



# LLS: Blood Cancer Update

May 30, 2015

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LEUKEMIA &  
LYMPHOMA  
SOCIETY®

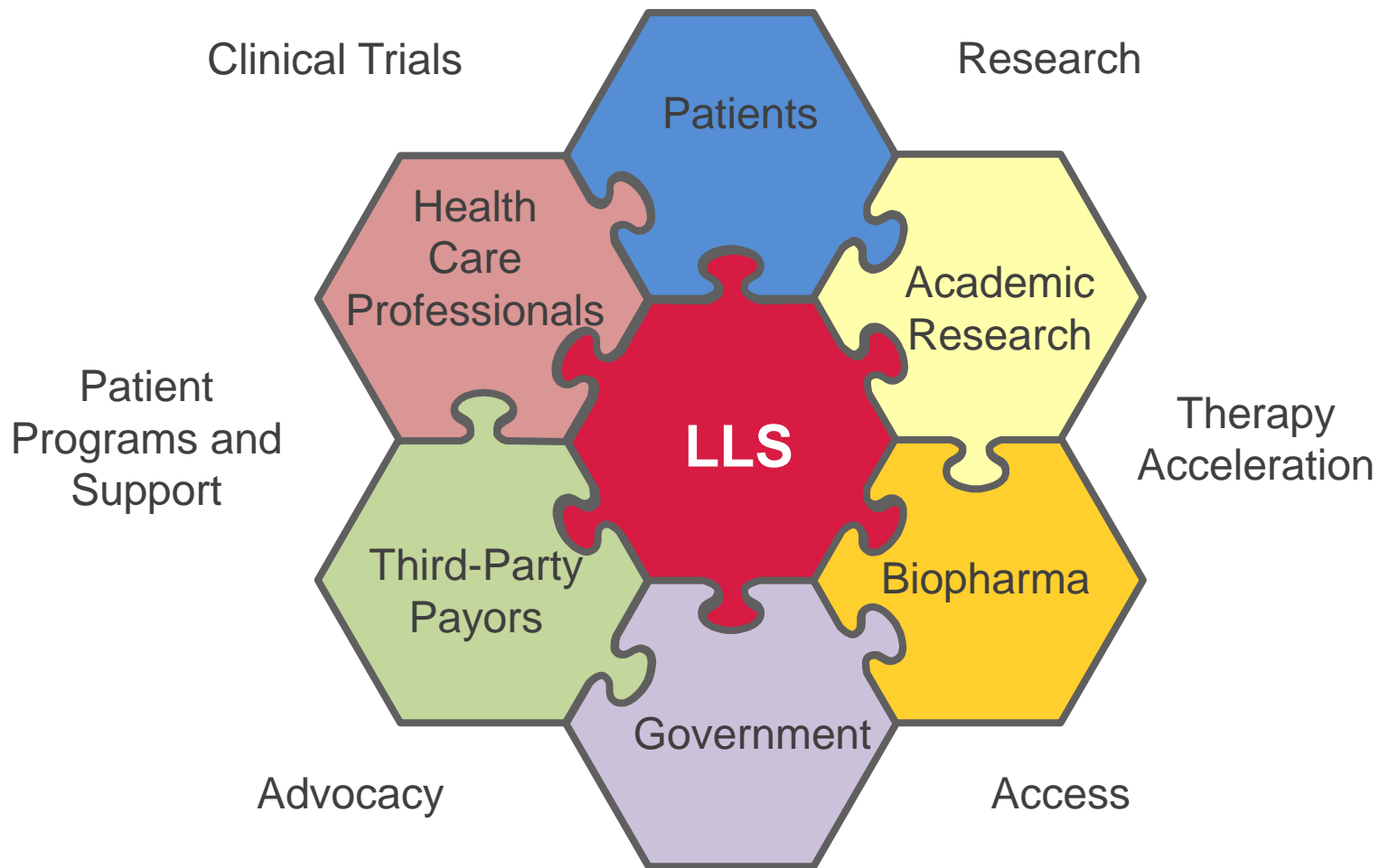
**fighting blood cancers**



Jim Brewer, Executive Director  
The Leukemia and Lymphoma Society  
Arizona Chapter

