MILES FOR MYELOMA

SUPPORTING MYELOMA RESEARCH AND PATIENT CARE

Dear friends,

As we celebrate the close of the 19th year of Miles for Myeloma, I would like to reflect on new drug discoveries that have taken place over time. Clinical trials available to patients at the IU Melvin and Bren Simon Comprehensive Cancer Center are an integral part of our research, and it's a privilege to lead our team of IU researchers and physicians.

In 2003, the first drug to be approved for myeloma was bortezomib, also known as Velcade. This drug inhibited an important part of our cells that control cell survival. This class of drugs is called PI. I had a patient that year who relapsed only three months after an autologous stem cell transplant. We treated her with the IU regimen of this new drug, and she lived 8 years after that. It was very exciting to see a drug so active. It became a part of most of the regimens used in treating myeloma – and still is today.

The IU team was also involved in developing another class of drugs called immunomodulatory drugs. The star of that class was lenalidomide, also known as Revlimid. I have several examples of impressive responses that prolonged the lives of many patients.

Several drugs followed with remarkable results. Patients started living longer, but a few had their disease storm back. We still had cases of myeloma growing outside the bone marrow and forming tumors all over the body. These were depressing cases and hard to manage.

Finally came a class of drugs call bispecific T cell directed therapy. (Have I told you yet how much I like science!? A lot, allow me to tell you more.) These BI drugs attract patients' immune cells to their myeloma cells. The immune cells get angry and start destroying the myeloma. We enrolled many patients in clinical trials testing these drugs. I must say these drugs are the answer I have been seeking for years. Some patients with widespread myeloma saw their myeloma disappear in a few weeks. For a few, it has stayed away for 2 years, and we are still counting.

Our myeloma team has been working hard to make these drugs available to every patient. We must do the research needed to cure myeloma. This includes studying the genetics of the disease, unraveling the immune system to optimize the response, and reducing side effects. My colleagues Dr. Suvannasankha, Dr. Lee and Dr. Walker, among others, are doing just that.

I am grateful for your ongoing support of our research and of Miles for Myeloma. I look forward to celebrating with you our 20th anniversary next year in a special way.

Together we have been a part of drug discovery - from PI to BI. I dare to declare it is time to say goodbye to myeloma forever.

Peace,

Rafat Abonour

Rafat Abonour, M.D.
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