Multiple Myeloma

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What is Multiple Myeloma?

- A cancer of plasma cells
- Healthy plasma cells are found in bone marrow and are an important white blood cell that help fight infection
- When plasma cells become cancerous and their growth becomes rapid and unregulated, this is called multiple myeloma

Multiple myeloma

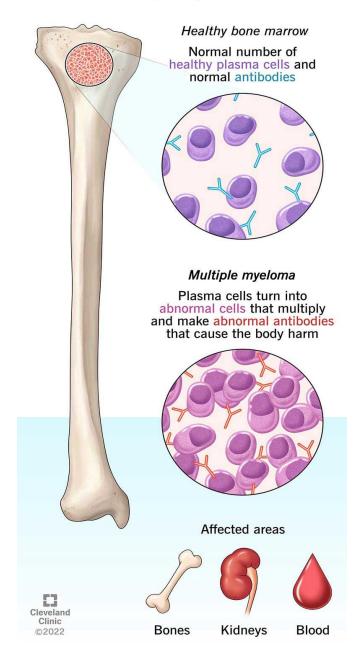
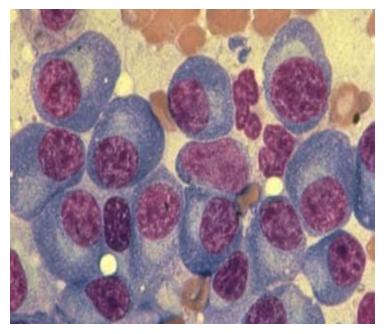
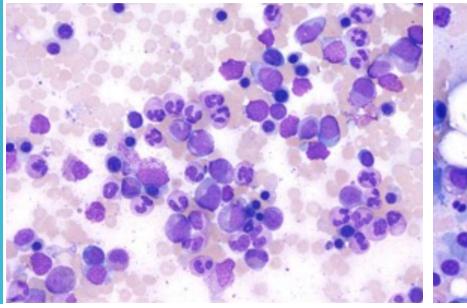


Fig. 1



Myeloma Cells: Bone Marrow Biopsy



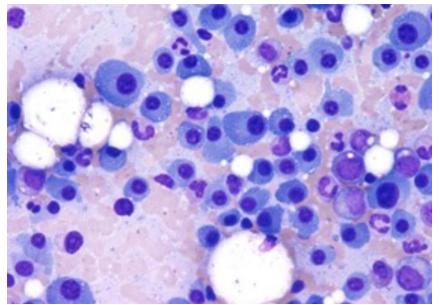


Fig. 2

Fig. 3

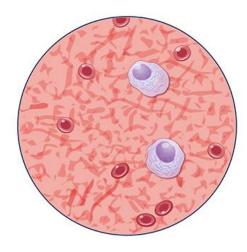
Blood Smear Illustrations

Plasma Cell Conditions

- MGUS, <10% clonal plasma in bone marrow
 - 1% chance of progression, car increase per year
- SMM, typically >10% clonal plasma in bone marrow
 - 10% chance per year of progression for first ς years
 - Drops to 3% for next 5 years, and 1% per year after 10 years
- MM, typically >10% clonal plasma in bone marrow
 - With "CRAB" diagnostics

Monoclonal Gammopathy of Undetermined Significance

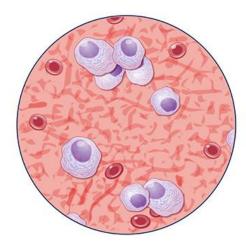
MGUS



No symptoms, and fewer signs of harmful plasma cells and proteins in the blood

Smoldering Multiple Myeloma

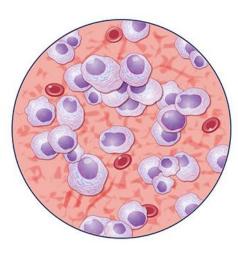
SMM



No symptoms, and more signs of harmful plasma cells and proteins in the blood

Multiple Myeloma





Symptoms throughout the body. Blood is full of cancerous plasma cells and proteins

Diagnostic Criteria for MM



- High **C**alcium
 - As bones decay, they offput calcium into the bloodstream
 - Causes fatigue, weakness