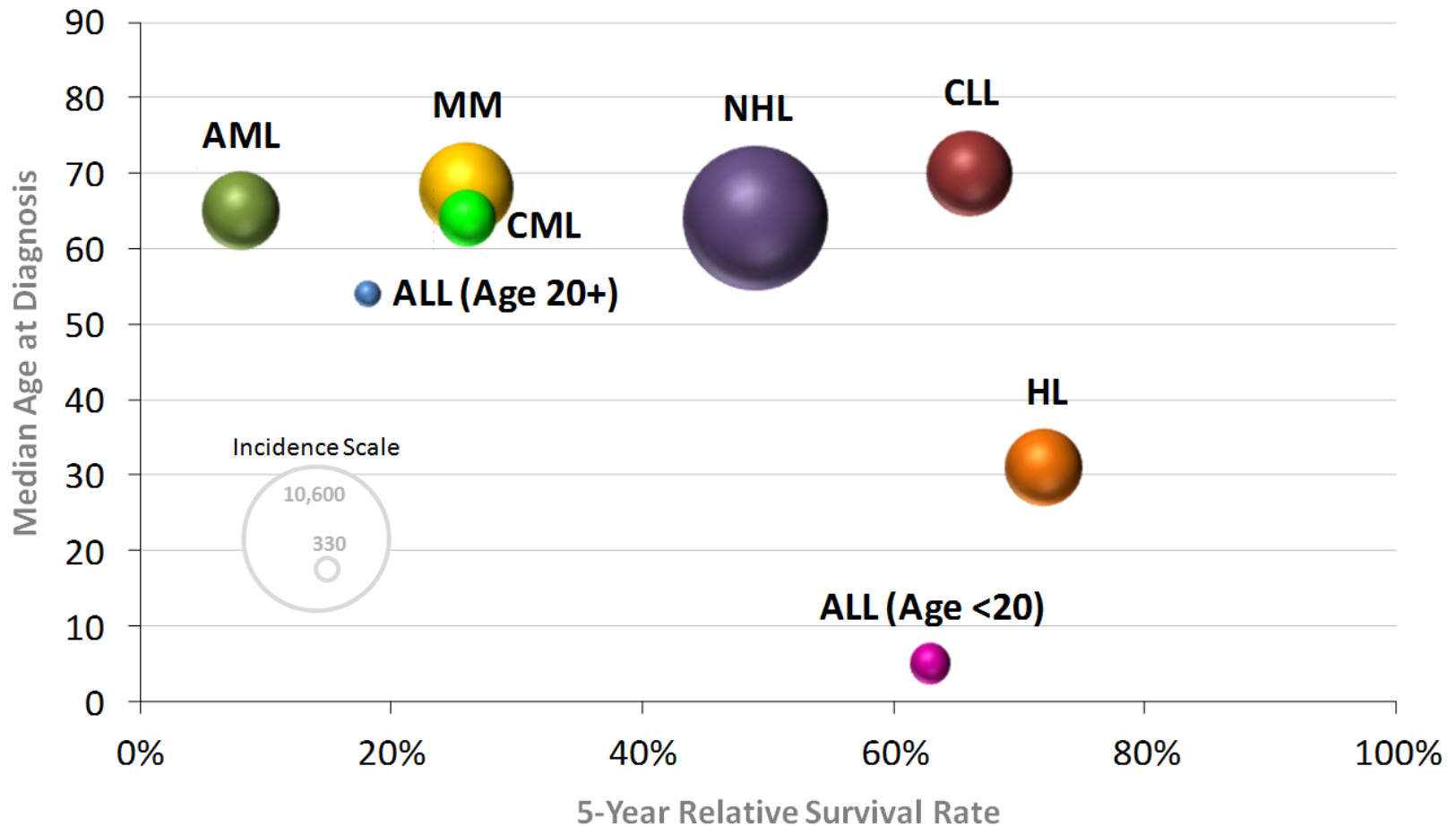
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# Aligning the Players in the Innovation Ecosystem



