

NCCN 10th Annual Congress:

Hematologic Malignancies™

Bone Health in Patients with Multiple Myeloma

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Center*



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Bone Health



Bisphosphonates in Space

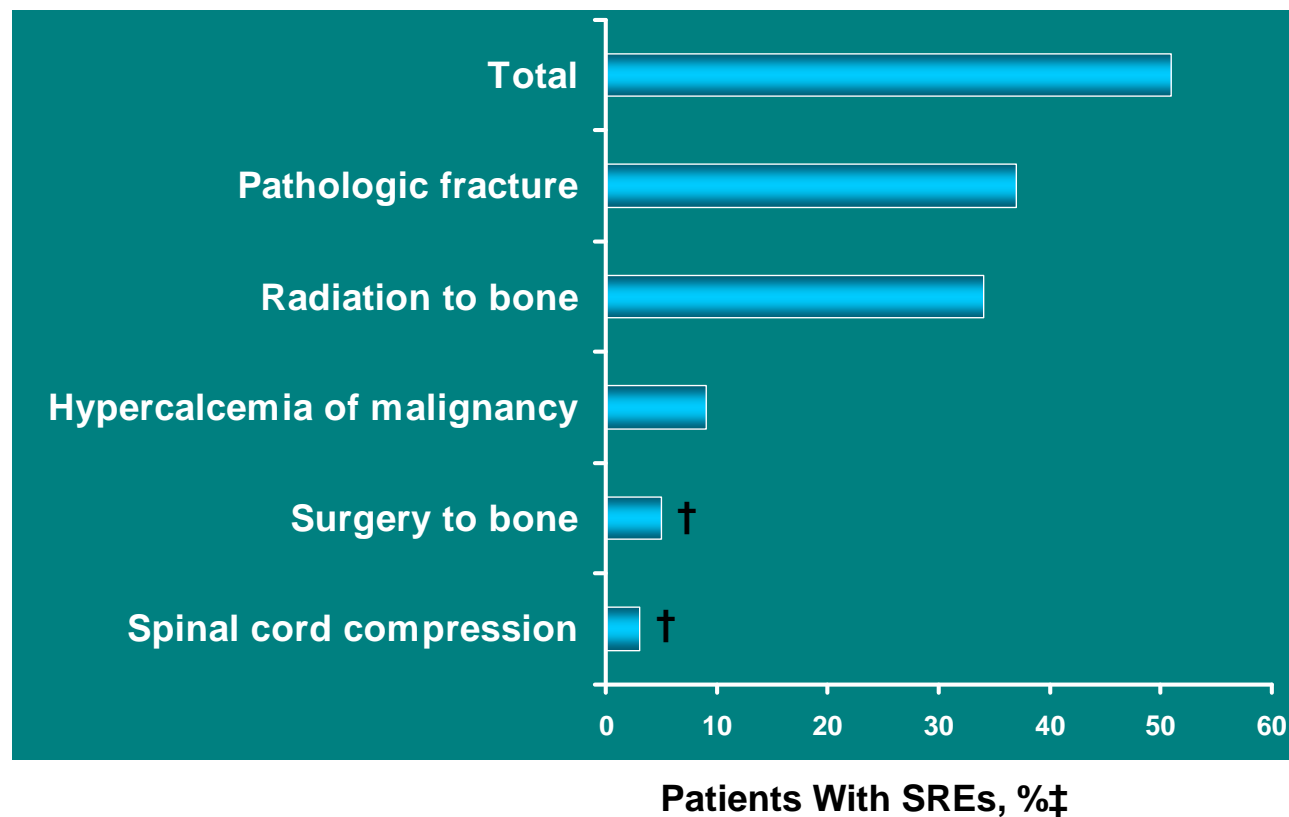


Bone Involvement in Different Tumor Types

	Disease Prevalence (US) (in Thousands)	Incidence of Bone Metastases in Patients With Advanced Disease, %	Median Survival of Patients With Bone Metastases, Mos
Myeloma	49.6 ^[1]	84 ^[2]	37-58 ^[4]
Lung	327 ^[1]	30-40 ^[3]	8-10 ^[5]
Breast	2051 ^[1]	65-75 ^[3]	19-25 ^[6]
Prostate	1477 ^[1]	65-75 ^[3]	30-35 ^[7]

1. National Cancer Institute. Available at: <http://seer.cancer.gov/csr/1973-1999/prevalence.pdf>.
2. Kyle RA, et al. Mayo Clin Proc. 2003;78:21-33.
3. Coleman RE. Oncologist. 2004;9(suppl 4):14-27.
4. Palumbo A, et al. Blood. 2004;104:3052-3057.
5. Smith W, et al. Semin Oncol. 2004;31(suppl 4):11-15.
6. Lipton A. J Support Oncol. 2004;2:205-213.
7. Tu SM, et al. Cancer Treat Res. 2004;118:23-46.

Prevalence of Skeletal Complications in Myeloma



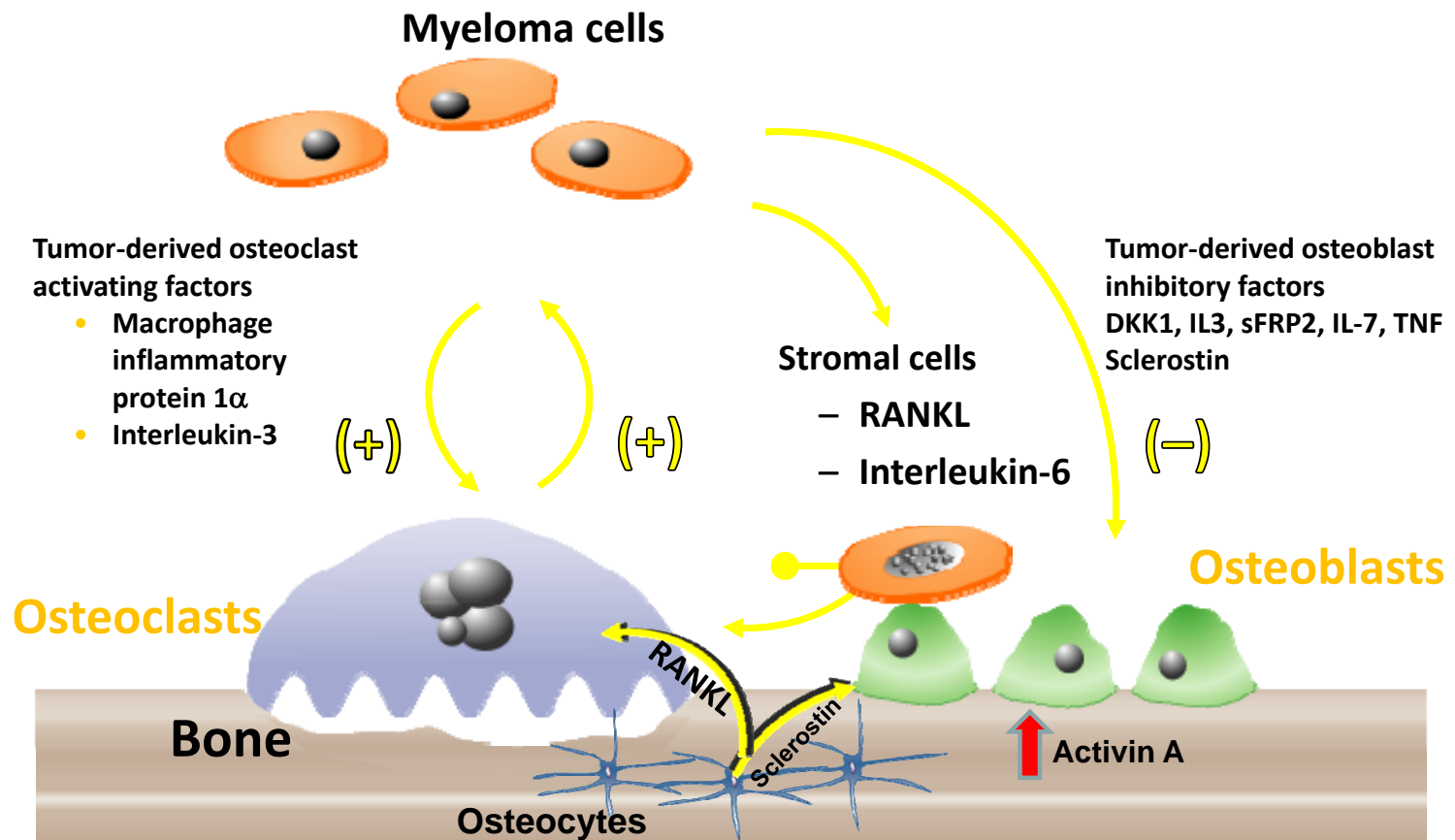
†9-month data.

