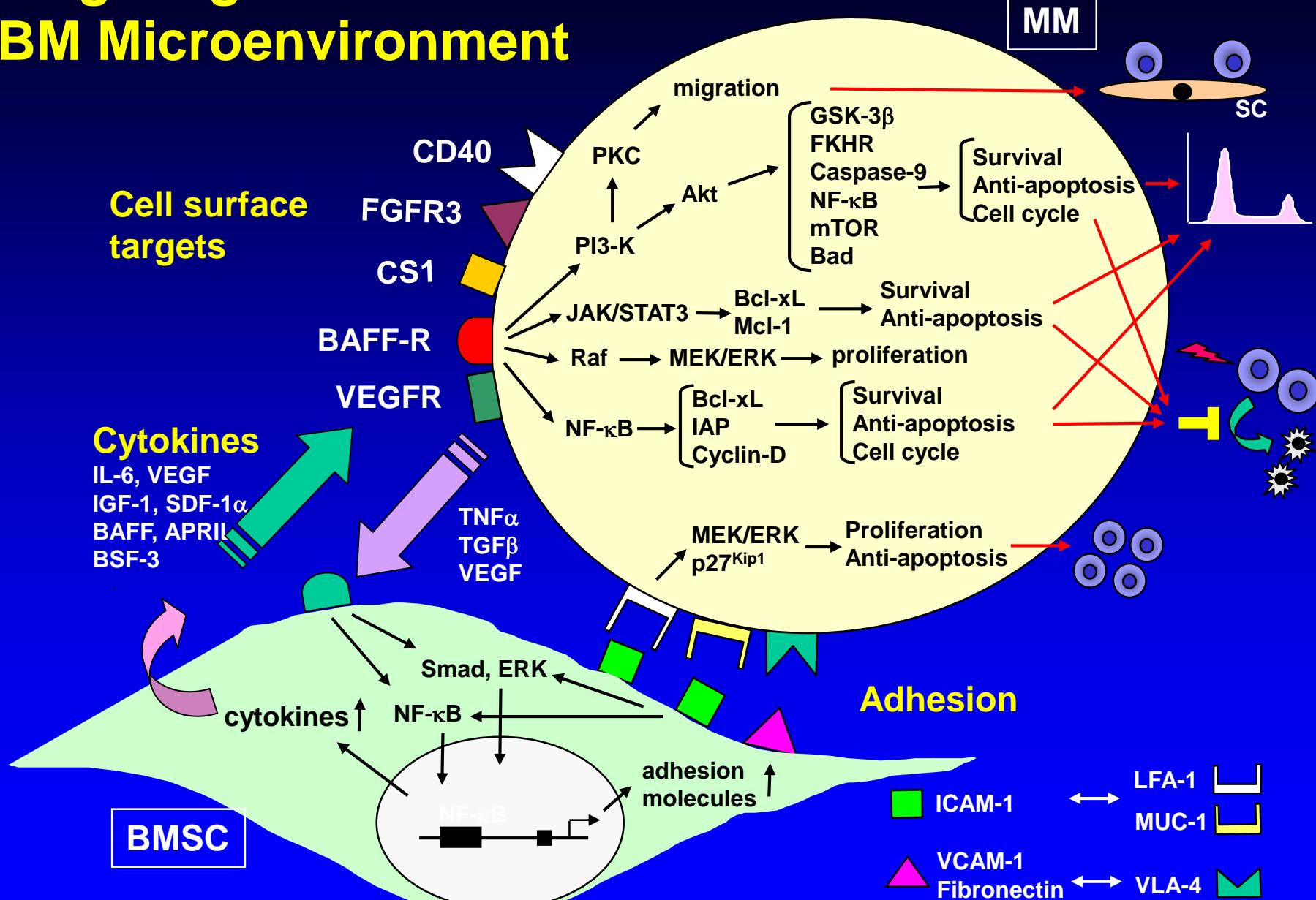


Understanding Biological Activity to Inform Drug Development in Multiple Myeloma

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**Jerome Lipper Multiple Myeloma Center
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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

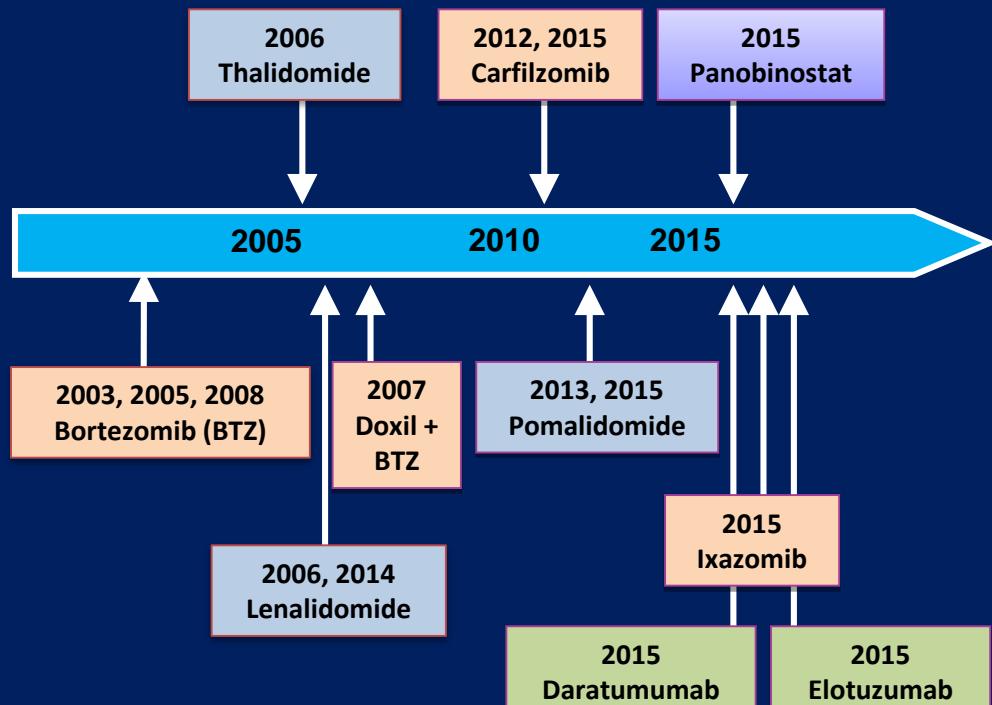
Target MM in the BM microenvironment, alone and in combination, to overcome conventional drug resistance *in vitro* and *in vivo*

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

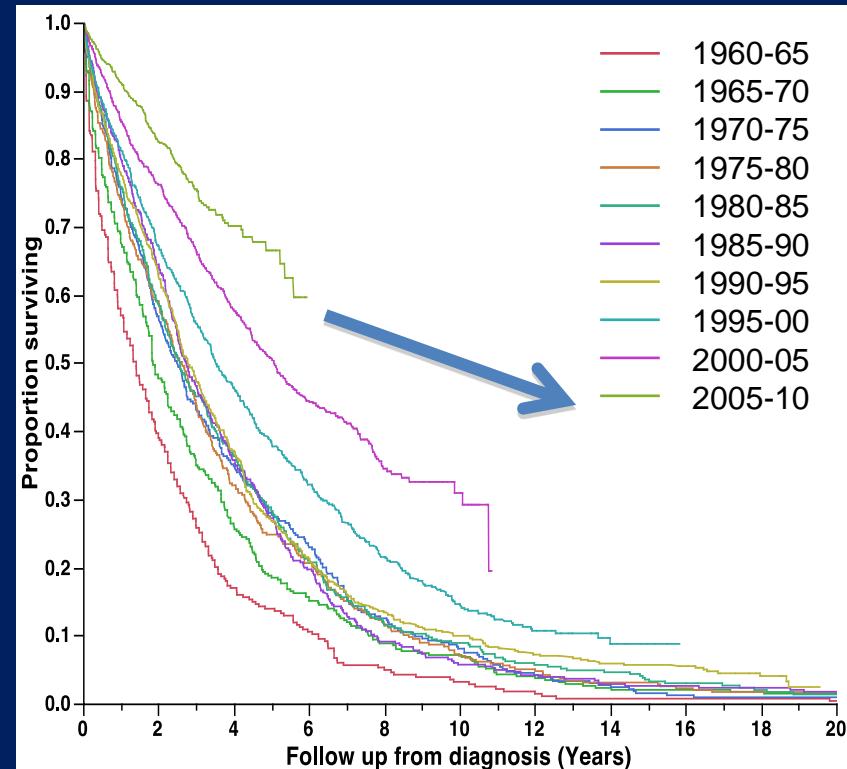
18 FDA approvals and median patient survival prolonged 3-4 fold

Bench to Bedside Translation of Novel Agents in Myeloma

Preclinical and Clinical Studies leading to FDA Approvals in MM



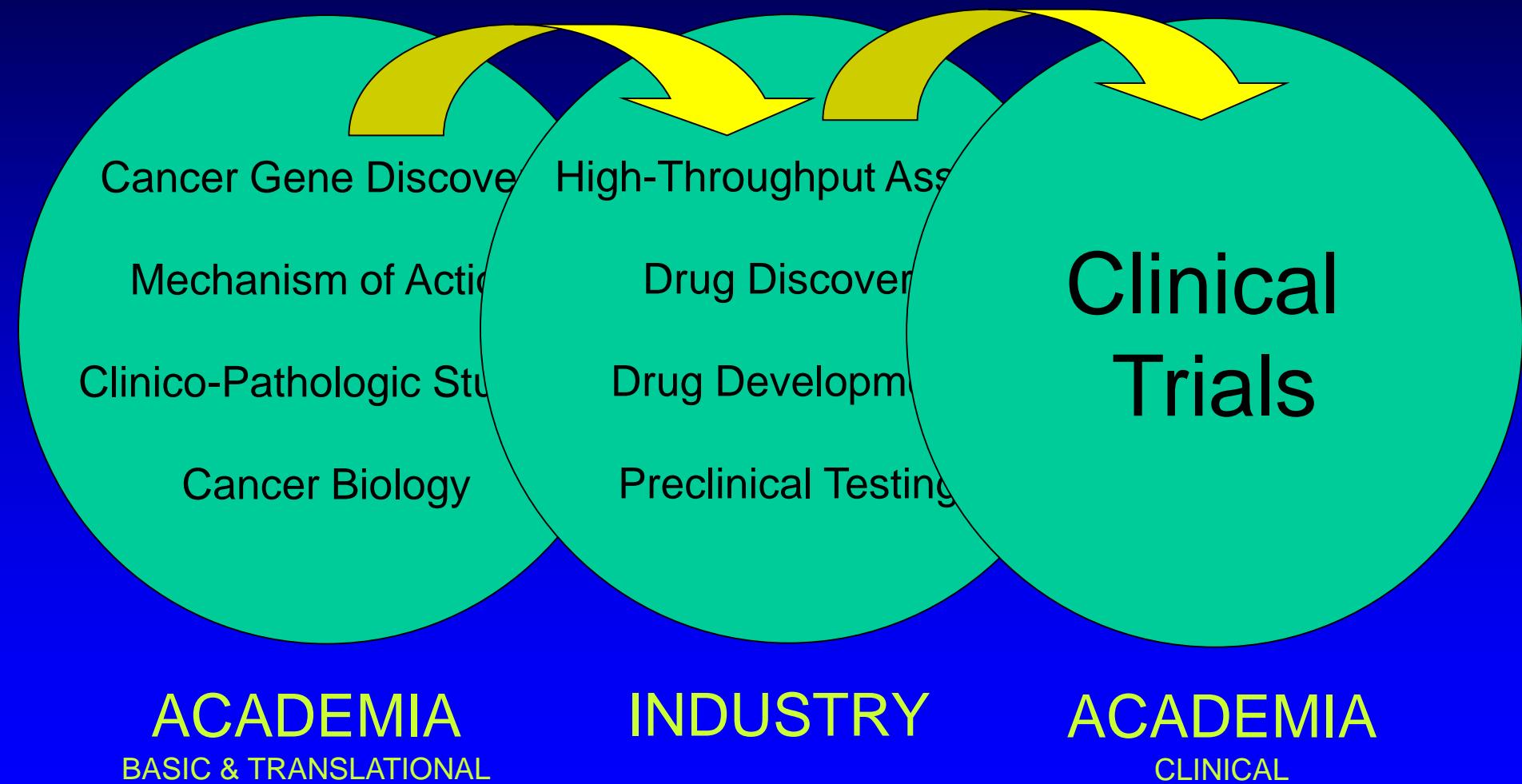
Improvement in overall survival from median of 3 to 8-10 years



