Abstract: P932

Title: LONG-TERM SURVIVAL AFTER ELRANATAMAB MONOTHERAPY IN PATIENTS WITH RELAPSED OR REFRACTORY MULTIPLE MYELOMA (RRMM): MAGNETISMM-3

Abstract Type: Poster Presentation

Topic: Myeloma and other monoclonal gammopathies - Clinical

Background:

Elranatamab (ELRA) is a humanized, bispecific antibody that targets B-cell maturation antigen (BCMA) on myeloma cells and CD3 on T cells. In MagnetisMM-3 (NCT04649359), a multicenter, open-label, nonrandomized, phase 2 registrational study, ELRA monotherapy induced deep and durable responses in patients (pts) with RRMM who had not received prior BCMA-directed therapy (ie, BCMA-naive; Cohort A; n=123). After a median follow-up of 17.6 mos, the ORR was 61.0%, with 37.4% of pts achieving ≥CR; median PFS was 17.2 mos, and median OS was immature (>50% of pts were censored) (Tomasson, et al. ASH 2023; Abs 3385).

Aims:

To report OS in BCMA-naive pts 2 years after the last patient was initially dosed.

Methods:

Eligible pts had disease refractory to ≥1 PI, ≥1 IMiD, and ≥1 anti-CD38 antibody. Pts received SC ELRA as two step-up priming doses followed by 76 mg QW. Pts who received ≥6 mos of QW dosing and achieved a ≥PR for ≥2 mos were transitioned to a Q2W dosing schedule. Pts could transition to a Q4W dosing schedule after ≥6 Q2W cycles. The primary endpoint was ORR, assessed by BICR, per IMWG criteria. Secondary endpoints included OS, PFS and DOR by BICR, and safety evaluations. Second primary malignancies (SPMs) were determined by clinical review using the system organ class Neoplasms benign, malignant, and unspecified (including cysts and polyps). Data cutoff date was 11 Sep 2023, except for OS data, which was based on a 7 Jan 2024 cutoff date (24 mos after last enrolled patient's initial dose).

Results:

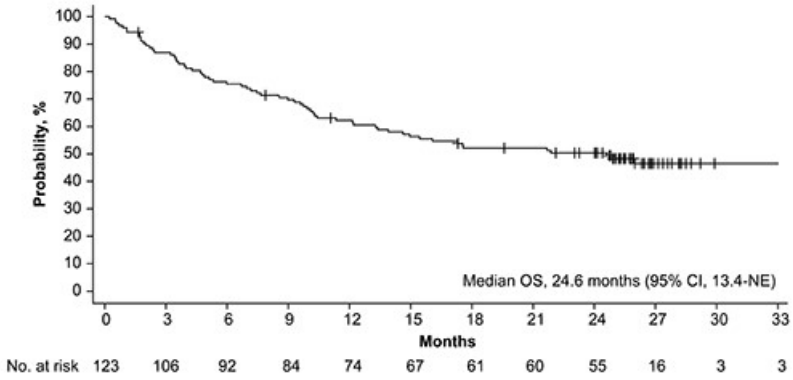
Overall, 123 BCMA-naive pts were treated with ELRA. Median age was 68.0 years (range, 36.0-89.0); 55.3% were male. The median number of prior lines of therapy (LOTs) was 5.0 (range, 2-22); 26 (21.1%) and 97 (78.9%) pts were previously treated with 2-3 and ≥4 prior LOTs, respectively. After a median follow-up of 17.6 (range, 0.2-31.1) mos, ORR was 73.1% (50.0% ≥CR) and 57.7% (34.0% ≥CR) in pts with 2-3 and ≥4 prior LOTs, respectively. The median DORs by LOT were not reached (NR), and the probability of maintaining a response at 18 mos was 83.3% (95% CI, 56.8-94.3) and 63.5% (95% CI, 48.7-75.0) in pts with 2-3 and ≥4 prior LOTs, respectively. Median PFS by LOT was NR (probability at 18 mos: 63.8% [95% CI, 41.8-79.2]) and 13.3 (95% CI, 8.5-not evaluable [NE]) mos in pts with 2-3 and ≥4 prior LOTs, respectively. Since the previous data cutoff date, there were 4 new deaths (2 pts with disease under study and 1 pt each with unknown reason and septic shock). As of the January 2024 cutoff, after a median follow-up of 17.6 (range, 0.2-33.7) mos, the median OS was 24.6 (95% CI, 13.4-NE) mos (Figure), with 48.0% of pts censored at data cutoff. In pts with 2-3 and ≥4 prior LOTs, the median OS was NR (probability at 24 mos: 76.7% [95% CI, 55.3-88.8]) and 14.9 (95% CI, 10.1-26.0) mos, respectively. There were 5 (4.1%) pts with SPM, 3 with squamous cell carcinoma (SCC) of the skin, 1 with SCC, and 1 with a malignant external ear neoplasm. All pts with a SPM had received prior lenalidomide and a stem cell transplant. Data will be updated at the time of presentation to include ≈26 months of follow-up.

Summary/Conclusion:

After 2 years of follow-up, ELRA demonstrated a median OS of 24.6 mos in heavily pretreated, BCMA-naive pts

with RRMM. ELRA demonstrated efficacy in this pt population, especially among those who received ELRA in earlier lines of treatment. Although longer follow-up is needed, there were few SPMs, with SCC being the most common SPM, consistent with expectations in the MM population (Robinson et al. Eur J Haematol 2016). No hematological SPMs have been reported.

Figure. Overall survival of BCMA-naive patients receiving elranatamab monotherapy in MagnetisMM-3 after 2 years of follow-up



Keywords: Bispecific, Multiple myeloma, B-cell maturation antigen, relapsed/refractory