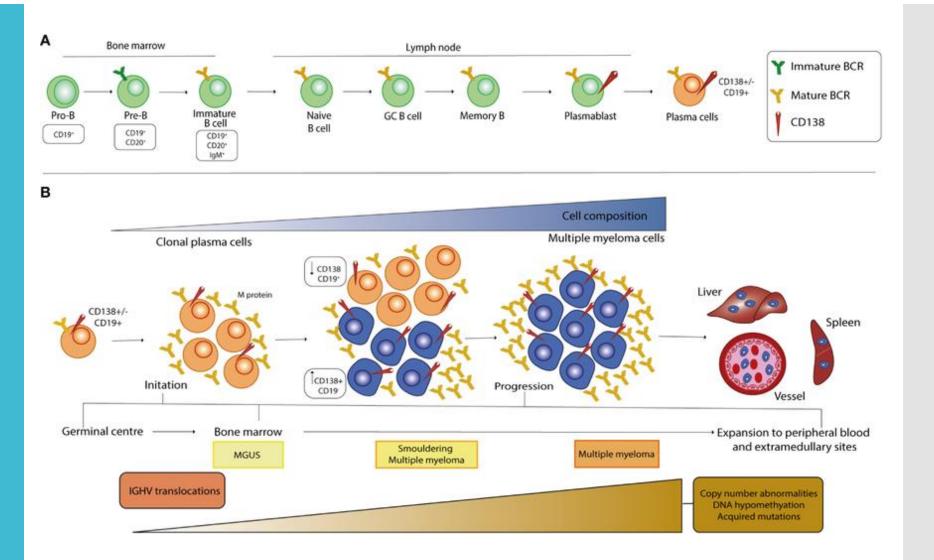
- Anemia
 - High plasma counts can impact red and white blood cell and platelet counts
 - Can cause weakness, dizziness, autoimmune deficiency and excessive bleeding (lack of clotting)

- Renal Dysfunction
 - High levels of calcium also affect kidneys — the renal system fails to process it all
 - Increased urination, dehydration, abdominal pain and cramping

- Bone Lesions
 - Causes bone pain in patient
 - Most common symptom used in diagnosis
 - A bone density exam may mis-identify age-induced osteoporosis as MM

What is CD138?

- Protein that is added to B cells
 - Kind of white blood cell
 - Transforms them into plasma cells
- Involved in cell proliferation, migration, adhesion, and formation of new blood vessel
 - Coreceptor (BCR) binds to growth factors
 - Upregulated in MM cells as well as SMM
- CD138- cells also implicated in other kinds of cancer

