

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 the 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. Clinical trials are often done in phases.

COMPLETE RESPONSE (CR) Results in which there are no more than 5% of plasma cells in the bone marrow and no evidence of myeloma protein in the serum or urine, as measured by standard laboratory techniques. It does not mean the cancer has been cured.

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.

Indication for NINLARO® (ixazomib)

Uses of 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.

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

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

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.

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

OVERALL RESPONSE RATE (ORR)

A measurement used in clinical trials that typically measures the percentage of patients who respond to a therapy with a partial response or better.

PARTIAL RESPONSE (PR) A decrease in the size of a tumor, or in the extent of cancer in the body, in response to treatment. 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 a 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 that 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.

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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.

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 4 and Patient Information in the accompanying full Prescribing Information.

For more information on NINLARO and multiple myeloma, visit [NINLARO.com](https://www.ninlaro.com).

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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.** Tell your healthcare provider if you get a new or worsening rash.
- **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 have occurred. Tell your healthcare provider if you get new or worsening back pain, lowered white blood cells (neutropenia) that may increase the risk of infection, or vision conditions such as blurred vision, dry eye, or 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 FDA at 1-800-FDA-1088.

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

- You have liver problems or kidney problems or are on dialysis.
- You or your partner are pregnant or plan to become pregnant. NINLARO can harm your unborn baby. Avoid becoming pregnant during treatment with NINLARO. You and your partner should use effective birth control during treatment and for 90 days after the final dose of NINLARO. If using hormonal contraceptives (for example, the pill), an additional barrier method of contraception (for example, diaphragm or condom) must be used.
- You are breastfeeding or plan to breastfeed. Do not breastfeed during treatment with NINLARO and for 90 days after your final dose of NINLARO.

Tell your healthcare provider about all the medications (prescription and over-the-counter) and nutritional supplements you are taking or before starting any new medicines.

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

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