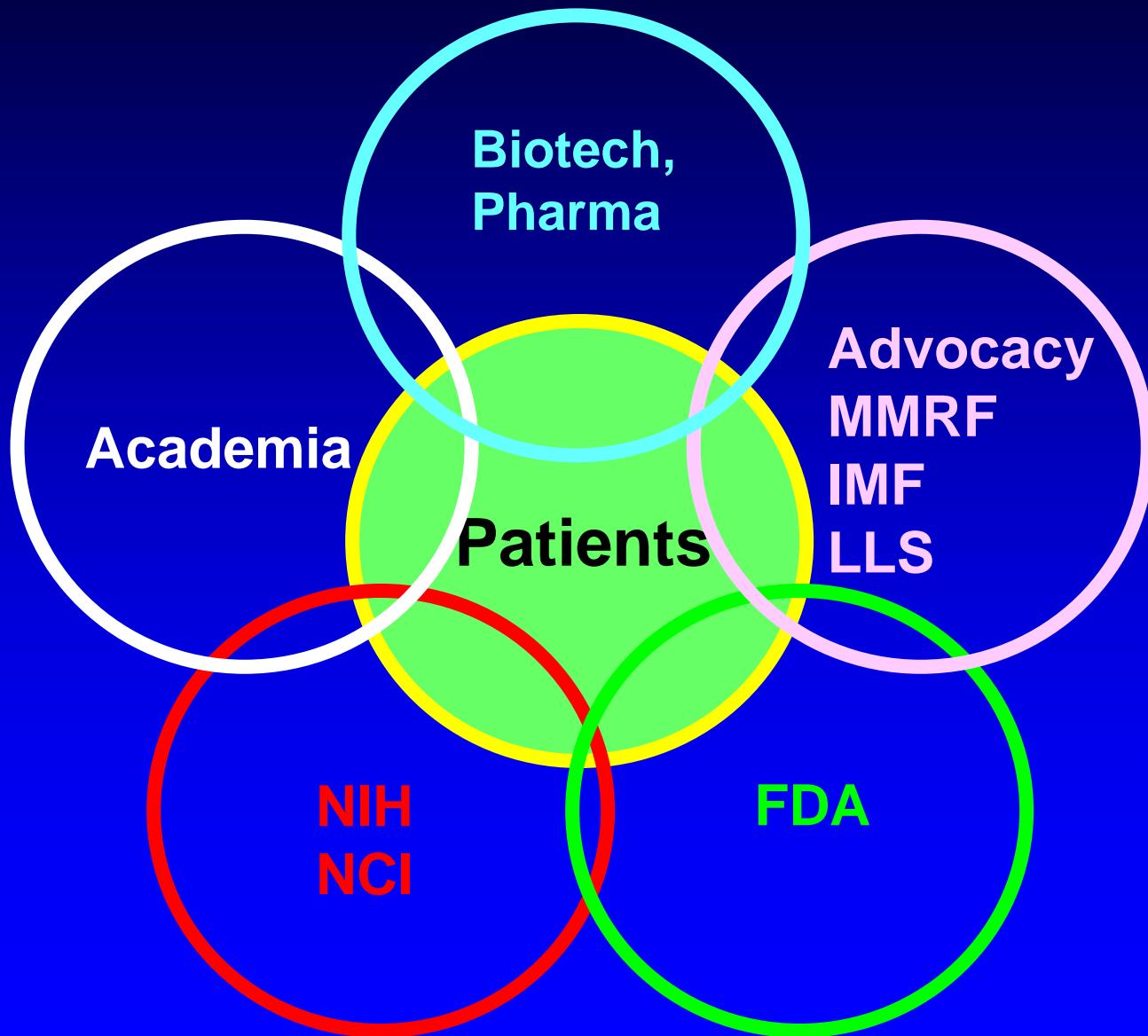
Immunomodulatory agent
Monoclonal Antibody

Proteasome inhibitor
HDAC inhibitor

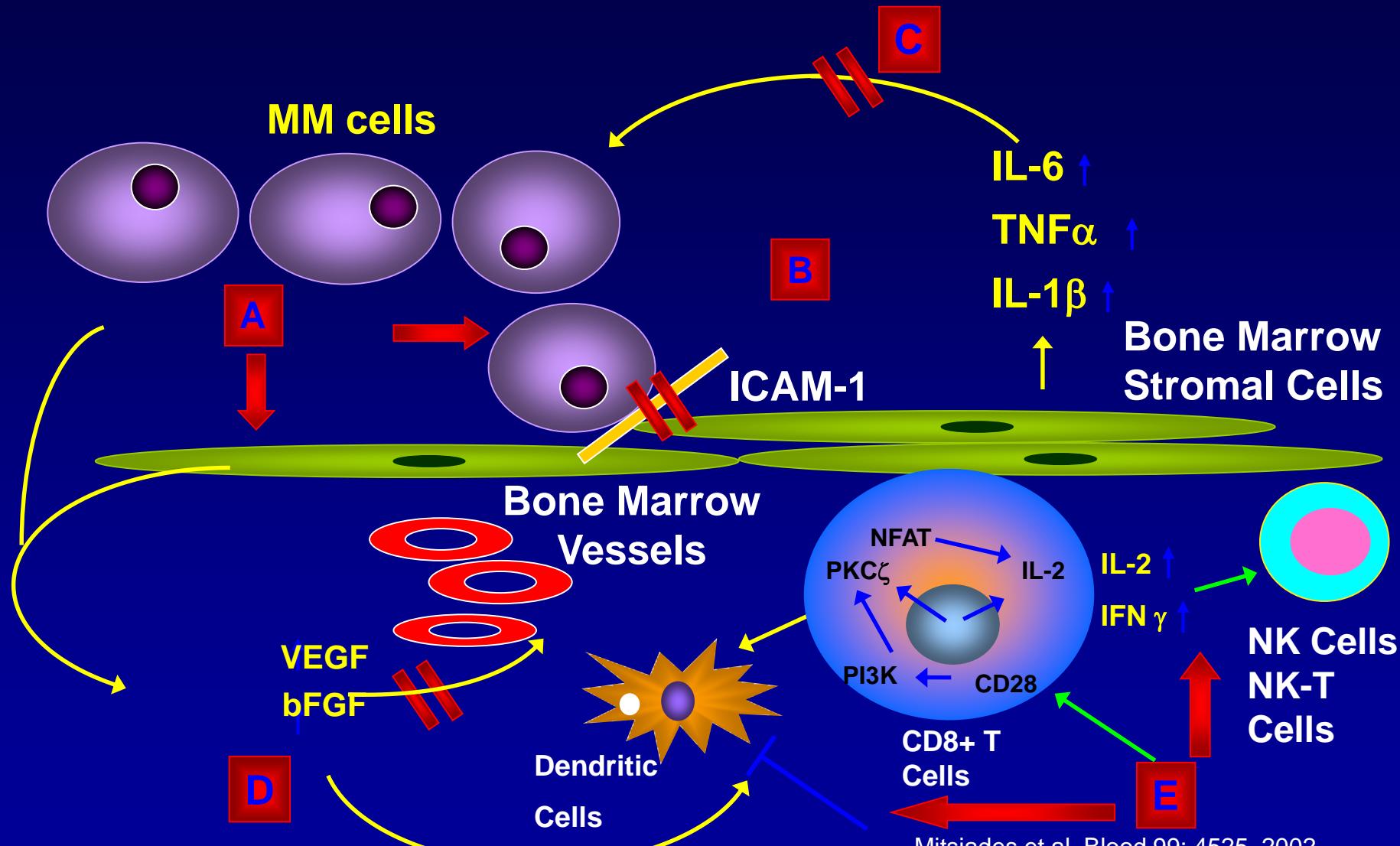
Myeloma Model to Link Partners to Overcome Obstacles in Traditional Drug Development