‡Placebo arm of pamidronate randomized trial.

Berenson JR et al. *N Engl J Med*. 1996;334:488-493.

Berenson JR, et al. *J Clin Oncol*. 1998;16:593-602.

Myeloma Bone Disease

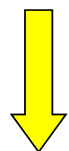


Adapted from Roodman GD. *N Engl J Med.* 2004;350(16):1655-1664.

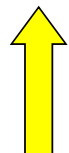
Factors Increasing OCL Activity in Myeloma



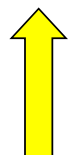
- **RANK Ligand**



- **OPG**

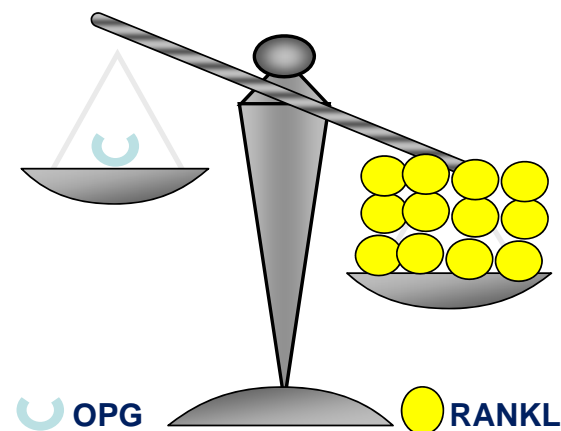


- **MIP-1 alpha**



- **IL-3**

The RANK/RANKL/OPG Pathway in Osteolytic Bone Disease



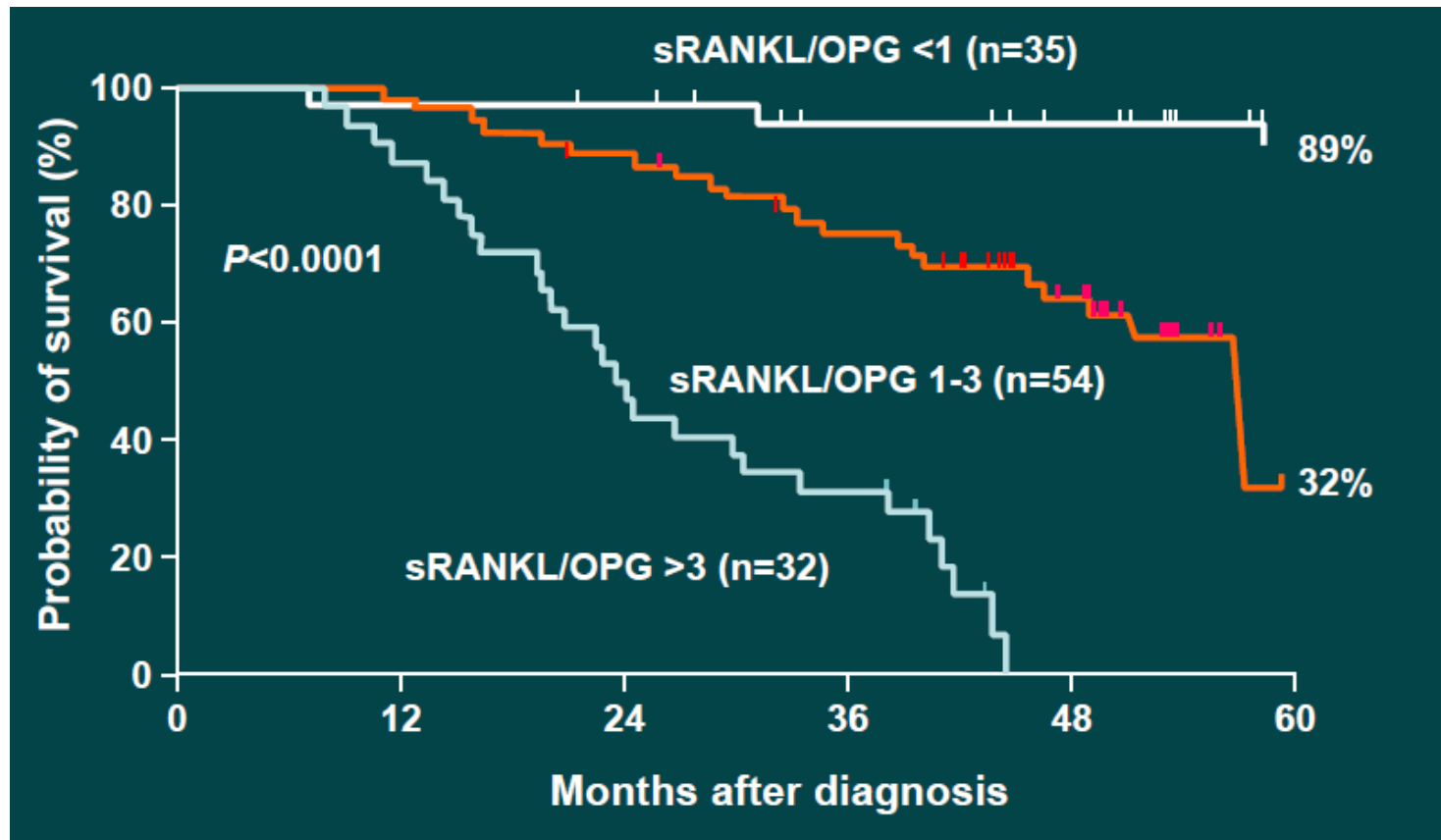
Prevents

Promotes

**Increased Osteoclastic
Activity and
Decreased OPG
Lead to Increased Bone
Destruction**

Adapted from Roodman. *N Engl J Med.* 2004;350:1655.

Survival of Patients With Multiple Myeloma: Soluble RANKL/OPG



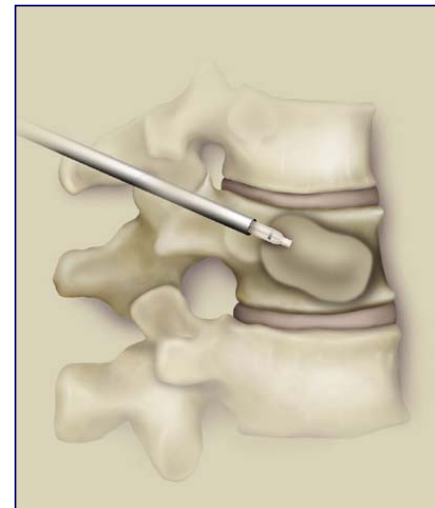
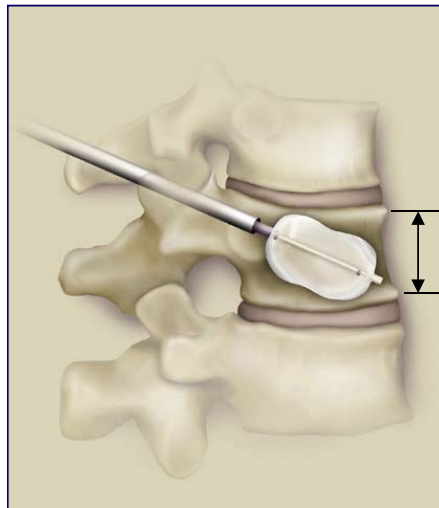
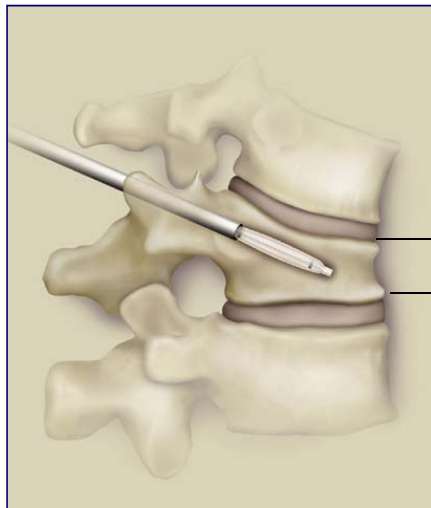
Terpos E., et al. *Blood*. 2003; 102 (3):1064-1069.

