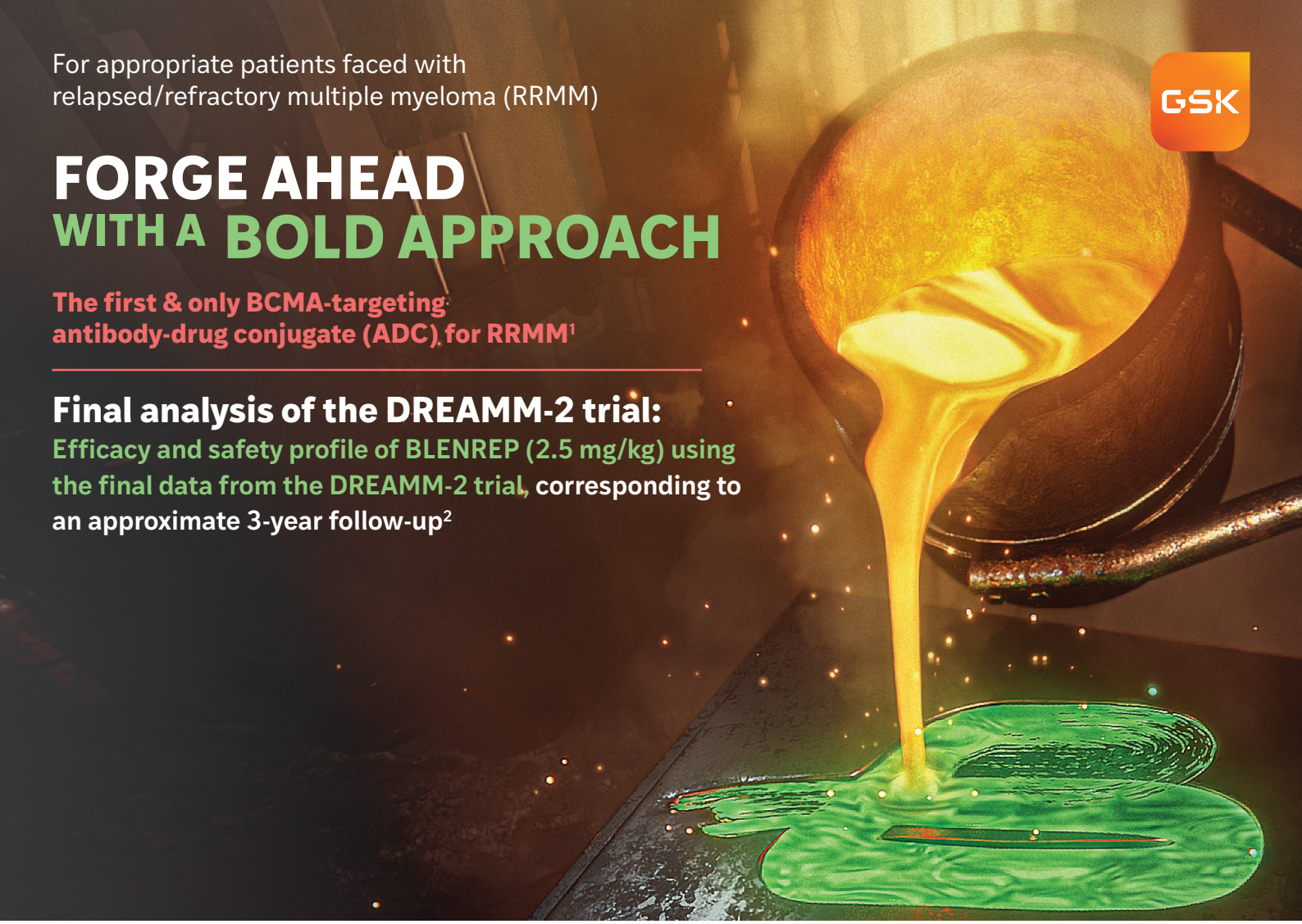
For appropriate patients faced with relapsed/refractory multiple myeloma (RRMM)

FORGE AHEAD WITH A BOLD APPROACH

The first & only BCMA-targeting antibody-drug conjugate (ADC) for RRMM[1]

Final analysis of the DREAMM-2 trial:

Efficacy and safety profile of BLENREP (2.5 mg/kg) using the final data from the DREAMM-2 trial, corresponding to an approximate 3-year follow-up[2]



