MULTIPLE MYELOMA

Multiple myeloma (MM) is an incurable cancer which arises from plasma cells in bone marrow.[1]

In a healthy immune system, some white blood cells (B cells) are activated to become plasma cells, which secrete antibodies in response to infection.[2]

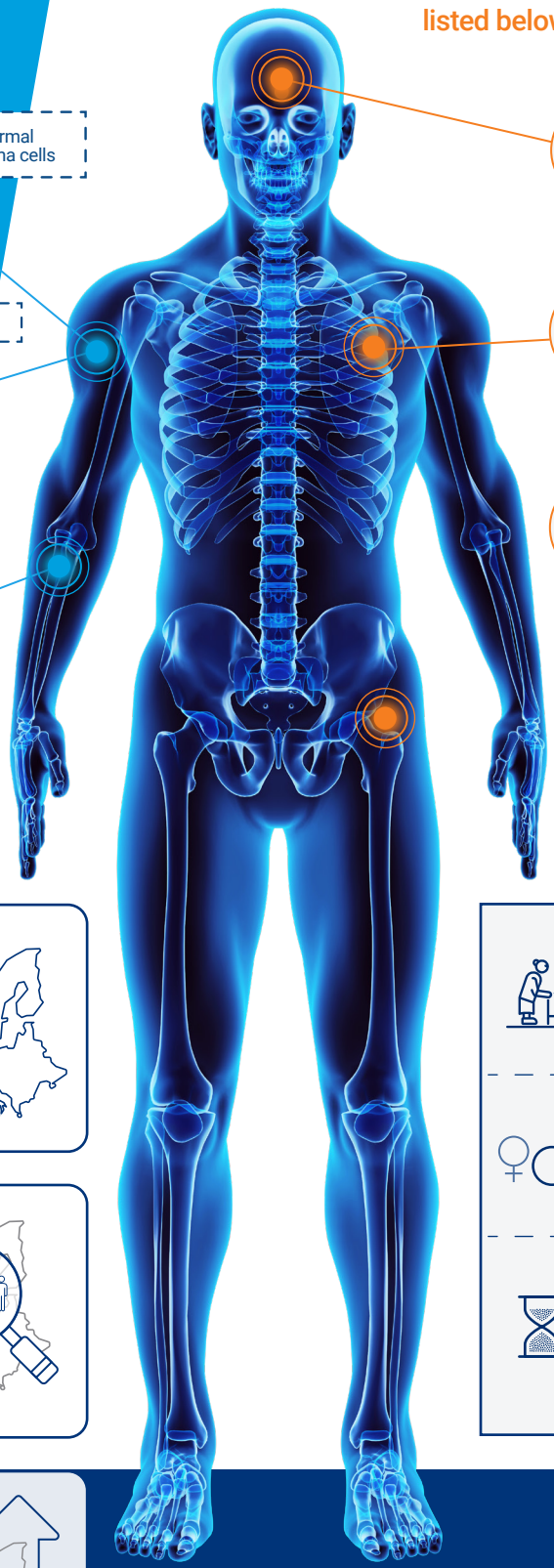
Abnormal plasma cells

Plasma cells

B cells

In multiple myeloma, abnormal plasma cells (myeloma cells) build up in the bone marrow and form tumours in many parts of the body.[3]

These tumours may keep the bone marrow from making enough healthy blood cells, and can damage and weaken the bone.[3]



Patients with MM may experience a variety of disease-related symptoms. Some are listed below.[4]

- Fatigue (caused by anaemia)
- A persistent dull ache in their bones, commonly affecting areas such as the back, ribs or hips
- Repeated infections

These symptoms can have physical and emotional impacts on the quality of life of people who live with MM.[5,6]

In Europe, more than **48,200 people** were diagnosed with MM in 2018, and more than **30,800 patients** died.[7]

MM is classified as a rare disease in Europe, meaning there is a prevalence of less than **5** in **10,000**.[8]

Between 1996 and 2016, new cases of MM increased by **126%** globally, with Western Europe among the worst affected.[9]

- Most common in people over **65 years**.[10]
- Affects slightly more **men** than women.[10]
- Around **50 percent** of newly-diagnosed patients do not reach five-year survival.[11,12]

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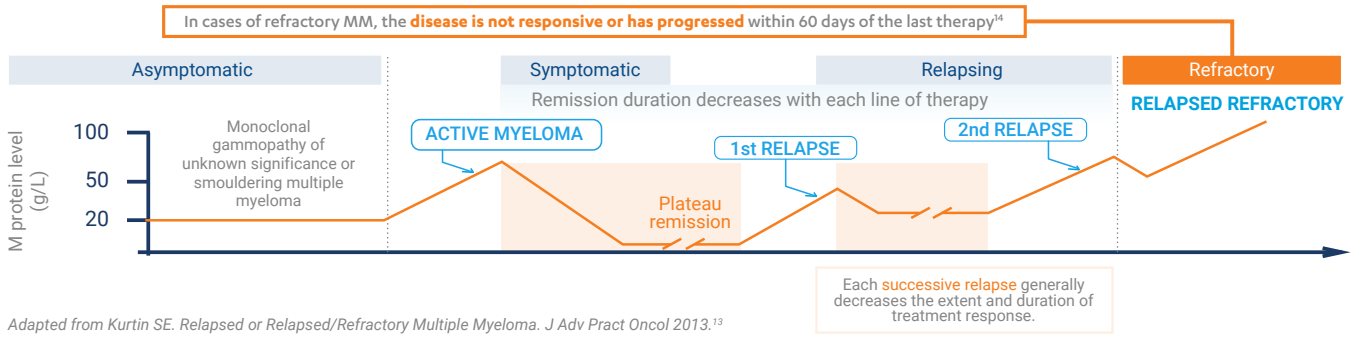
PROGNOSIS



Adapted from Kurtin SE. Relapsed or Relapsed/Refractory Multiple Myeloma. J Adv Pract Oncol 2013.[13]

- There is currently no cure available, so even when patients go into remission relapse is inevitable.[13]
- Refractory MM is when a patient's disease progresses within 60 days of their last therapy.[14]
- Relapsed cancer is when the disease has returned after a period of initial, partial or complete remission.[15]
- Patients who relapse after treatment with standard therapies, including proteasome inhibitors and immunomodulatory agents, have poor prognoses and require new therapies for continued disease control.[16]

TREATMENT

While treatment options have improved over the years, MM remains an incredibly complex disease to treat, especially as patients can become resistant to treatment.[16]

More can be done to address this area of unmet medical need and improve outcomes for these patients, with the aim to:[17]

- Improved treatment efficacy
- Prolong duration of remission
- Reduce side effects
- Improve quality of life

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