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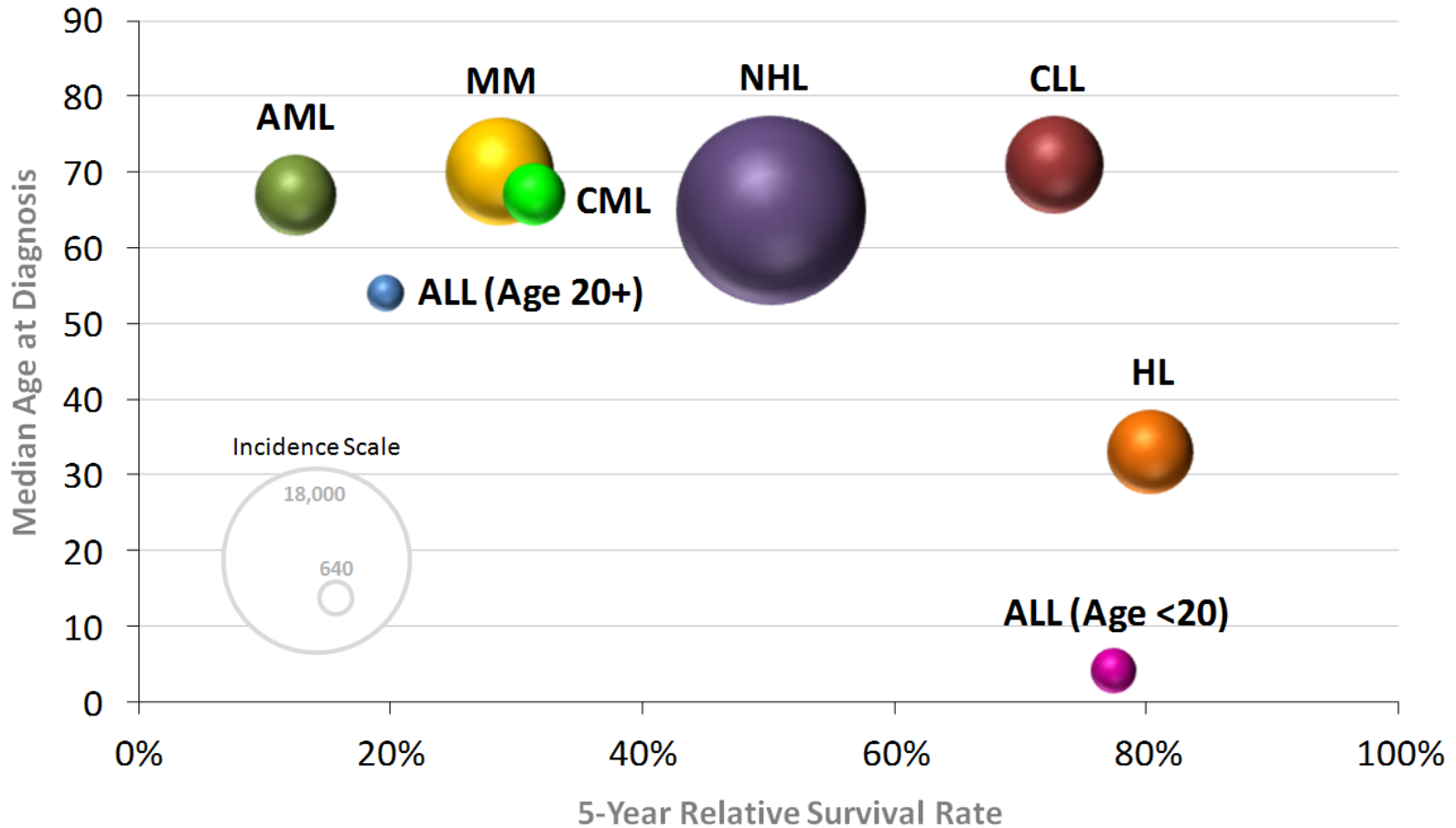
# 1976 - 1980



Source: SEER 9 areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta). Median age and incidence counts include cases diagnosed in 1976-1980. Relative survival rates include cases diagnosed in 1979-1981.

