



“Providing an opportunity for multiple myeloma patients and their loved ones to come together to exchange information for mutual support, comfort, and friendship”

Meeting: Tuesday January 17, 2017 3:30pm – 5:30pm
451 Junction Road
UW West Clinic Room 1287
Enter the clinic... proceed left past the vending area... turn left again and conf. room 1287 is the last one on the left.

Information: Jayne Schwartz 608- 244-2120 schwartzdon@sbcglobal.net Madison Multiple Myeloma Support Group website madisonmultiplemyeloma.org

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More Information:
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Multiple Myeloma Research Foundation (MMRF) 203 - 972 - 1250 info@themmrf.org www.multiplemyeloma.org

Upcoming meeting speakers:

Peggy Wellman, nurse educator from Takeda will be our meeting speaker for February.
Dr Aric Hall will be our March meeting speaker.
Working on a pharmacy speaker for April or May meeting.

Dr Fotis Asimakopoulos will be our January meeting speaker. Here is a little bit about his work with the Trillium Fund Research.

UW Carbone Researchers Report Myeloma Advance

Madison, Wisconsin - A research team from the University of Wisconsin Carbone Cancer Center has discovered a way to make the cancer cells of multiple myeloma more vulnerable to immunotherapy.

The team led [Dr. Fotis Asimakopoulos](#) and Chelsea Hope, showed that when immune cells transform a protein in the tumor environment called versican to a daughter variety called versikine, the change helped train the immune system’s killer T-cells to recognize and kill the cancer cells.

Asimakopoulos says that versikine could potentially be used as an ingredient of a cancer vaccine to activate the immune system. Or versikine could be paired with novel approaches such as CAR T-cells or the new class of immunotherapy drugs known as checkpoint inhibitors, to help these tumor fighters to more effectively kill the cancer cells.

Asimakopoulos says that he’s seen a “revolution” in the treatment of myeloma since he was a resident at the Harvard-affiliated Brigham and Women’s Hospital 15 years ago. Back then, a diagnosis of myeloma, a cancer that begins in the bone marrow and floods the blood plasma with cancer cells, meant the patients had just a few years to live. But newer treatments such as proteasome inhibitors and drugs related to thalidomide gave the patients more time.

“Now we are entering another revolution with immunotherapy, which uses the body’s own immune system against the myeloma,” Asimakopoulos says.

Currently, only a percentage of patients respond dramatically to the newer class of immunotherapy drugs or to the manufactured CAR T-cells that can fight cancer. Asimakopoulos believes the odds can be shifted by changing the tumor microenvironment to alter the balance between cells that allow the cancer to hide from the immune system and those that train the immune cells to find and destroy the cancer.

He says that versikine could be injected into patients before immunotherapy, or included when armored chimeric antigen receptors (CAR) T-cells are created by removing immune cells from a patient, arming them with proteins that recognize cancer targets, and then giving them back to the patient in vast numbers.

His lab is testing both approaches in mice, and if successful, he expects to begin clinical trials in humans within two to five years.

“I see this as part of a combinatory immunotherapy, in which we would use versikine to activate the immune system so that immunotherapy agents help more people,” he says. “Versikine may also be a biomarker that signals which patients will respond to immunotherapy. Right now, we’re not getting maximum benefit.”

This work came from collaboration among Carbone Cancer Center scientists and clinicians as well as the Cleveland Clinic. Asimakopoulos says, “We are particularly indebted to our patients who generously donated samples that made this research possible. Dr. Natalie Callander, who has cared tirelessly for so many patients, has been a champion for myeloma translational research at UW- the Trillium Fund for Myeloma Research and American Cancer Society who funded the work in large part.”

University Hospital is currently building a \$1 million Clinical Hematopoietic Cell Processing Laboratory to make this and other human trials possible

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New group members, Katy Dowling Marcus and her husband, Dr. Ben Marcus are planning a fund raiser for the Trillium fund! The Trillium group’s research is conducted at the UW Carbone Cancer Center here in Madison, WI. Our own Dr Natalie Callander oversees this work of many scientists, doctors and researchers. A golf outing is scheduled for August 7th at Blackhawk Country Club. More information below.
(Maybe someone could teach me the game by August! I am embarrassed to admit I have never played golf.)



