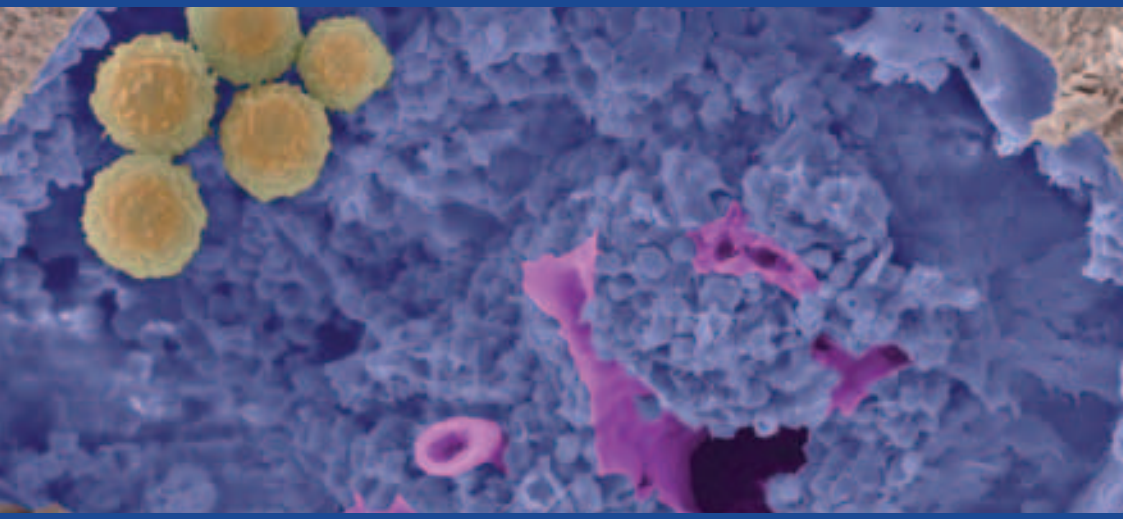
Patient Guide for

Stem Cell Mobilisation

Plerixafor (Mozobil®)

English



MYELOMA EURONET

Published by Myeloma Euronet AISBL
Myeloma Euronet, the European Network of Myeloma Patient Groups, is an international non-profit association (Association Internationale sans but lucratif, AISBL) registered in Belgium.
rue de Dampremy, 67/32
B-6000 Charleroi
Belgium
Registration number: 883-729-287

Contact Information
Myeloma Euronet
c/o Anita Waldmann (President)
Falltorweg 6
65428 Ruesselsheim
Germany
info@myeloma-euronet.org

Myeloma Euronet gratefully acknowledges the following transplant experts, patients and caregivers for their critical review and contributions to this guide:

Erik Aerts, Switzerland
Nicolaus Kröger, Germany
Frank Kroschinsky, Germany
Elfi Jirsa, Austria
Friedrich Richter, Austria
Anita Waldmann, Germany
Nina Worel, Austria
MediTech Media, Ltd

The printing of this brochure was made possible through an unrestricted grant from Genzyme Corporation without influence on the contents.

Patient Guide for Stem Cell Mobilisation

Plerixafor (Mozobil®)

Contents

Introduction

This brochure is written to provide patients, their families and friends information on haematopoietic stem cell transplantation, and the use of Plerixafor in stem cell mobilisation. You should always consult your doctor or healthcare professional with any questions or concerns you may have regarding your treatment.

Plerixafor (also known as Mozobil®) is approved for use in the European Union in combination with another agent (granulocyte colony-stimulating factor [G-CSF]) to enhance mobilisation of haematopoietic stem cells to the bloodstream for collection and later use in autologous stem cell transplant in patients with lymphoma or multiple myeloma who are not able to collect sufficient numbers of haematopoietic stem cells with G-CSF or chemotherapy and G-CSF alone (so called "poor mobilizer").

Haematopoietic stem cell transplantation, referred to as stem cell transplant (SCT) in this booklet, is an intensive treatment. This brochure describes what a SCT is and provides an explanation of each step of the transplant process. In addition, this brochure discusses what Plerixafor is, how it works, and what benefits and potential side effects are associated with its use.

We hope it will help address many of your questions and provide useful information regarding this process.

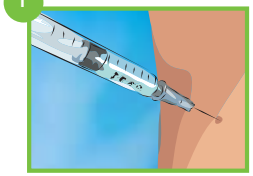
Be informed!
This brochure is not intended to replace the information provided by your doctor, healthcare provider or transplant team. You should feel free to consult any member of this team during your treatment.

The Autologous Stem Cell Transplant Process

An autologous stem cell transplant is an intensive treatment involving many different doctors and healthcare providers. Outlined below are the 8 primary steps of an autologous transplant. The steps in your transplant may be individualized by your center.

