Understanding REVLIMID® (lenalidomide)

A publication of the International Myeloma Foundation
About the International Myeloma Foundation

Founded in 1990, the International Myeloma Foundation (IMF) is the oldest and largest myeloma-specific charity in the world. With more than 350,000 members in 140 countries, the IMF serves myeloma patients, family members, and the medical community. The IMF provides a wide range of programs in the areas of Research, Education, Support, and Advocacy:

RESEARCH The IMF is the leader in globally collaborative myeloma research. The IMF supports lab-based research and has awarded over 100 grants to top junior and senior researchers since 1995. In addition, the IMF brings together the world’s leading experts in the most successful and unique way through the International Myeloma Working Group (IMWG), which is publishing in prestigious medical journals, charting the course to a cure, mentoring the next generation of innovative investigators, and improving lives through better care.

EDUCATION The IMF’s educational Patient & Family Seminars, Medical Center Workshops, and Regional Community Workshops are held around the world. These meetings provide up-to-date information presented by leading myeloma specialists and researchers directly to myeloma patients and their families. Our library of more than 100 publications, for patients and caregivers as well as for healthcare professionals, is updated annually and available free of charge. Publications are available in more than 20 languages.

SUPPORT Our toll-free InfoLine at 800-452-CURE (2873) is staffed by coordinators who answer questions and provide support and information via phone and email to thousands of families each year. The IMF sustains a network of more than 150 support groups and offers training for the hundreds of dedicated patients, caregivers, and nurses who volunteer to lead these groups in their communities.

ADVOCACY The IMF Advocacy program trains and supports concerned individuals to advocate on health issues that affect the myeloma community. Working both at the state and federal level, the IMF leads two coalitions to advocate for parity in insurance coverage. Thousands of IMF-trained advocates make a positive impact each year on issues critical to the myeloma community.

Learn more about the way the IMF is helping to improve the quality of life of myeloma patients while working toward prevention and a cure. Contact us at 800-452-CURE (2873) or 818-487-7455, or visit myeloma.org.

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What you will learn from this booklet

The IMF’s Understanding series of booklets is designed to acquaint you with treatments and supportive care measures for multiple myeloma (which we refer to simply as “myeloma”). Words in bold type are explained in the “Terms and definitions” section at the end of this booklet, as well as in a more complete compendium of myeloma-related vocabulary, the IMF’s Glossary of Myeloma Terms and Definitions, located at glossary.myeloma.org.

You have been given this booklet to learn more about a drug used to treat myeloma called Revlimid® (generic drug name lenalidomide). Revlimid is the first oral medication that was developed for treatment of myeloma, and it is taken in capsule form. Because you do not need to be at the doctor’s office or in a clinic or hospital to receive Revlimid, the responsibility for taking this medication as directed by your doctor falls on you. It is crucial that you read and understand the information in this booklet and in any other materials that your healthcare team provides you.

The Understanding REVIMID® (lenalidomide) booklet discusses the use of Revlimid for treating myeloma patients in the newly diagnosed, relapsed and/or refractory, and maintenance therapy settings. It summarizes highlights of clinical trials with Revlimid and reviews potential side effects and how best to manage them.

Before you start taking Revlimid, we recommend that you read a related IMF publication, Understanding Adherence to Oral Cancer Therapy.

What is Revlimid and how does it work?

Revlimid is an immunomodulatory drug. Revlimid has multiple actions, including both anti-cancer and anti-inflammatory activities. Immunomodulatory drugs induce immune responses, enhance the activity of immune cells, and inhibit inflammation. They are able to alter the levels of various growth factors called cytokines and interleukins, and to affect cells of the immune system.

Immunomodulatory compounds enhance the activation of specialized white blood cells (WBC) of the immune system – both the T-cell lymphocytes and T-cells known as natural killer (NK) cells – which help kill cancer cells. Revlimid is also a vascular endothelial growth factor (VEGF) inhibitor. It belongs to a group of immunomodulatory drugs with the ability to inhibit formation of blood vessels, on which cancer cells depend for sustenance and growth.

What is the clinical trial experience with Revlimid?

Revlimid + dexamethasone was originally approved by the US Food and Drug Administration (FDA) in June 2006 for use in myeloma patients who have received at least one prior therapy.

Since then, clinical trials have demonstrated Revlimid’s efficacy throughout the disease course: not only as relapse therapy, but also as therapy for newly diagnosed myeloma and as maintenance therapy.

