Abstract: P906

Title: EFFICACY AND SAFETY OF ELRANATAMAB MONOTHERAPY IN THE REAL-WORD SETTING IN RELAPSED-REFRACTORY MULTIPLE MYELOMA (RRMM): RESULTS OF THE FRENCH COMPASSIONATE USE PROGRAM ON BEHALF OF THE IFM

Abstract Type: Poster Presentation

Topic: Myeloma and other monoclonal gammopathies - Clinical

Background:

Elranatamab is a humanized, bispecific antibody that targets B-cell maturation antigen (BCMA) on multiple myeloma (MM) cells and CD3 on T cells, with the aim of inducing T cell–mediated cytolysis of the MM cells. Elranatamab was approved as monotherapy for relapsed-refractory MM (RRMM) based on the phase II MagnetisMM-3 (NCT04649359) registrational study.

Aims:

Here, we report clinical outcomes with standard-of-care elranatamab in a real-world RRMM population as part of the French compassionate use program.

Methods:

A total of 101 patients from 22 centers who received elranatamab between 2022 and 2023 were included in this retrospective analysis, most of whom would have been considered ineligible for the registration trial. Patients received step-up doses of 12 and 32 mg elranatamab subcutaneously on days 1 and 4 of cycle 1, respectively, followed by 76 mg elranatamab once-weekly, starting on day 8 of the first 4-week cycle. Treatment with elranatamab continued until disease progression, unacceptable toxicity, or withdrawal of consent.

Results:

Median age was 68 (range, 39-87) years. Median time from myeloma diagnosis to elranatamab administration was 75 (range, 16-239) months. 80% had an R-ISS of 2 or 3, and 29% harbored del(17p), while 35% had extra-medullary disease. Of note, 8% had a creatinine clearance <30mL/min. 35% of patients had an Eastern Cooperative Oncology Group-Performance Status (ECOG-PS) ≥2. Patients received a median of 5 (range, 1-17) prior lines of therapy, and the median time from date of prior line of treatment discontinuation to elranatamab was 41 days. 96% were triple-class exposed, 76% were penta-class exposed, and 17% had received prior BCMA-directed therapy. With a median follow-up of 15.5 (range, 3.4-18.8) months, cytokine release syndrome was observed in 45% of patients, and no event was grade ≥3, whereas immune effector cell-associated neurotoxicity syndrome was observed in 3% of patients (1 event was grade 5). 49% of patients experienced at least 1 infection, with 48% of these infections graded as severe (grade ≥3). Of note, only 50% of patients received intravenous immunoglobulin supplementation during elranatamab therapy. In all, the overall response rate (ORR) was 52%, and the complete response (CR) or very good partial response (VGPR) rate was 42%. Response to elranatamab was quick with 22% of patients achieving ≥VGPR after only one cycle. At one year, the progression-free survival (PFS) and overall survival (OS) rates were 34% and 42%, respectively, while the duration of response was 48%. At last follow-up, 26% managed to receive a subsequent line of therapy after progression or elranatamab discontinuation. Interestingly, an ECOG-PS ≥2 was predictive of decreased PFS and OS.

Summary/Conclusion:

Despite the advanced disease stage including a significant proportion of patients with prior anti-BCMA directed therapy, extra-medullary disease, and adverse prognostic features (e.g. severe kidney dysfunction,

poor ECOG-PS), these results demonstrate a good safety profile and remarkable efficacy of elranatamab in patients with RRMM treated in a real-world setting.

Keywords: Multiple myeloma, Immunotherapy