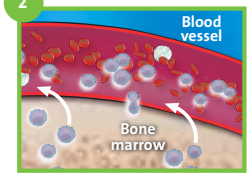
During the transplant process, it is important to maintain your nutrition, physical activity and overall health. Members of your transplant team will assist you in determining your appropriate diet and level of activity.

1 Injections



Injections of mobilisation agents

2 Mobilisation



Stem cells are stimulated to move into the bloodstream from the bone marrow space

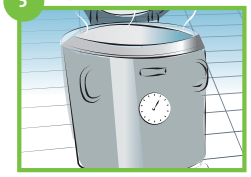
3 Collection

Collection of mobilised stem cells from the blood using the apheresis machine

4 Preparation for Storage

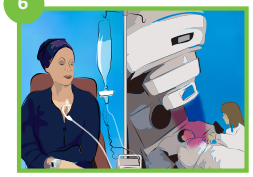
Stem cells collected are stored in infusion bags

5 Cryopreservation



Freezing of stem cells for use after completion of preparative regimen

6 Chemotherapy and/or Radiation

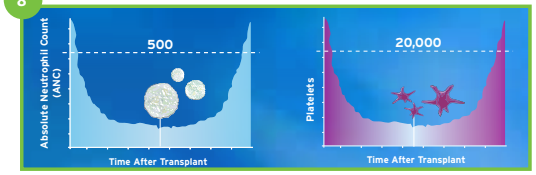


Administration of preparative regimen intended to kill any remaining cancer cells and make a space for new cells to live

7 Stem Cell Transplant

Previously collected stem cells are thawed and infused back into the bloodstream

8 Engraftment and Recovery



One aim of autologous stem cell transplant is for infused stem cells to mature into functional blood components such as neutrophils and platelets. The first signs of engraftment and recovery include increasing absolute neutrophil and platelet counts

Haematopoietic Stem Cell Transplantation

What is a haematopoietic stem cell transplant?

A haematopoietic stem cell transplant (or stem cell transplant; SCT) is a multistep medical procedure that is designed to treat a variety of cancers. There are 3 main types of SCT that differ based on who the stem cells are collected from:

- Autologous (patient's own stem cells)
- Allogeneic (person other than the patient)
- Syngeneic (patient's identical twin)

Autologous stem cell transplant is the infusion of your own collected stem cells into your bloodstream. The stem cells travel through your bloodstream to the bone marrow where they divide and mature to make the components of the blood. When you receive stem cells from the bone marrow, it is called bone marrow transplant. If you receive stem cells from the peripheral blood (bloodstream) it is called peripheral blood stem cell transplant. Your healthcare team may use these terms interchangeably.

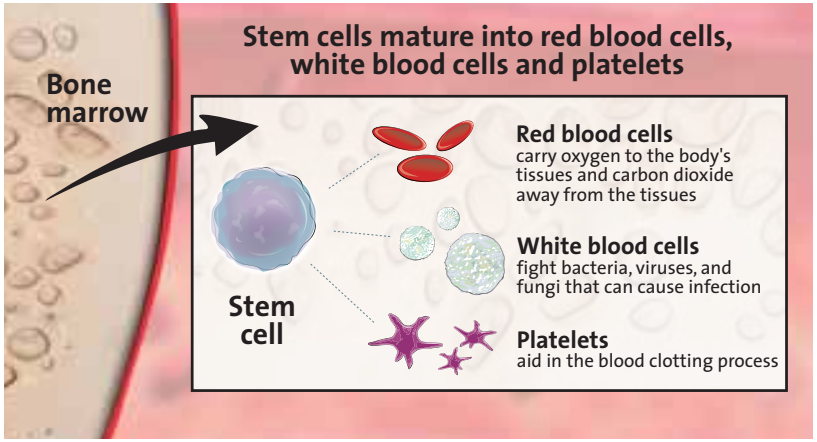
Why receive a stem cell transplant?

The basic idea behind a stem cell transplant is to allow your doctor to give you a high dose of chemotherapy and/or radiation in the attempt to kill as many cancer cells in your body. Since high dose chemotherapy will also kill healthy haematopoietic cells, without stem cell support this treatment will cause very long lasting aplasia, which results in a high risk of severe infectious and bleeding complications. The stem cell transplant allows to build up new blood cells usually within 2 weeks.

Autologous transplant is an established part of the treatment of several blood cancers such as multiple myeloma and malignant lymphoma. Autologous stem cell transplant is typically used after disease-specific treatments in order to kill residual tumorcells to prolong survival or achieve cure. This brochure will focus on autologous transplant.

What are haematopoietic stem cells?