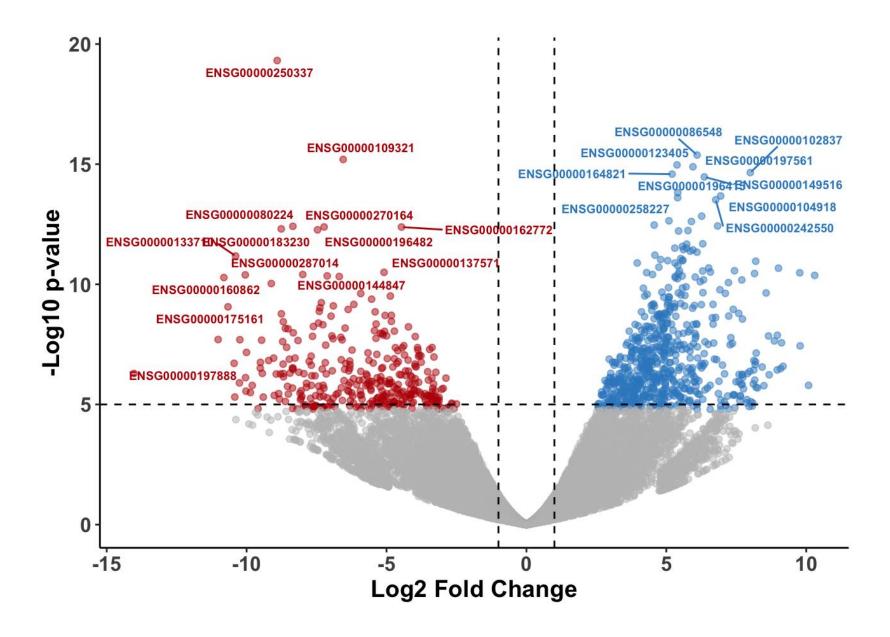


Results

Many genes are differentially expressed in patients with MM

Red = upregulated in MM

Blue = downregulated in MM



CD138

Common biomarker for MM

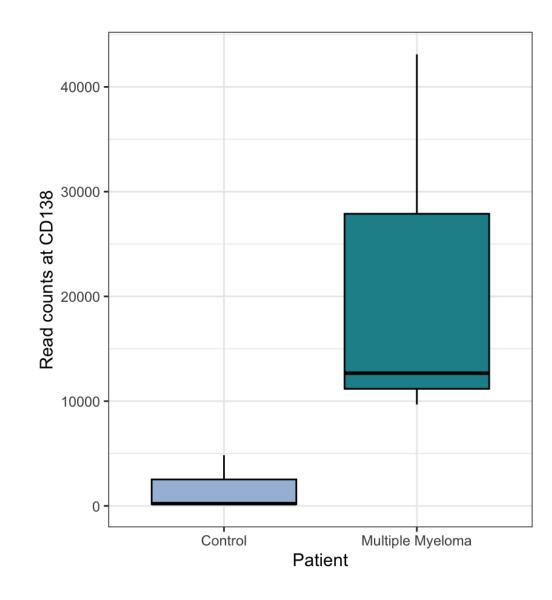
Encodes a cell membrane protein

Responsible for:

Cell Proliferation

Cell Migration

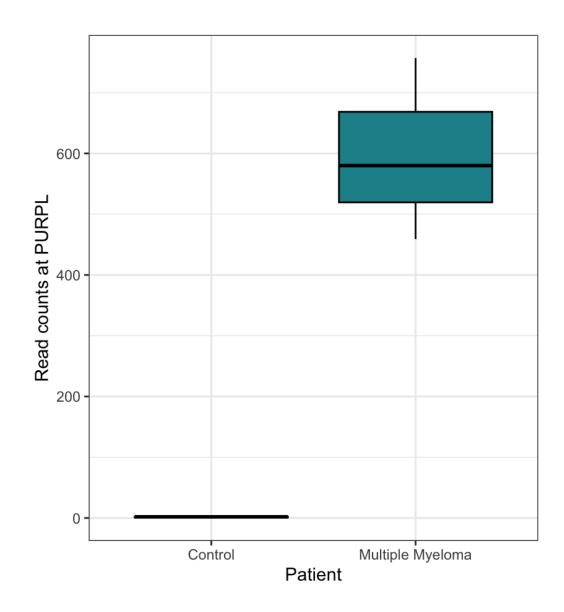
Cell-Matrix Interactions



P₅₃ regulator

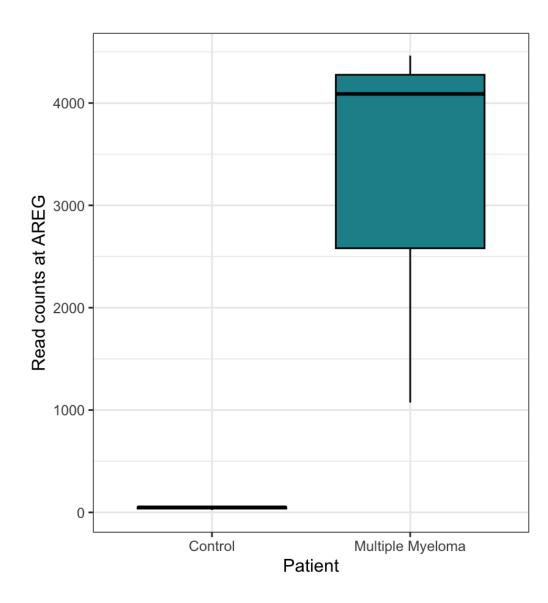
p53 causes apoptosis in malfunctioning cells, loss of function mutations