Multiple Myeloma Collaborative Model for Bench to Bedside Research



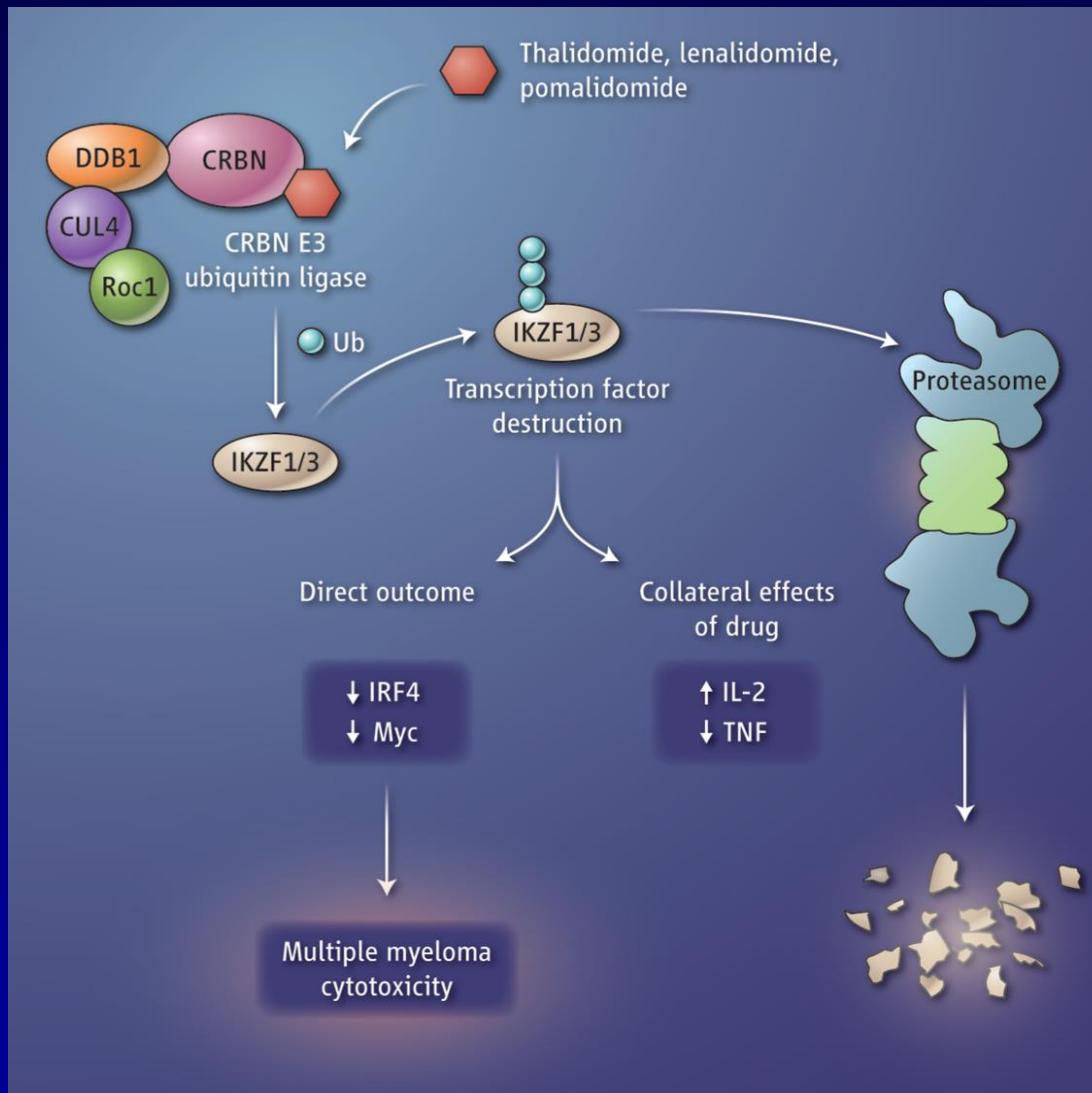
Immunomodulatory Drugs in Myeloma



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

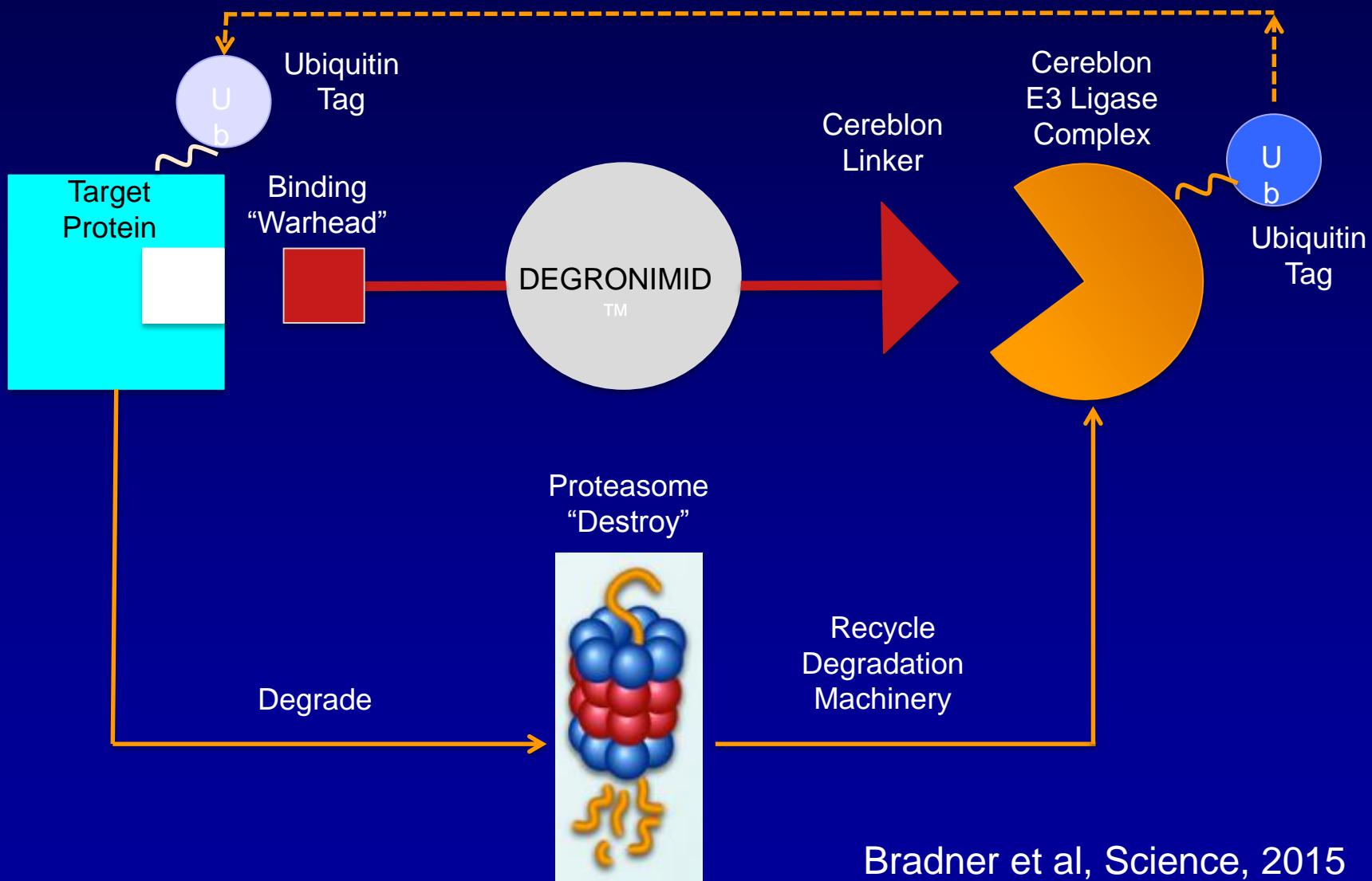


Degronimids:
Link to ubiquitin
3 ligase complexes

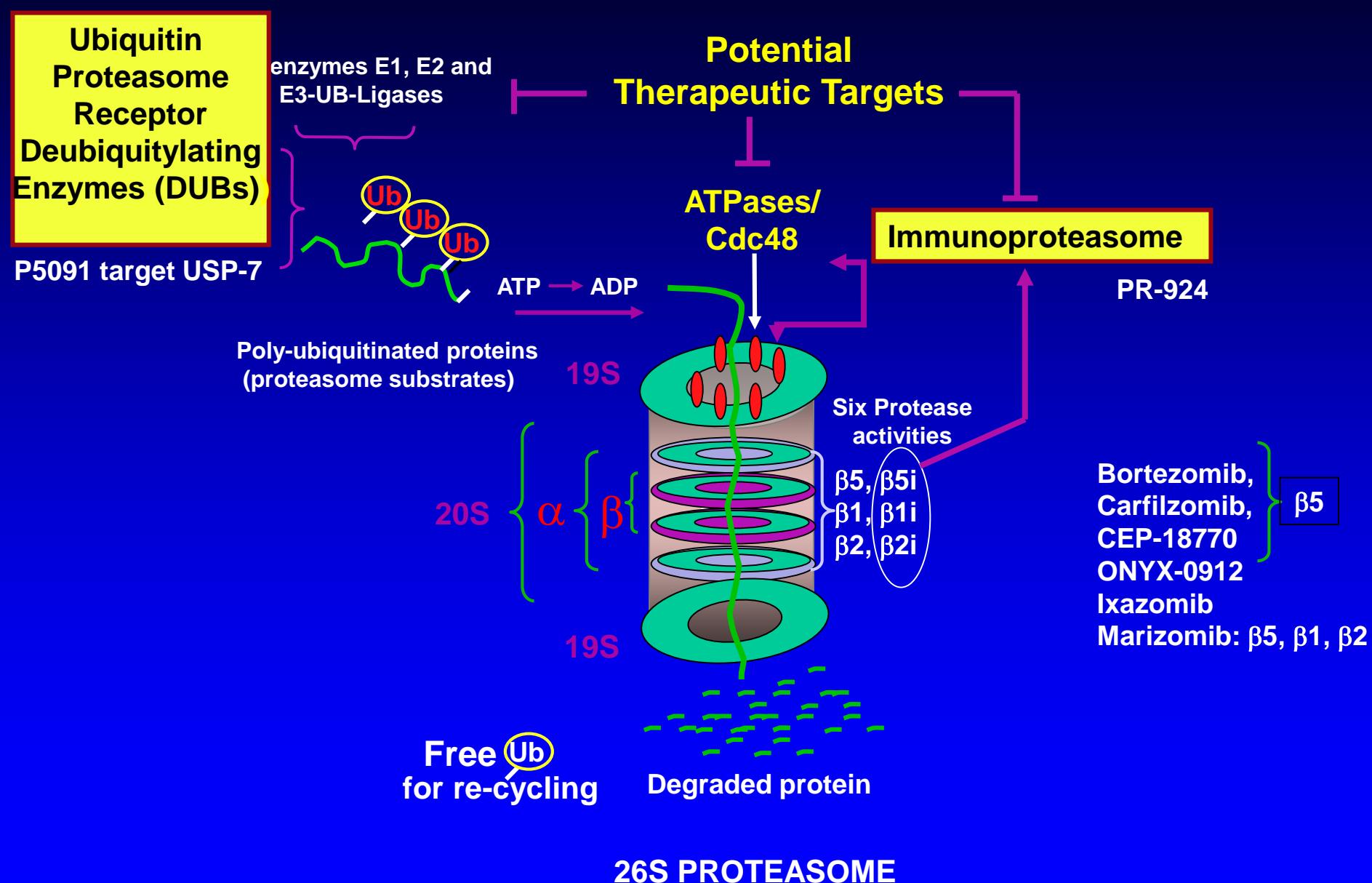
Kronke et al,
Science, 2014

Lu et al, Science,
2014

Degronimids Trigger Degradation of Selective Substrates



Proteasome: Present and Future Therapies



Mechanisms Mediating Anti-MM Activity of Bortezomib

ER-Stress Induction

Caspase-12 cleavage;
↑ phospo-PERK;
↑ GADD-153, ATF4, GRP 78, &
XBP-1 splicing

Growth & Survival

↓NF-κB, MAPK, JAK/STAT
↓IGF-1/IL-6. ↑ PI3K-Akt

Microenvironment

↓ MM-BMSC's interaction;
↓ ICAM, VCAM, α V β 3
↓IGF-1, IL-6, BAFF, RANKL

Anti-angiogenic & Anti-Osteoclastic Activity

↓ Migration, VEGF,
Proangiogenic MMP-9, &
Caveolin-1;
↓Osteoclastogenesis via
MIP1 α , BAFF
↑ Osteoblast formation

Apoptosis

↑ JNK; Caspases & PARP cleavage;
↑ ROS; ↓ $\Delta\Psi_m$
↑ Cyto-c & Smac release; ↓ IAPs;
↑ mitochondrial Ca $^{+2}$ influx;
↑ Bid cleavage, Fas & FasL, BH-3
only proteins: Bim, Bik, & NOXA

Heat Shock Proteins & DNA Repair

↑ Heat Shock Proteins-27, -70,
90; ↓ DNA-PK

Bortezomib

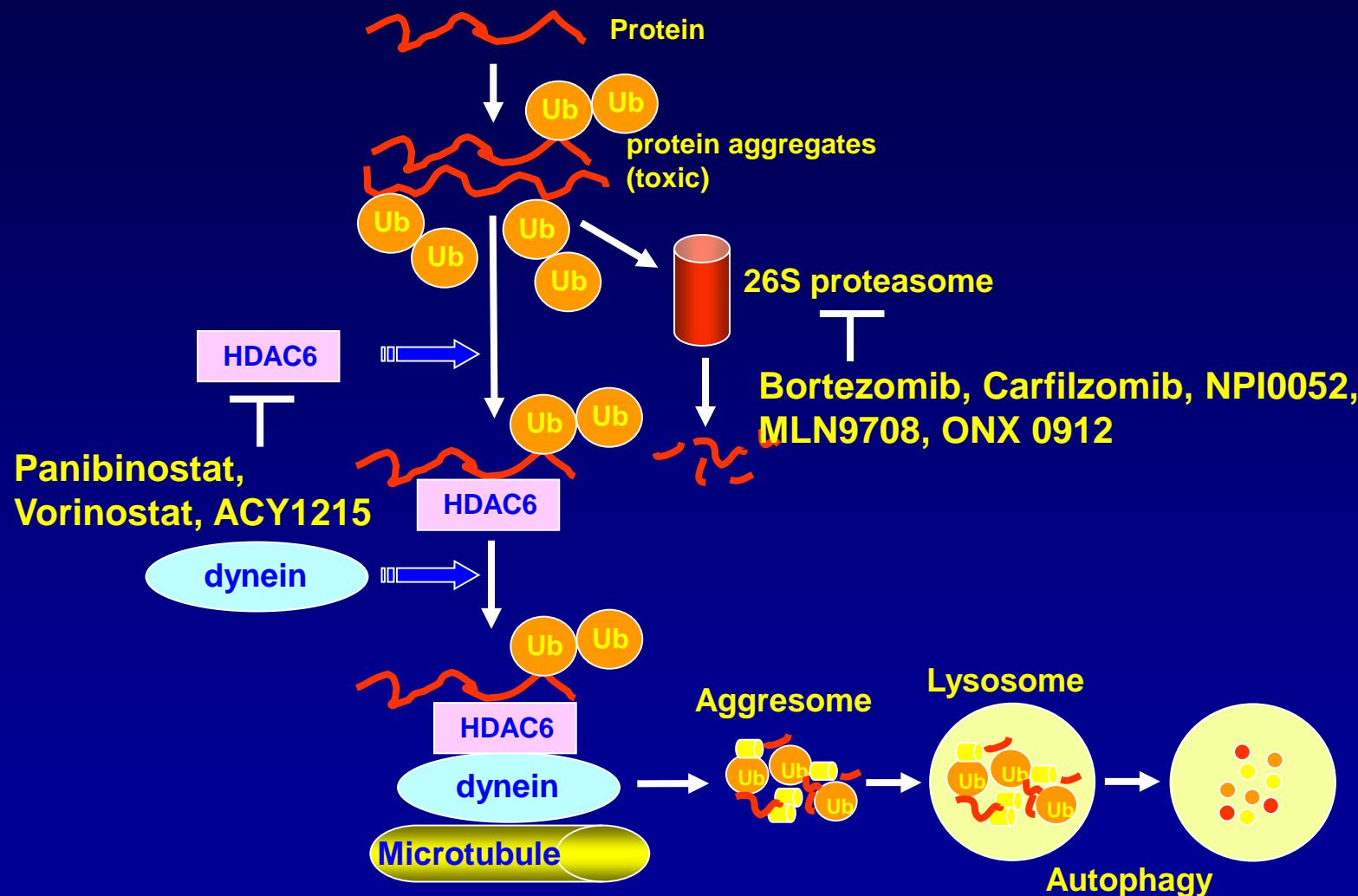
Proteasome

↓ Chymotrypsin- and Caspase-like proteasome activities;
↑ Mono-ubiquitination;
↑ 26S Proteasome subunits

Cell-Cycle

Cdk inhibitors:
↑ P21 & p27, p53
Cyclins: D1, E1, A, B.