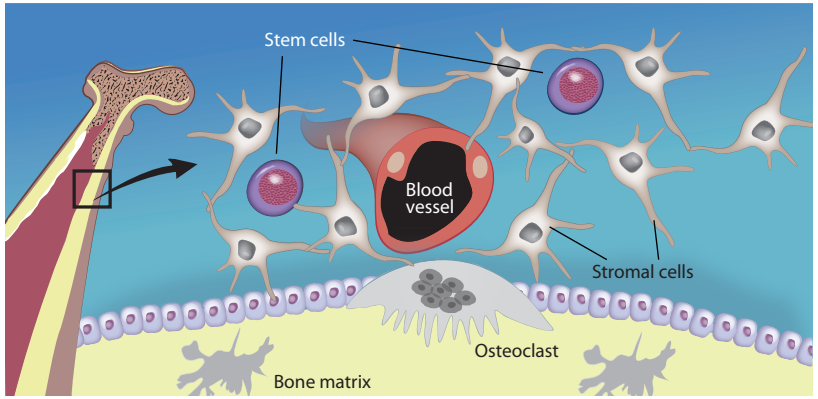
Haematopoietic stem cells (referred to as stem cells in this brochure) are parental cells that divide to produce the different cells that make up the blood including red blood cells, white blood cells and platelets in a process called haematopoiesis.



Haematopoietic stem cells, like many other cell types in the body, have characteristics that distinguish them from other cell types. Specifically, stem cells have a marker protein called CD34. Cells that have this marker are typically called "CD34 positive" or "CD34+" cells. Your doctor may use the terms "CD34" and "stem cell" interchangeably.

Where are haematopoietic stem cells found?

Haematopoietic stem cells are located in the bone marrow, a spongy material found in the centre of most bones. In adults, the bones of the hips, spine and ribs contain the greatest amount of marrow. Under normal circumstances, stem cells remain anchored in the bone marrow by interacting with different cells, including stromal cells, and very few are typically found in the bloodstream.



Collection of Stem Cells for Transplant

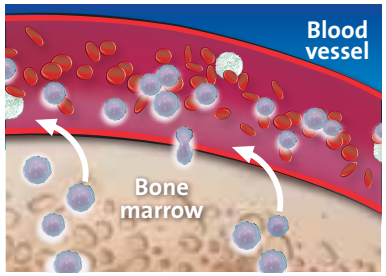
In order to undergo high dose chemotherapy, you must first collect a predetermined minimum amount of haematopoietic stem cells. These stem cells are collected before you receive high doses of chemotherapy and/or radiation. The cells are then preserved, frozen, and stored until the time of transplant.

In the past, bone marrow harvest (the removal of bone marrow from a patient's hip bones) was the only available method for collecting stem cells. However, advances in medical technology now allow patients to collect stem cells from the peripheral blood in a less invasive process. Today, almost all autologous transplants use peripheral stem cell grafts.

Mobilisation and Peripheral Blood Stem Cell Collection

Since stem cells are normally found in the bloodstream at very low levels, it is necessary to stimulate them to leave the bone marrow and enter the bloodstream where they can be collected for use in your transplant. This process is called mobilisation. There are 3 main methods used for stem cell mobilisation:

- Haematopoietic growth factors, mainly granulocyte colony-stimulating factor (G-CSF)
- Growth factors in combination with chemotherapy (chemomobilisation)
- G-CSF in combination with Plerixafor



Stem cell mobilisation with growth factors

Growth factors are proteins that control the growth, division and maturation of cells, including blood cells. Granulocyte colony-stimulating factor is the primary growth factor used in mobilisation. Treatment with growth factors increases the number of circulating stem cells in your body. The most common side effects are bone pain, headache, and flu-like symptoms.

Stem cell mobilisation with chemotherapy followed by growth factors

It has been known for more than 30 years that the number of stem cells increases in the blood during the recovery period after chemotherapy. Although the reason for this is unknown, doctors utilise this phenomenon and combine chemotherapy and growth factors to mobilise stem cells for collection. The mobilisation regimen used by your doctor will be specifically customised to your specific disease and other factors.

Stem cell mobilisation with growth factors in combination with Plerixafor

Plerixafor is a new drug that has been approved for use in the European Union in combination with G-CSF to enhance mobilisation of stem cells to the bloodstream for collection and later use in autologous transplant in patients with lymphoma or multiple myeloma who mobilise stem cells only poorly. Plerixafor disrupts the interactions that normally link haematopoietic stem cells to bone marrow, releasing them from the bone marrow into the bloodstream and may so enhance the amount of circulating stem cells for collection.

Peripheral Blood Stem Cell Collection

Once your stem cells are mobilised from the bone marrow into the peripheral blood, you will undergo peripheral blood stem cell collection. You will be connected to a cell separator (apheresis machine) via peripheral (cubital) veins if possible or a central venous catheter (also known as a central venous line).

