Abstract: P990

Title: REAL-WORLD SCHEDULE DE-ESCALATION OF TECLISTAMAB IN PATIENTS WITH RELAPSED OR REFRACTORY MULTIPLE MYELOMA – A US NATIONAL HEALTHCARE CLAIMS ANALYSIS

Abstract Type: Poster Presentation

Topic: Myeloma and other monoclonal gammopathies - Clinical

Background:

Teclistamab (Tec) is the first-in-class B-cell maturation antigen (BCMA) x CD3 bispecific therapy with the longest study follow-up of any bispecific antibody in multiple myeloma (MM). It was approved with 2 initial step-up doses followed by a full dose of 1.5mg/kg weekly (QW), or every other week (Q2W) subcutaneously upon maintaining ≥ complete response, for adults with relapsed/refractory MM (RRMM). Outcomes of transitioning from QW to Q2W or monthly (Q4W) Tec were assessed in the pivotal MajesTEC-1 trial and showed maintained deep responses (69% for ≥ 2 years) and reduced new-onset grade ≥ 3 infections over time (Usmani ASCO 2023).

Aims:

This study aimed to describe real-world (RW) dosing frequency, time to dosing schedule de-escalation, and time to next treatment (TTNT) in patients with RRMM treated with Tec after 1 year of FDA approval.

Methods:

This is a retrospective analysis of Komodo Healthcare MapTM which includes claims from over 150 private insurers in the US. Adults with ≥ 1 MM diagnosis who received ≥ 1 dose of Tec between Oct 25, 2022 to Dec 31, 2023 were included. Patient characteristics were described during the 6 months (mos) of closed claim continuous enrollment (CE) before the first Tec dose (index date). Patients were followed until the earliest of initiation of the next line of therapy (LOT), end of closed claim CE, or end of the study period (Dec 31, 2023). Dosing schedule de-escalation was defined as having ≥ 3 consecutive Tec claims with a dose interval ≥ 14 (Q2W) or 28 (Q4W) days. TTNT was estimated as a proxy for disease progression. Median TTNT and time and probability of dosing schedule de-escalation at 3, 6 and 9 mos were estimated by Kaplan-Meier survival analysis.

Results:

Among 1,236 Tec patients identified, 419 patients met study criteria for analysis. The median age was 65 (interquartile range [IQR] 58-73) years; 20% were ≥ 75 years old; 56% male; 29% Black; 52% had commercial insurance. During the 6 mos before index, 53% of patients had any type of infection, 49% had renal failure/impairment, 39% had anemia, 36% had lytic bone lesions, 30% had hypogammaglobulinemia, and 15% were frail based on the IMWG algorithm. Prior BCMA therapy use was observed in 24% of patients, including 12% had prior BCMA CAR T-cell therapy.

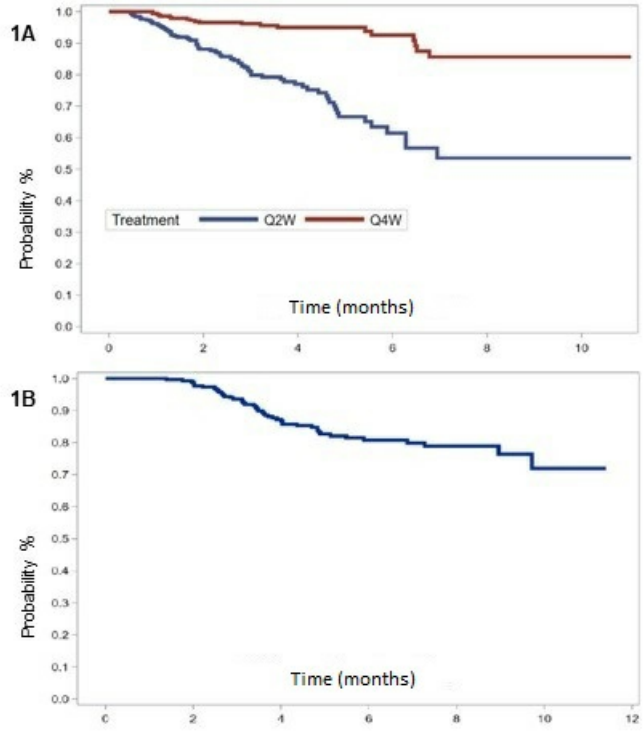
At a median follow-up of 4.2 mos (IQR 1.6-7.1), dosing schedule de-escalation (either Q2W or Q4W) was observed in 78 (19%) patients, including 5% with Q4W dosing. The probability of dosing schedule de-escalation at 3, 6 and 9 mos post-index was 19% (95%CI 15-24%), 39% (95%CI 30-48%), and 46% (95%CI 36-59%), respectively (Fig 1A). The median time to de-escalation has not been reached.

Among the 419 patients, 49 (12%) received a subsequent LOT after Tec by the time of data cut-off. The probability of receiving the next LOT at 6 and 9 mos post-index was 19% (95%CI 15-25%) and 24% (95%CI 17-32%), respectively (Fig 1B). The median TTNT has not been reached. Among the 78 patients who switched to a de-escalated schedule, 3 (4%) received a subsequent LOT at data cut-off.

Summary/Conclusion: This is the first RW study looking into dosing schedule de-escalation of Tec using a US

national healthcare claims database. Schedule de-escalation from QW to Q2W or Q4W was observed in RW practice. To better understand their impact, a longer follow-up is needed to evaluate dosing patterns over time, reasons for schedule de-escalation, and potential associations with long-term safety and effectiveness of Tec. Early data on TTNT suggested promising effectiveness outcomes of Tec in a RW setting. Updated results with longer follow-up will be presented at the meeting.

Figure 1. Survival Analysis of Time to Dosing Schedule De-escalation (1A) and TTNT (1B)



Keywords: Real world data, Bispecific, B-cell maturation antigen, Dose intensity