Current Management of Bone Disease

- **Treat the myeloma**
- **Novel therapies have benefits**
 - Direct effect on inflammatory cytokines
 - Inhibition of bone resorption
 - Osteoclast stimulation
- **Bisphosphonates**
 - Pamidronate
 - Zoledronic acid
- **Supplement with calcium and vitamin D3 to maintain calcium homeostasis**
- **Radiotherapy (low dose)**
 - Impending fracture
 - Cord compression
 - Plasmacytomas
- **Orthopedic consultation**
 - Impending or actual long-bone fractures
 - Bony compression of spinal cord
 - Vertebral column instability

Niesvizky R, et al. J Natl Compr Canc Netw. 2010;8(suppl 1):S13-S20. Christoulas D, et al. Expert Rev Hematol. 2009;2:385-398. Drake MT. Oncology (Williston Park). 2009;23(14 suppl 5):28-32. Terpos E, et al. J Clin Oncol. 2013;31:2347-2357. Webb SL, et al. British J Pharmacol. 2014;[Epub ahead of print].

Kyphoplasty: A Minimally Invasive Fracture Reduction Procedure



An inflated balloon

Optimal Therapy for Myeloma Bone Disease



Targeting both



Myeloma Cells



**Increased osteoclast
activity/formation and
osteoblast suppression**

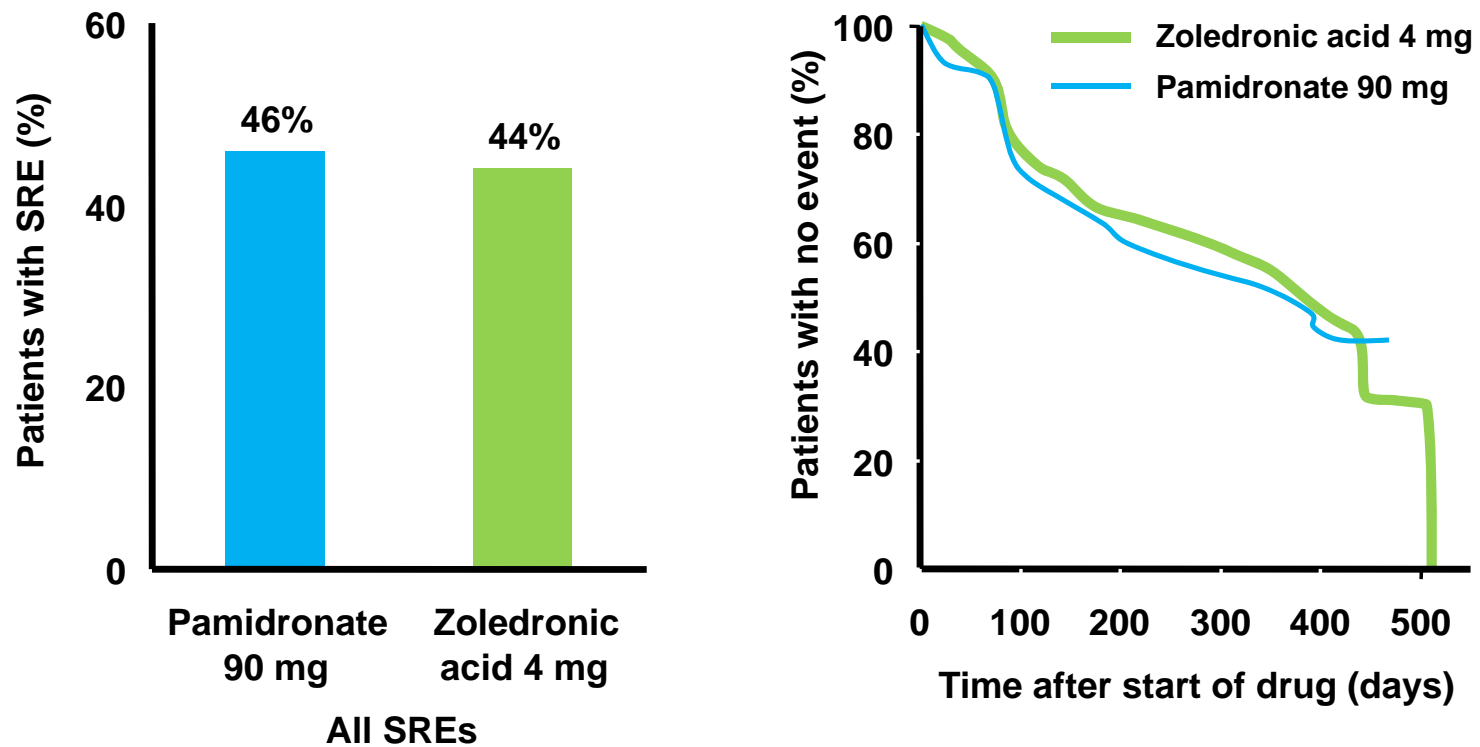
Bisphosphonate Therapy in Myeloma

- **Bisphosphonates (pamidronate and zoledronic acid) decrease pain and minimize bone-related complications**
 - Use in all patients with symptomatic myeloma, regardless of documented bone disease^[1]
 - Zoledronic acid has been reported to increase OS in the Myeloma IX trial^[2]
 - Monitor for renal dysfunction
 - Monitor for osteonecrosis of the jaw
 - Monitor vitamin D levels; consider vitamin D and calcium supplements

1. NCCN Clinical Practice Guidelines in Oncology: Multiple Myeloma. v.2.2016.

2. Morgan G, et al. Lancet Oncol. 2011;12:743-752.

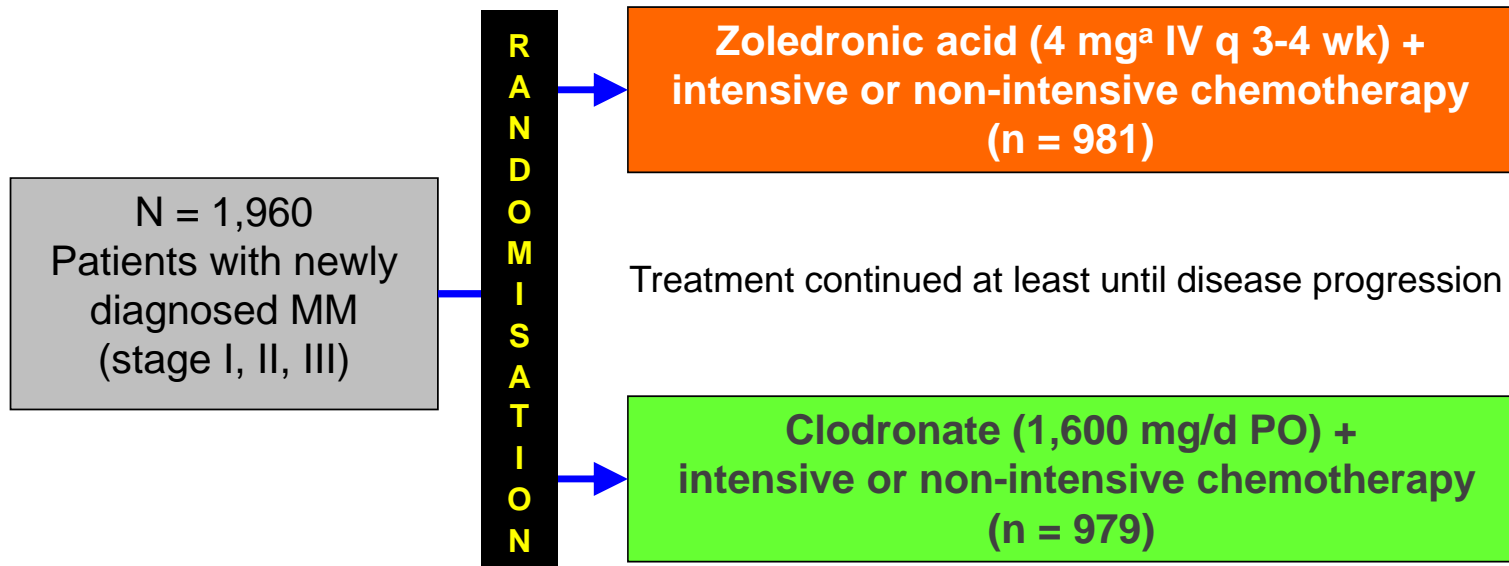
Zoledronic Acid and Pamidronate in Multiple Myeloma



SREs=skeletal-related events

Rosen LS et al. *Cancer J.* 2001;7(5):377-387.