Therapy for newly diagnosed myeloma

In September 2014, the New England Journal of Medicine published the results of a study of 1,623 patients from 18 countries who participated in the FIRST (Frontline Investigation of Revlimid + dexamethasone versus Standard Thalidomide) clinical trial. Newly diagnosed patients were either ≥ 65, or < 65 years of age and ineligible for stem cell transplant, and were randomized into three treatment arms:

1. Revlimid plus low-dose dexamethasone (Rd) in 28-day cycles until disease progression (continuous Rd),
2. Revlimid plus low-dose dexamethasone (Rd) for 72 weeks (18 cycles), or
3. Melphalan, prednisone, and thalidomide (MPT) in 42-day cycles for 72 weeks (12 cycles).

The primary endpoint was a comparison of progression-free survival (PFS) for continuous Rd versus MPT. The results demonstrated the superiority of continuous Rd compared to MPT in newly diagnosed myeloma patients. These highly significant results prompted an expanded indication for the use of Revlimid in patients with newly diagnosed myeloma.

For newly diagnosed patients who plan to go on to autologous stem cell transplant (ASCT), longer-term use of Revlimid...
can affect the blood-making stem cells. The prescribing information for Revlimid indicates that, “For patients who are ASCT-eligible, hematopoietic stem cell mobilization (i.e. collection of blood-making stem cells for use in autologous stem cell transplant) should occur within 4 cycles of a Revlimid-containing therapy.”

**Maintenance therapy**

Two large clinical trials with more than 1,000 patients compared post-autologous transplant (ASCT) Revlimid maintenance therapy given until disease progression or unacceptable side effects versus no maintenance therapy. The first study, CALGB 100104, was conducted in the US and demonstrated a median PFS of 5.7 years for patients who received Revlimid maintenance therapy, versus 1.9 years among patients who had no Revlimid maintenance therapy. Median overall survival in this trial was 9.3 years for patients who received Revlimid, versus 7 years for no maintenance.

The second maintenance therapy clinical trial, IFM 2005-02, was conducted in Europe, and showed a median PFS of 3.9 years for patients who had Revlimid maintenance therapy, versus 2 years for patients who had no maintenance. Median overall survival was 8.8 years for those who received Revlimid, versus 7.3 years for those who did not.

In these trials, patients receiving Revlimid maintenance therapy had an increased risk of second primary malignancies (SPM, second cancers), which arise among patients who have been exposed to both melphalan (which is used in ASCT) and Revlimid. Second hematologic (blood-related) cancers occurred in 7.5% of patients in the trials who received Revlimid maintenance compared to 3.3% of patients who received no maintenance. The incidence of hematologic plus solid tumor SPM was 14.9% compared to 8.8% over a follow-up period of almost ten years. Given the obvious advantages but potential risks of post-transplant maintenance therapy with Revlimid, each patient must discuss the pros and cons of this course of treatment with his or her oncologist. Doctors must evaluate individual risk factors and the response to transplant before making a recommendation, and must monitor patients carefully when they are receiving Revlimid maintenance therapy.

Another significant finding supporting Revlimid’s role as post-ASCT maintenance therapy was presented at the 2016 ASH meeting. Representing a group of investigators from centers across the US, Dr. Edward Stadtmauer (University of Pennsylvania) presented the data from the StaMINA trial, in which 758 transplant-eligible patients who were within 12 months of having started induction therapy and had no disease progression were randomized to one of three study arms: (1) single auto transplant followed by 4 cycles of Revlimid + Velcade + dexamethasone (RVD) consolidation and Revlimid maintenance until disease progression; (2) tandem ASCT followed by Revlimid maintenance until disease progression; or (3) single ASCT followed by Revlimid maintenance until disease progression. The surprising preliminary results of the largest randomized US transplant trial in myeloma demonstrated comparable progression-free survival and overall survival in all three arms after 38 months of follow-up. The addition of RVD consolidation or a second ASCT was not superior to a single ASCT followed by Revlimid maintenance in the frontline treatment of myeloma.

Currently there are many clinical trials with Revlimid that are actively accruing patients. These include studies of maintenance therapy with Revlimid after various combination therapies, and studies of Revlimid in combination with dexamethasone plus a variety of new agents in different drug classes.

**What are the approved indications for treatment with Revlimid?**

As noted earlier in this booklet, Revlimid + dexamethasone was originally approved by the FDA in June 2006 for use in myeloma patients who have received at least one prior therapy.