There are 3 primary steps in this process:

1. Blood leaves your body through the inlet line and enters the machine
2. The machine separates the blood in its components by spinning it at high speeds, and collects the stem cells
3. Remaining blood components are returned to your body through the return line

Only a small amount of blood is inside the machine at any time and this procedure does not result in anaemia. A blood thinner called citrate is slowly added to your blood during apheresis to prevent blood clotting. Citrate may lead to a reduction in your body's calcium levels and possible side effects include slight tingling around your mouth, chest vibrations, and a cold sensation. Your doctor or healthcare provider may prescribe a calcium replacement to help avoid these symptoms.

Apheresis is a continuous process that takes approximately 4-6 hours to complete each day. Repeated collections on subsequent days may be necessary to collect enough stem cells to proceed to transplant. Apheresis is typically performed for a maximum of 4 days.

Common Side Effects Experienced During Mobilisation and Collection

Potential side effects that you may experience during haematopoietic stem cell mobilisation and collection are listed in the table below. You should discuss what side effects and unusual symptoms to expect with your transplant team.

Potential Side Effects

- Bone pain due to growth factors
- Dizziness and tingling during apheresis
- Chills, tremors and muscle cramps
- Low blood calcium
- Pain or bleeding at insertion site of catheter
- Infection around the site of the catheter
- Blood clots around catheter (occasionally)
- Bloodstream infection
- Fatigue/tiredness

Poor mobilisation

The experience of each patient with mobilisation and collection is different, and there are a number of factors that may reduce your chances to collect the amount of stem cells necessary to proceed to transplant. Increased patient age, prior treatment with radiation and/or specific chemotherapies may impact mobilisation. If you have one or more of these factors, you may be considered a patient at risk for poor mobilisation.

During mobilisation, your doctor may analyze samples of your blood to determine the level of haematopoietic stem cells present, and therefore, how well you are mobilising. If the level of stem cells is too low, some centers may not start apheresis or if apheresis is started, too few stem cells may be collected. In either of these cases, or if you are considered a poor mobiliser upfront based on risk factors, Plerixafor may be introduced to your mobilisation regimen to improve stem cell collection.

On some occasions, too few stem cells are collected from the peripheral blood, which would prevent you from going forward to transplant. In these cases, you would generally take a short break before another mobilisation attempt is made, termed remobilisation. Patients are generally remobilised with either the same regimen, an alternate regimen, or undergo a bone marrow harvest.

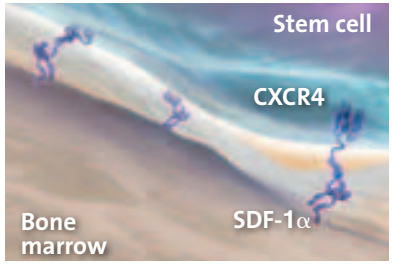
Introduction to Plerixafor

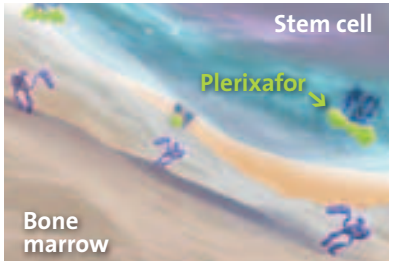
Indication

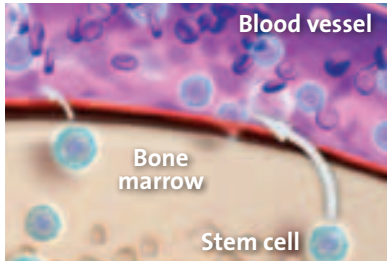
Plerixafor is indicated in combination with G-CSF to enhance mobilisation of haematopoietic stem cells to the bloodstream for collection and later use in autologous stem cell transplant in patients with lymphoma or multiple myeloma who mobilise stem cells only poorly.

How Plerixafor Works

Plerixafor blocks the interaction of stem cells and bone marrow stroma cells, allowing stem cells to leave bone marrow and circulate in peripheral blood. In particular, Plerixafor attaches to a protein on the outside of stem cells called CXCR4 and prevents it from linking up with SDF-1α, a protein found on the surface of bone marrow cells. This allows your healthcare team to collect more stem cells during the stem cell harvest procedure.

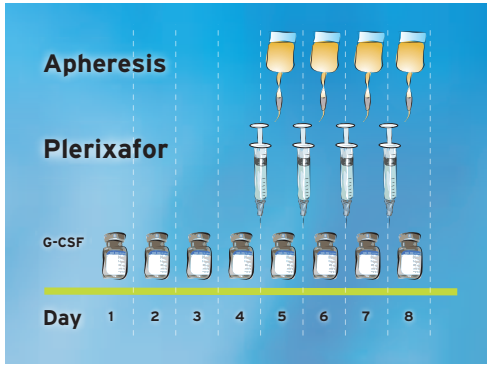






Administration and Timing

Plerixafor is to be given as a subcutaneous injection (under the skin) 6-11 hours before starting apheresis and after 4 days of pre-treatment with G-CSF. Plerixafor has been commonly used for 2-4 (and up to 7) consecutive days.