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%)

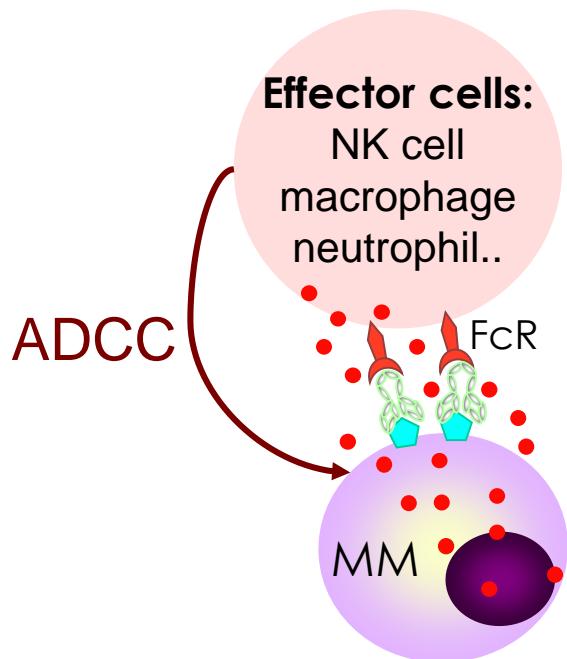
Higher rate of Grade 3/4 diarrhea (25.5% vs 8%), fatigue (23.0% vs 11.9%), thrombocytopenia (67.4% vs 31.4%), and leucopenia (34.5% vs 11.4%), discontinuation due to AE (33.6% vs 17.3%).

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.

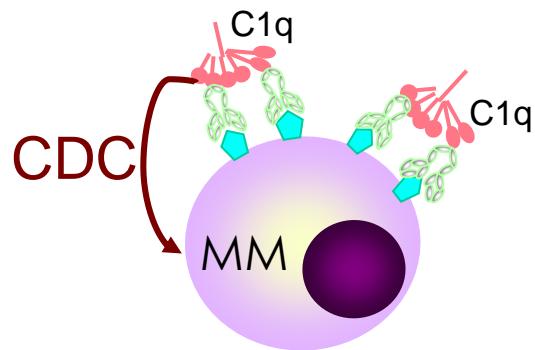
MAb Based Therapeutic Targeting of MM

Antibody-dependent Cellular Cytotoxicity (ADCC)



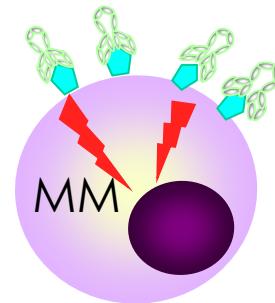
- Lucatumumab or Dacetuzumab (CD40)
- Elotuzumab (CS1)
- **Daratumumab (CD38)**
- XmAb[®]5592 (HM1.24)
- **SAR650984 (CD38)**

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

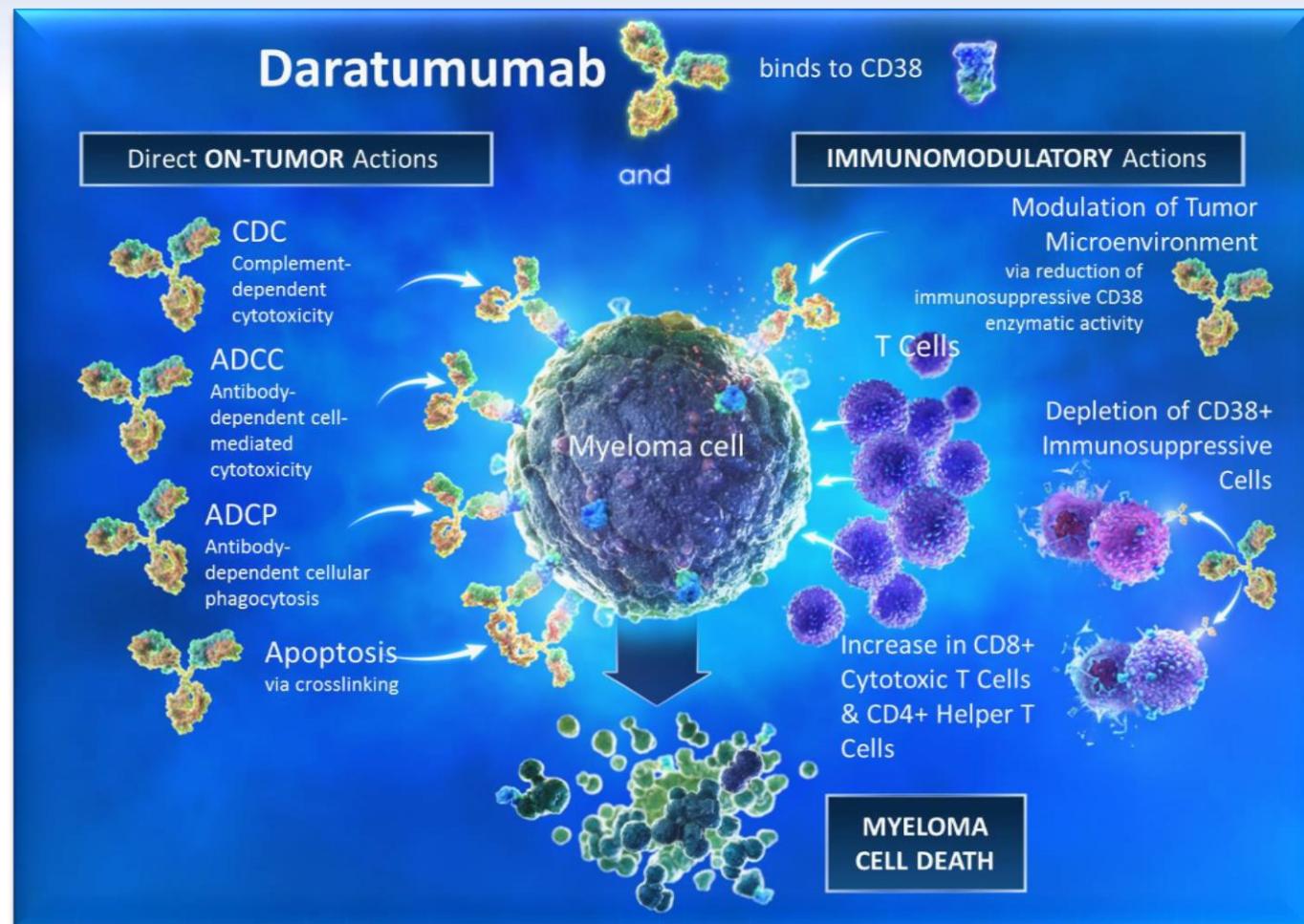
Updated from
Tai & Anderson Bone Marrow Research 2011

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 IgG_κ monoclonal antibody
- Direct and indirect anti-myeloma activity¹⁻⁵
- Depletes CD38⁺ immunosuppressive regulatory cells⁵
- Promotes T-cell expansion and activation⁵



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. Krejcir J, et al. *Blood*. 2016. Epub ahead of print.

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

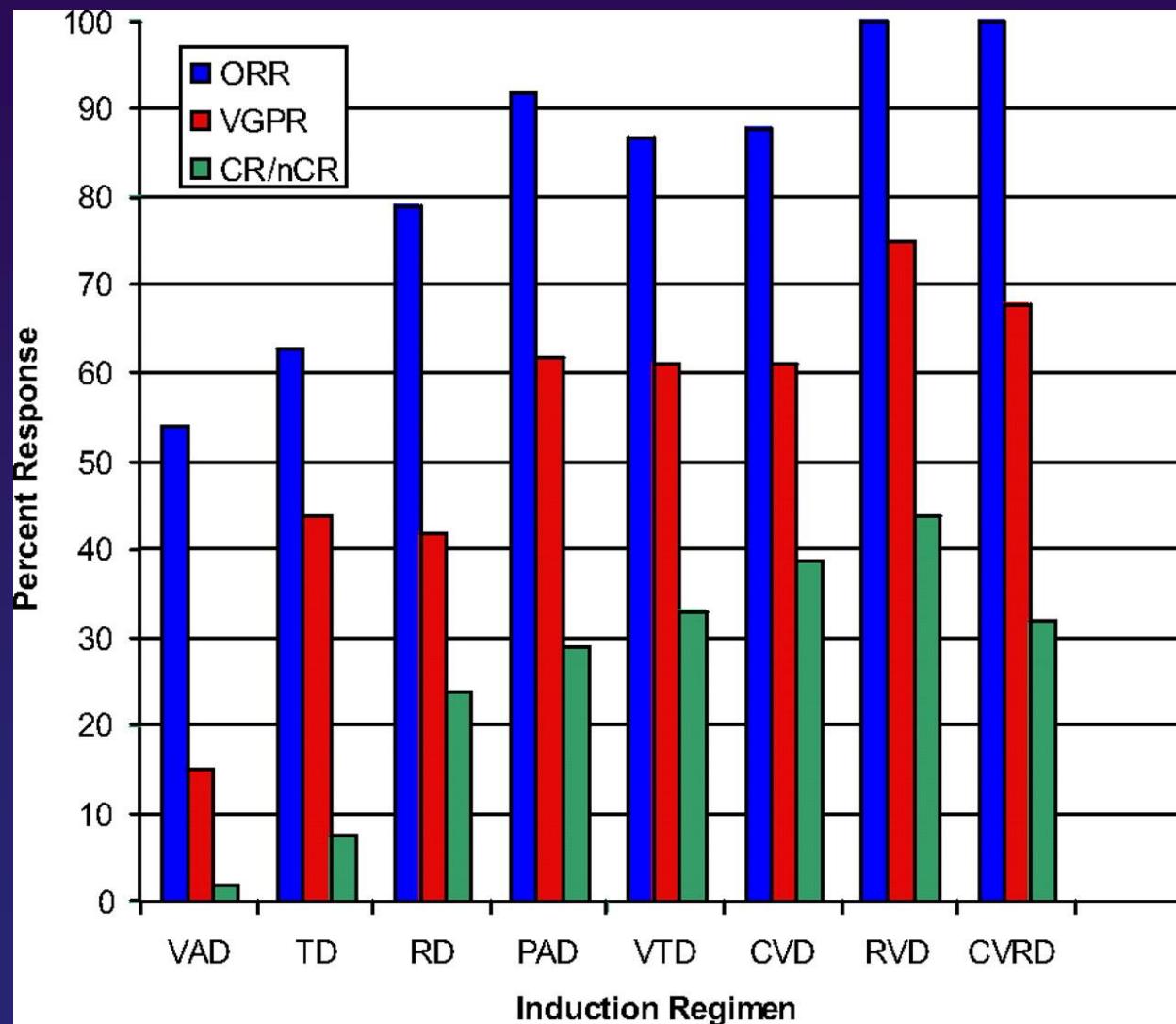
- Daratumumab-Rd significantly improved PFS in comparison with Rd alone: **63% reduction in progression/death**
- DRd doubled CR/sCR rates and quadrupled MRD-negative rates, with safety profile of daratumumab or Rd alone
- Dimopoulos et al, EHA 2016, NEJM 2016

