

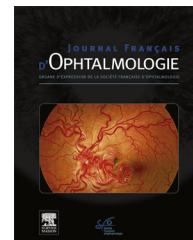


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IMAGE

End-of-life quality and oncology drug-induced ocular toxicity[☆]



Qualité de fin de vie et toxicité oculaire des traitements oncologiques

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A 57-year-old woman with relapsed and refractory multiple myeloma, and no prior ocular history, presented with progressive blurred vision, photophobia, tearing and severe pain in both eyes. Within a period of three months, the patient had received four cycles of belantamad mafodotin infusion (2.5 mg/kg), the first-in-class monoclonal antibody drug conjugate. Preservative-free artificial tears had been used since the day of the first

belantamad mafodotin infusion. Slit-lamp examination of the right eye (Fig. 1A) and left eye (Fig. 1B) revealed asymmetric microcytic-like epithelial changes. Despite discontinuation of treatment and use of topical corticosteroids to mitigate ocular toxicity, no improvement was noted for the next three months. She expressed her desire not to take any more treatment, and she died of acute kidney failure.

[☆] The case was presented as a poster at the 130th Congress of the Société française d'ophtalmologie, held from May 4th to 6th 2024 in Paris, France.

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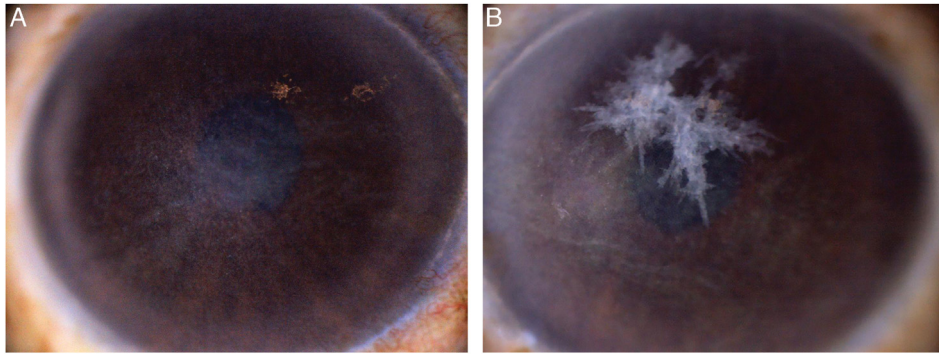


Figure 1. Toxic corneal epitheliopathy associated with belantamad mafodotin treatment.

This case highlights the difficulty for physicians to improve patient survival without neglecting end-of-life quality.

Disclosure of interest

The authors declare that they have no competing interest.