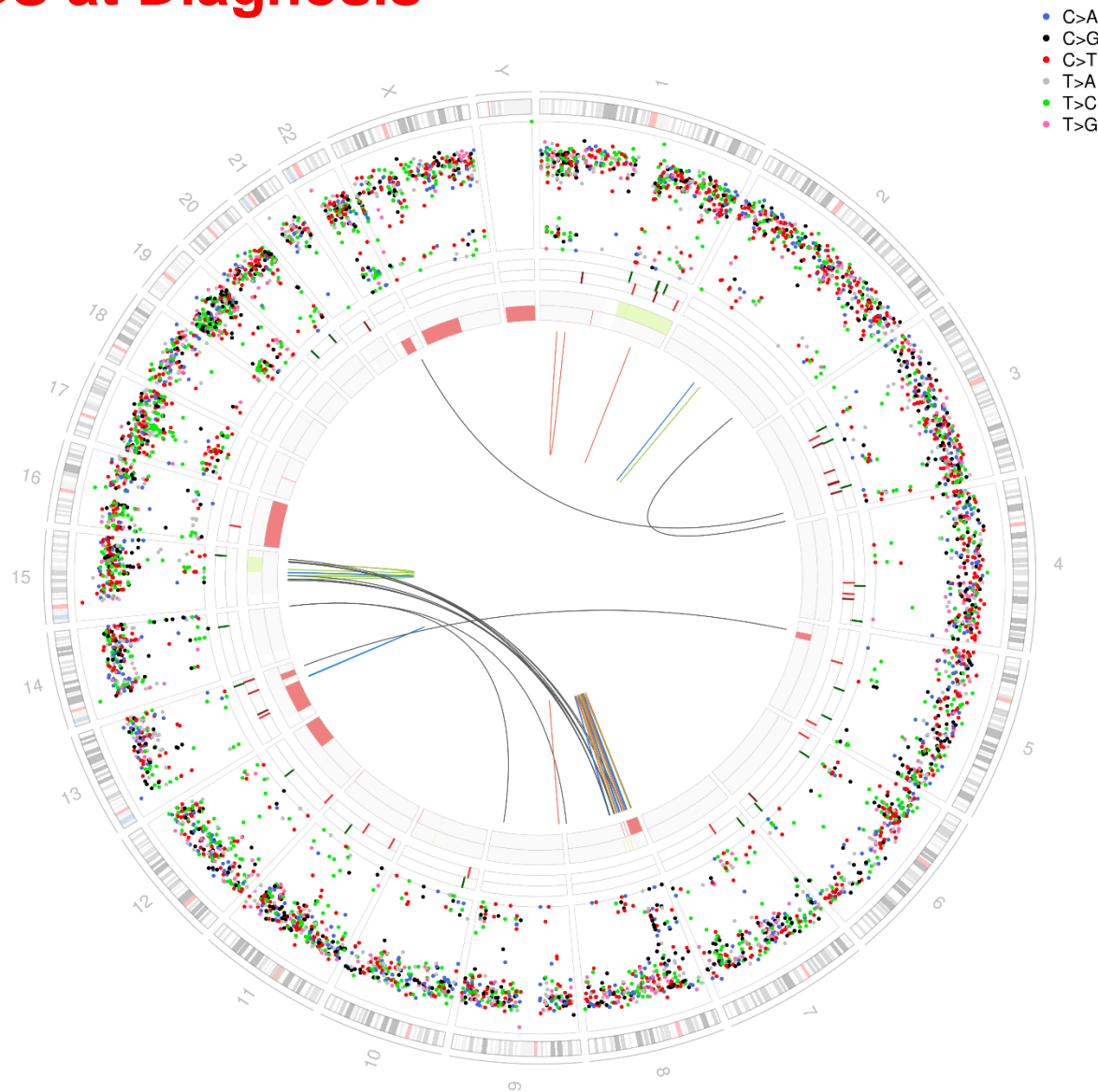


# Enhanced Activity of Combination Immune Therapies

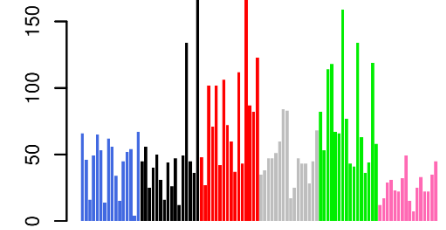


# WGS at Diagnosis

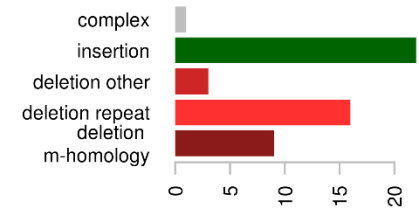