MRC Myeloma IX— Analysis Schematic for ZOL vs. CLO



Endpoints (ZOL vs CLO)

Primary: PFS, OS, and ORR

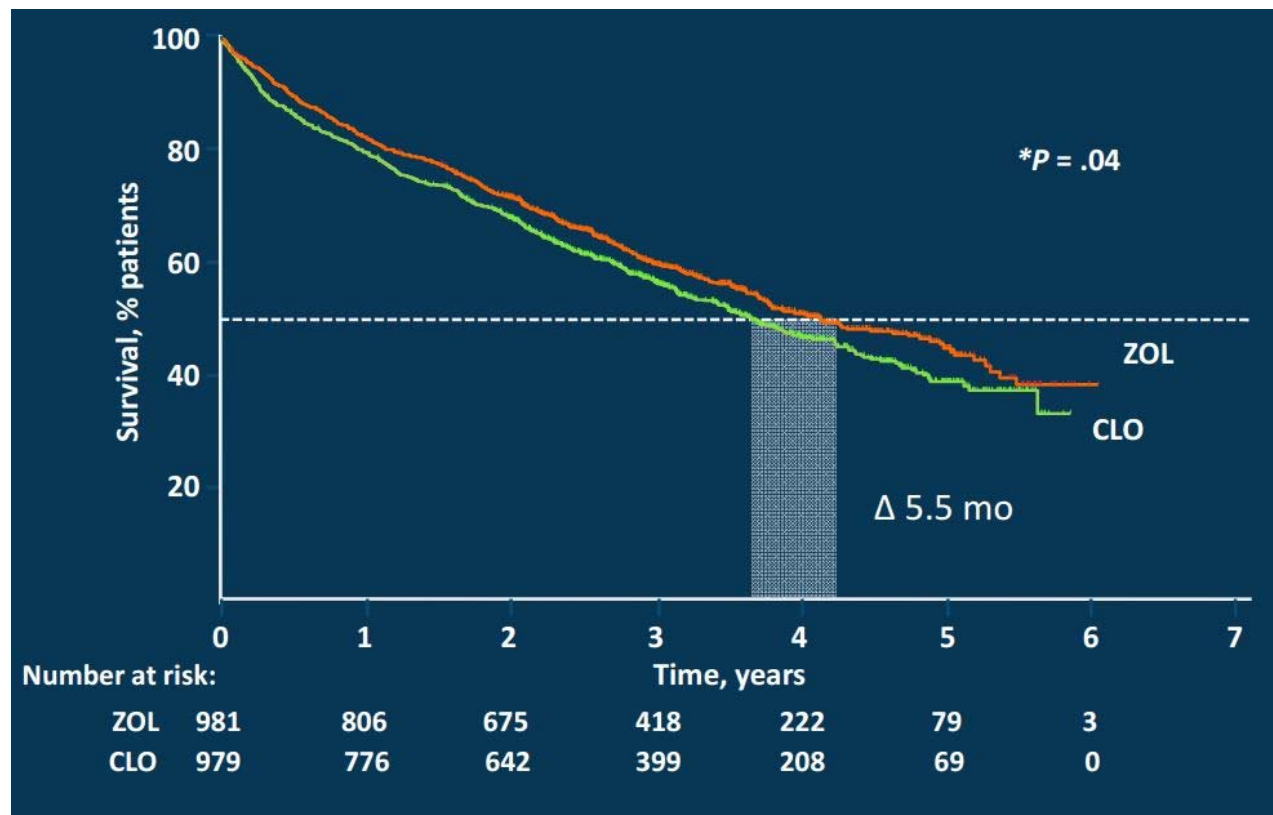
Secondary: Time to first SRE, SRE incidence, and Safety

Abbreviations: CLO, clodronate; IV, intravenous; MM, multiple myeloma; ORR, overall response rate; OS, overall survival, PFS, progression-free survival; PO, oral; SRE, skeletal-related event; ZOL, zoledronic acid.

^a Dose-adjusted for patients with impaired renal function, per the prescribing information.

Morgan G et al. *Blood* ;119;2012

MRC Myeloma IX— ZOL Significantly Improved OS vs CLO^a



Abbreviations: CLO, clodronate; OS, overall survival; ZOL, zoledronic acid.

*Log-rank, stratified by treatment pathway.

^a Kaplan-Meier analysis adjusted for treatment pathway (intensive vs not).

Morgan G, et al. Lancet. 2010;376(9757):1989-1999.

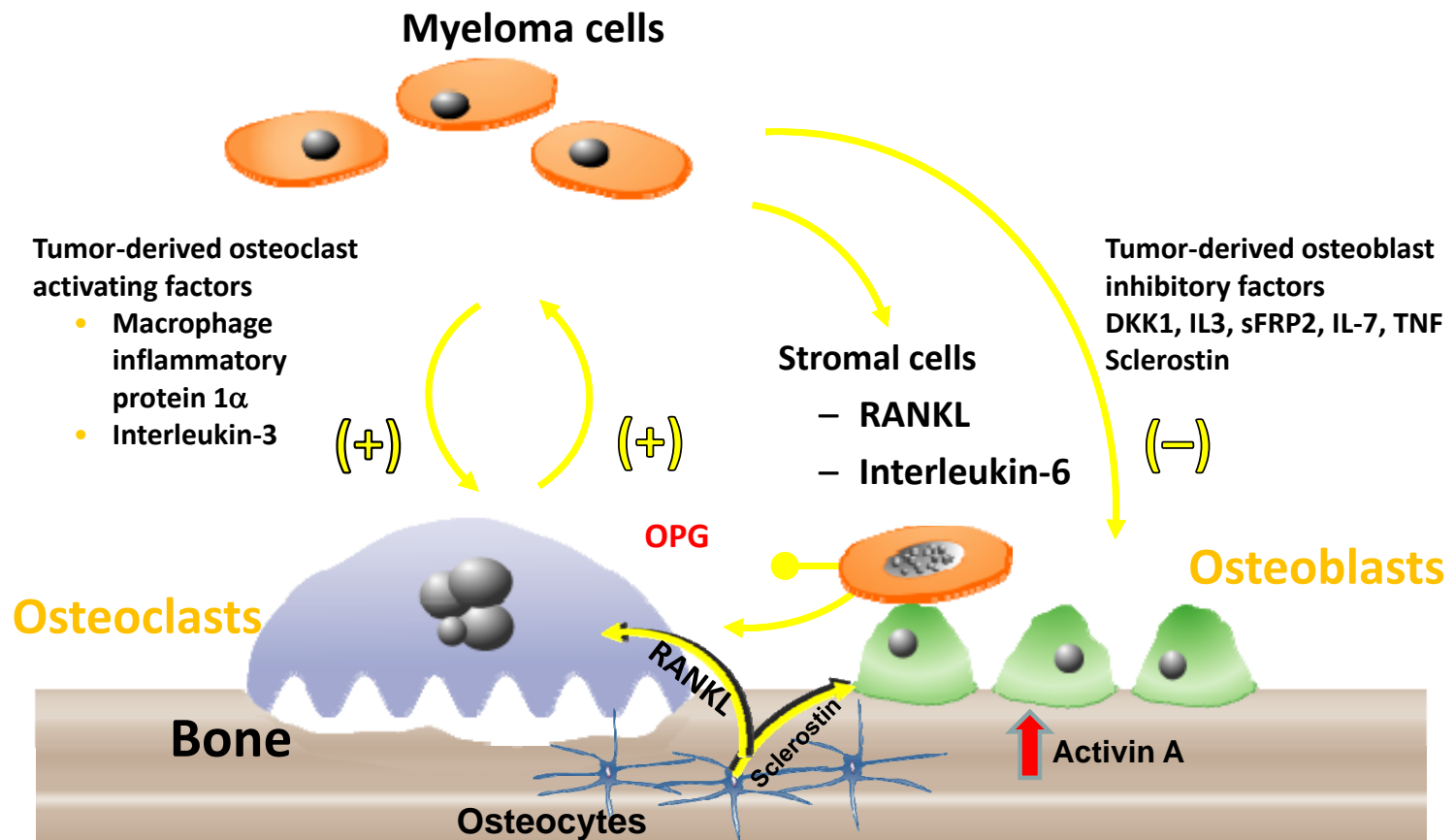
Osteonecrosis



- related to duration of therapy
- **MRC IX study¹**
 - 4% with zoledronic acid
 - < 1% with clodronate

