

2007 Fellow Awards from the Multiple Myeloma Research Foundation

Igor Entin, Ph.D., Instructor "Osteoblast and their Mesenchymal Progenitors in Myeloma"

Monoclonal gammopathy of undetermined significance (MGUS) is a benign precursor to multiple myeloma, which is frequently accompanied by severe bone destruction. Progression of MGUS and low stage myeloma to overt osteolytic disease is accompanied by the disappearance of bone building cells, osteoblasts, while osteoclasts, the cells which destroy bone, increase their activity. Recent findings show that osteoblasts from late stage myeloma can inhibit myeloma cell growth. Dr. Entin's research will address the hypothesis that interventions, which restore presence of inhibiting osteoblasts in bone, will prevent progression of myeloma and bone damage.

James Stewart, Ph.D., Instructor "Investigating CDH2 Function in Myeloma Plasma Cells and Myeloma Stem Cells"

Multiple Myeloma is dependent on interactions with the bone marrow microenvironment for enhanced growth and survival. Using microarray technology, MIRT researchers have identified the gene, CDH2, which is aberrantly expressed in myeloma plasma cells when compared to normal controls and is reported to interact with cells in the immediate microenvironment. Investigation of CDH2 function will provide insights into the mechanisms by which malignant plasma cells are supported by the bone marrow microenvironment.

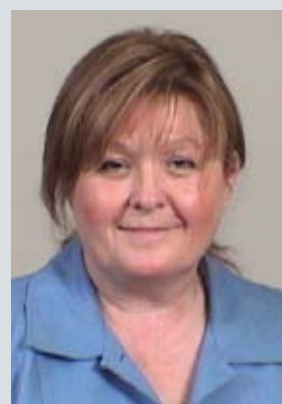
New Staff

Penny Casebolt, RN, BS assumed the position of Clinic Director at the Myeloma Institute on April 14, 2008.

Ms. Casebolt has an extensive, 20 year background in nursing, management, and clinical research; she most recently worked as a clinical research nurse at the Myeloma Institute.

Ms. Casebolt has experience in numerous clinical disciplines, including multiple myeloma and general oncology, hospice care, neurosurgery and neuro-oncology, radiation oncology, cardiology, nephrology, and intensive care.

Ms. Casebolt is a certified clinical research coordinator and is a member of the Society of Clinical Research Associates.



Klaus A. Hollmig, M.D. has rejoined the faculty at the Myeloma Institute as an Assistant Professor.

Originally from Germany, Dr. Hollmig attended the University of Bonn School of Medicine. He completed a research internship in bone marrow transplantation at the Heinrich-Heine University in Duesseldorf, Germany. Dr. Hollmig completed a residency in Internal Medicine at the University of Missouri-Columbia and a fellowship in Hematology/Medical Oncology and Bone Marrow Transplantation at the University of Alabama at Birmingham.

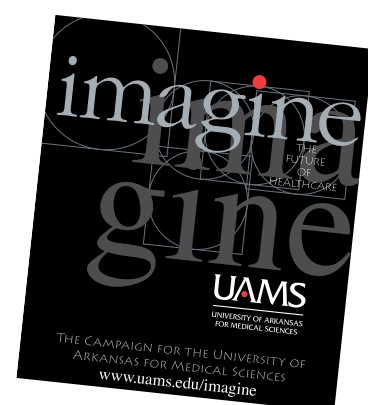
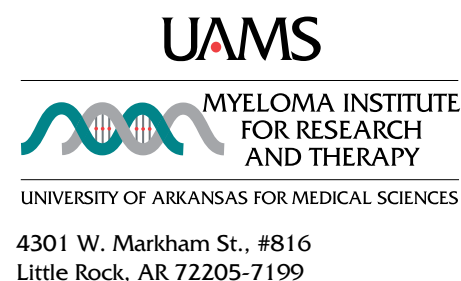
Dr. Hollmig is board-certified in Internal Medicine. He has authored and co-authored numerous journal articles and abstracts.

The Myeloma Institute is grateful to the many donors who support research and other endeavors at the Myeloma Institute.

If you would like to make a contribution, please contact Betty Tucker, Director of Development, at 501-526-2873 or tuckerbettya@uams.edu.