In February 2015, based on the results of the FIRST trial, the FDA updated the indication for use of Revlimid: “Revlimid in combination with dexamethasone is indicated for the treatment of patients with multiple myeloma.” This broad approval of Revlimid reflects its use throughout the disease course, from diagnosis through relapse. The FIRST trial results also prompted the following addition to the US prescribing information: “In patients who are not eligible for autologous stem cell transplantation (ASCT), treatment should continue until disease progression or unacceptable toxicity.”

In Europe, the indication for the use of Revlimid in myeloma patients was also expanded in response to the results of the FIRST trial, but its use is more limited than in the US. This is because the European indication is based strictly on the patient population in the FIRST clinical trial, which consisted only of newly diagnosed patients who were ineligible for ASCT. The European Medicines Agency (EMA) approval therefore reads:

- For the treatment of adult patients with previously untreated (newly diagnosed) myeloma who are not eligible for transplant.
- In combination with dexamethasone for the treatment of myeloma in adult patients who have received at least one prior therapy.

On January 24, 2017 Health Canada expanded the indication for Revlimid, stating, like the European Medicines Agency (EMA), that Revlimid in combination with dexamethasone is indicated for the treatment of newly diagnosed myeloma patients who are not eligible for stem cell transplant. Like the EMA, Health Canada had previously approved Revlimid in combination with dexamethasone for the treatment of myeloma patients who have received one prior therapy.
In November 2015, two new drugs were approved by the FDA for the treatment of myeloma in combination with Revlimid + dexamethasone:

- Ninlaro® (ixazomib), an oral proteasome inhibitor. Patients must have had at least one prior therapy to receive treatment with Ninlaro + Revlimid + dexamethasone. For further information, please see the IMF publication Understanding NINLARO® (ixazomib) capsules.

- Empliciti® (elotuzumab), a monoclonal antibody. Patients must have had from one to three prior therapies to receive treatment with Empliciti + Revlimid + dexamethasone. For further information, please see the IMF publication Understanding EMPLICITI® (elotuzumab).

In November 2016, based on the outstanding results of the POLLUX study of Darzalex® (daratumumab) + Revlimid + dexamethasone (versus Revlimid + dexamethasone alone), the FDA approved an additional indication for Darzalex. While its first approval in November 2015 was as monotherapy for patients with myeloma who have received at least three prior lines of therapy including a proteasome inhibitor and an immunomodulatory drug, its expanded approval includes the combination of Darzalex + Revlimid + dexamethasone for patients with myeloma who have received at least one prior therapy.

On February 22, 2017, the FDA expanded the indication for Revlimid as a maintenance treatment for patients with multiple myeloma following autologous stem cell transplant. Revlimid is the first and only treatment approved for this indication in the US or elsewhere. In January 2017, the European Committee for Medicinal Products for Human Use (CHMP) issued a positive opinion on the extension of Revlimid’s indication to include maintenance therapy for adult patients who underwent autologous stem cell transplant, but the European Commission has not yet made the final decision on this extension.

Use of Revlimid with low-dose dexamethasone versus high-dose dexamethasone

Most oncologists prescribe dexamethasone in a once-weekly cycle, often at a dose lower than 40 mg. Based upon Eastern Cooperative Oncology Group (ECOG) clinical trial E4A03, which compared Revlimid plus standard high-dose dexamethasone (40 mg on days 1–4, 9–12, and 17–20 of a 28-day cycle) versus Revlimid plus low-dose dexamethasone (40 mg once weekly), the once-weekly dosing schedule is now the preferred approach. The ECOG clinical trial evaluated the Revlimid plus dexamethasone (high- and low-dose) combinations in the frontline setting. The once-per-week “low-dose” schedule proved to be more effective (better survival at 1 year) and had significantly fewer side effects. Your doctor should work with you to find a dosing schedule that is well tolerated and appropriate to treat your myeloma.

Possible side effects of Revlimid

While most of the side effects associated with Revlimid are manageable and predictable, there are certain potential side effects of Revlimid that are serious enough to require an FDA-mandated “Boxed Warning” on the package insert. A Boxed Warning is the strictest warning put in the labeling of prescription drugs when there is reasonable evidence of an association with a serious hazard from the drug. In the 2017 prescribing information for Revlimid, the Boxed Warnings include the risk of embryo-fetal toxicity (birth defects or death of a developing fetus), and the risks of neutropenia and thrombocytopenia (low white blood cell and platelet levels). For patients taking the combination of Revlimid + dexamethasone, the Boxed Warnings include an increased risk of arterial and venous thromboembolism (VTE, blood clots and pulmonary embolism, a blood clot that travels to the lung), myocardial infarction (heart attack), and stroke.