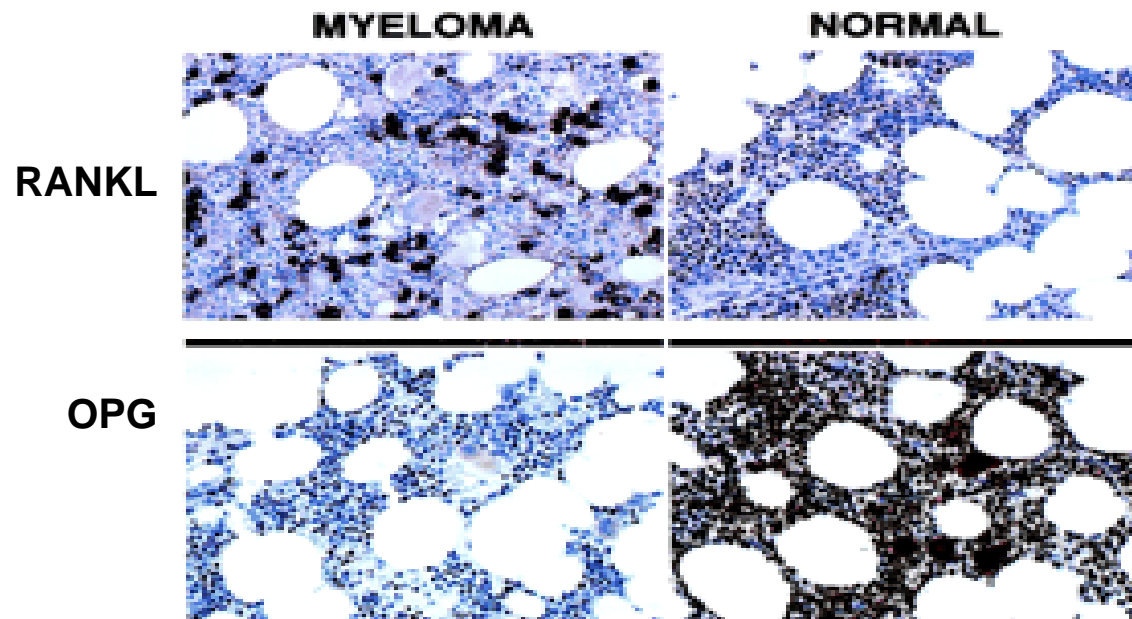
1. Morgan GJ, et al. *Lancet*. 2010;376:1989-1999.

RANK LIGAND OSTEOPROTEGERIN(OPG)



Adapted from Roodman GD. *N Engl J Med.* 2004;350(16):1655-1664.

RANK Ligand Is Increased and OPG Is Decreased in Myeloma



Pearse RN, et al. *Proc Natl Acad Sci U S A*. 2001;98:11581-11586. Copyright 2001. National Academy of Sciences, U.S.A.

Denosumab

- **Human monoclonal antibody that binds RANKL**
- **High affinity and specificity for human RANKL**
- **Inhibits formation and activation of osteoclasts**

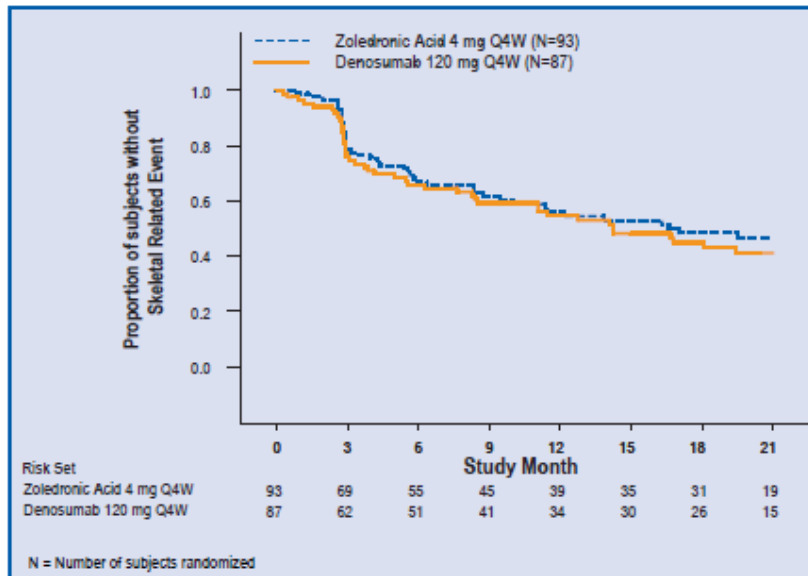
Randomized double-blind study of Denosumab versus Zoledronic Acid in the treatment of bone metastases in patients with advanced cancer (excluding breast and prostate cancer) or multiple myeloma

- **Denosumab was non-inferior to Zoledronic Acid in delaying time to first SRE on study**
- **Overall survival for all patients similar, but inferior for MM subgroup**
- **ONJ rates similar**
- **Hypocalcemia more frequent with Denosumab**

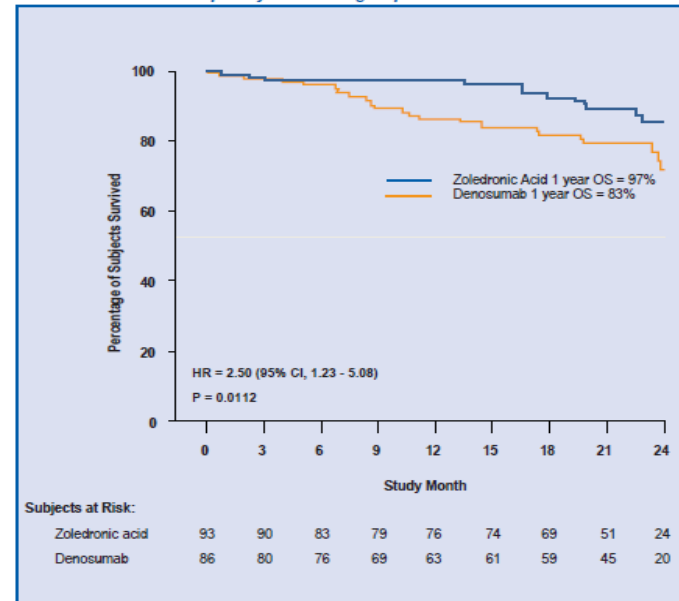
Henry, DH et al, JCO 29:1125, 2011

Denosumab vs. Zoledronate: MM Sub Study

Time to First SRE - Multiple Myeloma Subset



Overall Survival - Multiple Myeloma Subgroup



Zoledronic Acid Arm

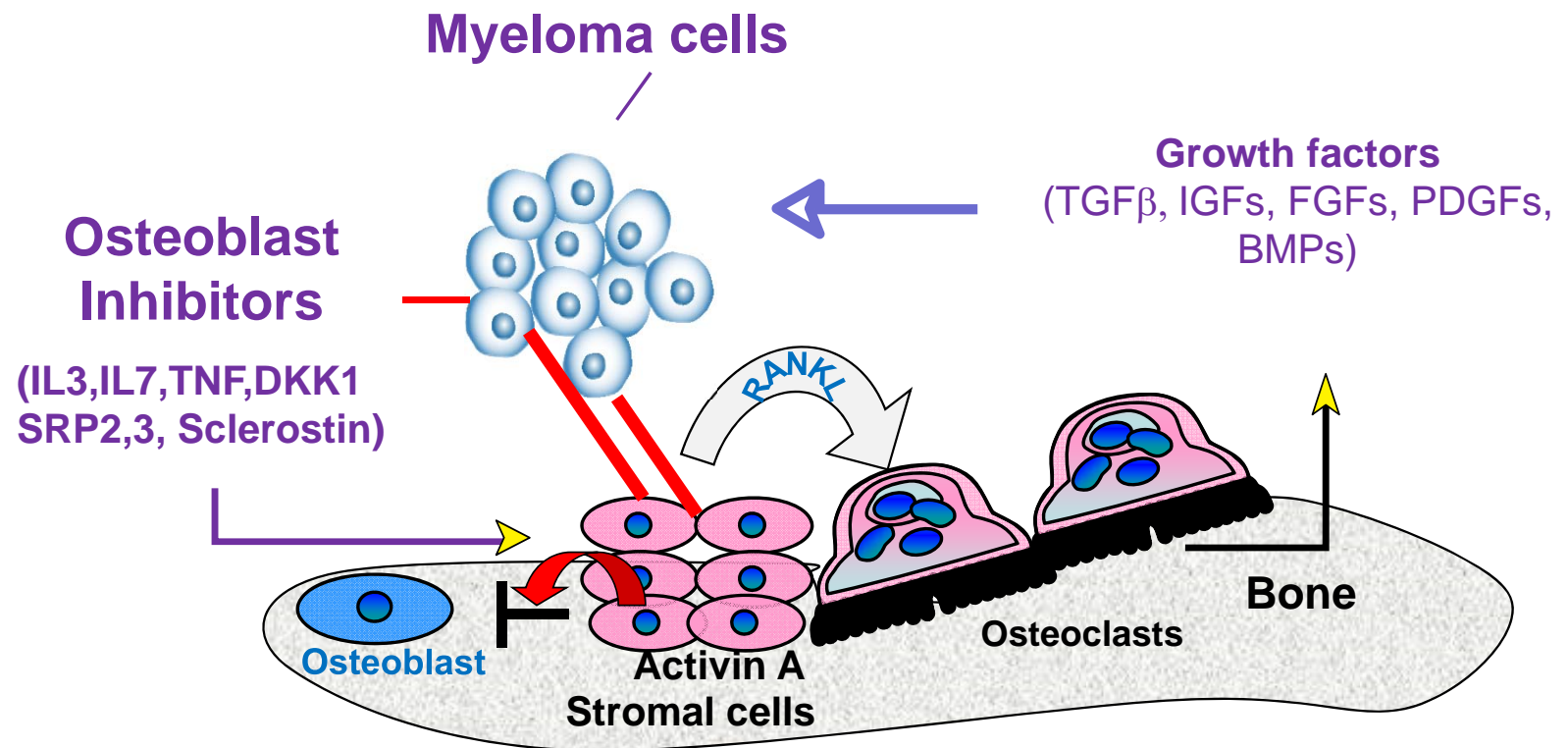
- More ECOG 0 patients
- More stage 1 tumors
- More stem cell transplants
- More study discontinuations due to withdrawal of consent or lost to follow up and discontinuations occurred earlier

