

• There is growing emphasis on B-cell maturation antigen-targeted cell therapies to treat Multiple Myeloma •

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Multiple Myeloma (MM), a rare blood cancer, is projected to become the world's third fastest-rising cancer by 2030. Primarily affecting older adults, MM presents a growing challenge in Asia Pacific (APAC) region due to rapidly ageing populations, high relapse rates and treatment resistance, which can leave many patients with limited treatment options. Overcoming this requires moving beyond one-size-fits-all care. Addressing complex disease biology demands a clear scientific principle: selecting targets rooted in causal human biology and matching the right therapeutic modality to the biological mechanism of action. This Blood Cancer Awareness Month (September), BioSpectrum Asia was invited for an exclusive interview with Weng Ho Chow, Vice President, Medical Head APAC at Bristol Myers Squibb (BMS), Singapore to highlight the company's approach for tackling this growing disease burden.



How do you view the multiple myeloma market in APAC, addressing its affordability and accessibility?

Asia Pacific is at a critical tipping point. By 2050, nearly one in four individuals in APAC will be aged 60 or older. As multiple myeloma often affects older adults, the regional burden is rising.

The challenge is that age-related diseases like multiple myeloma are growing faster than access to innovation, making timely treatment for eligible patients critical. Affordability and access vary across APAC due to differences in financing, reimbursement and specialist capacity, requiring locally relevant approaches. Sustainable progress will require collaboration among governments, healthcare providers, patient groups and industry to strengthen diagnosis, treatment infrastructure and

financing pathways, so scientific advances translate into equitable access across the region.

What are the current drug and therapy treatment options available for MM in APAC, compared to the global counterparts?

Across APAC, treatment pathways for multiple myeloma generally draw on established modalities used globally, including immunomodulatory therapies, proteasome inhibitors, monoclonal antibodies, corticosteroids and, for eligible patients, autologous stem cell transplantation. However, availability and sequencing can vary by market depending on reimbursement, infrastructure and clinical practice.

As the global multiple myeloma treatment landscape evolves, there is growing emphasis on more personalised and immune-based approaches, including B-cell maturation antigen (BCMA)-targeted cell therapies for patients whose disease has stopped responding to earlier treatments. This is also placing greater emphasis on sequencing care and matching the right treatment to the right patient at the right time.

For APAC, the opportunity is not only to expand treatment options, but to strengthen diagnosis, monitoring and evidence-based decisions so innovation can translate into better outcomes for patients.

How is Bristol Myers Squibb addressing the growing burden of MM in the APAC region?

The growing burden of multiple myeloma in APAC requires healthcare systems to be prepared not only for scientific advances, but also for the practical requirements that determine whether patients can benefit from them.

This includes timely diagnosis and referral, appropriate treatment infrastructure, coordinated multidisciplinary care, and long-term monitoring and follow-up. For advanced therapies such as cell therapy, these requirements are especially important because delivery depends on treatment-center capacity, manufacturing readiness, patient monitoring and care coordination across the treatment journey.

Across APAC, this means working with healthcare and distribution partners to support local access pathways, strengthen system readiness, and ensure treatment models are feasible for different markets.

One priority for Bristol Myers Squibb is strengthening the infrastructure needed to deliver advanced therapies. In Japan, for example, we have announced an investment of more than \$100 million over five years from 2027, alongside Nikon Cell Innovation, to establish domestic CAR T cell therapy manufacturing. Local production has the potential to improve supply resilience and reduce turnaround times for eligible patients, including those with multiple myeloma.

Is the company planning to launch new products for MM treatment, or exploring new collaborations in this direction?

For patients with multiple myeloma, recent advances have improved care, but many still relapse and need additional treatment options, underscoring the need for continued research throughout the disease course.

At Bristol Myers Squibb, we investigate approaches grounded in disease biology, supported by clinical evidence and evaluated for their potential role in the treatment pathway, in collaboration with the broader scientific community.

Bristol Myers Squibb's research is supported by more than 150 academic research alliances, more than 100 active strategic collaborations, and more than 60 clinical collaborations globally. In multiple myeloma, this includes next-generation cell therapy research in heavily pre-treated patients and earlier-line settings. Collaboration is important because multiple myeloma raises complex questions around relapse, resistance, and sequencing. Progress depends on robust evidence, understanding how investigational approaches may fit into practice, and ensuring research addresses needs meaningful to patients, clinicians, and healthcare systems.

Why is Asia's ageing population accelerating the burden of MM, and how can disease resistance in Asian populations contribute to frequent relapse?

Asia's ageing population is contributing to the growing burden of multiple myeloma. The disease is predominantly diagnosed in older adults, including in the late sixties in markets such as Japan and Australia. As APAC's older population grows, healthcare systems will likely face greater demand for timely diagnosis, treatment, and long-term disease management.

Relapse and treatment resistance are broader multiple myeloma challenges, not unique to Asian populations. The disease can evolve and become less responsive to treatments that previously helped control it. With each relapse, treatment decisions become more complex, underscoring the need for continued research.

This reinforces the need for research that reflects patient diversity across the region. At Bristol Myers Squibb, we remain committed to advancing hematologic malignancy science and collaborating with research and healthcare communities to improve understanding of disease progression and resistance. This includes 10 multiple myeloma clinical studies across APAC, studying first, second, third, fourth and fifth line treatment, and relapsed, refractory, maintenance and transplant eligible patients, helping generate evidence relevant to local patient populations, clinical practice, and healthcare systems.

Could you highlight challenges in developing innovative drugs for MM treatment?

Multiple myeloma is not a single, uniform disease. Patients can experience different patterns of progression and responses to treatment. While treatment advances today have improved outcomes for many patients, relapse remains common and the disease can become increasingly difficult to treat as it evolves.

This creates challenges for drug development as new approaches must show meaningful benefit across different lines of therapy and patient subgroups, while accounting for resistance patterns, tolerability, and sequencing.

Scientific innovation must therefore be supported by robust evidence, appropriate patient selection and a clear understanding of how new approaches could fit within care pathways. For example, cell therapies require specialised infrastructure, manufacturing capabilities, and multidisciplinary care teams.

This is especially important in Asia, where clinical infrastructure, manufacturing capacity, affordability and reimbursement pathways vary significantly. Addressing these challenges requires continued research, regional evidence, and collaboration across the healthcare ecosystem, so innovation can translate into meaningful outcomes for patients.

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