

Impact of ocular toxicities associated with belantamab mafodotin in patients with RRMM

N = 494
DREAMM-7

N = 302
DREAMM-8

STUDY DESIGNS

DREAMM-7^{1,2} (NCT04246047)

Adults with RRMM with ≥ 1 prior LoT

BVd

Cycles
1–8

DVd

Belantamab
mafodotin
monotherapy

Cycles
9+

Daratumumab
monotherapy

DREAMM-8³ (NCT04484623)

Adults with RRMM with ≥ 1 prior LoT,
including lenalidomide

BPd

PVd

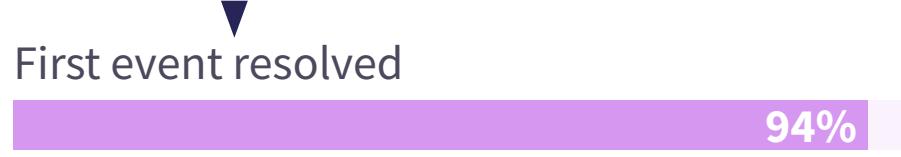
OCULAR EVENTS WITH BELANTAMAB MAFODOTIN⁴

BVd

BPd

Ocular events were common in pts treated with belantamab mafodotin in DREAMM-7 and DREAMM-8, and were managed with protocol-recommended dose modifications.

Grade ≥ 2 BCVA change



Median time to onset of first event
11 weeks | **16 weeks**

Median time to resolution
9 weeks | **8 weeks**

First event resolved

94%

84%

Grade ≥ 2 ophthalmic examination findings

Overall incidence



Cumulative incidence after 2 doses



Median time to onset of first event
6 weeks | **5 weeks**

First event resolved

Median time to resolution
12 weeks | **16 weeks**

81%

86%

IMPACT OF DOSE MODIFICATIONS ON SAFETY AND EFFICACY⁴

Discontinuation rates

9%

9%

In pts with normal baseline visual acuity, discontinuation due to ocular events remained low at all timepoints.

Responders to dose delay

97%

99%

In pts who required extended dose delays (>2 cycles), responses were achieved, maintained, or deepened during/following the first delay.

Estimated 12-month PFS

91%

90%

Pts who experienced ≥ 1 extended estimated dose delay (≥ 12 weeks) had robust PFS.

DREAMM-7: PATIENT-REPORTED OUTCOMES WITH BVd VS DVd^{1,2}

HRQoL was generally maintained or improved over time in pts treated with BVd and consistent between treatment arms.

BVd

DVd

% of pts reporting stable or improved scores at each timepoint

Global health status/quality of life

56–75%

51–65%

Role functioning

53–68%

50–69%

Physical functioning (EORTC QLQ-C30)

66–77%

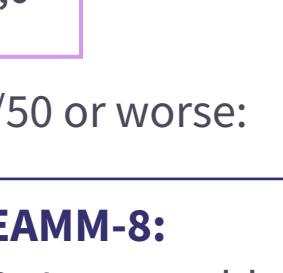
58–76%

Disease symptoms (EORTC QLQ-MY20)

72–83%

66–74%

At each timepoint most pts reported being “not at all”, “a little”, or “somewhat bothered” by treatment side-effects (FACT-GP5).



EORTC QLQ-C30 global health status in pts in the BVd arm with a clinically meaningful deterioration in vision-related function was comparable to that of all pts in the DVd arm over time.

IMPACT OF OCULAR EVENTS ON HRQoL^{5,6}

In pts who experienced a bilateral change of BCVA to 20/50 or worse:

DREAMM-7:

HRQoL was maintained throughout treatment with BVd and comparable to pts treated with DVd.

DREAMM-8:

HRQoL was stable over time in pts treated with BPd and comparable to pts treated with PVd.

In the DREAMM-7 and DREAMM-8 trials, belantamab mafodotin had a favorable benefit-risk profile in pts with MM. Ocular events were common but did not have a meaningful impact on HRQoL, and were managed by dose modifications, allowing continuation of treatment and clinical benefits.⁴

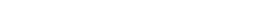
BCVA, best corrected visual acuity; BPd, belantamab mafodotin + pomalidomide + dexamethasone; BVd, belantamab mafodotin + bortezomib + dexamethasone; DVd, daratumumab + bortezomib + dexamethasone; EORTC QLQ-C30 / -MY20, European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire – Core 30 / Multiple Myeloma; FACT-GP5, Functional Assessment of Cancer Therapy – General Population, Item 5; HRQoL, health-related quality of life; PFS, progression-free survival; PRO, patient-reported outcome; pts, patients; PVd, pomalidomide + bortezomib + dexamethasone; RRMM, relapsed/refractory multiple myeloma.

1. Hungria V, et al. *Lancet Haematol*. 2025;12(8):e599–e610; 2. Hungria V, et al. Poster #P045. EHA 2024 Hybrid Congress; Jun 13–16, 2024; Madrid, ES; 3. Dimopoulos M, et al. Poster MM-1045. SOHO 2025 Annual Meeting; Sep 3–6, 2025; Houston, US; 4. Mateos MV, et al. *Blood Adv*. 2025;9(22):5708–5719; 5. Lonial S, et al. Poster 4029. 67th ASH Annual Meeting; Dec 6–9, 2025; Orlando, US; 6. Richardson P, et al. Poster 2284. 67th ASH Annual Meeting; Dec 6–9, 2025; Orlando, US.



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