Myeloma Patients Europe

FACTSHEET

MYELOMA PATIENTS EUROPE

BELANTAMAB MAFODOTIN (Blenrep®)

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FACTSHEET

MYELOMA PATIENTS EUROPE

Myeloma Patients Europe (MPE) has developed a series of factsheets for patients and patient advocates, providing an overview of available treatment options for myeloma and covering some relevant topics related to the disease.

The factsheets cover important issues around the treatment, so that patients can feel safe and ask specific questions to their doctor.

For each of the available therapies, the following topics will be addressed:

- What is myeloma?
- What is the particular treatment?
- How does the treatment work?
- What are the benefits?
- What are the side effects?
- Who should not receive the treatment?
- How and when is the treatment given?

Access the following factsheets on:

- Amyloidosis
- Belantamab mafodotin
- Bortezomib
- Carfilzomib
- Daratumumab
- Elotuzumab
- Ixazomib
- Lenalidomide
- Panobinostat
- Pomalidomide
- Thalidomide
- Stem cell transplant

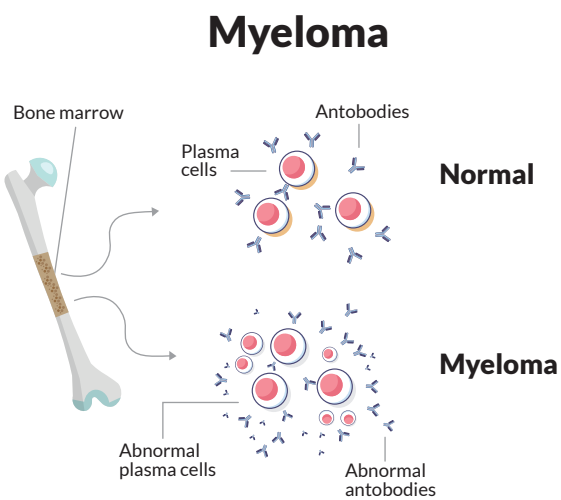
Myeloma treatment is constantly evolving and the factsheets will be updated regularly to reflect the latest developments.

What is myeloma?

Myeloma is a rare cancer of the bone marrow. It is due to the formation of abnormal plasma cells, also called myeloma cells, which divide uncontrollably. Usually, plasma cells help the body to fight infections by making antibodies that recognise and attack germs. Myeloma affects multiple places in the body (this is why it is sometimes referred to as 'multiple myeloma') where bone marrow is normally active, such as the bones of the spine, pelvis, rib cage and the areas around the shoulders and hips.

Myeloma causes pain, anaemia (low red blood cells), fatigue, fractures, recurring infections, bruising and high blood calcium (hypercalcaemia). These symptoms require treatment; if the disease responds to therapy, there could be periods of time where symptoms subside and may not require any treatment. This cycle of remission and recurrence (relapse) often occurs several times. Many patients, particularly in relapse setting, will be on treatment for a long period of time to ensure that their myeloma is kept at bay.

Treatment may involve taking a combination of drugs that have been found to be more effective than single drugs. Myeloma generally cannot be cured, but survival rates are increasing in myeloma, due to the availability of new treatment and many patients are able to enjoy a good quality of life. A number of other new treatments have recently been approved or are under consideration for use following relapse, or for refractory myeloma.



What is belantamab mafodotin (Blenrep®)?

Belantamab mafodotin is a first in class antibody drug conjugate approved in Europe in 2020 for use in myeloma patients. It is used by itself in patients who have already received treatment with four previous lines of therapy (including a proteosome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody) and still experience worsening of their disease.

As multiple myeloma is considered a 'rare disease' because of the small number of patients with this disease, belantamab mafodotin was granted 'orphan drug designation' by the European Commission. An orphan drug designation is a status assigned to medicines developed for rare disease conditions that affect fewer than 5 patients per 10,000 inhabitants in the EU.

How does belantamab mafodotin work?

Belantamab is an antibody drug conjugate which consists of a monoclonal antibody (a laboratory engineered antibody) which is bound to a chemotherapy agent (maleimidocaproyl monomethyl auristatin F) that has been designed to recognise and bind to the BCMA protein (a protein found on the surface of myeloma cells). By attaching to BCMA protein on the surface of myeloma cells, belantamab mafodotin is then taken inside the cells, releases the chemotherapy agent, and directly kills the myeloma cell. In addition, the contents released by the dying myeloma cells activate the immune system to find and destroy more myeloma cells.

What are the benefits of belantamab mafodotin?

Belantamab mafodotin is being evaluated in several studies known as the DREAMM programme. The safety and efficacy of this drug by itself was demonstrated in the DREAMM-2 study. In this study 97 patients with relapsed or refractory myeloma received a 2.5mg per kilogram dose of belantamab mafodotin and 99 relapsed or refractory myeloma patients received the 3.4mg per kilogram dose of this drug. Of the patients who received the 2.5mg/kg dose, 31% had a complete or partial reduction in their myeloma burden, which lasted for an average of 2.9 months. Of the patients who received the 3.4mg/kg dose, 34% had a complete or partial reduction in their myeloma burden, which lasted for an average of 4.9 months.

Belantamab mafodotin is currently being studied in various combinations in relapsed and/or refractory myeloma patients[2].

What are the side-effects of belantamab mafodotin?

Belantamab mafodotin can cause[1]:

- keratopathy (blurred vision, dry eyes, photophobia, eye irritation) – most common
- thrombocytopaenia (low platelet count - cells which the body uses to stop bleeding)
- infusion-related reactions
- pneumonia or upper respiratory tract infection
- anaemia (low red blood cell count)
- neutropaenia (low white blood cell count; cells which the body uses to fight infections)
- nausea
- diarrhoea
- vomiting
- pyrexia (fever)
- fatigue

Because of the visual changes caused by belantamab mafodotin patients should have an eye examination by an opthamologist at baseline and whilst on treatment. It is recommended that patients use preservative-free artificial tears at least four times daily beginning on the first day of treatment and continue to the completion of treatment[1].

How and when is belantamab mofodotin given?

Belantamab mafodotin is given as an infusion (drip) into a vein at a hospital out-patients department or clinic, under the supervision of a doctor who specialises in the treatment of cancer. The recommended dose is 2.5 mg per kg body weight given once every three weeks. The treatment is continued until a patient's disease worsens or they experience intolerable side-effects or toxicity.

References

1. European Medicines Agency. Blenrep (belantamab mafodotin) European public assessment report (EPAR): **https://www.ema.europa.eu/en/documents/product-information/blenrep-epar-product-information_en.pdf**

2. **https://clinicaltrials.gov/ct2/results?cond=&term=DREAMM&cntry=&state=&city=&dist=**

MPE is a network of European myeloma patient organisations. It supports national patient organisations to improve treatment and access for patients in their countries and helps inform and raise awareness on a European level through its educational programmes. Please note, this information does not replace the information provided by your doctor. If there is anything that is not clear to you, please always ask your clinical team.

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