Embryo-fetal toxicity

Animal studies have shown that Revlimid can cause severe birth defects. To prevent severe birth defects from occurring as a result of pregnancy during treatment with Revlimid, the FDA required that a risk management program be established. The goals of the Revlimid Risk Evaluation and Mitigation Strategy (known as REVLIMID REMS®) are as follows:

1. To prevent the risk of embryo-fetal exposure to Revlimid.
2. To inform prescribers, patients, and pharmacists on the serious risks and safe-use conditions for Revlimid.

With REVLIMID REMS, only registered pharmacists and clinicians can prescribe and dispense Revlimid. The plan requires patients, including female patients of child-bearing potential, to undergo mandatory pregnancy testing, and to give informed consent before taking Revlimid. Female patients of child-bearing potential and all male patients are required to complete a monthly phone survey. Clinicians must check pregnancy tests, limit prescriptions to a 28-day mail supply, and report any pregnancies to the FDA.

The most frequently occurring side effects of Revlimid, in descending order of frequency, are constipation, neutropenia, diarrhea, thrombocytopenia, rash, fatigue, and deep vein thrombosis (DVT, or blood clot). Your doctor or nurse can provide more information in greater detail about these and other possible side effects. Remember, speak with your doctor or nurse if you notice any changes in your health.

Constipation

Prevention is the key to managing constipation, which is defined as having fewer than three bowel movements a week. Chronic constipation is defined as infrequent bowel movements or difficult passage of stools that persists for several weeks or longer.

Prevention and treatment of constipation

These strategies may help alleviate constipation:

- Drink at least eight 8-ounce glasses of fluid daily.
- Add plenty of dietary fiber every morning, such as prune juice, apple juice, or bran.
- Get some exercise daily, even if it’s just walking. Moving your body increases peristalsis, the rhythmic contractions that move food through the digestive system.
- Report the problem to a member of your healthcare team, who may recommend a stool softener or laxative.
Counts. In addition, a doctor or other healthcare professional.

Evaluation of a skin rash requires a visit to a doctor if you experience any rash. Proper management may include platelet transfusions at the discretion of your physician.

Rash is a serious concern. It is potentially dangerous, as a rash may be mild initially and then escalate in severity. Drug rashes vary in severity from mild redness with tiny bumps over a small area to peeling of the entire skin. Rashes may appear suddenly within minutes after a person takes a drug, or they may be delayed for hours or days. However, there may be an up-side to developing a rash with Revlimid: a study of all patients with myeloma who received lenalidomide at 9 hospitals in Japan from July 2009 to December 2015 was presented at the December 2016 meeting of the American Society of Hematology (ASH). The study demonstrated that relapse and overall survival (OS) were significantly longer in patients who experienced a skin rash during Revlimid therapy as compared to those without skin rash.

Prevention and treatment of rash
You are strongly urged to notify your doctor if you experience any rash. Proper evaluation of a skin rash requires a visit to a doctor or other healthcare professional. If detected and managed appropriately, a rash is reversible.

Fatigue
Fatigue is commonly associated with Revlimid therapy. Although fatigue is generally not severe, caution is advised if you are operating machinery, including automobiles. For more information, please read a separate IMF booklet, Understanding Fatigue.

Prevention and treatment of fatigue
Management of fatigue may include supportive care as determined by your physician. The effects of fatigue may be minimized by maintaining:
- A moderate level of activity
- A healthy diet and proper fluid intake
- A consistent sleeping schedule with enough rest
- Regularly scheduled visits with your doctor or healthcare provider to discuss fatigue issues.

Deep-vein thrombosis (DVT)
DVT is a serious condition and is potentially life threatening. DVT is a blood clot (thrombus) in a deep vein of the lower extremities, usually occurring in the leg or thigh, and very occasionally in the neck or upper arm. A blood clot from a DVT can break loose (embolize) and travel to the heart or lungs. An embolus is very dangerous. If you start taking Revlimid and experience difficulty breathing or warmth, swelling, redness, and/or pain in an extremity, notify your doctor immediately.

Prevention and treatment of DVT
You are strongly advised to contact your physician if you experience swelling and/or redness and/or pain in a leg or thigh. Your doctor will diagnose your condition to determine whether or not it is a DVT. Treatment of a DVT may depend upon both its location and underlying cause. Your doctor may prescribe a blood thinner to keep the clot from getting larger.

