The first BCMA-targeting antibody-drug conjugate for appropriate patients with relapsed/refractory multiple myeloma[1]

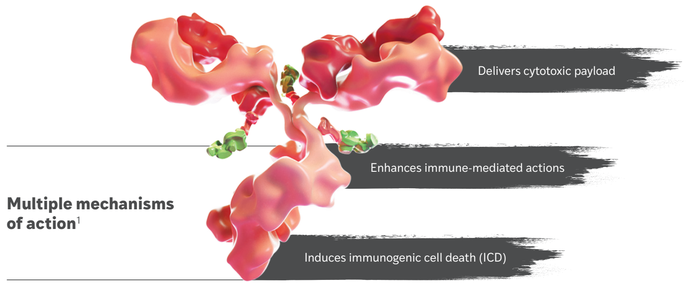
BLENREP is composed of a humanised anti-BCMA afucosylated monoclonal antibody conjugated to the cytotoxic payload, mafodotin (mcMMAF).[1]

mcMMAF=maleimidocaproyl monomethyl auristatin F.

BLENREP
belantamab mafodotin

Multimodal MOA delivers direct cytotoxicity and induces immune responses[1]

BLENREP specifically binds to B-cell maturation antigen (BCMA), a cell-surface protein expressed on myeloma cells, late-stage B cells, and plasma cells[1,2]



Multiple mechanisms of action[1]

BLENREP may have an effect on healthy cells.[2]

BLENREP: Proven efficacy as a single agent in DREAMM-2

Open-label, multicentre, phase 2 study with heavily pretreated patients[1]

Study Population[1]

- Relapsed/refractory multiple myeloma patients, N=97
- ≥3 prior lines of therapy[a] including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody alone or in combination
- Had undergone autologous HSCT or were considered ineligible

Dosing[1,3]

- 2.5 mg/kg BLENREP as a single agent by intravenous (IV) infusion
- Administered over at least 30 minutes, every 3 weeks
- Treatment continued until disease progression or unacceptable toxicity
- Dose was modified or discontinued in some cases of adverse reactions

≥30 min

Primary Endpoint[1,3]

- Overall response rate

Secondary Endpoints[3]

- Duration of response
- Time to first response
- Progression-free survival
- Overall survival
- Safety

[a]The BLENREP indication requires at least 4 prior therapies.

HSCT=hematopoietic stem cell transplantation.

Deep and durable responses observed in a patient population with a median 7 lines of prior therapy[1]

Overall response rate

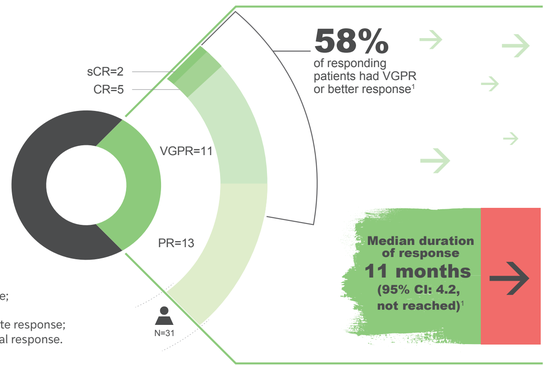
32%

(31/97; 97.5% CI: 22%, 44%)[1]

N=97

Median duration of follow-up: 13 months

CR=complete response;
PR=partial response;
sCR=stringent complete response;
VGPR=very good partial response.



- **Median time to response** was 1.5 months (95% CI: 1.0, 2.1)[1]
- **Median time to best response** was 2.2 months (95% CI: 1.5, 3.6)[1]
- **Median overall survival** was 13.7 months (95% CI: 9.9, not reached)[1]

Overall response rate in patients with high-risk cytogenetics[3,4]

Overall Response Rate

38.5%

(10/26; 97.5% CI: 18.3, 62.1)

- Analysis included patients with t(4;14), t(14;16), or 17p13del translocations
- Evaluation of BLENREP in patients with these high-risk cytogenetics was a prespecified subgroup analysis and not adjusted for multiplicity
- In a post-hoc analysis that also included patients with the 1q21+ abnormality, the overall response rate was 29.3% (12/41 patients; 95% CI: 16.1-45.5)

Analysis at 6 months post-treatment.

For the treatment of appropriate patients with relapsed/refractory multiple myeloma

The first and only BCMA-targeting antibody-drug conjugate[1]

BLENREP
belantamab
mafodotin

1 Studied as a single agent

in patients refractory to an immunomodulatory agent and a proteasome inhibitor and an anti-CD38 antibody.[1]

Deep and durable responses[1]

- 32% overall response rate (31/97; 97.5% CI: 22%, 44%) in a patient population with a median 7 lines of prior therapy
- The majority of responders (58% [18/31]) achieved depth of response with a VGPR or better
- Median duration of response was 11 months (95% CI: 4.2, not reached)

Manageable safety profile[1]

included keratopathy or microcyst-like epithelial changes in corneal epithelium (identified on eye exam, with or without symptoms), thrombocytopenia, anaemia, blurred vision events, infusion-related reactions, and lymphopenia.

