Abstract: S210

Title: CEVOSTAMAB IN PATIENTS WITH RRMM WHO ARE TRIPLE-CLASS REFRACTORY AND HAVE RECEIVED A PRIOR BCMA-TARGETED ADC OR CAR T-CELL: INITIAL RESULTS FROM THE PHASE I/II CAMMA 2 STUDY

Abstract Type: Oral Presentation

Session Title: Novel agents in RRMM

Background:

Proven salvage therapies for patients (pts) with triple-class exposed or refractory multiple myeloma (MM) who progress on B-cell maturation antigen (BCMA)-targeted therapies are lacking.** Cevostamab, a FcRH5xCD3 bispecific antibody that facilitates T-cell directed killing of MM cells, has shown promising activity in pts with heavily pre-treated relapsed/refractory MM (RRMM), including those with prior exposure to BCMA-targeted agents, in a Phase I study (GO39775; Trudel, et al. ASH 2021). CAMMA 2 (NCT05535244; CO43476; Kumar, et al. ASCO 2022) is an ongoing Phase I/II study evaluating the efficacy and safety of cevostamab in pts with RRMM who are triple-class refractory and have received a prior BCMA-targeted agent.

Aims:

We present initial results from Cohort A1 of CAMMA 2.

Methods:

Eligible pts for Cohort A1 are those with RRMM who are triple-class refractory and have received a prior BCMA-targeted antibody–drug conjugate (ADC) or chimeric antigen receptor (CAR) T-cell therapy; pts who have received a prior BCMA-targeted bispecific antibody are not eligible. Cevostamab is initiated with step-up dosing (0.3mg on Cycle [C] 1 Day [D] 1 and 3.3mg on C1D2, D3, or D4 depending on the emergence and resolution of cytokine release syndrome [CRS] after initial administration), with the target dose of 160mg given on C1D8 and on D1 of each subsequent 21-day cycle. Treatment is continued until disease progression or unacceptable toxicity. Pts are hospitalized for the C1 administrations only. BCMA expression on MM plasma cells (MMPCs) and plasma cytokine levels were assessed. All pts provided informed consent.

Results:

At data cut-off (August 15, 2023), 21 pts (median age: 64 years) had been enrolled (prior ADC: 10 pts; prior CAR T-cell: 11 pts). Median prior lines of therapy was 6 (range: 4–15). Seven pts (33%) had extramedullary disease and 5/9 evaluable pts had high-risk cytogenetics (1q21 gain, t(4;14), t(14;16), or del(17p)). Median time on treatment was 73 days (range: 1–253) and median follow-up was 147 days (range: 38–280).

Among all pts, an overall response rate (ORR; partial response [PR] or better as best response) of 67% (14/21 pts) was achieved, including 38% (8/21) who achieved a very good PR (VGPR) or better (**Figure**). ORR and VGPR or better was achieved in 60% (6/10) and 20% (2/10) of pts in the prior ADC group, and 73% (8/11) and 55% (6/11) of pts in the prior CAR T-cell group, respectively (**Figure**). At data cut-off, 10/14 responders were still in response.

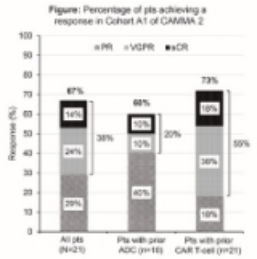
Grade (Gr) 3–4 adverse events (AEs) occurred in 62% (13/21 pts). Gr 3–4 AEs in ≥3 pts were neutropenia (38%), anemia (29%), and thrombocytopenia (24%). Infections occurred in 38% (8/21); 10% were Gr 3–4. Serious AEs (SAEs) occurred in 48% (10/21). SAEs in ≥3 pts were neutropenia (19%). CRS occurred in 71% (15/21); all events were Gr 1–2 and most occurred in C1. CRS was managed with tocilizumab (7 pts) or steroids (8 pts); 1 patient received both. One patient with a prior history of epilepsy had a treatment-related AE (Gr 4 ICANS) leading to withdrawal of cevostamab. No other AEs leading to withdrawal of cevostamab were reported. No Gr 5 (fatal) AEs occurred.

The percentage of MMPCs expressing BCMA was higher in the prior ADC group (median: 72%) than in the

prior CAR T-cell group (median: 37%). Peak interleukin 6 levels correlated with CRS occurrence and severity.

Summary/Conclusion:

Initial data from Cohort A1 of CAMMA 2 demonstrate that cevostamab has promising activity and manageable safety in pts with RRMM who are triple-class refractory and have received a prior BCMA-targeted ADC or CAR T-cell therapy.



Keywords: Multiple myeloma, Antibody, Bispecific, relapsed/refractory