Other side effects to be aware of when Revlimid is combined with dexamethasone
The major studies that were the basis of Revlimid’s approval in the relapse setting used a combination of Revlimid + dexamethasone. It is important to be aware that additional toxicities can occur with this combination versus Revlimid alone.

Side effects that may occur with Revlimid + dexamethasone include muscle weakness, anxiety, agitation, cardiac arrhythmias, nausea, increased blood sugar, elevated liver enzymes, and constipation and/or diarrhea. Full details with regard to dexamethasone are discussed in a separate IMF booklet, Understanding Dexamethasone and Other Steroids. Remember to discuss any changes in your health with a doctor or nurse on your healthcare team.

Dose adjustments with Revlimid
The standard dose for Revlimid is one 25 mg capsule each day for 21 days of a 28-day cycle. After 3 to 6 months of use, your physician may consider reducing the dose because of lowered white and/or red blood cell (RBC) counts. In addition, there may be cumulative side effects such as fatigue or even slight neuropathy. Your physician may decide that dose reduction is appropriate, lowering first to 20 mg, then to 15 mg, then to 10 mg, and even to 7.5 mg, 5 mg, or 2.5 mg if necessary.

Will a dose reduction in Revlimid change the effectiveness of treatment?
Ongoing results from clinical trials show that with dose reductions, treatment benefit is retained. Long remissions were reported in two clinical trials where Revlimid + dexamethasone was compared to dexamethasone alone in patients who had relapsed after 1–3 prior lines of therapy. Patients were able to continue treatment beyond 10 months with dose reductions, and they achieved extended benefit.

It is important to communicate openly with your doctor or healthcare professional, follow your prescribed dose and schedule of medication, and keep regular appointments to maintain your Revlimid treatment schedule. Your doctor may choose to modify your dose of Revlimid as part of an overall plan to manage a particular side effect that you experience. Based on phase III clinical studies, the approved dose is 25 mg per day. If you experience a severe side effect, your doctor may modify your dose in either amount or schedule to reduce the severity of the side effect while maintaining treatment.

How is Revlimid given?
Revlimid is given as capsules that are swallowed with water. The most common dosing used in myeloma is 25 mg given orally daily on days 1–21 and repeated every 28 days (days 22–28 are rest days). Doses are then modified based on side effects.
The initial treatment

Pertaining to a protec
doing bone tissue, causing pain or swelling, but may occur without any symptoms. Deep vein thrombosis can cause leg pain or swelling, but may occur without any symptoms.

**Generic drug name:** A generic drug name refers to the chemical makeup of a drug rather than to its brand name. A generic name is given to a drug before it is approved and given a brand name. After a drug goes off patent, other manufacturers may make generic versions of the drug. For example: ibuprofen is the generic name for drugs brand-named Advil® and Motrin®.

**Growth factors:** Drugs that stimulate blood stem cells both to grow and to be released into the bloodstream.

**Immune system:** The complex group of organs and cells that produces antibodies, cellular responses to defend the body against foreign substances such as bacteria, viruses, toxins, and cancers.

**Immunomodulatory drug:** An agent that affects, enhances, or suppresses the immune system. Sometimes called an IMiD® compound.

**Induction therapy:** The initial treatment used in an effort to achieve remission in a newly diagnosed myeloma patient. Sometimes called “frontline” therapy.

**Inflammatory:** Pertaining to a protective response of the body against injury or disease.

**Interleukin:** A naturally produced chemical released by the body, or a substance used in biological therapy. Interleukins stimulate the growth and activities of certain kinds of white blood cells. Interleukin-2 (IL-2) is a type of biological response modifier that stimulates the growth of certain blood cells in the immune system that can fight some types of cancer. Interleukin-6 (IL-6) is a cytokine that is a potent stimulus to osteoclast and plasma cell activities.

**Lymphocytes:** B-cells, T-cells, and natural killer (NK) cells, which together constitute 30% of white blood cells. B-lymphocytes and T-lymphocytes are responsible for the adaptive immune response, which enables immune system cells to attach to specific antigens on the cell surfaces of infectious organisms, tumors, and other foreign substances.

**Maintenance therapy:** Drugs given to patients in remission to delay or prevent a relapse.

**Monoclonal antibody:** An artificially manufactured antibody (that is, made in a lab rather than in the human body) that is specifically designed to find and bind to cancer cells and/or immune system cells for diagnostic or treatment purposes. Monoclonal antibodies can be used alone, or they can be used to deliver drugs, toxins, or radioactive material directly to tumor cells.