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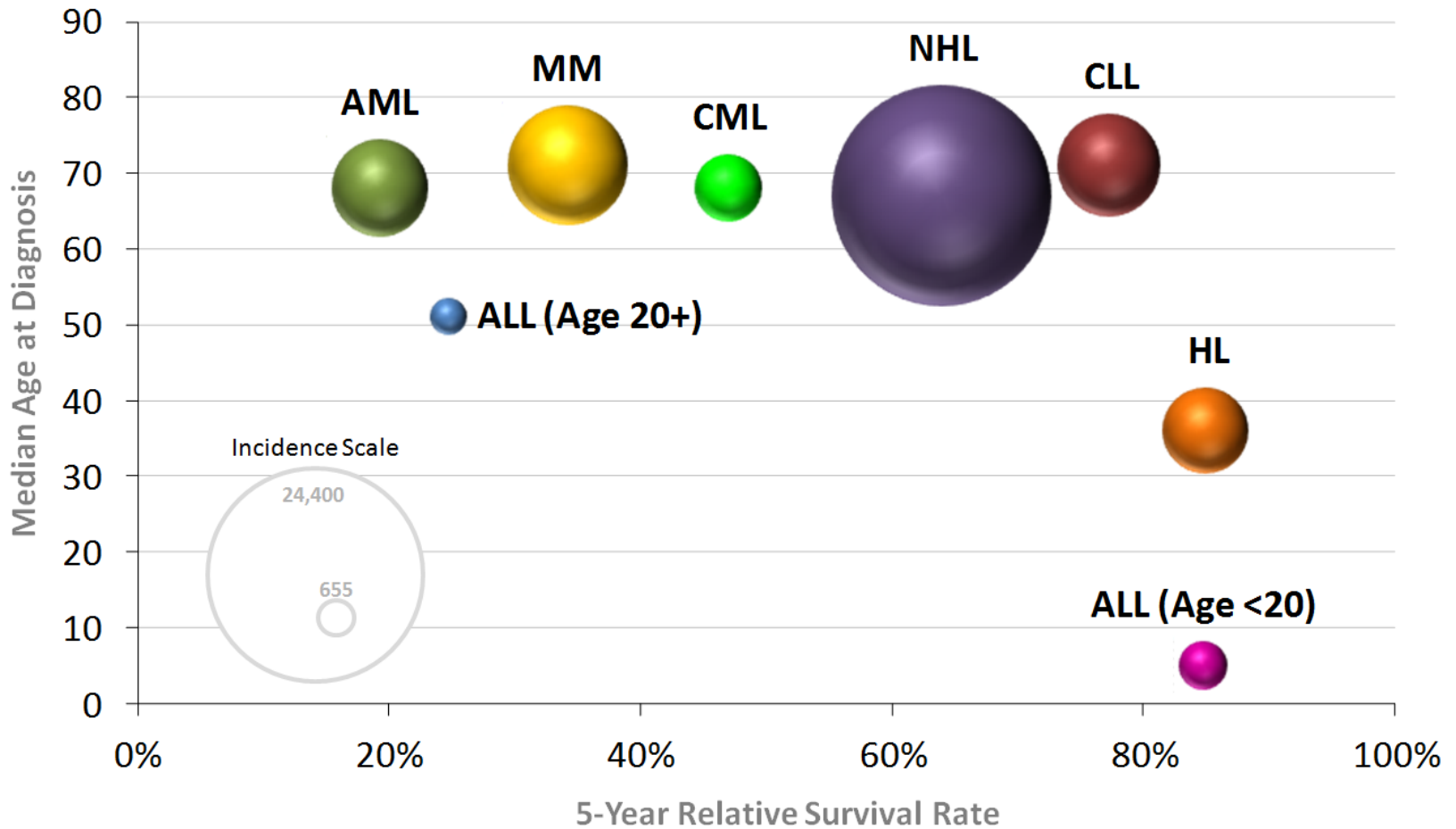
# 1986 - 1990



Source: SEER 9 areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta. Median age and incidence counts include cases diagnosed in 1986-1990. Relative survival rates include cases diagnosed in 1989-1991.