Or, print a donation form at <http://myeloma.uams.edu/> and mail to:

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Recently Awarded Grants

Ricky Edmondson, PhD, Director of Proteomics at the Myeloma Institute, has been awarded a three year, \$250,000 per year grant from the Multiple Myeloma Research Foundation: **Proteomic Profiling of Multiple Myeloma.**

The grant will allow for continued analysis of proteins in myeloma cells and their changes through the course of the disease from initial diagnosis through chemotherapy, remission and relapse. Through a comparative analysis of plasma cells from healthy volunteers and patients with myeloma, Edmondson and Dr. John Shaughnessy anticipate being able to shed light on the molecular basis of disease initiation and progression, as well as develop methods for predicting these processes in order to help physicians personalize treatments.

Myeloma Briefing is a publication of the Myeloma Institute for Research and Therapy, Bart Barlogie, MD, PhD, Director.

Myeloma Briefing is mailed to patients, referring physicians, supporters and friends, and can be found on the Myeloma Institute website at <http://myeloma.uams.edu/news/newsletters.asp>

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Send us their names and addresses (email to mirt@uams.edu) and we will be happy to add them to the mailing list.

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MYELOMA briefing

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Myeloma Institute Pays Tribute to 10+ year Survivors



Celebrating life holds special meaning for those who have survived cancer. Surviving multiple myeloma for 10 or more years when the median survival is closer to 7 years is truly reason to pause and give reflection.

Thirty-seven myeloma survivors gathered in Little Rock on December 1, 2007 to share their stories and give thanks as a collective group. Hailing from 23 states and Canada, the survivors came with family members and caretakers who

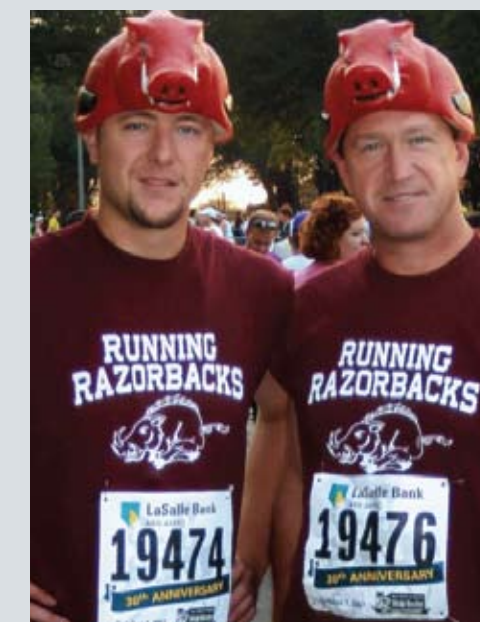
are survivors in their own right. It was an opportunity to reunite with fellow patients and Myeloma Institute staff with smiles, hugs, bits of humor, and even tears of joy.

The evening event, held at The Peabody Hotel in downtown Little Rock, included a presentation by Dr. Bart Barlogie, director of the Myeloma Institute, and testimonials from survivors. In addition to paying tribute to those who were in attendance, more than 350 survivors

who were unable to travel to Little Rock for the festivities were recognized.

The spirit of the celebration is aptly captured in the words of survivor Barbara Nero from Covington, Louisiana:

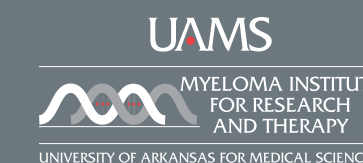
"It was quite a treat and wonderful to get us all together in one room – it was a brilliant celebration of what UAMS has been able to accomplish."



Running Razorbacks: Raising Awareness for Multiple Myeloma

The October 7, 2007 marathon in Chicago was the scene of unique, stand-out fashion – Arkansas Razorback Hog Head Hats - proudly donned by Donald Myers of Bentonville, Arkansas, his running partner Tim Myers (no relation) and Tim's nephew, Ryan Myers. Running in support of Tim's sister-in-law, a patient at the Myeloma Institute, the Myers threesome raised \$25,000 for myeloma research. Running a marathon is quite a feat. Wearing the plastic mascot hats for all 26.2 miles is, in itself, an accomplishment (it must have been hot!). Most awesome was the drive of the three to raise awareness of and contribute to a cure for myeloma. Hats off to the Running Razorbacks!