Save the date for “On Course for a Cure”, a golf tournament to raise money for the Trillium Fund for Multiple Myeloma Research at UW Carbone Cancer Center. The event will be held at **noon on Monday, August 7, 2017** at Blackhawk Country Club, 3606 Blackhawk Dr., Madison, WI, 53705. Golf will be followed by a program and dinner. For more information, please contact Katie Dowling-Marcus at kdowlingmarcus@gmail.com.

Sign up now!

Best of ASH-What Myeloma Patients & Caregivers Need to Know

Thursday, January 12, 2017 6PM Central

Duration: 90 Minutes (includes 30 minute Q&A)

*Speaker: **Brian G.M. Durie, MD***

Chairman of the Board

International Myeloma Foundation

Register Now!

Choose the cancer center that's right for your cancer

By Kathy Giusti December 16, 2016

Location, location, location. It's the number one rule in real estate and a common refrain sung by agents and choosy homebuyers alike. But it should also be the mantra for people with cancer. They rightly expect to receive the latest and greatest treatment options, but all too often overlook the importance of *where* they get it.

The United States offers the best cancer care in the world. But there is no guarantee that all Americans who need superb cancer care actually receive it. That's because there are significant differences in cancer care between cancer centers. People treated in one place may not live as long as they would have had they sought treatment elsewhere.

Today, about 85 percent of cancer patients in the US are treated in their local communities. This works out for a lot of them. After all, many people have cancers that are relatively common, with treatments that have become so routine, so standardized, and their chance of kicking it is pretty good— no matter where they seek care.

But for those faced with a rare or aggressive or hard-to-treat cancer, where we get treatment can become a matter of life and death. If you need surgery, for example, you'll likely have better success and develop fewer complications at a medical center that treats many other individuals with your same kind of cancer.

A new study focusing on the medical management of multiple myeloma adds to the knowledge base that patients treated by experienced physicians fare better. It compared survival rates among patients with multiple myeloma treated at centers with different numbers of patients with this condition. Compared with centers treating just 10 or fewer patients per year, centers that treated 20, 30, and 40 patients per year had approximately 10 percent, 15 percent, and 20 percent lower overall mortality rates during the study period. This held true even when researchers took into consideration sociodemographic and geographic factors and whether patients had other conditions that could affect their health.

While not particularly surprising, this data is troubling when considered in a larger context of just how rare myeloma is compared to breast cancer or prostate cancer. This year, [about 30,000 Americans](#)³ will learn they have multiple myeloma, a disease for which there is no cure. (That's less than two percent of the [nearly 1.7 million Americans](#)⁴ who are expected to be diagnosed with cancer this year.) With 13,000 hematologists and oncologists in practice today, the average one will see only two patients with newly diagnosed multiple myeloma each year and six living with the disease. Some physicians, of course, will see more, while many others will see fewer.

Experience goes a long way. In addition to benefitting from an unprecedented number of new drugs that have become available in the last 10 years, many other multiple myeloma patients benefit from potentially lifesaving new treatments that are under study in clinical trials — assuming we live near, or can travel to, a center where the trial is offered.

It is so important that everyone with cancer, even those with seemingly nonthreatening tumors, seek care from a physician who routinely treats their kind of cancer — even if it requires going the extra mile. Don't be afraid to ask a potential doctor how many patients with this type of cancer he or she is treating.

Another essential question to ask — ideally before starting treatment — is whether the physician or the cancer center can sequence your cancer genome. That provides valuable information, including whether you have genetic mutations and other abnormalities for which new drugs are available.

If the center doesn't have the technology to do this, ask if it can at the very least bank a sample of tumor tissue. Banking cancer tissue ensures that sequencing can be done at a later date once the technology becomes routine.

IMF Info Line – If you or someone you care for has myeloma, you have questions. Probably, lots of them. You can search the Internet all you want, but other than asking your doctor, there is no better way to get your questions answered than to call the IMF Info Line. Missy, Judy and Paul know their stuff and they want to share what they know with you. Just ask anyone who has called the IMF Info Line. Patients or caregivers are welcome to contact the Info Line staffed by trained specialists at 800-452-CURE (800-452-2873). The Info Line is staffed between 9am and 4pm Pacific Time, 11am to 6pm Central time or infoline@myeloma.org.

The **Trillium Fund** was established by our founding support group members to facilitate Multiple Myeloma research here in Madison at the Wisconsin Institute of Medical Research. If you or your family wish to donate or send a memorial to this program, checks can be made payable to the “UW Foundation – Trillium Fund”.

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