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

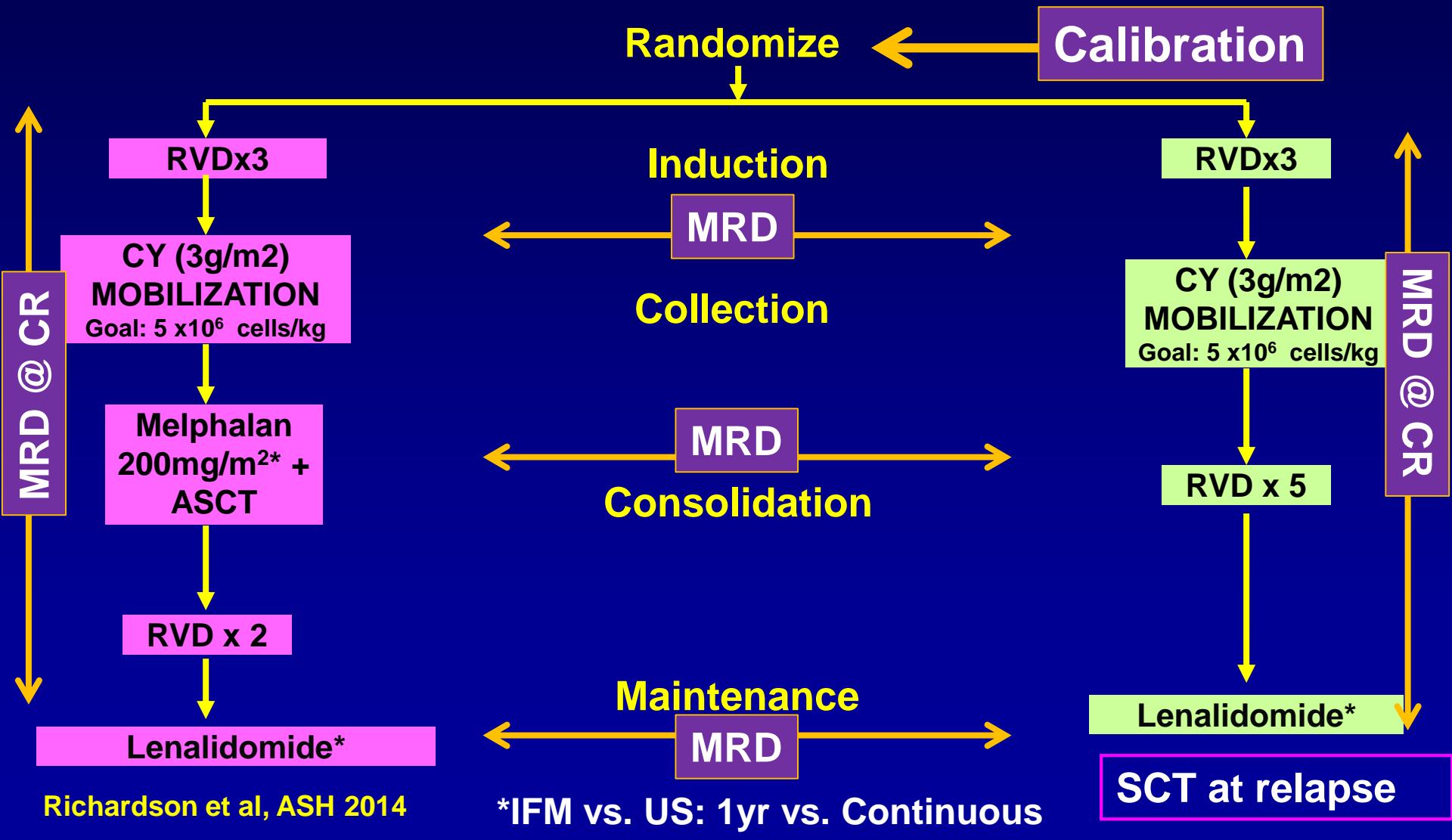
Daratumumab-Vd significantly improved PFS, TTP, and ORR in comparison with Vd alone: **61% reduction in progression/death**

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

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%	
VGPR	29%	29%	0.02
PR	20%	11%	
<PR	2%	1%	
At least VGPR	78%	88%	0.001
Neg MRD by FCM , n (%)	228 (65%)	280 (80%)	0.001

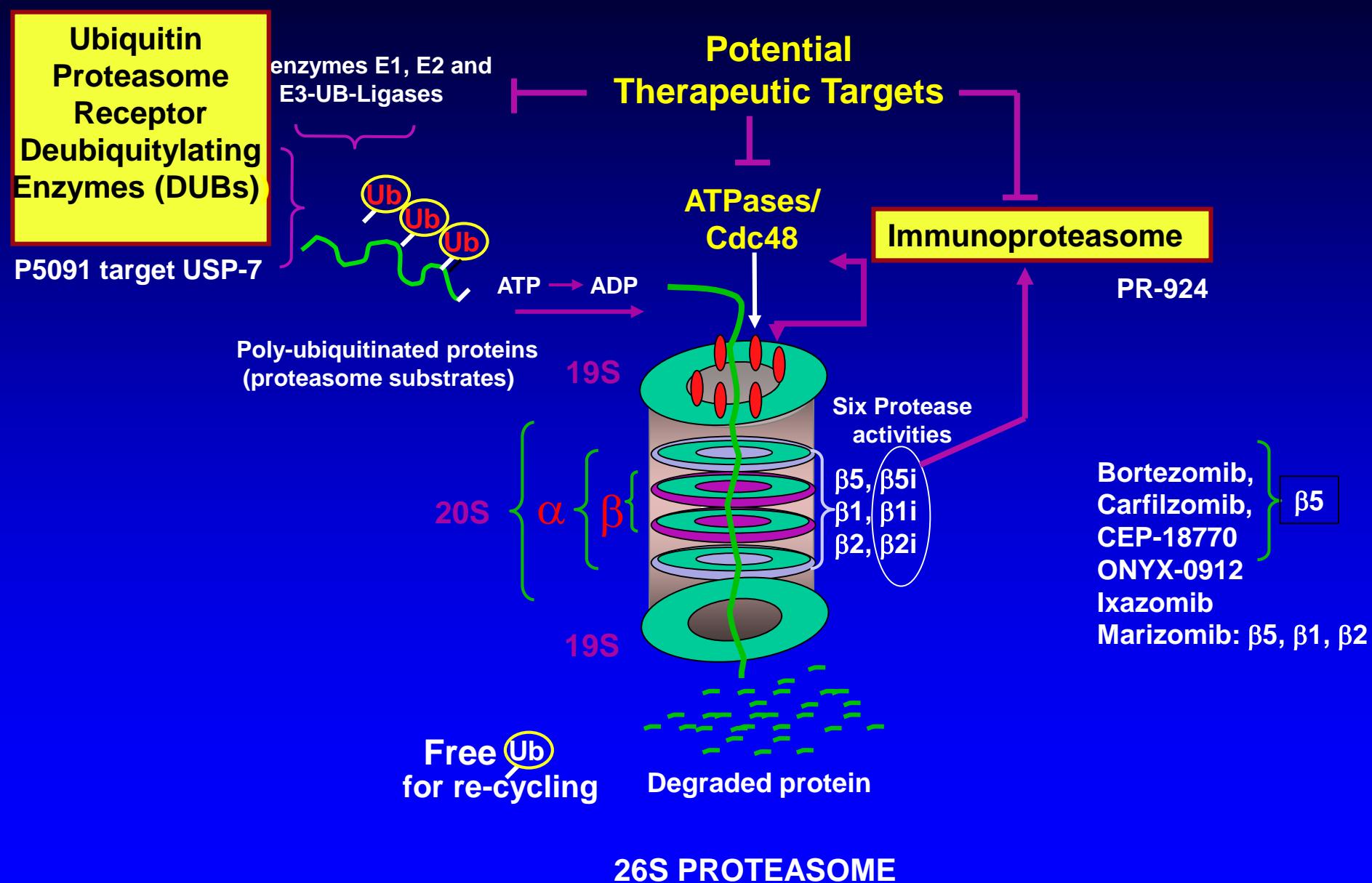
Achilles Heals: Hallmarks of the Disease that are Vulnerabilities

Excess Protein Production:
Target protein degradation
Trigger selective protein degradation

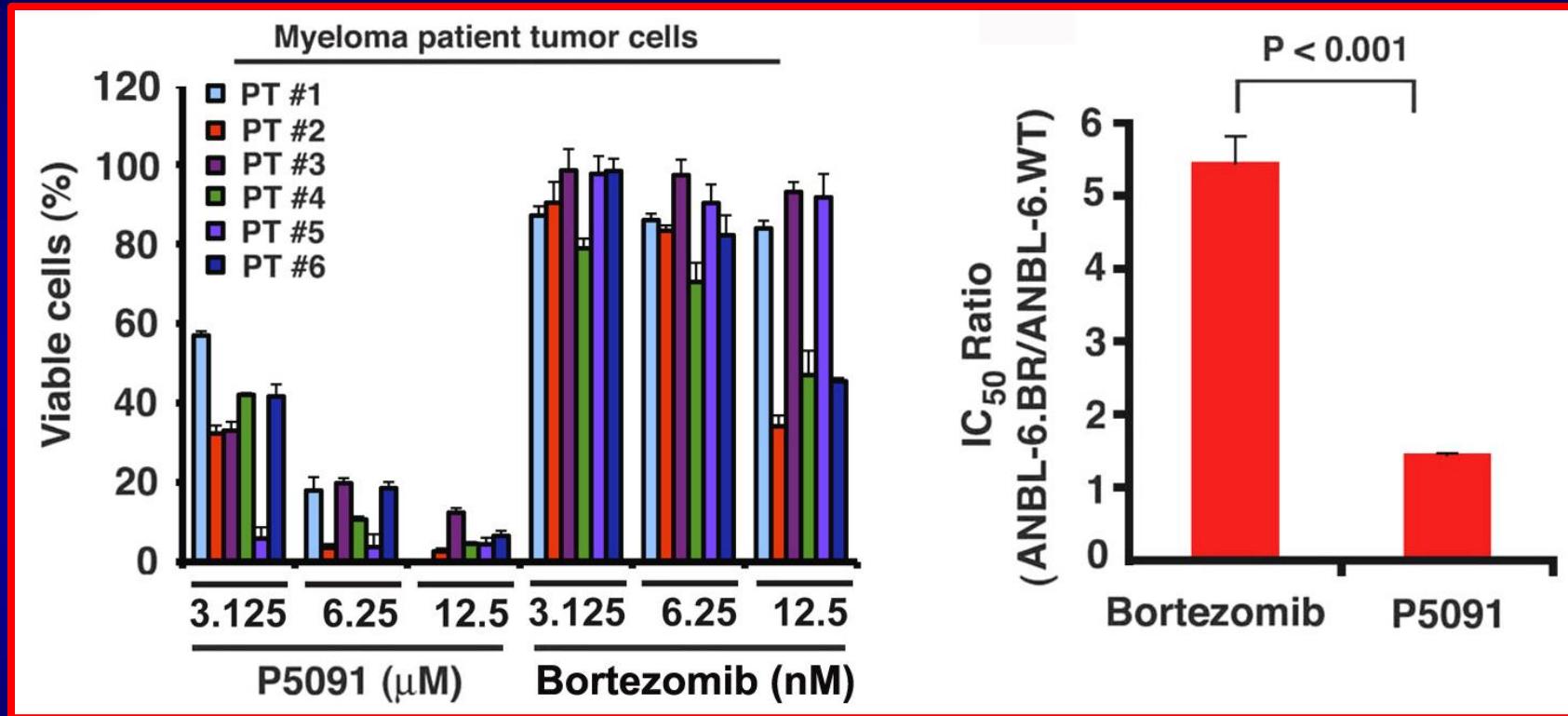
Immune Suppression:
Restore anti-MM immunity