Denosumab Arm

- More patients with low renal function

Raje et al, ASCO 2013

Osteoblast Inhibitors in Myeloma



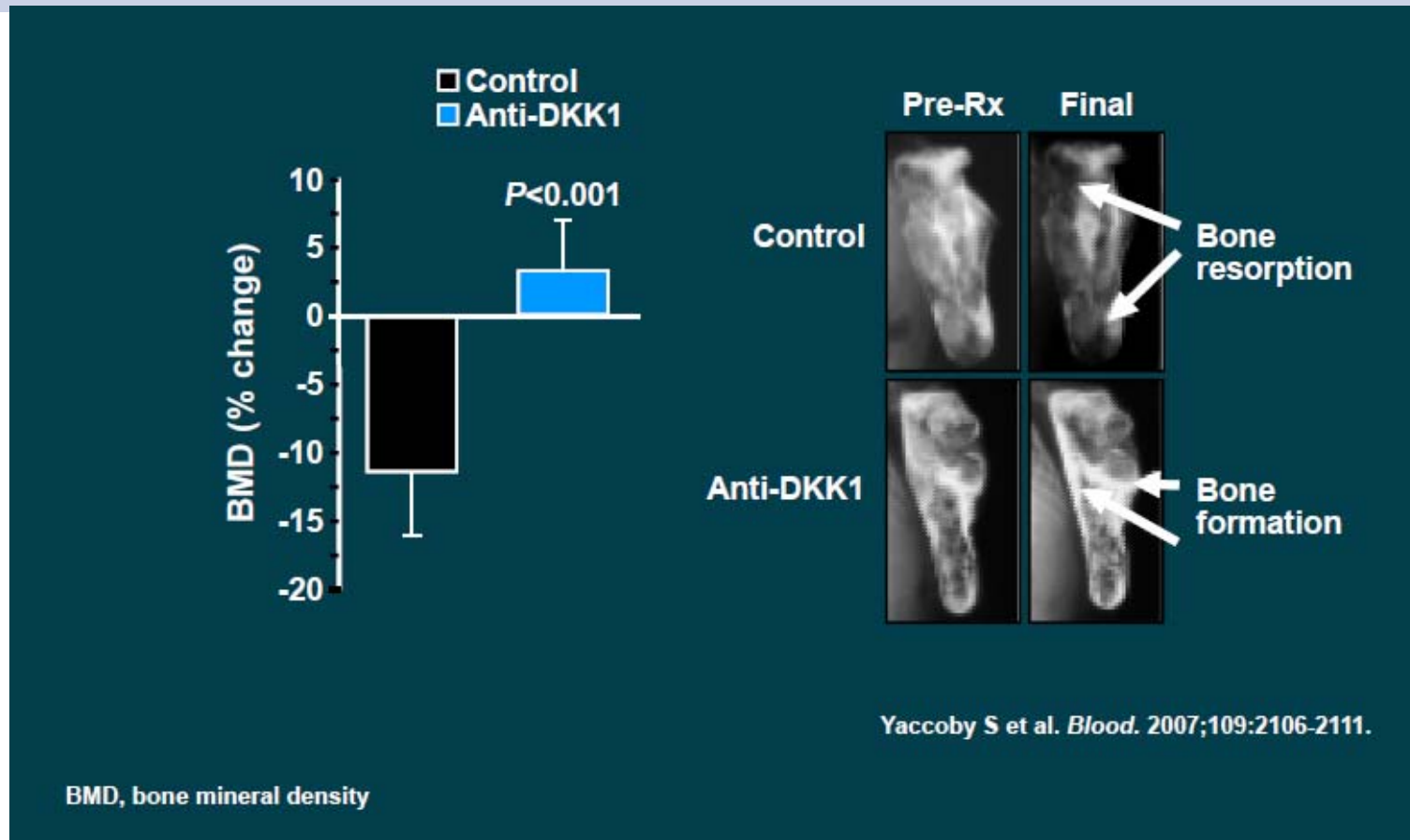
Adapted from Roodman. N Engl J Med. 2004;350:1655.

DKK1 and sFRP-2 in Myeloma Bone Disease

- **Inhibitors of the WNT signaling pathway**
- **WNT signaling is a critical pathway for OBL differentiation**
- **Secreted by myeloma cells**
- **Marrow plasma from patients with high levels of DKK1 or sFRP-2 inhibit murine OBL differentiation**
- **DKK1 gene expression levels correlated with extent of bone disease in MM patients**

Tian et al NEJM 349:2483,2003, Oshima T. et al.Blood.;106:3160, 2005

Anti-DKK1 Increases Bone Formation in the SCID-Rab Multiple Myeloma Model

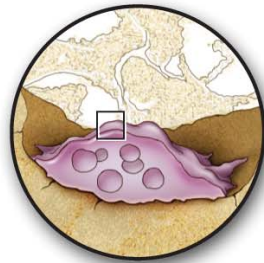


Ongoing Trials

Phase I/II Study of BHQ880, an Anti-DKK1 Human Monoclonal Antibody, in Relapsed/Refractory MM Patients Treated with Zoledronic Acid and Anti-Myeloma Therapy and a Phase II Study in Smoldering Myeloma Have Been Completed.

Activin and Bone Growth

Osteoclast



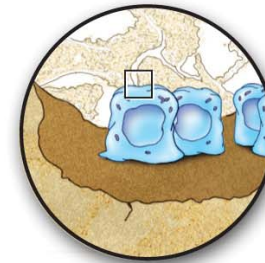
Activin stimulates osteoclasts



Activin Receptor Type IIA

Increased bone resorption

Osteoblast



Activin inhibits osteoblasts



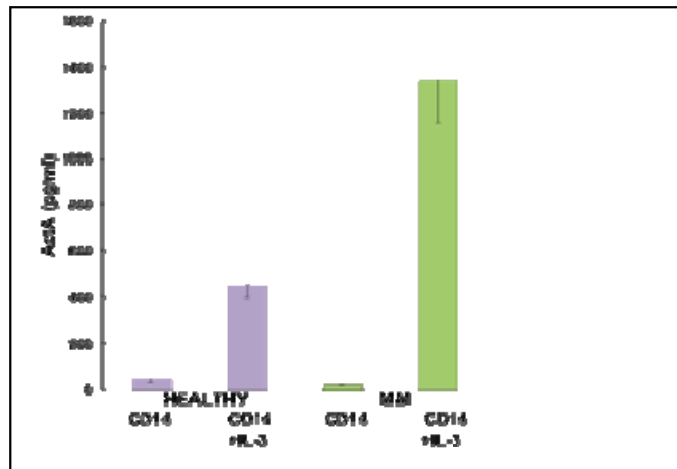
Activin Receptor Type IIA

Reduced bone formation

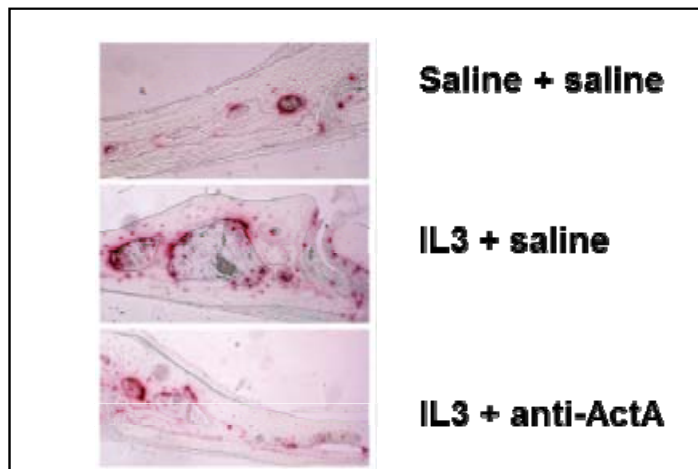
Activin decreases bone mineral density and strength