30 minutes every 3 weeks[1]

2.5 mg/kg IV infusion over at least 30 minutes administered once every 3 weeks until disease progression or unacceptable toxicity.

To learn more, visit BLENREPHCP.com.

References: 1. BLENREP Summary of Product Characteristics. **2.** Cho S-F, et al. *Front Immunol.* 2018;9:1821. **3.** Lonial S, et al. *Lancet Oncol.* 2020;21(2):207-221. **4.** Data on file, GSK. **5.** Lonial S, et al. 2020 ASCO Annual Meeting. Poster 436.

BLENREP manageable safety profile

Adverse reactions (any Grade) reported in ≥3% of patients (N=95)[a1]

System Organ Class	Adverse Reactions	Any Grade (%)	Grade 3/4 (%)
Infections and infestations	Pneumonia[b]	11	7
	Upper respiratory tract infection	9	0
Blood and lymphatic system disorders	Thrombocytopenia[c]	38	22
	Anaemia	27	21
	Lymphopenia[d]	20	17
	Leukopenia[e]	17	6
	Neutropenia[f]	15	11
Eye disorder	Keratopathy[g]	71	31
	Blurred vision events[h]	25	4
	Dry eye events[i]	15	1
	Photophobia	4	0
	Eye irritation	3	0
	Ulcerative keratitis	1	1
	Infective keratitis	1	1
Gastrointestinal disorders	Nausea	25	0
	Diarrhoea	13	1
	Vomiting	7	2
General disorders and administration site conditions	Pyrexia	23	4
	Fatigue	16	2
Investigations	Increased aspartate aminotransferase	21	2
	Increased gamma glutamyltransferase	11	3
	Increased creatine phosphokinase	5	2
Injury, poisoning, and procedural complications	Infusion-related reactions[j]	21	3

[a]Adverse reactions coded using MedDRA and graded for severity based on Common Terminology Criteria for Adverse Events (CTCAE v4.03).
[b]Includes pneumonia and herpes simplex pneumonia.
[c]Includes thrombocytopenia and decreased platelet count.
[d]Includes lymphopenia and decreased lymphocyte count.
[e]Includes leukopenia and decreased leukocyte count.
[f]Includes neutropenia and decreased neutrophil count.
[g]Based on eye examination, characterised as corneal epithelium changes with or without symptoms.
[h]Includes diplopia, vision blurred, visual acuity reduced, and visual impairment.
[i]Includes dry eye, ocular discomfort, and eye pruritus.
[j]Includes events determined by investigators to be related to infusion. Infusion reactions may include, but are not limited to, pyrexia, chills, diarrhoea, nausea, asthenia, hypertension, lethargy, and tachycardia.

Corneal adverse reactions[3,5]

- The most commonly reported adverse reactions were keratopathy or microcyst-like epithelial changes in corneal epithelium (identified on eye exam, with or without symptoms), blurred vision, and dry eye symptoms
- Severe vision loss (20/200 or worse) in the better-seeing eye was reported in 1% of patients. 18% reported decreased vision in the better eye (Snellen score worse than 20/50)
- Corneal adverse events generally resolved over time. Median time to onset of Grade 2 or above was 36 days (range: 19 to 143 days). Median time to resolution was 91 days (range: 21 to 201 days)
- No permanent vision loss has been reported

MONITOR / MINIMISE / MODIFY The 3 Ms of Corneal AE Management[1]

The recommended dose of BLENREP is 2.5 mg/kg administered as an intravenous (IV) infusion once every **3 WEEKS** until disease progression or unacceptable toxicity[1]

Patients should have an ophthalmic examination (including visual acuity and slit lamp examination) performed by an eye care professional at baseline, before the subsequent 3 treatment cycles, and as clinically indicated whilst on treatment

Advise patients to:

- **Administer preservative-free artificial tear drops** at least 4 times a day during treatment beginning on the first day of infusion and continuing until completion of treatment, as this may reduce corneal symptoms
  For patients with dry eye symptoms, additional therapies may be considered as recommended by their eye care professional
- **Avoid contact lenses** until the end of treatment
- **Use caution when driving or operating machines**
- **Continue monitoring** for corneal adverse reactions after treatment and contact haematologist/oncologist if any symptoms occur

Visit BLENREPHCP.com for more information on initiating BLENREP and managing corneal events

BLENREP
belantamab
mafodotin

NOW APPROVED

The first and only BCMA-targeting antibody-drug conjugate[1]

BLENREP targets B-cell maturation antigen (BCMA), a cell-surface protein expressed on myeloma cells, late-stage B cells, and plasma cells. BLENREP may also affect normal cells.[1,2]

INDICATION

BLENREP is indicated as monotherapy for the treatment of multiple myeloma in adult patients, who have received at least four prior therapies and whose disease is refractory to at least one proteasome inhibitor, one immunomodulatory agent, and an anti-CD38 monoclonal antibody, and who have demonstrated disease progression on the last therapy.