Multiple Myeloma Glossary

Common terms you may come across during multiple myeloma treatment

As you have conversations with your healthcare team and make treatment decisions together, reference this glossary to better understand medical terms.

ANEMIA: A low level of red blood cells or hemoglobin. This condition can cause a number of symptoms, including shortness of breath, weakness, and fatigue.

ANTIBODIES: Special proteins made by certain white blood cells (plasma cells and B cells) that fight infection and disease.

BONE MARROW: The spongy inner part of bones where blood cells are made.

CLINICAL TRIAL: The testing of a new medical treatment on a selected disease population. It helps determine if the treatment is safe and effective enough to be offered to the larger population with that disease.

COMPLETE RESPONSE (CR): When there are less than 5% plasma cells in the bone marrow and some lab tests show no myeloma proteins.

DEXAMETHASONE: A steroid medication that is similar to a chemical produced by the adrenal glands and is used to treat many conditions, including certain types of blood cancers.

EDEMA: Swelling caused by excess fluid in body tissues.

HEMOGLOBIN: A protein in red blood cells that carries oxygen in the blood to all parts of the body.

HYPERCALCEMIA: A level of calcium higher than normal in the blood. This condition can cause many symptoms, including loss of appetite, nausea, thirst, fatigue (tiredness), muscle weakness, restlessness, and confusion.

LENALIDOMIDE: A drug that may help the immune system kill abnormal blood cells or cancer cells.

M PROTEIN: An abnormal antibody found in unusually large amounts in the blood or urine of many people with multiple myeloma and other types of plasma cell tumors. Also called monoclonal protein.

MAGNETIC RESONANCE IMAGING (MRI): A technique that uses a large magnet and radio waves to look at organs and structures inside your body.

MEDIAN: The middle number in a set of data. In other words, half of the numbers in the group are more than the median and half of the numbers in the group are less than the median.

MULTIPLE MYELOMA: A cancer of the plasma cells (white blood cells that produce antibodies).

MYELOMA CELLS: Cancerous plasma cells.

NEUROTOXICITY: A disease symptom or treatment-related side effect that can cause damage to the nervous system.

NEUTROPENIA: A condition in which there is a lower-than-normal number of neutrophils (a type of white blood cell).

Please read the Important Safety Information on page 3–4 and the Patient Information in the accompanying full Prescribing Information.

OVERALL RESPONSE RATE (ORR): A percentage of patients with a partial response or better in a clinical trial.

PARTIAL RESPONSE (PR): A 50% or greater decrease in M protein, also called partial remission.

PERIPHERAL NEUROPATHY (PN): A condition that causes tingling and burning in the hands or feet. It can be caused by issues with metabolism, infections, injuries, and exposure to drugs or toxins.

PLACEBO: An inactive pill, often called a "sugar pill," that may be given in clinical trials to compare the effects to the active drug.

PLASMA CELL: Special white blood cells that produce a specific antibody.

PLATELETS: A type of blood cell that helps prevent bleeding by causing the blood to form clots at the sites of blood vessel injuries (internal and external).

POSITRON EMISSION TOMOGRAPHY (PET) SCAN: A technique that uses a mild radioactive marker to reveal the locations of cancer cells in different parts of the body.

PROGRESSION-FREE SURVIVAL: The length of time during and after treatment that a patient lives with the disease but it does not get worse.

PROTEASOME: A part of a cell that breaks down unneeded proteins.

PROTEASOME INHIBITOR (PI): A drug that blocks the action of proteasomes.

PROTEIN: A molecule made up of amino acids and is needed for all cells in the body to function properly.

RED BLOOD CELLS: Cells that carry oxygen to all parts of the body.

REFRACTORY: When cancer is resistant to treatment.

RELAPSE: The return of a disease or symptoms after a period of improvement.

SHINGLES: A disease caused by the varicella-zoster virus—the same virus that causes chickenpox.

STABLE DISEASE: Cancer that is neither decreasing nor increasing in extent or severity.

STEM CELL: An early cell that matures into various types of cells in the body.

STEM CELL TRANSPLANT: A procedure that infuses healthy cells into your body to replace damaged or diseased bone marrow. These injected stem cells make healthy blood cells. Cells from your own body (autologous transplant) or from a donor (allogeneic transplant) may be used.

THROMBOCYTOPENIA: A condition in which there is a lower-than-normal number of platelets in the blood. It may result in easy bruising and excessive bleeding from wounds or bleeding in mucous membranes and other tissues

VERY GOOD PARTIAL RESPONSE (VGPR): A 90% or greater decrease in M protein. Also called very good partial remission.

WHITE BLOOD CELLS: Formed mainly in the bone marrow, these cells help protect the body from infection and disease.