Benefits of Plerixafor

Clinical studies have shown several benefits to using Plerixafor in combination with G-CSF compared with G-CSF alone for the mobilisation of stem cells:

- Potential for fewer mobilisation failures
  - mobilisation success in about 70% – 100 % patients who required a second mobilisation attempt, allowing more patients to receive an autologous SCT
- Higher success rates for mobilisation and subsequent engraftment
  - More patients collected the minimum and target numbers of stem cells
  - More patients went on to transplant and had successful engraftment
- Potential for fewer apheresis procedures to collect the target number of stem cells

Potential Risks

Plerixafor has been studied extensively in hundreds of patients with non-Hodgkin's lymphoma and multiple myeloma. The more common side effects that have been seen in patients who received Plerixafor in clinical trials are listed below. This is not a complete list of all side effects that may occur. If you have any questions about side effects, you should contact your doctor or healthcare professional.

Frequency	Reaction
Very common (affected more than 1 in 10 patients)	• Diarrhea, nausea (feeling sick), injection site redness or irritation
Common (affected 1 to 10 patients in 100)	• Headache • Dizziness, feeling tired or unwell • Difficulty in sleeping • Flatulence, constipation, indigestion, vomiting • Stomach symptoms such as pain, swelling or discomfort • Dry mouth, numbness around the mouth • Sweating, generalised redness of the skin, joint pain, muscle and bone pain
Uncommon (affected 1 to 10 patients in 1000)	• Allergic reactions such as skin rash, swelling around the eyes, shortness of breath

Rarely, gastrointestinal side effects (diarrhea, vomiting, stomach pain and nausea) may be severe. Additionally, patients with risk factors for a heart attack uncommonly suffered heart attacks after receiving Plerixafor in combination with G-CSF. You should inform your doctor immediately if you experience chest discomfort.

Do not hesitate to discuss any unusual symptoms and potential side effects with your healthcare provider.

Coping with Side Effects

Nausea and Vomiting

Some of the most common side effects associated with Plerixafor are gastrointestinal effects such as nausea and vomiting. Although symptoms may improve or disappear after you finish receiving your Plerixafor injections, some patients may still experience nausea and vomiting since cancer patients have a variety of reasons for feeling these effects.

The most common intervention to prevent and treat nausea and vomiting is to give patients medications called anti-emetics.

If you have such symptoms, please consult your doctor and your transplant team which will provide recommendations on the type and amount of medication to use in this situation.

To assist with prevention of nausea and vomiting, lifestyle modifications are often beneficial. Avoiding sights and smells that can cause nausea and vomiting and maintaining circulation of fresh air in your environment will make you feel more comfortable. Modifications to diet are also helpful for many patients. Eating several small meals throughout the day rather than a few larger meals and avoiding fried and greasy foods or foods high in fat content will aid the digestion process and decrease the likelihood of nausea and vomiting. Also, avoid exercise and do not lie flat for 2 hours following eating. Adequate fluid intake will decrease the chance for dehydration that can often occur as a result of excessive vomiting.

Diarrhea

Another gastrointestinal side effect from Plerixafor is diarrhea. If it occurs it is usually not long lasting and stops shortly after Plerixafor. And, like nausea and vomiting, management of this effect involves drug therapy as well as modifications to diet.

Additionally, caution should be taken with respect to regular medications or herbal supplements you may already be taking as these can cause diarrhea. The key to maintaining health during episodes of diarrhea is adequate fluid and mineral intake to replace losses from frequent bowel movements. In case of diarrhea please contact your doctor and your transplant team.

Fluid intake should include non-alcoholic, non-caffeinated beverages. Milk and milk products should be limited, if used at all. Food and beverages made with sugar and fat substitutes should be avoided as they can make diarrhea worse. When selecting foods to eat, choices should favour items that are high in sodium and potassium to aid in replacement of the salts which are lost during times of increased stool output. Bland foods are usually better tolerated than highly seasoned foods and ingestion of high-fiber should be limited as well. A member of your healthcare team (dietician) can assist you in identifying which foods to include in your diet to best meet your needs during episodes of diarrhea.

Fatigue (tiredness)

Feeling tired and rundown are not unusual effects for patients to experience when undergoing haematopoietic stem cell mobilisation. These effects are often due to a decrease in the number of red blood cells (also called anaemia) related to a variety of factors such as the cancer itself or cancer treatments and other medications. Since fatigue can occur due to several reasons, no one remedy may address the problem entirely.

To treat fatigue, patients often need to make changes to their lifestyle and daily routine. It is important to get an adequate amount of sleep each night and to rest a few times per day in an effort to save your energy. You may not be able to do everything you did prior to your cancer diagnosis, and this is normal. A light exercise routine, under your doctor's supervision, combined with a healthy diet may help increase your energy level. Stress reduction can also help in the management of fatigue.

