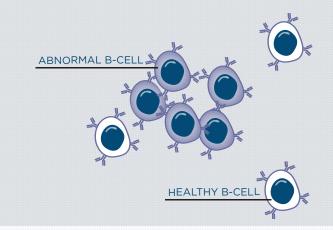
# Waldenström's macroglobulinemia



**Waldenström's macroglobulinemia** (WM) is a rare, incurable blood cancer, primarily found in the bone marrow.<sup>1</sup>

- WM is classified as a form of non-Hodgkin's lymphoma, representing about
- 1% of all cases.<sup>2</sup>
- Common symptoms associated with WM are weakness, loss of appetite, fever, sweats, weight loss, and neuropathy. Less common symptoms are enlarged lymph nodes, swollen abdomen, abnormal bleeding or heart problems.<sup>3</sup>
- WM is a slowly-progressing disease, with an overall relative five-year survival rate of about
- **78%**.2,4

 WM begins in B-cells, a type of white blood cell involved in immune system response.
 As the disease progresses, WM can lead to an accumulation of proteins that interrupt normal blood cell development in the bone marrow, which may result in symptoms.<sup>1</sup>

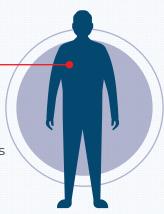


### WHO DOES WM AFFECT?

■ The incidence of WM is about three cases per million in the U.S.<sup>5</sup>



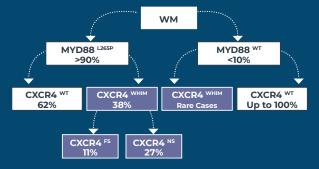
■ WM is more common in men than in women, and most often occurs in older adults – the average age at diagnosis is 70 years old.<sup>5</sup>





# MUTATIONS IN WM6,7

- Though the exact causes of WM are still unknown, research suggests that gene mutations may trigger changes in B-cells, which cause abnormal cells to multiply.
  - **MYD88 mutations:** Up to **90%** of WM patients have an abnormal version of the MYD88 gene.
  - **CXCR4 mutations:** Approximately four out of 10 (40%) patients with WM have changes to the CXCR4 gene. Usually, CXCR4 mutations are found in patients with MYD88 mutations, though they can also be present in patients with MYD88 genes functioning normally (wild-type).



### **HOW IS WM DIAGNOSED AND TREATED?**

- ▶ WM is often diagnosed when a patient sees their doctor about symptoms they are experiencing. Other times, it can present during routine blood tests. Several types of biopsies can also diagnose WM.8
- ▶ While there is no cure for WM, there are several treatment options available, which may vary for each patient based on stage of disease, age and overall health. Treatments include:
  - Chemotherapy
- Stem cell transplants
- Plasmapheresis<sup>9</sup>
- Immunotherapies<sup>10</sup>
  - ► Monoclonal antibodies, such as rituximab, attach to cancer cells and trigger cell death
- Targeted therapies<sup>11</sup>
  - Proteasome inhibitors, such as bortezomib, block proteins responsible for cell growth and survival
  - BTK inhibitors block proteins that tell abnormal cells to grow

# IMPACT OF MUTATIONS ON DISEASE PROGRESSION

- MYD88 and CXCR4 mutations can have an impact on disease progression and the efficacy of some targeted therapies.<sup>6,7</sup>
  - In clinical trials, patients with MYD88 mutations and CXCR4 wild-type gene expression had better outcomes and deeper responses with certain treatments.7
  - Patients with wild-type MYD88 tend to experience worse outcomes and lower overall survival, and may have a delayed response to treatment.7
  - CXCR4 mutations can be associated with a more aggressive disease and show resistance or delayed response to treatment.6,7



## WM can be a devastating disease for patients and their families. Early diagnosis and awareness is key to improved outcomes.

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