PD26419c



5286 substitutions



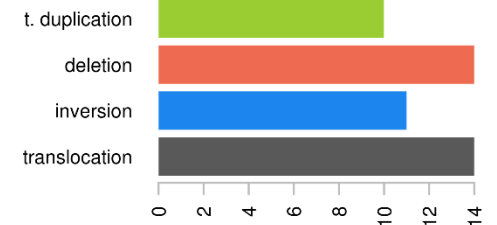
51 deletions and insertions



copy number

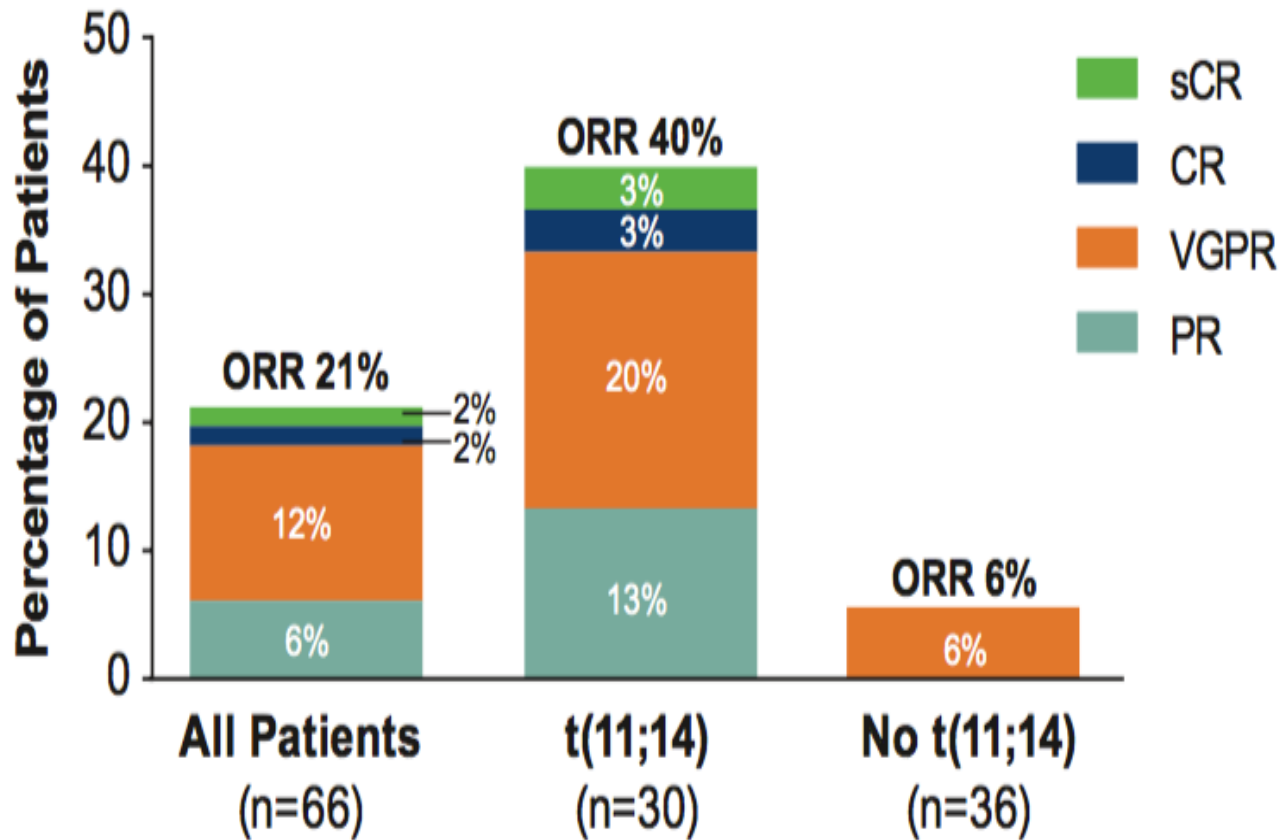
LOH (red) gain (green)