In Razorback regalia, Ryan Myers (left) and Tim Myers (right) stand out in the crowd.



New Protocol for Total Therapy 2 Patients who have not relapsed

UARK 2007-77: Pre-Emptive Strike with Bortezomib (Velcade) in Participants with Multiple Myeloma still Event-Free on Total Therapy 2 (UARK 98-026)

The Myeloma Institute has created a new Phase III clinical protocol for Total Therapy 2 patients who have not relapsed. The protocol is based on the advances in clinical outcome as observed with patients enrolled on the successor protocol, Total Therapy 3. Outcome improvement is attributed to the addition of Velcade.

The goal of the new protocol is relapse prevention. In the new study patients who agree to participate will be randomized to either no treatment or a 3-year single agent Velcade arm. The purpose of the investigation is to determine:

- whether such “pre-emptive intervention” – in comparison to no treatment – will reduce the probability of later relapse;
- whether residual MRI-defined focal lesion abnormalities can resolve, given Velcade’s potential to stimulate osteoblasts;
- whether such intervention is feasible with limited side effects.

Patients who are interested and/or who have questions about this new protocol can contact Nathan Petty, Director of Data Management, at pettynathanm@uams.edu
Phone: 501-526-6990 ext 2435

“Never, never, never give up”

In the course of just a couple of years, Alan Gusky of Dayton, Ohio has gone from being a healthy, fit husband and father of twin girls, to being diagnosed with Castleman’s disease* and POEMS syndrome**, to being in serious condition and in the hospital for 3 months, and, finally, to being on the mend and back to his almost completely normal self. Throughout the ordeal, he has remained positive and accepting and has gained a thoroughly refreshing perspective on life.

Here is his story...

WHEN WERE YOU DIAGNOSED?

Locally, in Dayton, January, 2006. Dr. van Rhee at the Myeloma Institute confirmed the diagnosis in April, 2006.

WHAT LED TO YOUR BEING DIAGNOSED? HOW DID YOU FIND OUT THAT YOU HAD CASTLEMAN’S?

It began in 2005 as neuropathy in my feet that continued to get progressively worse. I started with a podiatrist and moved on to a neurologist but both were baffled. While at a cardiac check-up, my cardiologist noted an

enlarged spleen. This caused the cardiologist enough concern to send me to my family doctor for blood work; the blood work caused my family doctor enough concern to send me to a hematologist/oncologist. He identified several enlarged lymph nodes under my arms and suggested having one biopsied. The pathology report came back noting the enlarged lymph node was benign, but suggestive of Castleman’s disease. During a follow-up with the neurologist, I mentioned the pathology report findings. It just so happened he had another patient dealing with Castleman’s. After all the patient confidentiality issues were addressed, I was able to contact the other Castleman’s patient. This conversation proved invaluable. The other patient suggested seeing Dr. van Rhee as soon as possible. He also shared with me the name of his local oncologist, Dr. Collins, who not only happened to have an office 5 minutes from my place of employment, but already had a working relationship with Dr. van Rhee. Since Dr. van Rhee and Dr. Collins were already working together to help this other patient, taking advantage of the existing relationship seemed like the wise thing to do...and it was. I made a trip to UAMS in April, 2006 to meet with Dr. van Rhee and he confirmed the original diagnosis of Castleman’s. He tacked on POEMS syndrome for good measure!

Cont. from page 3

SO, YOU FOUND OUT ABOUT THE MYELOMA INSTITUTE AND DR. VAN RHEE FROM ANOTHER LOCAL PATIENT?

Yes, this other patient actually lives less than a half hour from me. Castleman’s is really rare – it was pretty amazing that the neurologist knew of another Castleman’s patient. Also, my internet research led me to Dr. van Rhee.

WHAT DID DR. VAN RHEE SUGGEST IN TERMS OF TREATMENT?

The plan was to return to UAMS in June for a stem cell transplant. The idea was to let Jessica and Megan (4th graders at the time) complete the school year. Things didn’t exactly go as planned!!

WHAT HAPPENED?