Responses observed with BLENREP in DREAMM-2 were rapid, deep, and durable[2]

	Results	BLENREP (N=97)
Efficacy	**ORR,** % (97.5% CI)	32 (21.7-43.6)
	Median time to response, months (95% CI)	1.5 (1.0-2.1)
	MRD[a] negativity rate in patients who achieved ≥VGPR, % (95% CI)	36 (12.8-64.9)
	Median DOR, months (95% CI)	12.5 (4.2-19.3)
	Median PFS, months (95% CI) Median PFS in patients who achieved ≥VGPR, months (95% CI)[b]	2.8 (1.6-3.6) 14 (9.7-NR)
	Median OS, months (95% CI) Median OS in patients who achieved ≥VGPR, months (95% CI)[b]	15.3 (9.9-18.9) 30.7 (19.7-37.9)

The median DOR and OS reported are longer than those reported at the 13-month update[2]

[a]Minimal residual disease was measured by next generation sequencing with a threshold of 10^{-5}.
[b]Median OS and PFS in ≥VGPR was a post hoc analysis.

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Ocular adverse events were transient: Ocular events resolved with time[§2]

The most commonly reported any-grade ocular adverse events were keratopathy (71%), blurred vision (25%), and BCVA reduced to 20/50 or worse (48%)[^]

Median time to resolution of the first event of blurred vision, reduced BCVA, and keratopathy was 43.0, 23.0, and 120.0 days respectively[*†]

No new safety signals were noted when comparing the incidence of adverse events with earlier reports from this study

[§]N=95 in the safety analysis in the 2.5 mg/kg cohort.
[^]Ocular events (as reported here) and ocular symptoms were assessed using CTCAE scale.
[*]Resolution defined as having a post-baseline score ≥20/50 or no equivalent value in either eye.
[†]Duration defined as the time from onset of any keratopathy event to first time subject is free from event. A gap of at least 1 day was required between resolution of 1st and occurrence of 2nd.

Consider BLENREP – The first & only BCMA-targeting ADC for your RRMM patients[1]

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.

BLENREP Succinct Safety Information
Contraindications: Hypersensitivity to the active substance or to any of the excipients. **Warnings & Precautions:** Corneal Adverse Reactions: Corneal adverse reactions have been reported with the use of BLENREP. The most commonly reported adverse reactions were keratopathy including microcyst-like epithelial changes in corneal epithelium with or without changes in visual acuity, blurred vision, and dry eye. Changes in visual acuity may be associated with difficulty in driving or operating machinery. Cases of corneal ulcer have been reported. These should be managed promptly and as clinically indicated by an eye care professional. Thrombocytopenia: Thrombocytopenic events were frequently reported in study 205678. Thrombocytopenia may lead to serious bleeding events, including gastrointestinal and intracranial bleeding. Infusion Reactions: Infusion-related reactions have been reported with BLENREP. Pneumonitis: Cases of pneumonitis, including fatal events, have been observed with BLENREP although a causal association has not been established.
Adverse Reactions: Very common adverse reactions (≥ 1/10): pneumonia, thrombocytopenia, anaemia, lymphopenia, leukopenia, neutropenia, keratopathy, blurred vision events, dry eye events, nausea, diarrhoea, pyrexia, fatigue, increased aspartate aminotransferase, increased gamma glutamyltransferase, infusion-related reactions. Common adverse events (≥ 1/100 to < 1/10): upper respiratory tract infection, photophobia, eye irritation, vomiting, albuminuria, increased creatine phosphokinase.

Abbreviations: BCMA, B-cell maturation antigen; BCVA, best corrected visual acuity; CI, confidence interval; CR, complete response; DOR, duration of response; DREAMM-2, Driving Excellence in Approaches to Multiple Myeloma 2; IV, intravenous infusion; MRD, minimal residual disease; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; RRMM, relapsed/refractory multiple myeloma; Q3W, every 3 weeks; QoL, quality of life; VGPR, very good partial response.

References: 1. BLENREP Singapore Prescribing Information. **2.** Nooka AK, et al. Poster presented at 64th ASH Annual Meeting and Exposition, New Orleans, Louisiana, USA. 10–13 Dec, 2022. Abstract: 3246.

Please refer to full prescribing information for more details.

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Veeva Vault

Electronic Certificate

Version: 1 . 0

Document Number: PM-SG-BLM-LBND-230002

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