Abstract: LB3440

Title: RESULTS FROM THE RANDOMIZED PHASE 3 DREAMM-8 STUDY OF BELANTAMAB MAFODOTIN PLUS POMALIDOMIDE AND DEXAMETHASONE VS POMALIDOMIDE PLUS BORTEZOMIB AND DEXAMETHASONE IN REPALPSED/REFRACTORY MULTIPLE MYELOMA

Abstract Type: Oral Presentation

Session Title: Late Breaking Oral Session

Background:

Use of triplet/quadruplet therapies in the first-line treatment setting for multiple myeloma (MM) raises the need for novel combinations at first relapse, which belantamab mafodotin (belamaf) combinations may address. In DREAMM-7, belamaf plus bortezomib and dexamethasone (BVd) led to a significant improvement in progression-free survival (PFS) and a strong trend in improved overall survival (OS) vs daratumumab-Vd in patients (pts) with ≥1 prior therapy. We report results from DREAMM-8 (NCT04484623), which tested a different belamaf combination (belamaf plus pomalidomide and dexamethasone [BPd]) and met its primary endpoint of independent review committee–assessed PFS at a prespecified interim analysis.

Aims:

To evaluate the efficacy and safety of BPd vs those of standard of care (pomalidomide plus bortezomib and dexamethasone [PVd]) in patients with relapsed/refractory MM (RRMM) previously treated with lenalidomide.

Methods:

DREAMM-8 is a phase 3, open-label, randomized, multicenter trial evaluating the efficacy and safety of BPd vs PVd in patients with RRMM who received ≥1 prior line of therapy (LOT), including lenalidomide. Patients were randomized 1:1 to BPd (28-day cycles)—belamaf 2.5 mg/kg IV (day 1, cycle 1), 1.9 mg/kg (day 1, cycle 2+) + pomalidomide 4 mg (days 1-21, all cycles) + dexamethasone 40 mg (day 1, QW, all cycles) or PVd (21-day cycles)—pomalidomide 4 mg (days 1-14, all cycles) + bortezomib 1.3 mg/m2 SC (days 1, 4, 8, and 11 [cycles 1-8]; days 1 and 8 [cycles 9+]) + dexamethasone 20 mg (day of and 1 day after bortezomib dose).

Results:

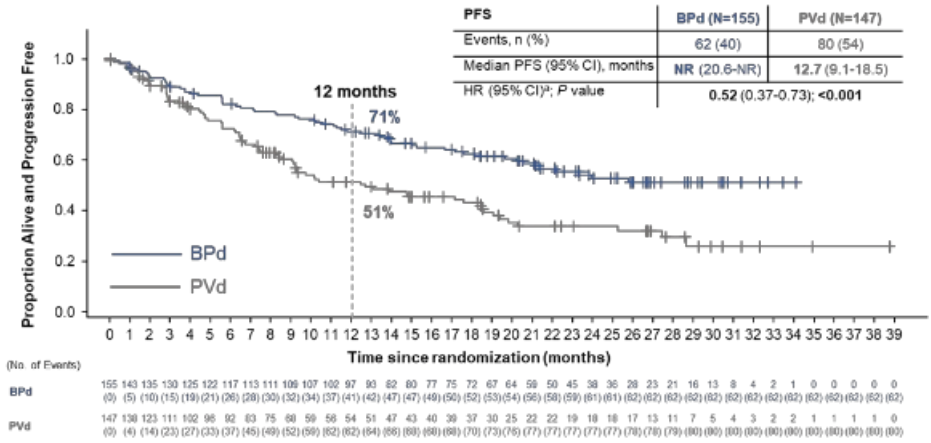
At data cutoff (29 January 2024), 155 patients were randomized to BPd (median [range] LOT, 1 [1-6]) and 147 to PVd (median [range] LOT, 1 [1-9]); 25% and 29% of patients had prior anti-CD38 antibody, respectively. With a median (range) follow-up of 21.78 mo (0.03-39.23 mo), median PFS (95% CI) was not reached (NR; 20.6 mo-NR) with BPd* vs 12.7 mo (9.1-18.5 mo) with PVd (hazard ratio [HR], 0.52; 95% CI, 0.37-0.73; *P*<0.001); 12-month PFS rate (95% CI) was 71% (63%-78%) with BPd vs 51% (42%-60%) with PVd (**Figure**). Objective response rate (95% CI) was 77% (70.0%-83.7%) with BPd vs 72% (64.1%-79.2%) with PVd; rate of complete response or better (95% CI) was 40% (32.2%-48.2%) with BPd vs 16% (10.7%-23.3%) with PVd. Median duration of response (95% CI) was NR (24.9 mo-NR) with BPd vs 17.5 mo (12.1-26.4 mo) with PVd. A positive trend favoring BPd was seen for OS (HR, 0.77; 95% CI, 0.53-1.14); follow-up for OS is ongoing. In the safety analysis set, adverse events (AEs) were observed in the BPd (N=150; [any grade, >99%; grade 3/4, 91%]) and PVd arms (N=145; [96%; 73%]). In the BPd arm, 89% of patients had ocular AEs (CTCAE) (grade 3/4, 43%) vs 30% (grade 3/4, 2%) in the PVd arm; serious AEs (SAEs) were reported in 63% and 45% of patients, respectively, and fatal SAEs were reported in 11% of patients in both arms. In total, 15% and 12% of patients discontinued treatment due to AEs in the BPd and PVd arms, respectively. AEs were generally manageable and broadly consistent with the known safety profile of the individual agents.

Summary/Conclusion:

The DREAMM-8 study demonstrated a statistically significant and clinically meaningful PFS benefit with BPd vs

PVd in RRMM with >1 prior LOT. BPd also led to deeper and more durable responses, showed a favorable OS trend, and had a manageable safety profile.

Figure. Independent Review Committee–Assessed PFS



BPd, belantamab mafodotin plus pomalidomide and dexamethasone; HR, hazard ratio; NR, not reported; PFS, progression-free survival; PVd, pomalidomide plus bortezomib and dexamethasone.

a The treatment effect (HR and corresponding 95% CIs) was estimated using the stratified Cox proportional hazards model, and *P* values were produced based on the stratified log-rank test. Stratified analyses were adjusted for number of prior lines of therapy and prior bortezomib use.

Keywords: Multiple myeloma