The school year had just ended and the trip to Arkansas was in sight. I came home from work one day in quite a bit of abdominal pain. It was so bad, I asked my wife Sherry to take me to the emergency room and I was subsequently admitted. A few days passed with no relief and no idea of what might be causing the pain. I was declining quickly and it was suggested to Sherry that it was time to get Hospice involved! She immediately called Dr. Collins who contacted Dr. van Rhee and arrangements were made for me to be air lifted to UAMS.

My body was essentially on a downward path. It took Dr. van Rhee and his group almost two months to get me to where I was strong enough for a transplant. I made it through the transplant and was ultimately discharged around the middle of September, 2006. I was in the hospital for 98 days straight!

WAS YOUR WIFE ABLE TO BE WITH YOU?

One of the business owners actually accompanied me on the initial flight to UAMS while Sherry contacted my family in Erie, Pennsylvania and arranged for one of my sisters to come get Jessica and Megan. As soon as the girls were off to Erie, Sherry got on a plane to Little Rock. She stayed with me all summer, only going back to Dayton to get the girls ready for the upcoming school year. While she was gone, the three business owners split the time and traveled to Little Rock to stay with me. Sherry returned to Little Rock after getting the girls settled with friends of the family and neighbors.

I don’t how this would have all been possible without the help of family, friends and co-workers!

WHAT TREATMENT(S) HAVE YOU HAD HERE?

Steroids and rituxan, embolization of the splenic artery, radiation treatment to the spleen and a stem cell transplant.

HOW FREQUENTLY DO YOU NOW TRAVEL TO LITTLE ROCK?

I started out with a couple of two-month check ups, then went to three months, and made it to nine months. I just completed a check-up and got cleared for another nine months. Everything since my lengthy hospitalization has been done on an outpatient basis.

HOW HAS HAVING CASTLEMAN’S AND UNDERGOING TREATMENT FOR IT MOST IMPACTED YOUR LIFE? WHAT HAS BEEN THE EFFECT ON YOUR FAMILY?

In a word, perspective. You reassess what is really important. For me, it’s the three F’s... Faith, Family, Friends.



Left to right: Megan, Alan, Sherry and Jessica with the Stanley Cup at the National Hockey League annual draft in Columbus, Ohio, in June 2007. The Stanley Cup, the most coveted trophy in ice hockey, is awarded annually to the National Hockey League champion.

medical staff throughout the campus was a huge source of encouragement. My co-workers checked on me on a regular basis and did a bunch of stuff to help me stay focused on the prize of getting better. It’s really difficult to give up when you have this many people pulling for you; you feel like you can’t let them down. Nobody ever told me it would be easy, but they made sure I didn’t give up.

*Castleman’s disease(CD) is a disease of lymph nodes and related tissues. CD is often called a lymphoproliferative disorder, meaning there is an abnormal overgrowth of lymph nodes, similar in many ways to lymphomas. Multicentric Castleman’s disease (CD) affects more than one group of lymph nodes and may also affect other organs containing lymphoid tissue. Multicentric CD is more serious than the localized type.

People with multicentric CD often have serious infections, fevers, weight loss, fatigue, night sweats, and nerve damage that can cause weakness and numbness. CD can weaken the immune system, making it difficult to fight infection. CD also increases the risk of developing malignant lymphomas.

** POEMS Syndrome is a rare multi-system disease that occurs in the setting of plasma cell dyscrasia. Five main features of the disease explain the acronym POEMS: (P) polyneuropathy, disease affecting many nerves; (O) organomegaly, abnormal enlargement of an organ; (E) endocrinopathy, disease affecting certain hormone-producing glands which help regulate growth rate, sexual development and certain metabolic functions; (M) monoclonal gammopathy; and (S) skin defects. Common symptoms include progressive weakness of the nerves in legs and arms, abnormal darkening of the skin, enlarged liver and/or spleen and excessive hair growth. Endocrine abnormalities may also be present. Treatment depends on the severity of the syndrome and may involve autologous stem cell transplantation.

Dr. Frits van Rhee is a leading expert on Castleman’s Disease and POEMS syndrome. Seventeen patients with Castleman’s are currently being treated at the Myeloma Institute.

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