It is important that you take time for yourself to relax during your cancer treatments to help you cope during this difficult time.

Drug therapies to manage fatigue include medicines to increase red blood cells (drugs called erythropoietic stimulating agents), a short course of stimulant medications, antidepressants and steroids. Discuss your options with your healthcare team to see which type of medication, if any, may be best for you.

Psycho-oncological therapy and support may help you to cope better with fatigue and other side effects.

Injection Site Reactions

As with many medications injected directly under the skin, Plerixafor may cause local reactions. These effects can include skin redness, tenderness, itching, warmth, and pain. To prevent these reactions from occurring, it is important to make sure the skin is clean before Plerixafor is given. After an injection of Plerixafor, the site should be covered with a bandage and a different injection site should be chosen for each dose of Plerixafor. Loose clothing should be worn over injection sites to prevent skin irritation. To treat reactions, topical steroid creams or medications to treat pain and itching may provide relief of symptoms.

Headache

Mild headaches can occur with Plerixafor. Often headaches are short lasting and disappear after you finish your injections of Plerixafor. Maintaining a healthy diet and adequate fluid intake, getting sufficient sleep, and decreasing stress may decrease the chance of developing headaches. Headaches can be easily managed with mild pain medications.

Arthralgia (pain in your joints)

Pain in joints and bones can occur with Plerixafor use as a result of changes in the bone marrow environment. Some patients may obtain relief from the pain through topical therapeutic interventions (such as heating pads, whirlpools, etc). Engaging in a regular exercise routine may prevent stiffness of joints and lessen pain. Medical personnel trained in muscle and joint movement (such as a physical therapist) can assist patients in designing programs to meet their needs. When drug therapy is necessary, oral pain medications are often enough to relieve patients' symptoms.

Dizziness

Plerixafor is known to cause a drop in blood pressure in some patients. It is important to avoid sudden changes in position (such as standing up quickly) during the days of Plerixafor therapy. If you feel light-headed, sit down until the feeling passes. You may need to close your eyes for a short time as well. Try not to engage in activity that requires a lot of concentration and focus (such as driving) if you feel dizzy.

Important Safety Information

Special Warnings and Precautions

- Cancer cells may be released from the bone marrow and collected with your stem cells during apheresis. The potential effects of infusing cancer cells during transplant have not been well-studied.
- Plerixafor is not intended for stem cell mobilisation in patients with leukaemia. In some cases, mobilisation with Plerixafor and G-CSF caused an increase in leukaemia cells in the bloodstream.
- Plerixafor in combination with G-CSF increases the amount of white blood cells in your bloodstream. Your doctor will monitor your white blood cell levels.
- A decrease in platelets in your bloodstream (thrombocytopenia) is a known complication of apheresis and has been seen in patients who received Plerixafor in combination with G-CSF. Your doctor will monitor your platelet levels.
- Although uncommon, patients who received Plerixafor may experience allergic reactions related to the subcutaneous injection including hives, swelling around the eyes, and shortness of breath. You should inform your doctor if you experience any such symptoms. These symptoms typically responded to treatment or did not require any treatment at all.
- Some patients may experience a sudden drop in blood pressure when standing up from a sitting position (orthostatic hypotension). Do not stand up suddenly on days you receive Plerixafor.
- Your spleen may be examined if you experience pain in your left upper stomach or shoulder area as these may be signs of an enlarged or burst spleen.
- Plerixafor is essentially sodium-free.

Fertility, Pregnancy and Lactation

Think about the possibilities to preserve and store your sperms and egg cells before you start treatment. Plerixafor has not been well-studied in pregnant women. Based on scientific data, Plerixafor may harm the unborn child and should not be used during pregnancy unless absolutely required. If you are of childbearing potential, you should be advised to use contraception and avoid pregnancy during treatment with Plerixafor. Additionally, it is not known whether Plerixafor is found in human milk. You should be advised to stop breast-feeding while receiving Plerixafor.

Effects on the Ability to Drive and Use Machines

Plerixafor may cause dizziness and fatigue. You should avoid driving or using machines if you feel dizzy, tired or unwell.

Be informed!
Regarding potential side effects of Plerixafor and methods to manage them, please see the section entitled "Coping With Side Effects" earlier in this brochure.

Frequently Asked Questions for Patients and Caregivers

What is Plerixafor?

Plerixafor is a stem cell mobilising agent that, when given in combination with G-CSF, increases the number of haematopoietic stem cells in the blood that can be collected for autologous stem cell transplant for treatment of lymphoma or multiple myeloma.

How does Plerixafor work?