Genomic abnormalities:
Target and overcome
genomic abnormalities

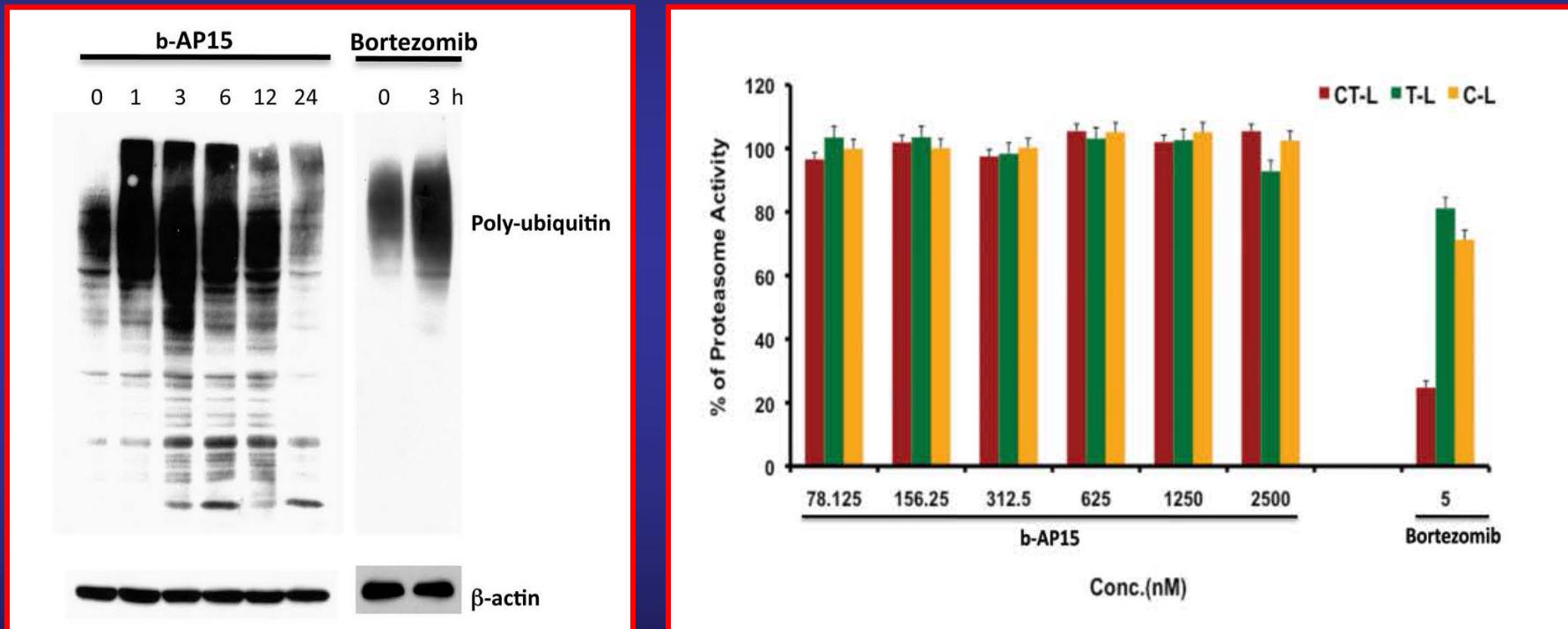
Proteasome: Present and Future Therapies



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



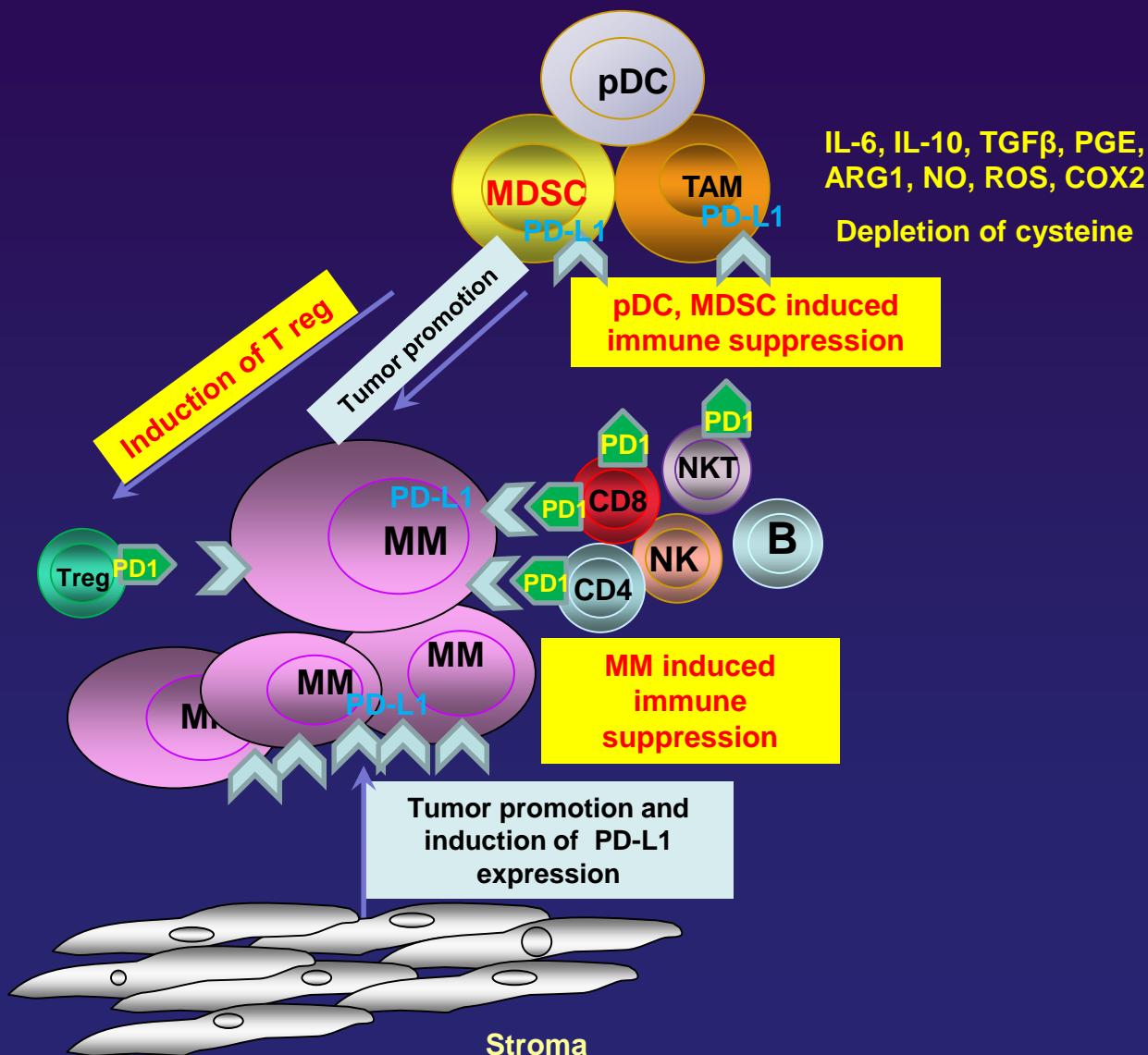
b-AP15, a Novel USP14/UCHL5 Inhibitor, Induces Polyubiquitination Without Blocking Proteasome Catalytic Activities



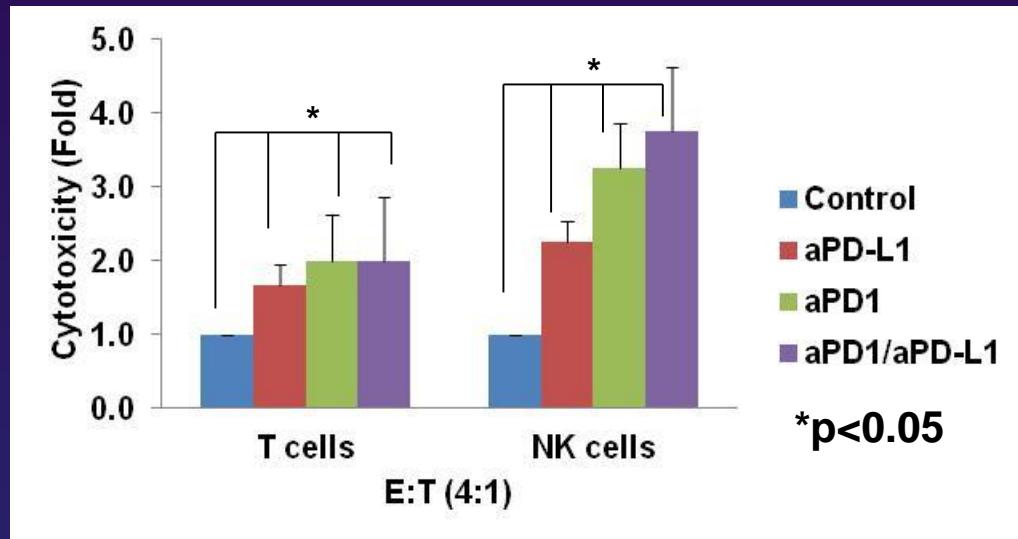
Clinical Trial Ongoing

Tian et al. Blood 2014; 123: 706-16

Immune Suppressive Microenvironment in MM



Checkpoint Blockade Induces Effector Cell Mediated MM Cytotoxicity

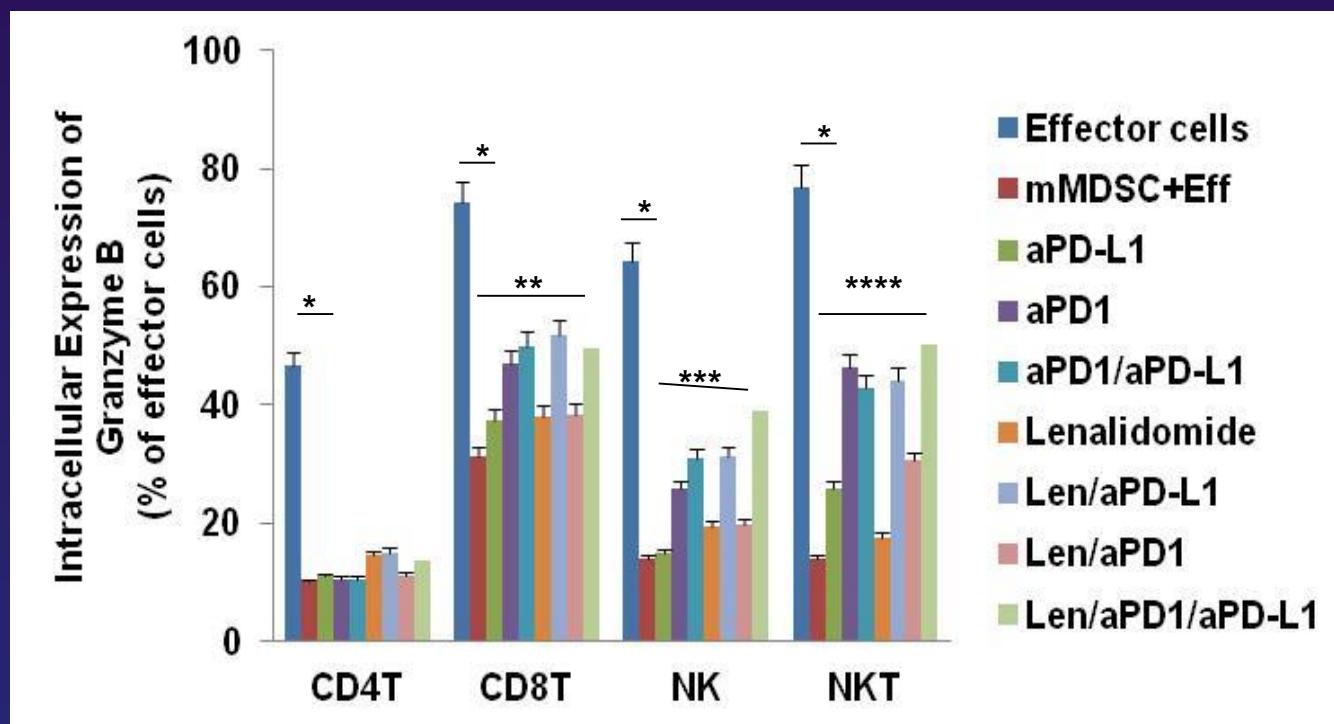


Effector: Autologous effector cells (CD3T cells, NK cells)