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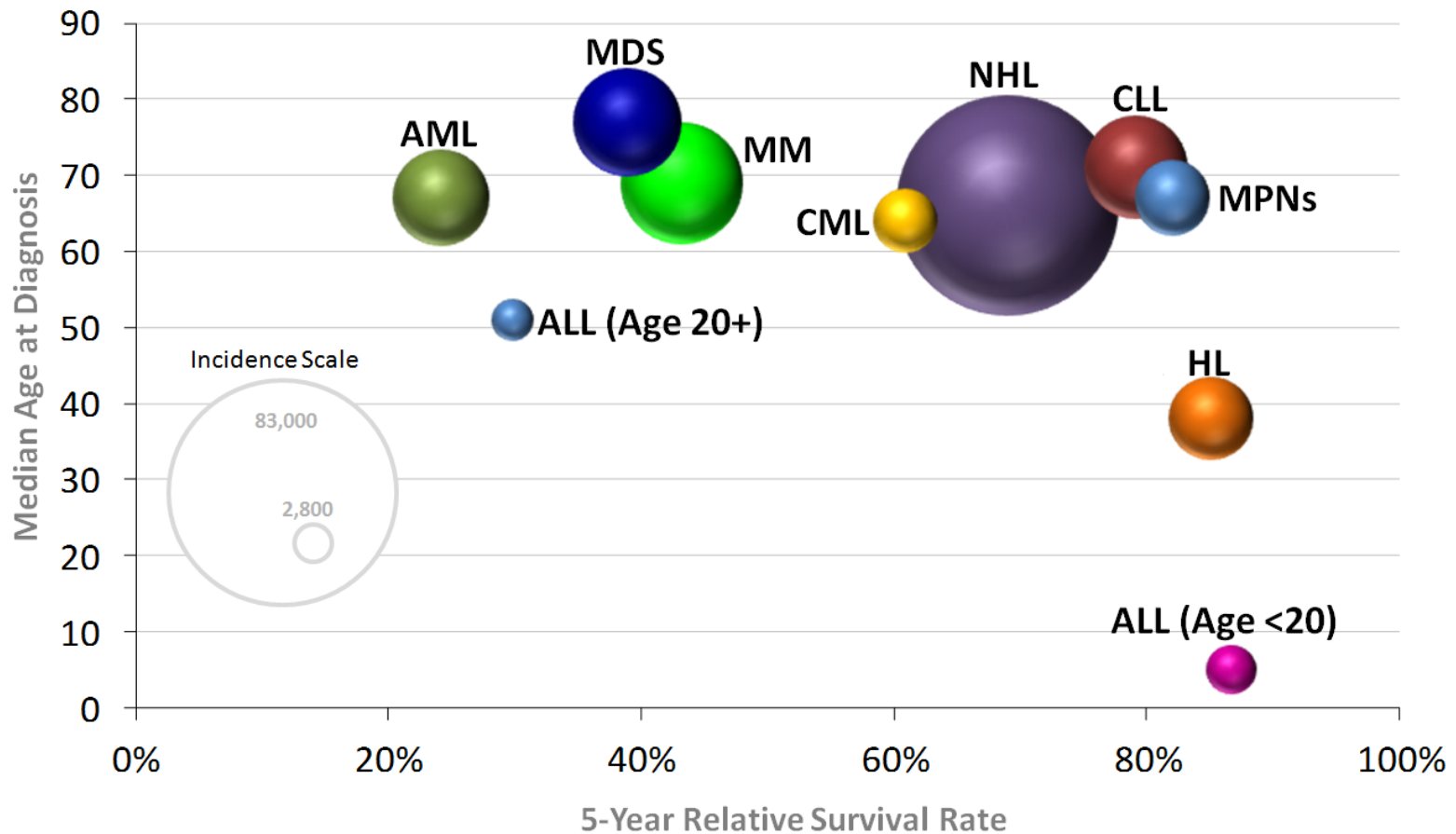
# 1996 - 2000



Source: SEER 9 areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta. Median age and incidence counts include cases diagnosed in 1996-2000. Relative survival rates include cases diagnosed in 1999-2001.

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# 2006 - 2010



Source: SEER 18 areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta, San Jose-Monterey, Los Angeles, Alaska Native Registry, Rural Georgia, California excluding SF/SJM/LA, Kentucky, Louisiana, New Jersey and Georgia excluding ATL/RG). Median age and incidence counts include cases diagnosed in 2006-2010. Relative survival rates include cases diagnosed in 2003-2009.

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Dr. Ian DeRoock  
Ironwood Cancer and Research Center

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# IMMUNE CHECKPOINT INHIBITORS

