



Patient Power

ASCO 2018: Updates on the ARROW Study for Myeloma

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Andrew Schorr:

Now, ARROW Study. What is the ARROW Study?

Dr. Berenson:

Well, the ARROW Study came out of a Phase I, II I ran called CHAMPION, and this was done to look at whether you could give the drug carfilzomib (Kyprolis) instead of two days on three consecutively maybe we could give it once a week, saving the patient having to be on the freeways around LA, San Diego.

Andrew Schorr:

And saving cost.

Dr. Berenson:

And saving the cost of the infusions. So we did that single arm study. We published about a year-and-a-half ago, and indeed it showed that patients getting once a week did great. Had a really high response rate, tolerated it well, but it was a single arm. We didn't compare it to the standard, which is two days in a row three days a week. ARROW did that. So they took 464 patients amped up the twice-weekly dose, and then the other half got it once a week, and, by God, it not only worked as well it worked better.

Andrew Schorr:

So less is more?

Dr. Berenson:

Yeah. Yeah, less coming to clinic. It wasn't less drug. So the amount of drug given per week was slightly higher.

Andrew Schorr:

But the frequency is less.

Dr. Berenson:

Yes. And it wasn't associated with more problems, more heart, more hypertension, none of that. We saw no sign of that.

Andrew Schorr:

Okay. Carfilzomib or Kyprolis.

Dr. Berenson:

Or Kyprolis.

Andrew Schorr:

Okay. Now, I have another question about Kyprolis that I read about here, combining it with a drug called venetoclax or Venclexta, which is—has some approval in my condition, CLL, and may have more. I understand there's some promising data there at this meeting.

Dr. Berenson:

Yes. There was an abstract presented at the same session I presented the ruxolitinib (Jakafi) data suggesting that venetoclax with Kyprolis is very active. Now, to tell you my own experience in the clinic, I've never seen such an unbelievable two responses like with that drug we had, and we're just reporting on this, and we're hoping to do a trial soon with it.

These are patients that have seen 8 and 13 prior treatments, they failed everything including daratumumab and bortezomib (Velcade) and Kyprolis, lenalidomide (Revlimid) and pomalidomide (Pomalyst). And then what we did is we said they had the translocation, the specific genetic marker called 1114 that predicts if you're better or more likely to respond to venetoclax.

So we treated those two with the venetoclax, it's just a pill, with Velcade, the daratumumab, Darzalex and steroids. They went into complete remissions in one week, which was sustained. So I think this drug is here to stay. It certainly worked really well in these two folks, and it continues to work. They're still in complete remission many months later.

Andrew Schorr:

Wow. Wow. So we've been hearing about—so we heard about Jakafi related to helping people with myeloma, and now you're hearing about another oral therapy, venetoclax or trade name Venclexta, which has approvals in CLL and now has very promising data in myeloma.

Dr. Berenson:

Yeah.

Andrew Schorr:

Very cool.

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