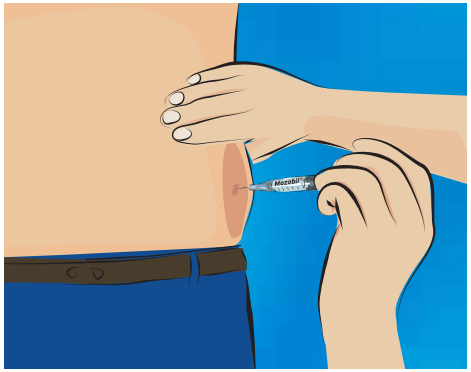
Plerixafor works by releasing stem cells from inside the bone marrow, making them available to collect from your bloodstream. Stem cells are present in the bloodstream, but in very low numbers since most of these cells are found inside the bone marrow space. Plerixafor increases the number of stem cells in the bloodstream by preventing the cells from attaching to the bone marrow space.

Why did my doctor give me Plerixafor?

Your doctor gave you Plerixafor to make is easier for your healthcare team to collect the necessary amount of stem cells for you to undergo an autologous stem cell transplant. By receiving Plerixafor, you may be more likely to reach your target number of stem cells.

How will Plerixafor be given to me?

You will most likely receive your Plerixafor injections at your transplant center or hospital, depending on hours of operation. Plerixafor will be given to you as an injection under your skin (this is called a subcutaneous injection). A member of your healthcare team will inject the medication into a fleshy part of your body (such as your hip or leg). Plerixafor is given in combination with G-CSF. Your doses of G-CSF should be given each day starting 4 days before your first evening dose of Plerixafor and every morning you are scheduled for a session of apheresis.



How long do I have to take Plerixafor?

This medication will be given to you once a day in the evening for up to a total of 4 days. Doses will be given to you approximately 6-11 hours before each session of apheresis.

Be encouraged to get in contact with patient groups about their experiences! Additional information about patient groups you will find on page 28 ff. For more information about administration and timing of Plerixafor see page 15.

When should I not receive Plerixafor?

You should not receive this medication if you have leukaemia since Plerixafor may increase the number of leukaemia cells in your blood. If you are pregnant or are trying to become pregnant, you should not take Plerixafor since this medication may cause harm to an unborn fetus. If you are nursing a baby, you should talk to your doctor about taking Plerixafor as it is not known whether Plerixafor is excreted in breast milk.

What are some common side effects of Plerixafor?

Common side effects of Plerixafor include nausea, vomiting, diarrhea, feeling tired, headache, dizziness, pain in your joints and bones and injection site reactions. After you complete your dose(s) of Plerixafor, these side effects usually get better or disappear.

What are serious side effects of Plerixafor?

Serious side effects seen with Plerixafor include a large increase in the number of white blood cells or a decrease in the number of platelets in the blood. Your healthcare team will control your blood counts closely to monitor these effects. The size of your spleen may become larger which could result in your spleen bursting. Signs and symptoms of a large spleen include stomach pain or shoulder pain on the left side of your body. If you start to have these symptoms, let your doctor know immediately. Also, if you start to feel lightheaded or are having problems breathing shortly after a dose of Plerixafor, let your doctor know as soon as possible.

Questions to Ask Your Doctor and Caregivers

A stem cell transplant is an intensive treatment. You should feel free to ask your doctor or member of your transplant team any questions you may have about your treatment.

Some examples include:

- What type of regimen will I receive to mobilise my stem cells?
- What side effects can I expect as part of my regimen to mobilise my stem cells?
- How do I prepare for my stem cell collection?
- How long will it take to mobilise my stem cells?
- What effects will I experience from the collection process?
- Will I need more cancer treatment after my stem cells are collected?
- How long can I expect to wait before I receive my stem cell transplant?
- What happens if I don't collect enough stem cells?
- How do I prepare for my stem cell transplant?
- What chemotherapy will I receive as part of my preparative regimen before my stem cell transplant?
- What side effects can I expect from the preparative regimen?
- How will I feel during the transplant process?
- What precautions will be taken to protect me during the transplant?
- How long will it take for my infused stem cells to produce healthy blood cells?
- What do I need to do to prepare for my return home after my transplant?
- Will I need more cancer treatment after my stem cell transplant?
- What are the long-term effects on my health after a stem cell transplant?

Be aware!
This is not a complete list of questions and can't replace medical advice.
Please consult your healthcare team for additional information.

