

MOZOBIL®

Indications/ FDA Approval	Mozobil (plerixafor injection) is approved by the United States Food and Drug Administration (FDA) to be used with another agent, granulocyte-colony stimulating factor (G-CSF), to mobilize hematopoietic stem cells into the peripheral blood for collection and subsequent autologous transplantation in patients with non-Hodgkin's lymphoma (NHL) or multiple myeloma (MM).
How it Works	Releases hematopoietic stem cells from the bone marrow into the bloodstream for collection and auto transplantation.
Administration and Timing	Injection under the skin about 11 hours prior to each stem cell collection session for up to 4 consecutive days. Growth factor is given daily in the morning for 4 days prior to MOZOBIL and on each morning prior to stem cell collection (apheresis).

Important Safety Information

- Mozobil in combination with G-CSF increases circulating WBCs. Your WBC counts will be monitored.
- Thrombocytopenia has been observed in patients receiving Mozobil. Your platelet counts will be monitored.
- Cancer cells may be released and subsequently collected with your stem cells during apheresis. Potential effects of infusing cancer cells during your transplant have not been well studied.
- Your spleen may be examined if you experience pain in the left upper stomach area or left shoulder area as these may be signs of an enlarged or burst (ruptured) spleen.
- Mozobil may harm the unborn child when administered to a pregnant woman. Scientific studies have shown that Mozobil caused harm to unborn animals. The safety of Mozobil in pregnant women has not been established in clinical trials. Avoid becoming pregnant while receiving treatment with Mozobil.
- The most common adverse reactions during HSC mobilization and apheresis: diarrhea, nausea, tiredness, injection site reaction, headache, pain in your joints (arthralgia), dizziness, and vomiting.

Benefits of MOZOBIL for Stem Cell Collection

Compared to Collection with G-CSF Alone	<ul style="list-style-type: none"> • Higher success rate: More collections, more stem cells collected, more patients transplanted • Potential for fewer collections: More patients needed only 1 day to collect target number of cells • Successful engraftment: For nearly all patients with cells collected with MOZOBIL/G-CSF
Overall Benefits	Increased cells collected, decreased costs, more predictable collection
Risk Factors for Poor Stem Cell Mobilization	<ul style="list-style-type: none"> • Age older than 60 years; prolonged disease duration • Treatment with melphalan; extensive prior therapy • Extended Revlimid treatment with or without low blood counts • Extensive radiation therapy to bone marrow



INTERNATIONAL MYELOMA FOUNDATION

What is Multiple Myeloma?

- Multiple myeloma is a cancer of bone marrow plasma cells which attacks and destroys bone.
- In the US there are approximately 100,000 patients and over 20,000 new cases diagnosed each year. Despite this fact, there is a lack of public awareness about this disease.
- Multiple myeloma represents 1% of all cancers and accounts for 2% of cancer deaths.
- Although the causes of multiple myeloma are uncertain, exposure to pesticides, nuclear radiation, and petrochemicals are considered to be important trigger factors.
- Although there is no known cure, multiple myeloma is treatable and outcomes are constantly improving.

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“Until there is a cure, there is the IMF.”