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New Proteasome Inhibitor, Carfilzomib, Has Significant Activity in Relapsed Myeloma

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Researchers have reported that carfilzomib monotherapy is highly active in patients with relapsed myeloma and can be administered safely for at least one year in responding patients. The details of this study were presented at the Joint ECCO 15-34th ESMO Multidisciplinary Congress in Berlin, September 20-24, 2009.

The currently available proteasome inhibitor, Velcade® (bortezomib), has excellent clinical activity in patients with multiple myeloma and mantle cell lymphoma and is currently being evaluated in combination with other agents in patients with solid tumors. Carfilzomib is a new proteasome inhibitor that is currently undergoing Phase I-II testing in patients with myeloma and solid tumors.

At the 2008 meeting of the American Society of Hematology (ASH) and the 2009 meeting of the American Society of Clinical Oncology (ASCO), it was reported that carfilzomib was effective for patients with relapsed or refractory myeloma.] This study included 46 patients who had failed Velcade as well as Thalomid® (thalidomide) or Revlimid® (linalidomide). Eighty-three percent of patients in this study had also failed a stem cell transplant. The clinical benefit rate was 26%, with five patients achieving a partial response. Time to tumor progression was 6.2 months.

Another study presented at ASH 2008 and ASCO 2009 involved 31 patients who were characterized as Velcade naïve, Velcade responsive, or Velcade resistant. The overall response rate for 14 Velcade naïve patients was 57%, with one complete response, two very good partial response, and five partial responses. Median time for tumor progression had not been reached. For 17 patients who had previously received Velcade, the overall response rate was 18%. Three had a partial response, one had a minimal response, and nine had stable disease. Time to tumor progression was 8.9 months.