**Disease: Hodgkin Lymphoma**

**Therapy:** Immune checkpoint inhibitors

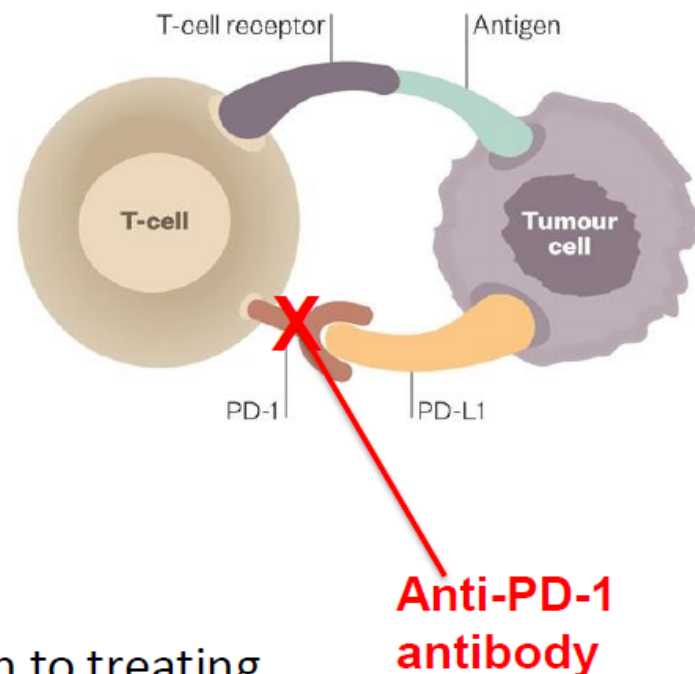
**Findings:**

- Two Phase I trials with distinct anti PD-1 antibodies
- Extraordinary response in patients with relapsed Hodgkin lymphoma (overall response rate = 50-87%)
- Well tolerated

**Why it's important:** This is a promising new approach to treating patients who have very poor prognosis

**How did LLS help?**

- LLS funded investigators who found very high expression of PD-1 in HL
- Multiple new grant awards in progress to expand utility to other lymphomas



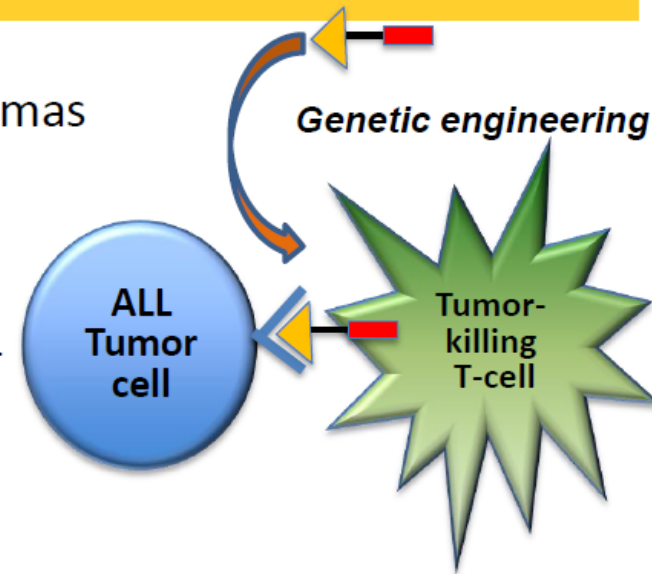
# UPDATE ON CAR-T IMMUNOTHERAPY

**Disease:** Acute Lymphoblastic Leukemia (ALL) & lymphomas

**Therapy:** CAR-T Immunotherapy

**Findings:**

- Two phase I clinical trials; 90% response rate in ALL
- Long-term response rates in ALL (> 2 years)
- New data shows utility in patients with B-cell lymphomas



**Why it's important?** Groundbreaking approach to treating relapsed/refractory patients; durable responses for many of the patients.

**How did LLS help?**

- LLS has funded a team at University of Pennsylvania and Children's Hospital of Philadelphia for nearly two decades with a commitment of \$21 million
- Numerous on-going grants to expand utility and examine resistance

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# BLINATUMOMAB APPROVAL

**Disease:** Acute Lymphoblastic Leukemia (ALL)

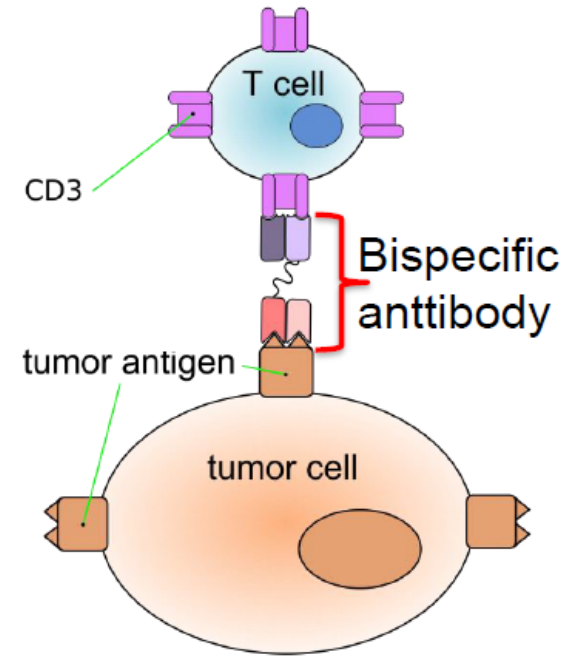
**Therapy:** Blinatumomab: bispecific T-cell antigen

