**Background**

In the heavily pre-treated RRMM patient population, avoiding current treatments while maintaining efficacy is an important treatment goal. Typically, these patients have poor HRQoL, maintenance of which is not improved in HRQoL, has been reported as a burden of commonly used treatments.

Belantamab mafodotin (BELNEMM) is a bispecific antibody-drug conjugate (ADC) containing a B-cell maturation antigen (BCMA)-specific antibody and an antitubulin payload. The single-agent activity and safety profile of belantamab mafodotin has been demonstrated in two phase 1/2/3 studies (DREAMM-1, DREAMM-2) in patients with RRMM.

**Aims**

To understand the impact of single-agent belantamab mafodotin (belamaf) (for approved dose) on disease- and treatment-related symptoms, functioning, and HRQoL in the DREAMM-2 study.

**Methods**

The DREAMM-2 study included patients with RRMM across 45 centers in the United States, Canada, and Europe. The most frequent ocular symptoms associated with belantamab mafodotin treatment were dry eye, blurred vision, or ocular discomfort (MECs, an eye examination finding with or without symptoms). Change in BCVA or symptoms (blurred vision or dry eye) were the lowest common adverse events (ALAEs) reported during belantamab mafodotin treatment. No patients treated with belantamab mafodotin had an ALAE resulting in dose delay or discontinuation of treatment.

**Results**

In the pivotal DREAMM-2 study (NCT03525678), single-agent belantamab mafodotin (belamaf) demonstrated clinically meaningful and durable responses in patients with heavily pre-treated RRMM.

**Conclusions**

These PRO results from the DREAMM-2 study demonstrate patient maintenance or improvement of HRQoL, despite transient reductions in vision-related function. Together with clinical efficacy data with belantamab mafodotin in RRMM, these findings support the use of belamaf in patients with RRMM.