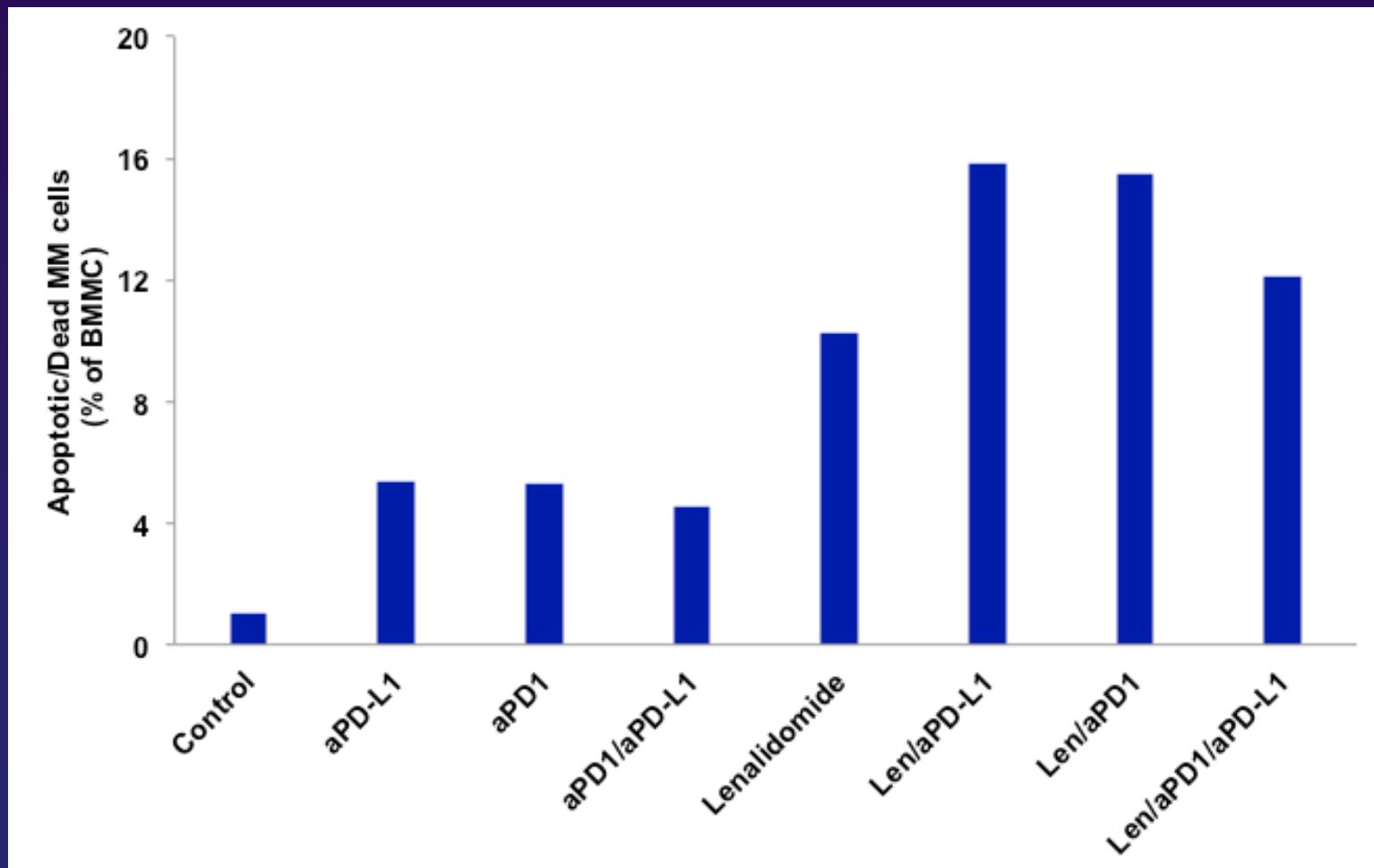
Target: CD138⁺ MM cells from Rel/Ref MM-BM

Lenalidomide with Checkpoint Blockade Reverses MDSC Induced Immune Suppression in MM