**Findings:**

- FDA approved on December 3, 2014 for Philadelphia chromosome-negative (PH-) relapsed or refractory B-cell precursor ALL
- Phase II clinical trial presented at ASH2014
- 43% complete response rate; 40% go on to transplant

**Why it's important?** New option for patients with poor prognosis. First approval for new type of antibody as therapeutic

**How did LLS help?** LLS did not fund the advance of blinatumomab, but this is a promising advance for patients we serve



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# NEW THERAPIES EMERGING FOR MYELOMA

**Disease:** Multiple Myeloma (MM)

**Therapy:** Anti-CD38 antibody, carfilzomib

## Findings:

- Encouraging single agent activity with anti-CD38 antibodies
- Phase II studies on-going with anti-CD38 Abs or elotuzumab + standard therapies likely to increase survival times by multiple years
- Phase III: carfilzomib + standard therapy increase progression-free survival time (+9 mo) compared to standard therapy

**Why is this important?** New immunotherapy approach to treating myeloma patients has therapeutic effects; additional combinations possible

**How did LLS help?** LLS did not fund these advances but nicely complements our on going efforts with grants/TAP programs for other MM targets

Today's standard therapies include:

cyclophosphamide

melphalan

prednisone  
dexamethasone

bortezomib  
carfilzomib

lenalidomide  
pomalidomide

MM

**Emerging therapies**

ixazomib,  
marizomib

CD38 antibodies

elotuzumab

vorinostat  
panobinostat  
ACY-1215

vaccine

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# TARGETING IDH IN ACUTE MYELOID LEUKEMIA

**Disease:** Acute Myeloid Leukemia (AML)

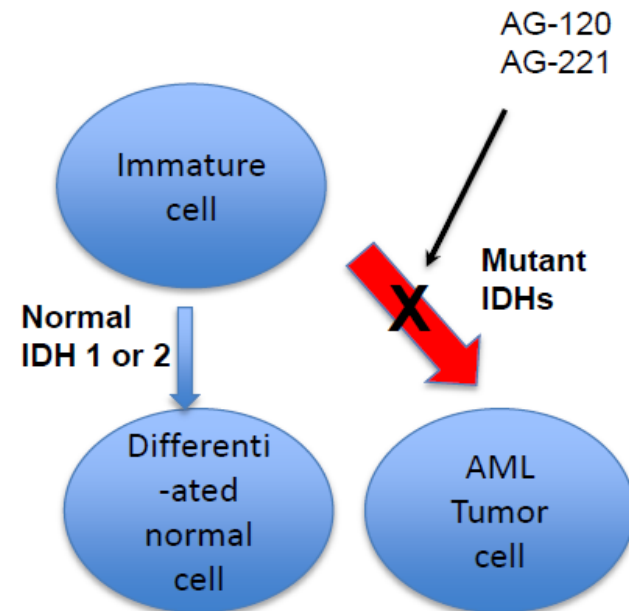
**Therapy:** IDH Inhibitors – AG-221, AG120

**Findings:**

- About 15-20 % of AML patients have IDH mutations
- Phase I trial with oral (pill) IDH1 or 2 inhibitors show 50-60% response rate in refractory AML patients

**Why is this important?** Therapy shows promise of durable response for subset of AML patients. No change in standard of therapy for AML in past 40 years

**How did LLS help?** LLS is funding one of the researchers in the study & LLS has numerous grants in progress studying this target