Mutations of P₅₃ are common in many kinds of cancers



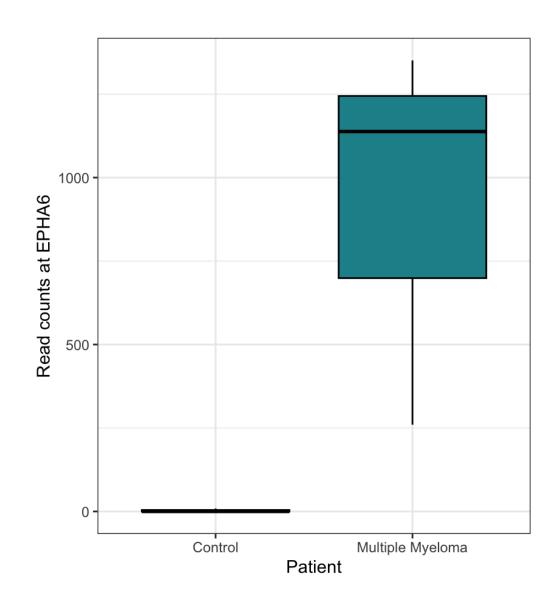
Amphiregulin

growth factor involved in early system development and immune system activity, commonly upregulated in cancers



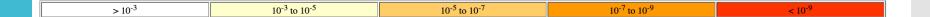
EPH Receptor A6

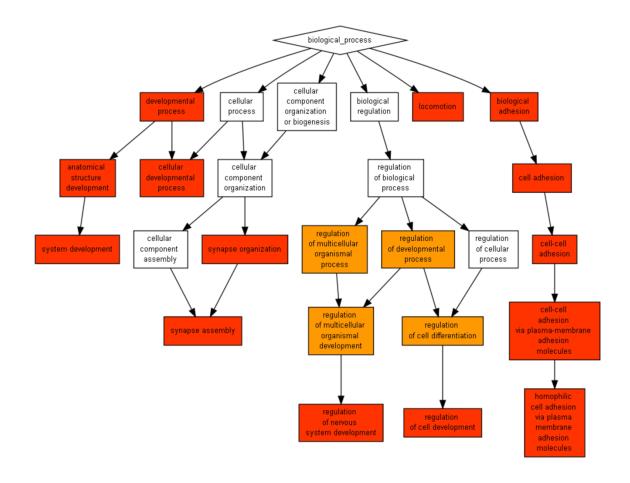
ephrin receptor, involved in angiogenesis and has been implicated in cancer



Upregulated Processes

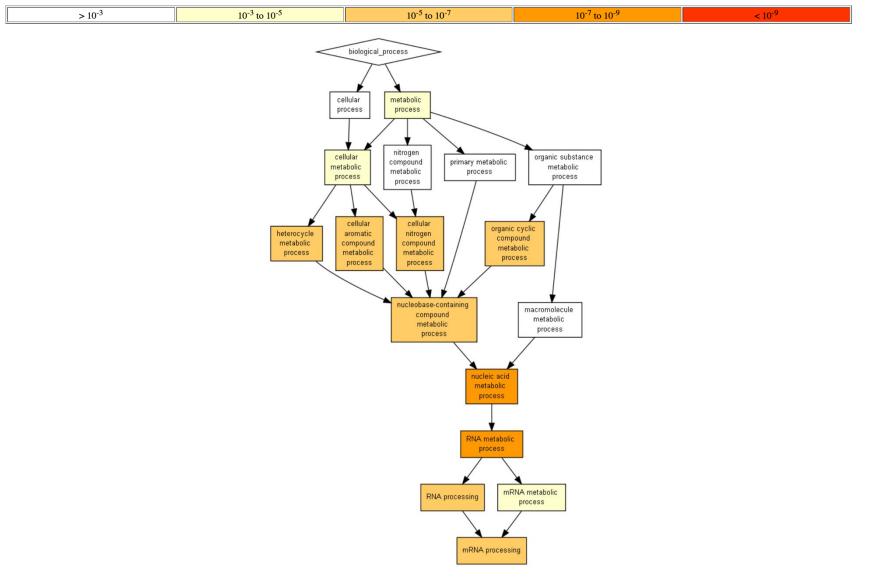
- Cell-cell adhesion
- Nervous system and cell development
- Biological system development
- Synapse organization and assembly
- Locomotion





Downregulated Processes

- Metabolic processes (involved in creation of new molecules)



Conclusion

- Multiple Myeloma is a highly aggressive and multifocal cancer, with no known biomarkers
- Many genes responsible for cell development, cell adhesion and locomotion are heavily upregulated, which can cause tumor proliferation & metastasis
- Metabolic processes and immune responses are downregulated, resulting in a loss of cell apoptosis
- There is no current cure, but continued progress in personalized medicine and novel therapies suggests even better outcomes for future patients

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