**Multiple myeloma:** A cancer arising from the plasma cells in the bone marrow. The cancerous plasma cells are called myeloma cells.

**Natural killer (NK) cell:** A lymphocyte (type of white blood cell) that is a component of the innate immune system. NK cells are responsible for tumor surveillance and are able to induce strong responses against tumors through the release of cytokines.

**Neutropenia:** A reduced level of neutrophils.

**Platelets:** One of the three major blood elements, others being the red blood cells and white blood cells. Platelets plug up breaks in the blood vessel walls and release substances that stimulate blood clot formation. Platelets are the major defense against bleeding. Also called thrombocytes.

**Progression-free survival (PFS):** The improved survival of a patient that can be directly attributed to the treatment given for the myeloma. The time period during which the patient survives, and the myeloma does not regrow or relapse. See “Progressive disease.”

**Progressive disease:** Myeloma that is becoming worse or relapsing, as documented by tests. Defined as an increase of ≥ 25% from lowest confirmed response value in the myeloma protein level and/or new evidence of disease.

**Proteasome inhibitor:** Any drug that interferes with the normal function of the proteasome, an enzyme complex responsible for breaking down and recycling unwanted proteins in both normal cells and cancer cells.

**In closing**

While a diagnosis of cancer is something you cannot control, gaining knowledge that will improve your interaction with your doctors and nurses is something you can control, and it will have a significant impact on how well you do throughout the disease course.

This booklet is not meant to replace the advice of your doctors and nurses who are best able to answer questions about your specific healthcare management plan. The IMF intends only to provide you with information that will guide you in discussions with your healthcare team. To help ensure effective treatment with good quality of life, you must play an active role in your own medical care.

We encourage you to visit myeloma.org for up-to-date information about myeloma, and to contact the IMF InfoLine with your myeloma-related questions and concerns. The IMF InfoLine consistently provides callers with the best information about myeloma in a caring and compassionate manner. IMF InfoLine specialists can be reached at InfoLine@myeloma.org, or 800-452-CURE (2873) or 818-487-7455.

**Terms and definitions**

**Cancer:** A term for diseases in which malignant cells divide without control. Cancer cells can invade nearby tissues and spread through the bloodstream and lymphatic system to other parts of the body.

**Cell:** The basic unit of any living organism. Millions of microscopic cells comprise each organ and tissue in the body.

**Cytokines:** Proteins secreted by cells which can stimulate or inhibit growth/ activity in other cells. Cytokines are produced locally (i.e., in the bone marrow) and circulate in the bloodstream. They are normally released in response to infection.

**Deep vein thrombosis (DVT):** A condition that occurs when a blood clot (thrombus) forms in one or more of the deep veins in the body, usually in the legs. Deep vein thrombosis can cause leg pain or swelling, but may occur without any symptoms.

**Generic drug name:** A generic drug name refers to the chemical makeup of a drug rather than to its brand name. A generic name is given to a drug before it is approved and given a brand name. After a drug goes off patent, other manufacturers may make generic versions of the drug. For example: ibuprofen is the generic name for drugs brand-named Advil® and Motrin®.

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**Proteasome inhibitor:** Any drug that interferes with the normal function of the proteasome, an enzyme complex responsible for breaking down and recycling unwanted proteins in both normal cells and cancer cells.
One of the most daunting aspects of being diagnosed with multiple myeloma is learning about – and understanding – an unfamiliar disease that is quite complicated. From diagnosis to long-term survival, the 10 Steps to Better Care® will guide you through the myeloma journey:

1. Know what you’re dealing with. Get the correct diagnosis.
2. Tests you really need.
3. Initial treatment options.
4. Supportive care and how to get it.
5. Transplant: Do you need one?
6. Response Assessment: Is treatment working?
7. Consolidation and/or maintenance.
9. Relapse: Do you need a change in treatment?

Visit 10steps.myeloma.org to gain a better understanding of the disease and diagnosis, and proceed through the steps to learn the best tests, treatments, supportive care, and clinical trials currently available.

As always, the International Myeloma Foundation (IMF) urges you to discuss all medical issues thoroughly with your doctor. The IMF is here to equip you with the tools to understand and better manage your myeloma. Visit the IMF website at myeloma.org or call the IMF InfoLine at 800-452-CURE (2873) or 818-487-7455 to speak with our trained information specialists about your questions or concerns. The IMF is here to help.