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

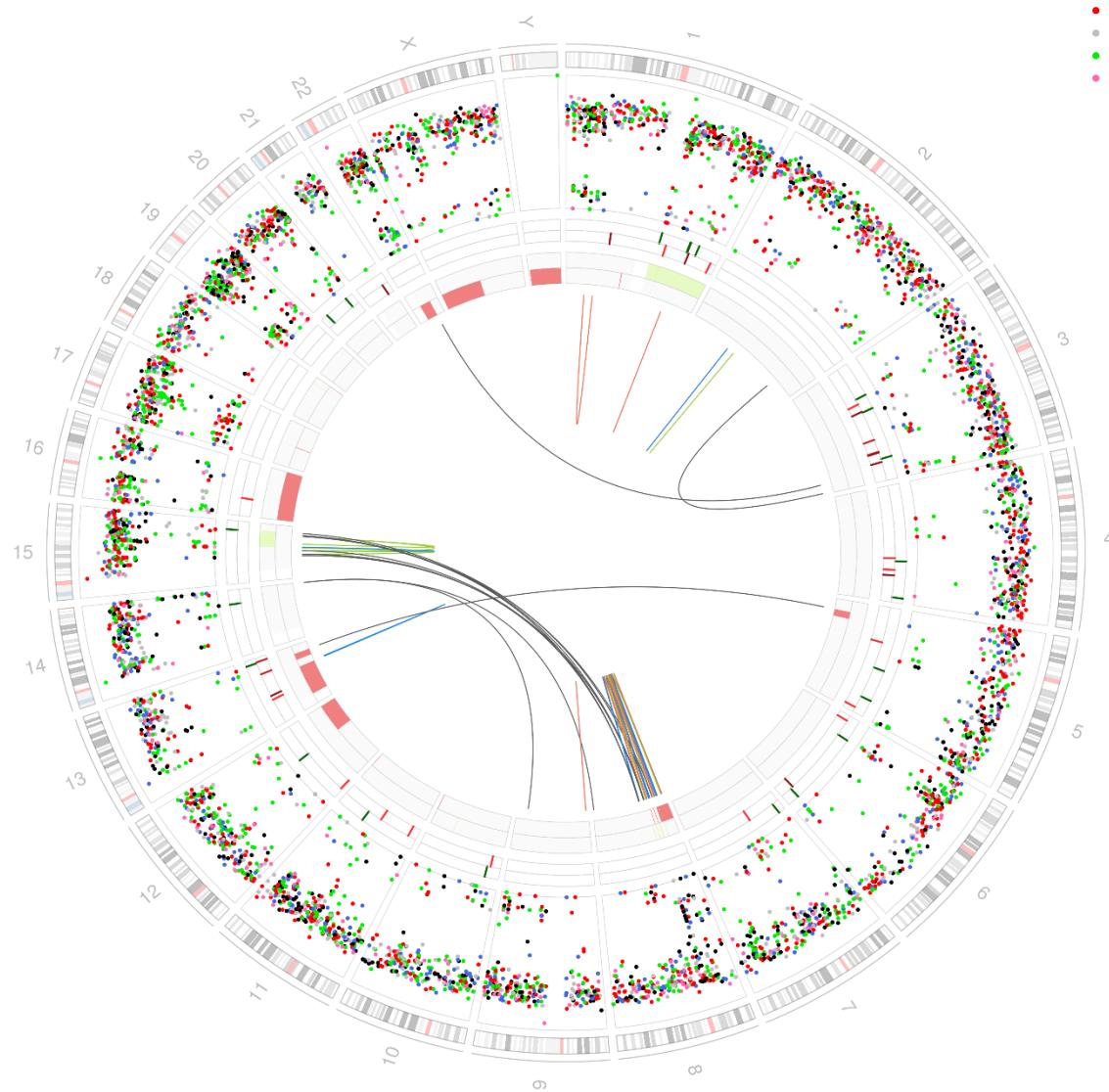


Enhanced Activity of Combination Immune Therapies



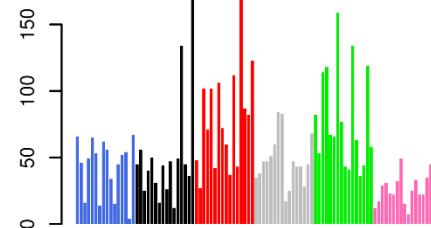
WGS at Diagnosis

PD26419c

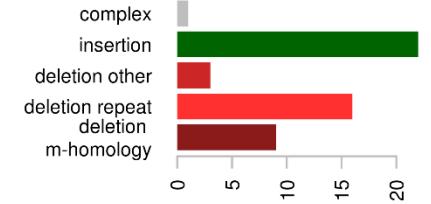


• C>A
 • C>G
 • C>T
 • T>A
 • T>C
 • T>G

5286 substitutions



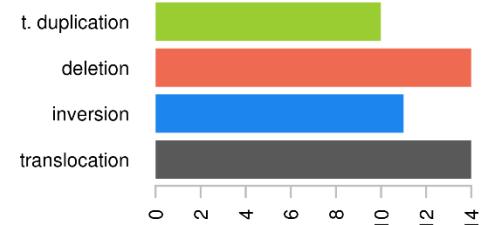
51 deletions and insertions



copy number

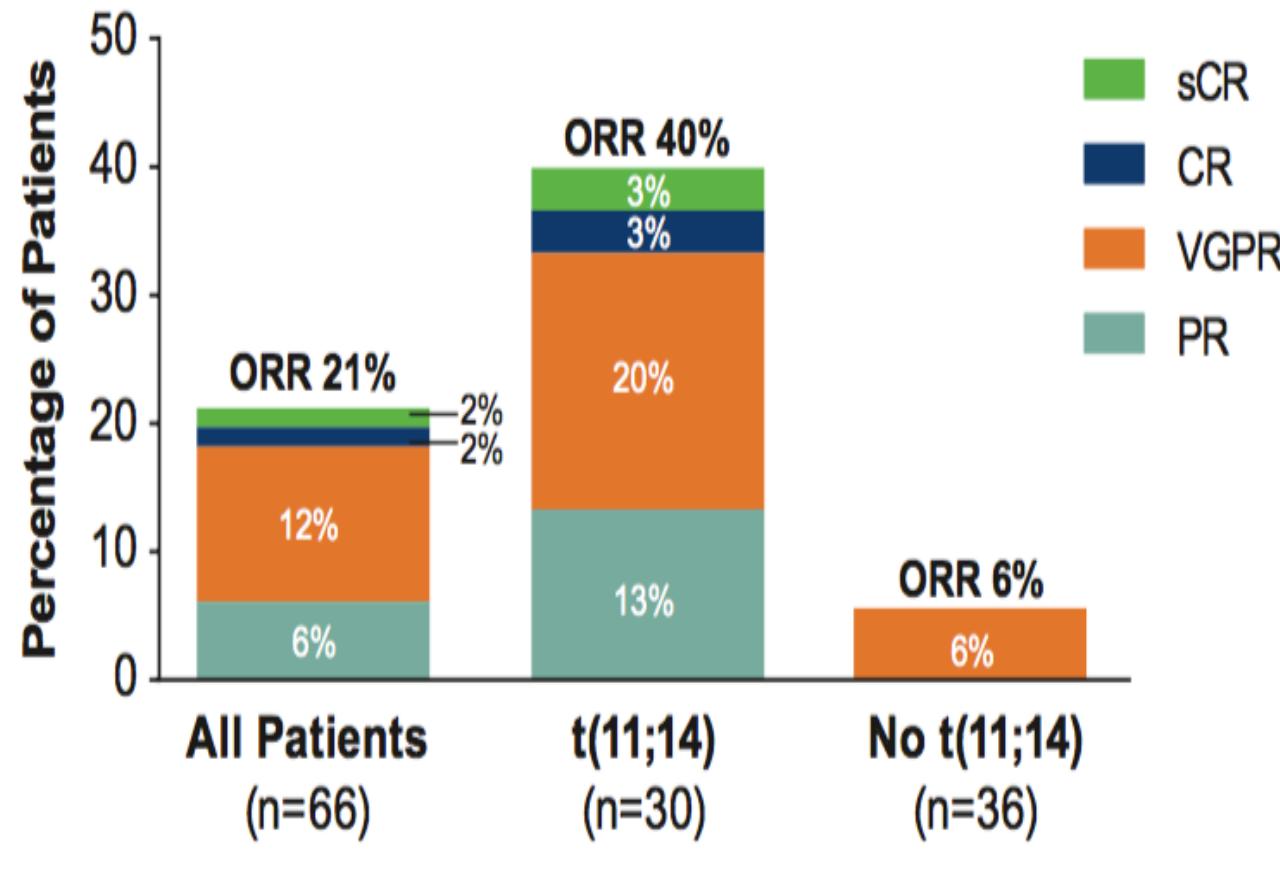
■ LOH ■ gain

49 rearrangements



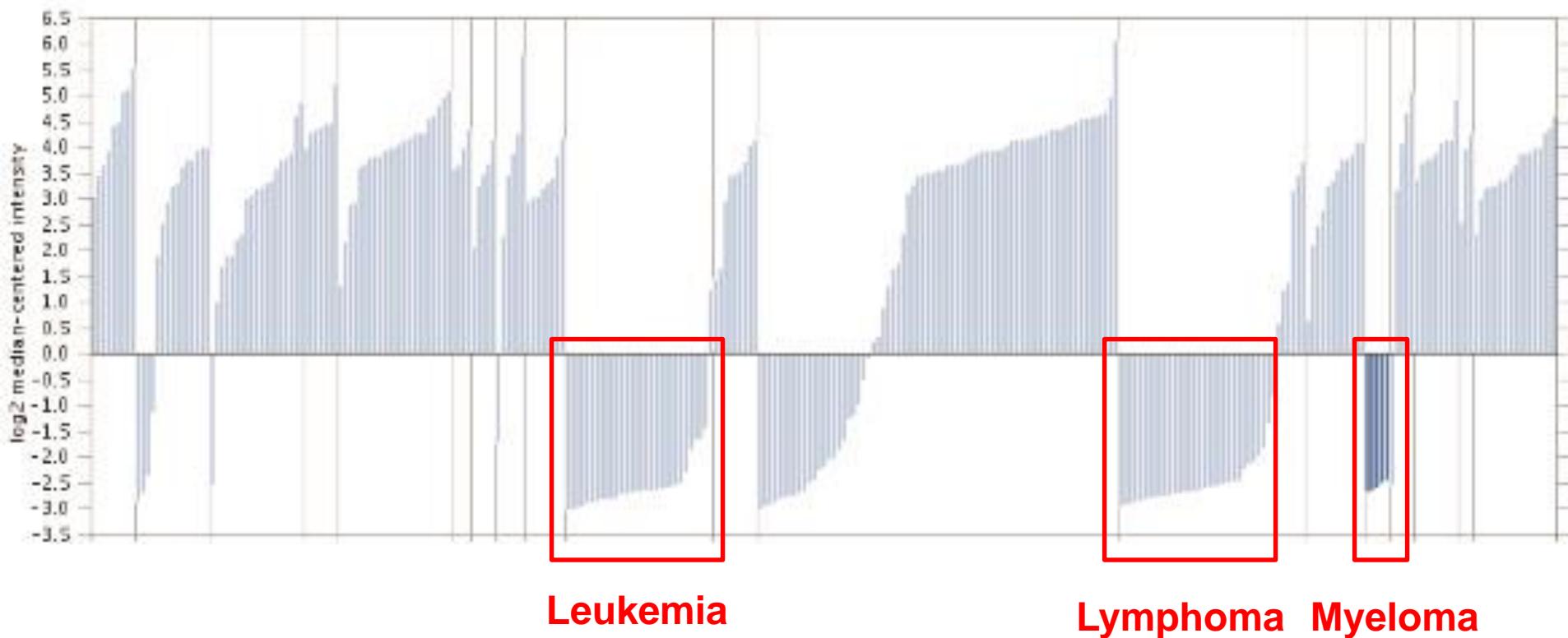
Venetoclax Therapy of Relapsed/Refractory MM

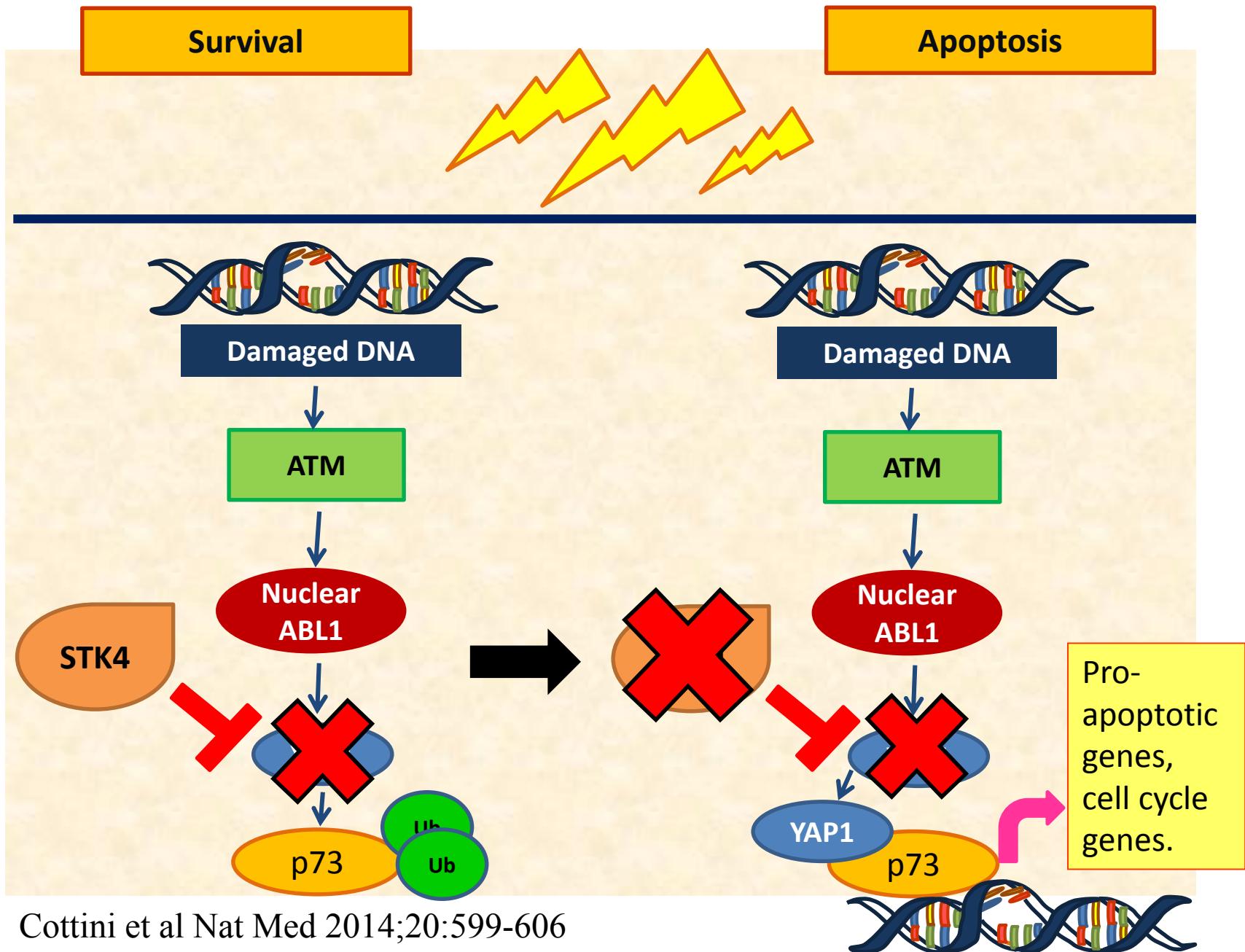
Figure 4. Objective Response Rates by $t(11;14)$ Status



Achilles Heal: Low YAP1 Expression in Subsets of Hematological Malignancies

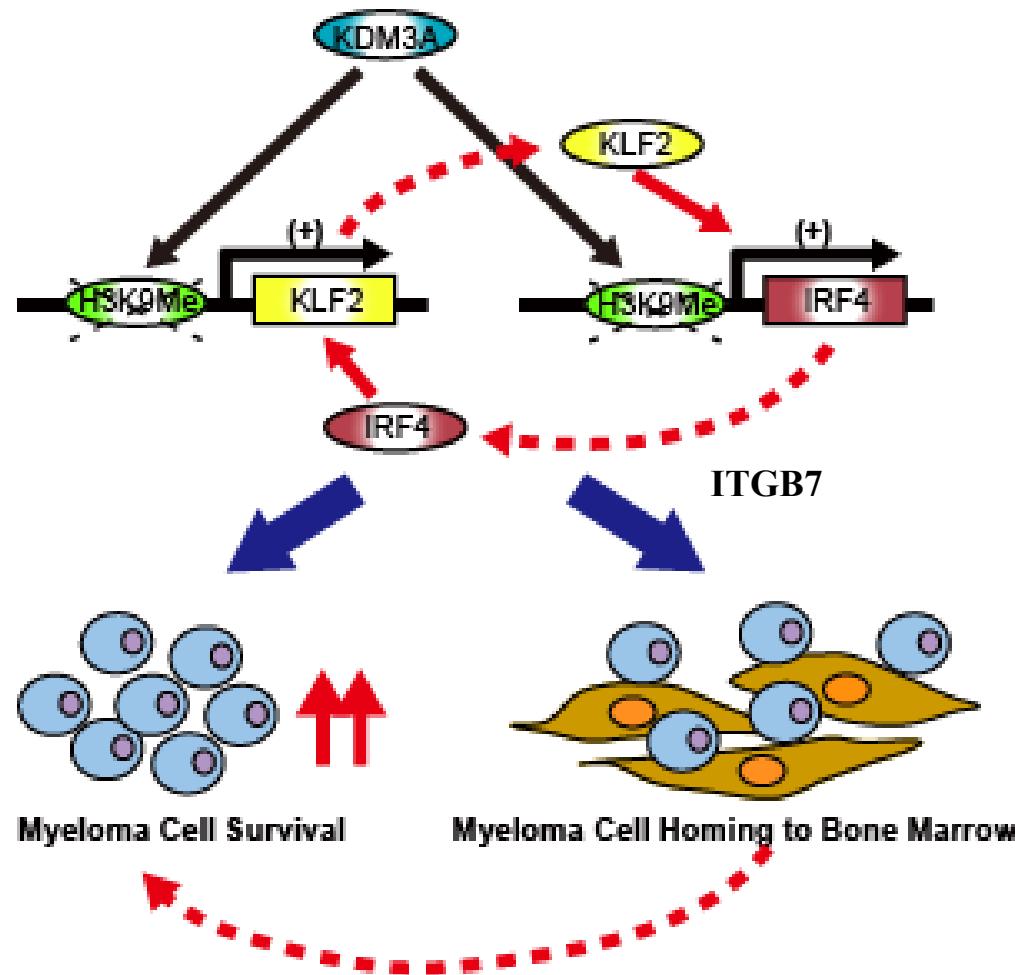
Cottini et al Nat Med 2014;20:599-606





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.