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# TARGETING EZH2 IN CHRONIC MYELOID LEUKEMIA

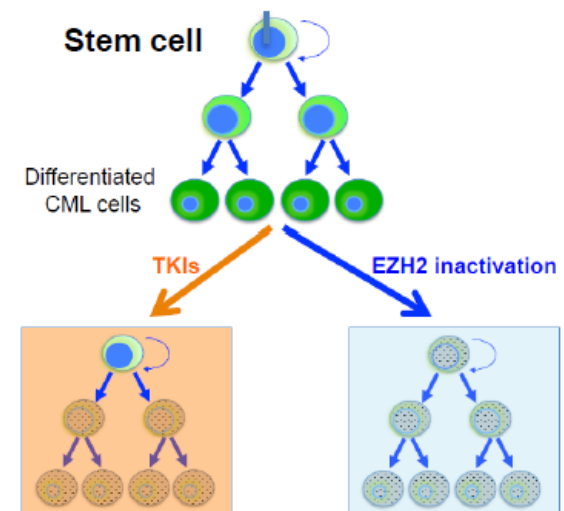
**Disease:** Chronic Myeloid Leukemia

**Therapy:** EZH2 Inhibitor

**Findings:** Pre-clinical evidence that EZH2 inhibitor may eradicate CML leukemia stem cells (LSC)

**Why is this important?** Experimental therapy targeting the cancer stem cells and may lead to complete eradication of disease (vs. long-term disease control with imatinib)

**How did LLS help?** LLS is funding a researcher, Huafeng Xie, at Dana-Farber Cancer Institute, through our Career Development Fellow Program. He is planning a clinical trial.



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# HAIRY CELL LEUKEMIA

**Disease:** Hairy Cell Leukemia

**Therapy:** B-RAF inhibitor (vemurafenib)

## Findings:

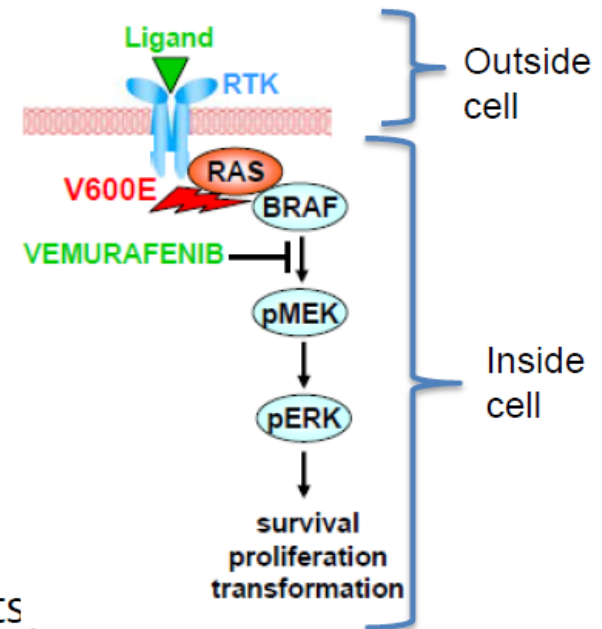
- Two Phase II trials (US and Italy)
- Extraordinarily high response rate (overall response rate= 95-100%) that is rapid and durable

## Why is this important?

- Hairy cell leukemia remains incurable with 30-40% pts.
- 95%+ patients have activating mutation of B-RAF (“V600E”)
- Excellent example of “right patient, right therapy” (like imatinib)
- New treatment alternative with long-term disease control potential

## How did LLS help?

- Lead Italian investigator (Dr. Tiacci) is an LLS CDP Scholar funded for this trial
- First author of US trial (Dr. Park) is an LLS CDP Special Fellow in Clinical Research



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# Clinical Trials Division TAP Pipeline

**Blood Cancer Research Partnership (BCRP):**  
To establish a collaborative partnership between  
LLS, DFCI, and community oncologists



- A Phase 1/2 Open-label Study to Assess the Safety, Tolerability and Preliminary Efficacy of TH-302, A Hypoxia-Activated Prodrug, and Dexamethasone with or without Bortezomib in Subjects with Relapsed/Refractory Multiple Myeloma (NCT01522872)
- A Phase I/Ib Study of Ipilimumab in Patients with Relapsed Hematologic Malignancies After Allogeneic Hematopoietic Cell Transplantation (NCT01822509)
- Open-label Study of the Safety and Activity of Oprozomib in Patients With Hematologic Malignancies (NCT01416428)

## TAP Special Initiatives

**A Simple Patient Care Strategy to Reduce Early Deaths in Acute Promyelocytic Leukemia (APL)**



**Precision Medicine to Beat Acute Myeloid Leukemia (AML)**



**Equity Investment in Multiple Small Molecules and Targets for Hematological Malignancies**



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