IL-3 induces Osteoclasts via Activin A



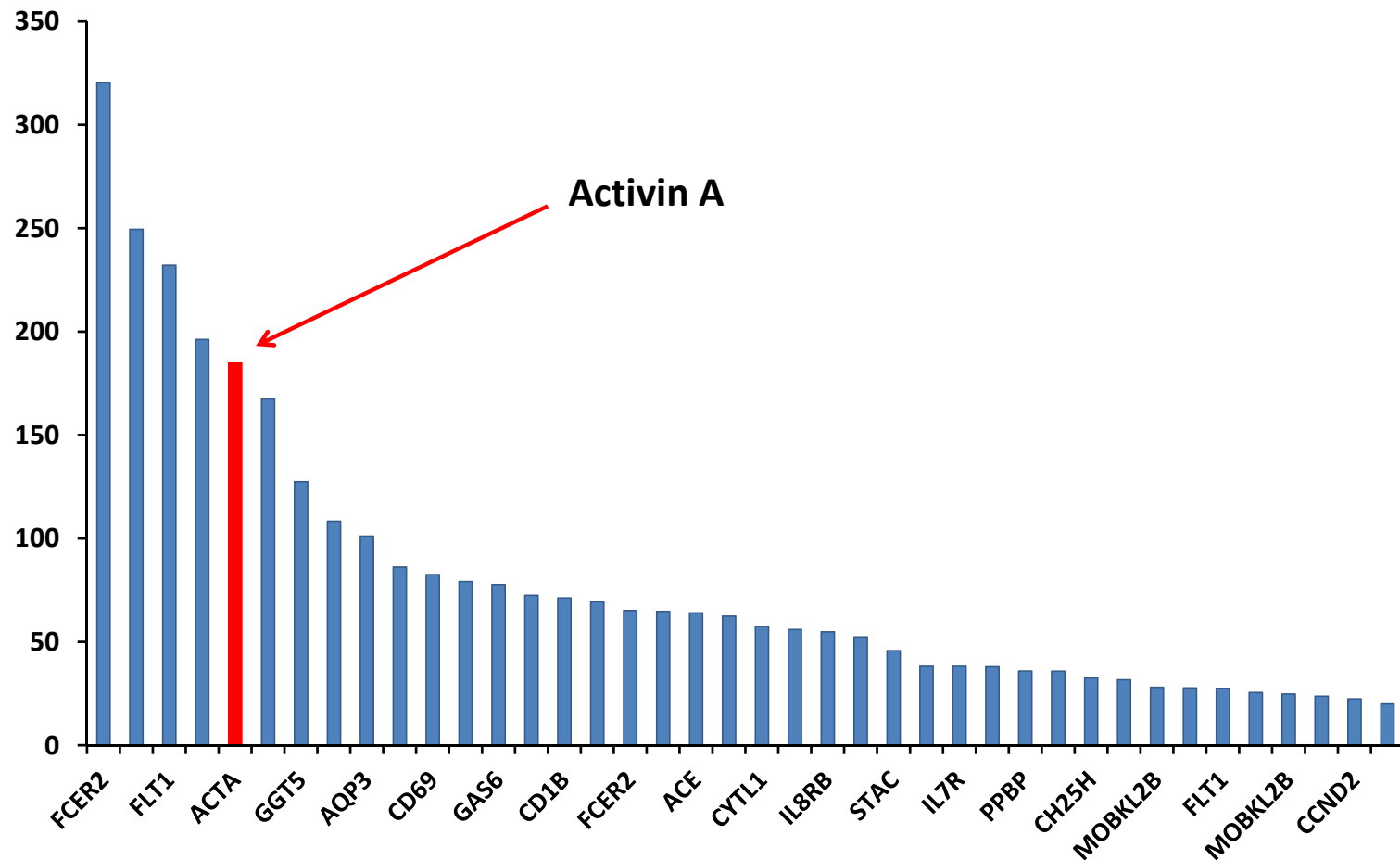
Silbermann R, et al: Leukemia, 2013



“Phase II Study of ACE -011 (Activin A Receptor Antagonist) on bone mass and turnover in patients with multiple myeloma”

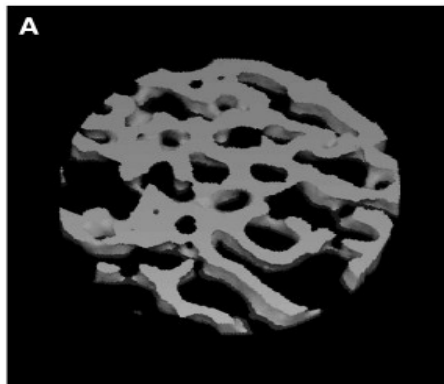
IL-3 Treatment of MM CD14+ Bone Marrow Cells Increases Activin A Expression 184-Fold