49 rearrangements



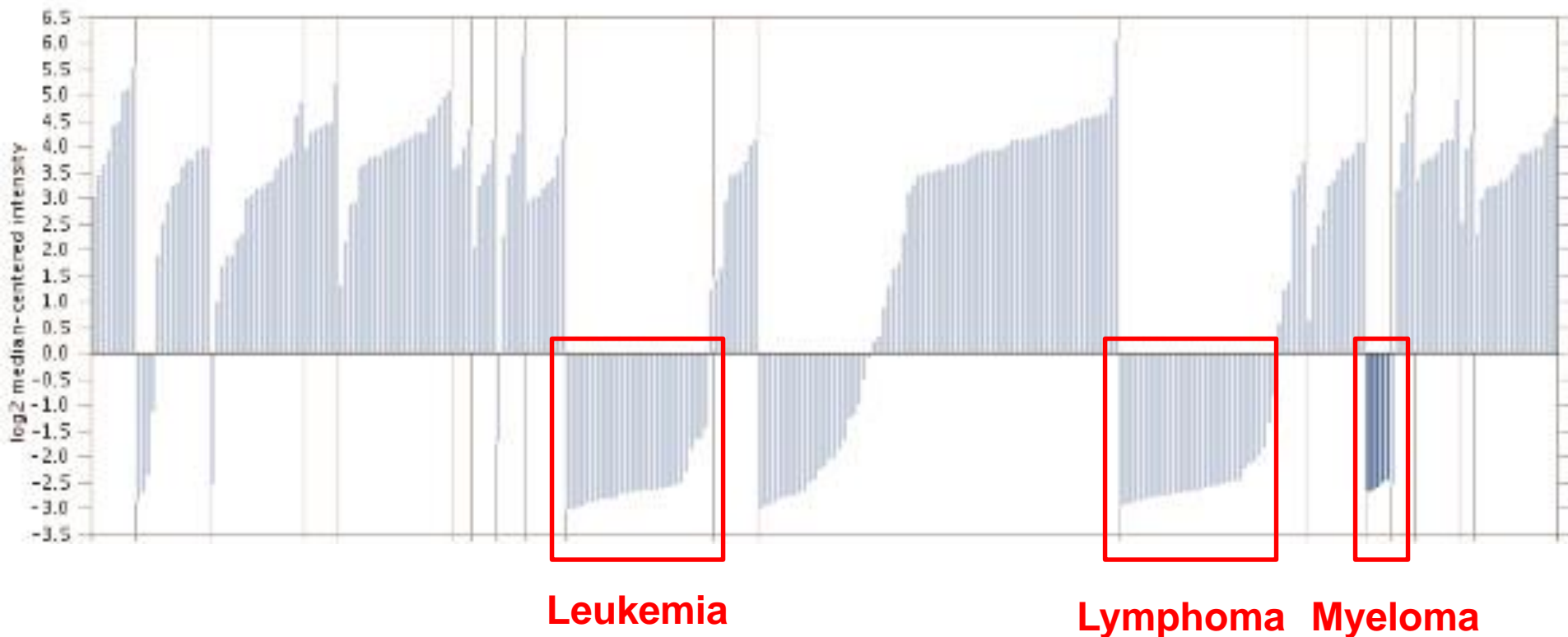
# Venetoclax Therapy of Relapsed/Refractory MM