Please read the Important Safety Information on page 3–4 and the Patient Information in the accompanying full Prescribing Information.

Indication and Important Safety Information

Indication and Important Safety Information for NINLARO® (ixazomib)

What is NINLARO?

NINLARO is a prescription medicine used to treat multiple myeloma in combination with the medicines REVLIMID® (lenalidomide) and dexamethasone, in people who have received at least one prior treatment for their multiple myeloma.

NINLARO should **not** be used to treat the following people, unless they are participants in a controlled clinical trial:

- people who are receiving maintenance treatment, **or**
- people who have been newly diagnosed with multiple myeloma.

It is not known if NINLARO is safe and effective in children.

Important Safety Information for NINLARO® (ixazomib)

NINLARO may cause serious side effects, including:

- **Low platelet counts (thrombocytopenia)** are common with NINLARO and can sometimes be serious. You may need platelet transfusions if your counts are too low. Tell your healthcare provider if you have any signs of low platelet counts, including bleeding and easy bruising.
- **Stomach and intestinal (gastrointestinal) problems.** Diarrhea, constipation, nausea, and vomiting are common with NINLARO and can sometimes be severe. Call your healthcare provider if you get any of these symptoms and they do not go away during treatment with NINLARO. Your healthcare provider may prescribe medicine to help treat your symptoms.
- **Nerve problems** are common with NINLARO and may also be severe. Tell your healthcare provider if you get any new or worsening symptoms including: tingling, numbness, pain, a burning feeling in your feet or hands, or weakness in your arms or legs.
- **Swelling** is common with NINLARO and can sometimes be severe. Tell your healthcare provider if you develop swelling in your arms, hands, legs, ankles, or feet, or if you gain weight from swelling.
- **Skin Reactions.** Rashes are common with NINLARO. NINLARO can cause rashes and other skin reactions that can be serious and can lead to death. Tell your healthcare provider right away if you get a new or worsening rash, severe blistering or peeling of the skin, or mouth sores.
- **Thrombotic microangiopathy (TMA).** This is a condition involving blood clots and injury to small blood vessels that may cause harm to your kidneys, brain, and other organs, and may lead to death. Get medical help right away if you get any of the following signs or symptoms during treatment with NINLARO: fever, bruising, nose bleeds, tiredness, or decreased urination.
- **Liver problems.** Tell your healthcare provider if you get these signs of a liver problem: yellowing of your skin or the whites of your eyes; pain in your right upper-stomach area.

Other common side effects of NINLARO include low white blood cell counts and bronchitis.

Tell your healthcare provider if you get new or worsening signs or symptoms of the following during treatment with NINLARO:

- skin rash and pain (shingles) due to reactivation of the chicken pox virus (herpes zoster)
- blurred vision or other changes in your vision, dry eye, and pink eye (conjunctivitis)

These are not all the possible side effects of NINLARO. Talk to your healthcare provider for medical advice about side effects. **You may report side effects to Takeda at 1-844-217-6468 or FDA at 1-800-FDA-1088.**

Indication and Important Safety Information (Continued)

Before taking NINLARO, tell your healthcare provider about all your medical conditions, including if you:

- have liver problems.
- have kidney problems or are on dialysis.
- are pregnant or plan to become pregnant. NINLARO can harm your unborn baby.

Females who are able to become pregnant:

- o Avoid becoming pregnant during treatment with NINLARO.
- o Your healthcare provider will do a pregnancy test before you start treatment with NINLARO.
- o You should use effective non-hormonal birth control during treatment and for 90 days after your last dose of NINLARO. If using hormonal contraceptives (for example, birth control pills), you should also use an additional barrier method of contraception (for example, diaphragm or condom). Talk to your healthcare provider about birth control methods that may be right for you during this time.
- o Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with NINLARO.

Males with female partners who are able to become pregnant:

- o You should use effective birth control during treatment and for 90 days after your last dose of NINLARO.
- o Tell your healthcare provider right away if your partner becomes pregnant or thinks she may be pregnant while you are being treated with NINLARO.

- are breastfeeding or plan to breastfeed. It is not known if NINLARO passes into breast milk, if it affects an infant who is breastfed, or breast milk production. Do not breastfeed during treatment with NINLARO and for 90 days after your last dose of NINLARO.

Taking too much NINLARO (overdose) can cause serious side effects, including death. If you take more NINLARO than instructed by your healthcare provider, call your healthcare provider right away or go to the nearest hospital emergency room right away. Take your medicine pack with you.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements or before starting any new medicines. Talk to your healthcare provider before starting any new medicines during treatment with NINLARO.

Please read the Patient Information in the accompanying full Prescribing Information.