# Abstract: PB2804

# Title: MAGNETISMM-30: A PHASE 1B, OPEN-LABEL STUDY OF ELRANATAMAB IN COMBINATION WITH IBERDOMIDE IN PATIENTS WITH RELAPSED OR REFRACTORY MULTIPLE MYELOMA

**Abstract Type: Publication Only**

**Topic: Myeloma and other monoclonal gammopathies - Clinical**


**Background:**

Elranatamab (ELRA) is a humanized B-cell maturation antigen (BCMA)–CD3 bispecific antibody. Single-agent ELRA induced deep and durable responses with a manageable safety profile in patients with relapsed or refractory multiple myeloma (RRMM) enrolled in the phase 2 registrational MagnetisMM-3 study (NCT04649359; Lesokhin et al, Nat Med 2023). Iberdomide (IBER) is a novel CELMoDTM agent with enhanced antimyeloma tumoricidal and immunomodulatory activity in patients with RRMM (Lonial et al, Lancet Haematol 2022). While IBER in combination with ELRA has not been evaluated clinically, this novel combination therapy with agents that have complementary mechanisms of action may provide additional benefit to patients with RRMM. Here, we investigate whether the addition of ELRA to IBER can improve the depth and durability of response in patients with RRMM.

**Aims:**

To describe the design of the MagnetisMM-30 study (NCT06215118), a phase 1b, open-label, multicenter, dose escalation and dose optimization prospective study evaluating the safety, efficacy, and pharmacokinetics (PK) of ELRA in combination with IBER in patients with RRMM.

**Methods:**

The study has 2 parts: Part 1 for dose-escalation and Part 2, randomized for dose optimization (Figure). After 2 step-up priming doses of ELRA, patients will receive subcutaneous ELRA weekly (QW) with oral IBER given daily (QD) for 21 days of each 28-day cycle. After ≥6 months (cycles) of treatment, patients with a partial response or better for ≥2 months are eligible for reduced dosing frequency of ELRA. Once the 2 combination dose levels (dose levels A and B) are selected from Part 1 as the recommended phase 2 doses (RP2D) for ELRA and IBER, pts in Part 2 will be randomized 1:1 (stratified by the number of prior lines of therapy [LOTs; 1 vs >1]) to dose levels A and B.

Key inclusion criteria are patients aged ≥18 years with a MM diagnosis per International Myeloma Working Group (IMWG) criteria, Eastern Cooperative Oncology Group performance status (ECOG PS) ≤ 1, adequate organ and bone marrow function, and disease relapsed or refractory to the last antimyeloma regimen per IMWG response criteria. Patients who received 2-4 or 1-3 prior line of therapies (LOTs), including ≥1 immunomodulatory drug (IMiD) and ≥1 proteasome inhibitor (PI), are eligible for Parts 1 and 2, respectively. All patients must have received ≥2 consecutive cycles of an IMiD-containing regimen and ≥2 consecutive cycles of a PI or PI-containing regimen. Exclusion criteria include prior autologous stem cell transplant ≤12 weeks prior to enrollment; active or uncontrolled infection; prior treatment with BCMA-directed or CD3 redirecting therapy or CELMoD agents (ie, IBER or mezigdomide). This study is ongoing; Part 1 and Part 2 will enroll approximately 27 and 60 patients, respectively. Study endpoints are listed in the Figure.

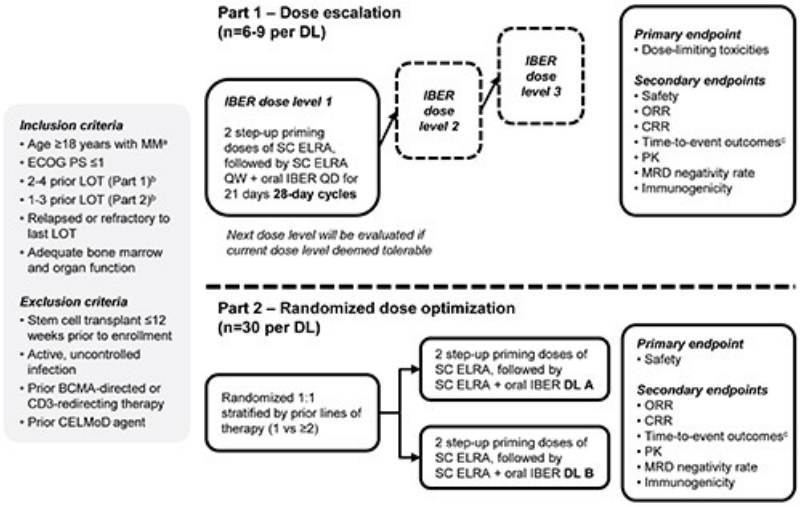
**Results:**

None, trial in progress.

**Summary/Conclusion:**

None, trial in progress.

**Figure. MagnetisMM-30 study design**




[a]Per IMWG criteria; including ≥1 IMiD and ≥1PI; [b]prior treatment with ≥2 consecutive cycles of a lenalidomide or pomalidomide-containing regimen and ≥2 consecutive cycles of a PI or a PI-containing regimen; [c]TTR, DOR, DOCR, PFS per IMWG response criteria as determined by investigator, and OS.
CELMoD=cereblon E3 ligase modulatory drug; CRR=complete response rate; DL=dose level; DOCR=duration of complete response; DOR=duration of response; MRD=minimal residual disease; ORR=objective response rate; OS=overall survival; PFS=progression-free survival; TTR=time-to-response.

**Keywords:** Clinical trial, Multiple myeloma, B-cell maturation antigen, Bispecific