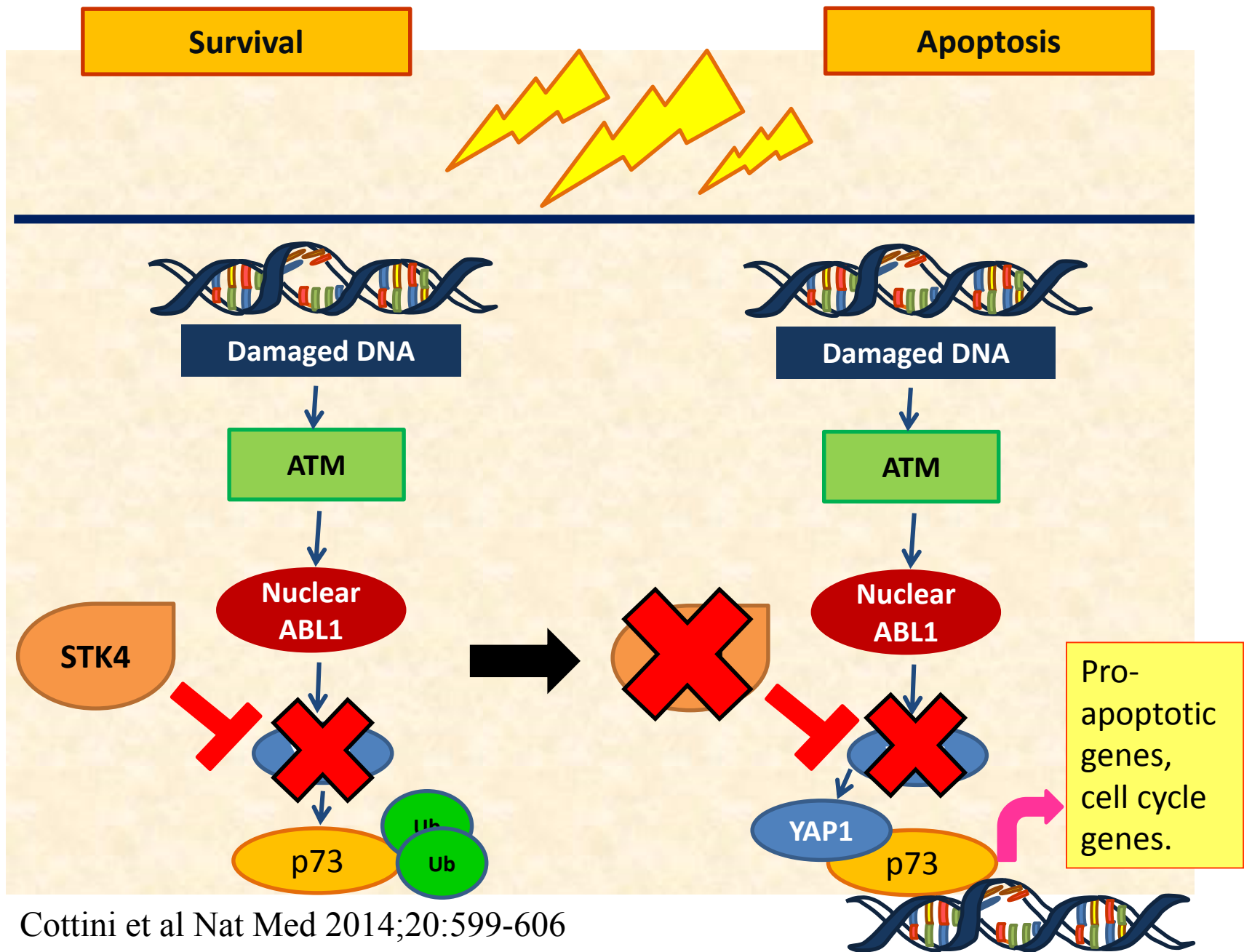
**Figure 4. Objective Response Rates by t(11;14) Status**