Additional Resources

- **American Cancer Society:**
  http://www.cancer.org
- **American Society for Blood and Marrow Transplantation (ASMBT):**
  http://www.asbmt.org
- **American Society for Apheresis (ASFA):**
  http://www.apheresis.org
- **Blood and Marrow Transplant Information Network (BMT InfoNet):**
  http://www.bmtinfonet.org
- **Cancerworld:**
  http://www.cancerworld.org
- **Center for International Blood and Marrow Transplant Research (CIBMTR):**
  http://www.cibmtr.org
- **European CanCer Organisation:**
  http://www.ecco-org.eu
- **European Cancer Patient Coalition:**
  http://www.ecpc-online.org
- **The European Group for Blood & Marrow Transplantation (EBMT):**
  http://www.ebmt.org
- **The European Myeloma Network:**
  http://www.myeloma-europe.org
- **European Myeloma Platform:**
  http://www.emp-myeloma.eu
- **International Myeloma Foundation:**
  http://myeloma.org
- **LeukemiaNet:**
  http://www.leukemia-net.org
- **Leukemia and Lymphoma Society:**
  http://www.leukemia-lymphoma.org
- **Leukemia Research Foundation:**
  http://www.leukemia-research.org
- **Lymphoma Coalition:**
  http://www.lymphomacoalition.org
- **Lymphoma Forum and Lymphoma Association:**
  http://www.lymphoma.org.uk
- **Lymphoma Research Foundation:**
  http://www.lymphoma.org
- **Multiple Myeloma Research Foundation:**
  http://www.themmrf.org/
- **Myeloma Euronet:**
  http://www.myeloma-euronet.org
- **Myelom Kontaktgruppe Schweiz:**
  http://www.multiples-myelom.ch
- **Myelom - und Lymphomhilfe Österreich:**
  http://www.myelom.at
- **National Bone Marrow Transplant Link (NBMT Link):**
  http://www.nbmtlink.org
- **National Cancer Institute:**
  http://www.cancer.gov
- **National Marrow Donor Program:**
  http://www.marrow.org

About
Myeloma Euronet

Myeloma Euronet, a non-profit network organization of multiple myeloma patient groups, is an European initiative dedicated to raising the awareness of multiple myeloma, an increasingly common form of bone marrow cancer.

Myeloma Euronet provides information on the diagnosis, treatment and care of persons living with multiple myeloma and supports its member organisations in the fulfillment of their mission.

Myeloma Euronet also advocates, independently and in collaboration with organisations with similar objectives, on behalf of those affected by multiple myeloma.

The goals of Myeloma Euronet are to:

- Advocate the cause of myeloma among EU health care policy makers and share best practice in shaping appropriate policies at the European level
- Raise European awareness of multiple myeloma amongst relevant stakeholders and the public
- Provide information on appropriate diagnosis, treatment, care and support for myeloma patients and their families
- Build partnerships among members of Myeloma Euronet in order to share experience and expertise
- Encourage the growth of new multiple myeloma patient groups throughout Europe, especially in cities and countries where they are not found in the moment

Myeloma Euronet was launched at the 10th Congress of the European Hematology Association (EHA) in Stockholm on 3 June 2005. It is an international non-profit association (Association Internationale sans but lucratif, AISBL) registered in Belgium.

Myeloma Euronet's Secretariat is located in Ruesselsheim, Germany:

Myeloma Euronet
c/o Anita Waldmann (President)
Falltorweg 6
65428 Ruesselsheim
Germany

Myeloma Euronet has members in 22 European countries and is a member of the European Cancer Patient Coalition (ECPC), the European CanCer Organisation (ECCO), the European Lymphoma Coalition (ELC) and the European Organisation for Rare Diseases (EURORDIS).

Myeloma Euronet is working in the Patient Advisory Committees of European Hematology Association (EHA) Scientific Working Group "Quality of Life & Symptoms", European Society for Medical Oncology (ESMO), the European Group for Blood & Marrow Transplantation (EBMT) and European Medicines Agency (EMA).

More information about Myeloma Euronet can be found at our multi-lingual, award-winning Web site at **www.myeloma-euronet.org**.

This Web site is available in the following languages: Arabic (in part), Czech, English, French, German, Greek, Italian, Polish, Portuguese, Romanian, Russian, Spanish and Turkish.

The Web site also provides a wealth of information about myeloma as well as useful links to other support organisations, a list of events, a quiz, surveys and many other useful resources.

info@myeloma-euronet.org

We Need Your Help!

Myeloma Euronet relies heavily on voluntary donations and fund-raising to support our much needed projects and services. If you would like to support us in our efforts, we would be very grateful if you could make a donation by using the bank information given below or let us know if there is any other way for you to help us.

This could be, e.g. by helping us translate our Web site into more languages, assisting us in our fundraising efforts, covering the design and/or printing of information materials on multiple myeloma, providing a travel grant for one of our members to attend a Myeloma conference or Infoday, etc. If you have an idea for a fundraising event, or have any questions, please don't hesitate to get in touch with us – we'd love to hear from you!

Donate by bank transfer
Our bank information is:

Account number: 1937013520
Bank code: 370 501 98
Sparkasse KoelnBonn
Germany

International Bank Account Number:
DE74 3705 0198 1937 0135 20
SWIFT-BIC.: COLSDE33

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Thank you for your support!

MYELOMA EURONET

Myeloma Euronet – The voice of myeloma patients in Europe