Silberman et al Leukemia 2014

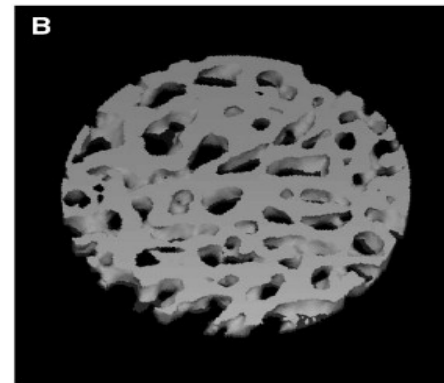


ACE-011(sotatercept) Increases Bone in Animal Models

VEH



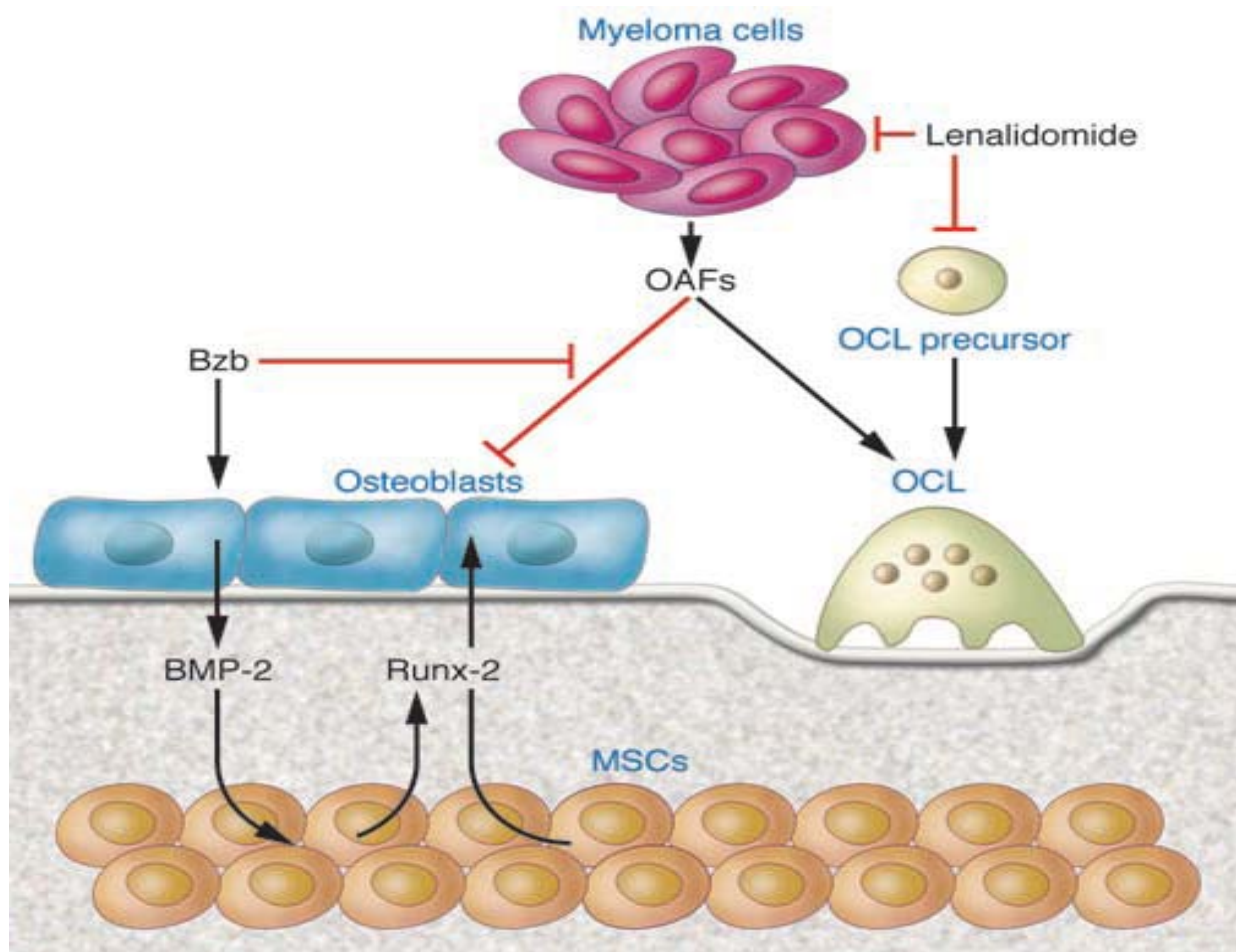
ACE-011



Also increases Hemoglobin: phase 2 trial in MDS

Lotinun S, et al Bone. 2010 Jan 18.

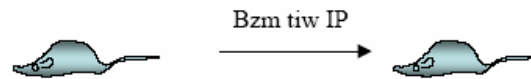
Bortezomib / Lenalidomide in Myeloma Bone Disease



Roodman GD JCI 2008 118:462-4

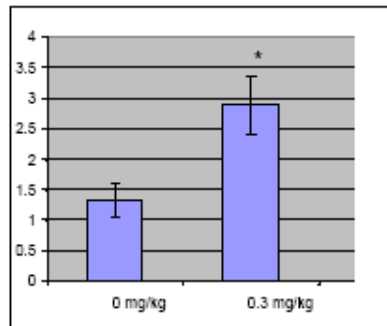
Bortezomib induces OBL Differentiation

In Vivo Treatment with Bzb increases bone

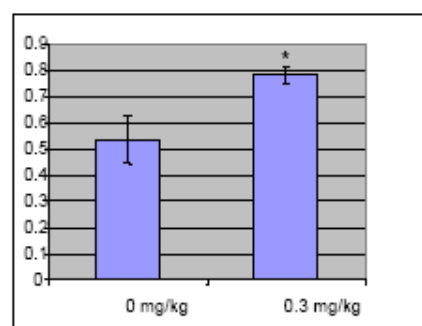


(A)

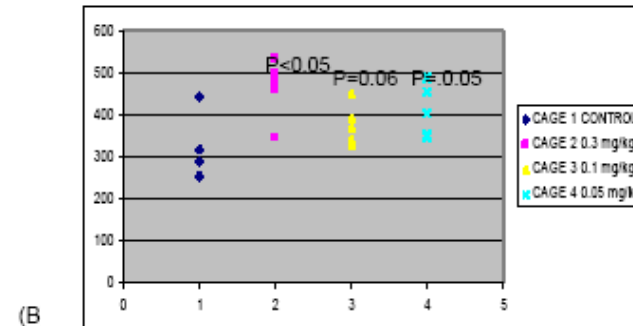
Fraction of CD45-/Lin-/CD51+ cells/Femur



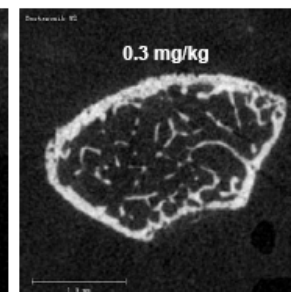
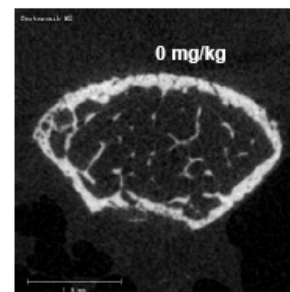
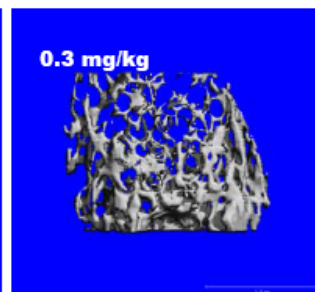
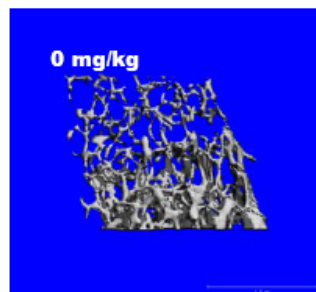
Fraction of CD45-/Lin-/CD51+ cells/Spine



Serum osteocalcin



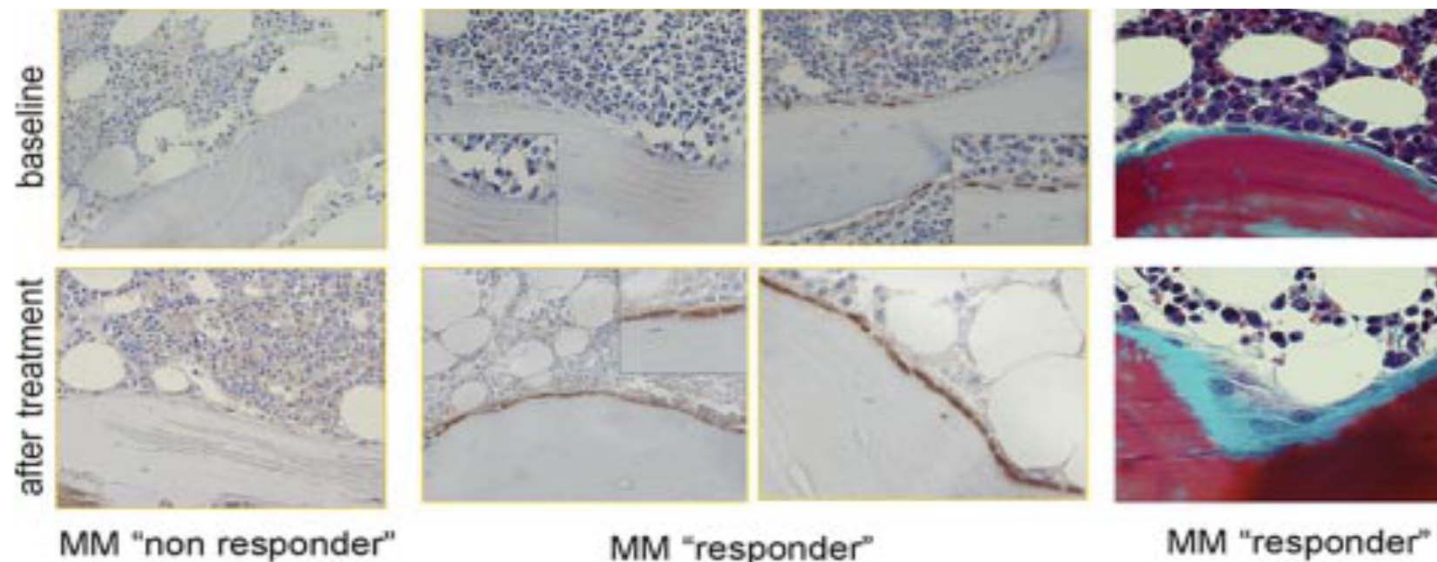
(B)



(C)

Mukherjee et al. J Clin Inv 2008

Bortezomib Increases Bone Formation in Responding MM Patients



Giuliani N et al BLOOD 2007 :110,334

Novel Approaches for MM Bone Disease

<u>Target</u>	<u>Potential Therapy</u>
RANKL	Denosumab
MIP-1 alpha	CCR1 Receptor antagonist
DKK1/sFRP-2	Anti-DKK1, Bortezomib
Activin A	ACE-011
Sclerostin	Anti-Sclerostin
GFI-1	HDAC1 inhibitors

Summary

- **Bone disease continues to be a major cause of severe morbidity and increased mortality in myeloma patients.**
- **Studies delineating the pathophysiology of myeloma bone disease have provided multiple potential therapeutic targets for treating patients.**
- **Current strategies;bisphosphonates, Vitamin D, weight bearing exercise**
- **Novel agents that target Myeloma can also target bone cells.**

Acknowledgements

David Roodman; Noopur Raje

NCCN Member Institutions