# Achilles Heal: Low YAP1 Expression in Subsets of Hematological Malignancies

Cottini et al Nat Med 2014;20:599-606

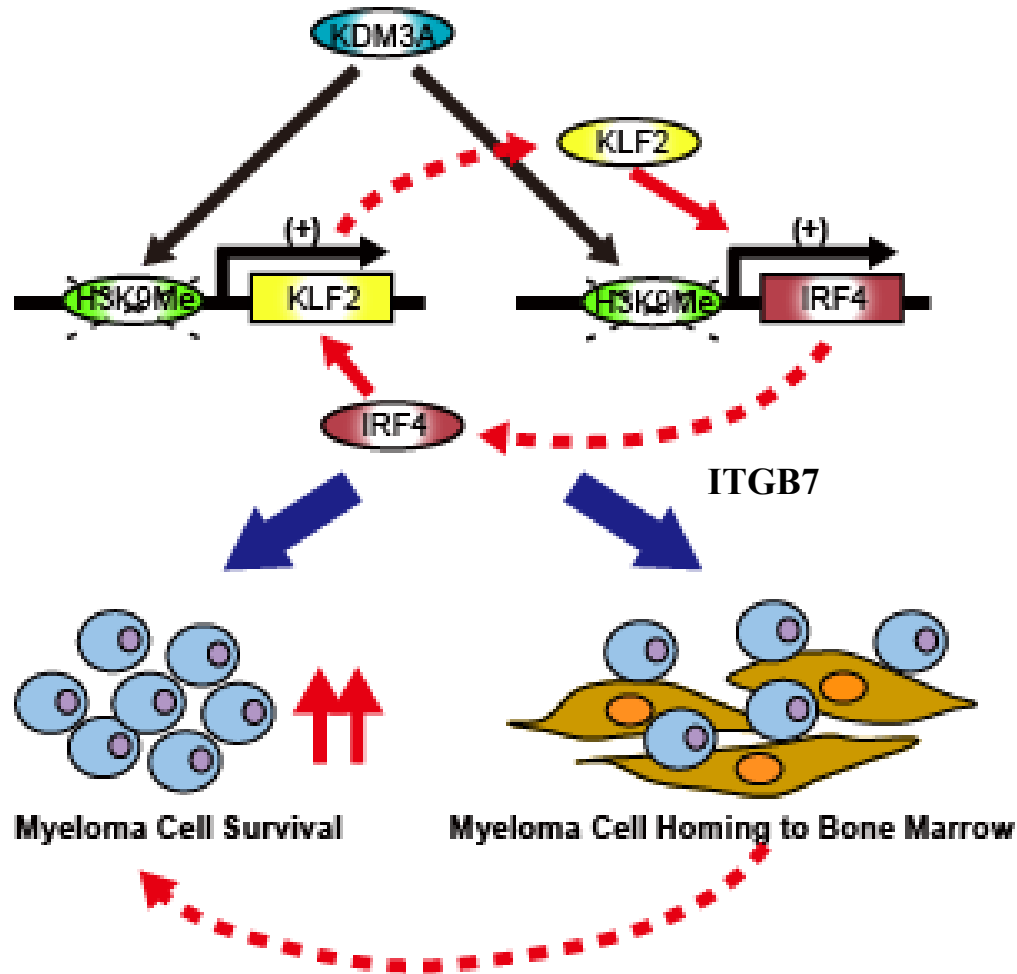






# Model of KDM3A-KLF2-IRF4 Axis in MM cells

KDM3A catalyses removal of H3K9 mono- and di-methylation in MM



# **Summary and Future Directions**

**Discovery and validation of novel agents, alone and in combination, which can overcome conventional drug resistance using in vivo and in vitro models of myeloma in its bone marrow microenvironment**

**Clinical trials informed by biomarkers and combinations defined in preclinical studies**

**Collaborative effort of academia, biotech/pharma, NIH/NCI, FDA, and advocacy**

**Promising future translational efforts target Achilles heels: targeting protein homeostasis, restoring host anti-myeloma immunity, and targeting genomic abnormalities.**