Durability of Responses With Biweekly Dosing of Teclistamab in Patients With Relapsed/Refractory Multiple Myeloma Achieving a Clinical Response in the MajesTEC-1 Study

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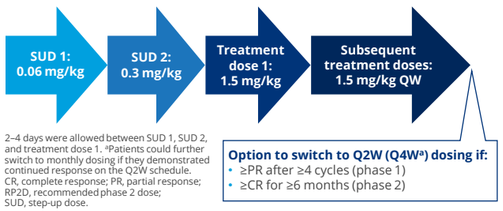
INTRODUCTION

- Teclistamab is the only approved B-cell maturation antigen (BCMA) × CD3 bispecific antibody with a personalized, weight-based dosing schedule for the treatment of triple-class exposed relapsed/refractory multiple myeloma (RRMM)[1]
- In the pivotal phase 1/2 MajesTEC-1 study, teclistamab demonstrated rapid, deep, and durable responses, with an overall response rate (ORR) of 63.0% and median progression-free survival (PFS) of 11.3 months at 14.1-month median follow-up[2,3]
  - MajesTEC-1 long-term follow-up[4]: Poster #MM-163
- Patients with durable responses could switch to a less-frequent dosing schedule, improving convenience and flexibility[5,6]
- Here, we assessed durability of responses in patients who switched from weekly (QW) to every-other-week (Q2W) or monthly (Q4W) dosing in MajesTEC-1

METHODS

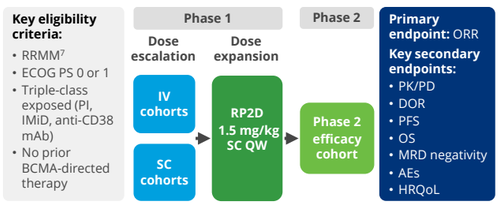
- Teclistamab dosing and the MajesTEC-1 study design are shown in **Figure 1** and **Figure 2**, respectively

FIGURE 1: Teclistamab RP2D dosing schedule



2–4 days were allowed between SUD 1, SUD 2, and treatment dose 1. [a]Patients could further switch to monthly dosing if they demonstrated continued response on the Q2W schedule. CR, complete response; PR, partial response; RP2D, recommended phase 2 dose; SUD, step-up dose.

FIGURE 2: MajesTEC-1[a] study design



[a]NCT03145181, NCT04557098. AE, adverse event; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; HRQoL, health-related quality of life; IMiD, immunomodulatory drug; IV, intravenous; mAb, monoclonal antibody; MRD, minimum residual disease; PD, pharmacodynamics; PI, proteasome inhibitor; PK, pharmacokinetics; SC, subcutaneous.

MULTIPLE MYELOMA

RESULTS

Study population

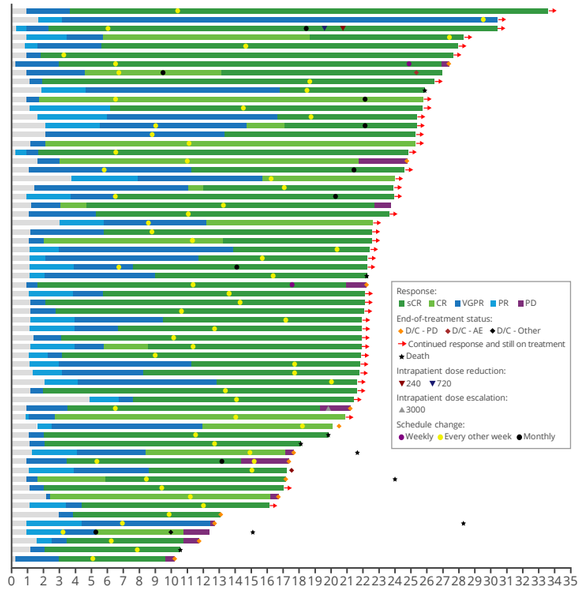
- As of January 4, 2023 (median follow-up, 23 months), 165 patients had received teclistamab in the pivotal cohort; of 104 responders, 63 switched to Q2W dosing (phase 1, n=22; phase 2, n=41) and 9 subsequently switched to Q4W (**Table**)
  - 54 patients met protocol-defined criteria for switching; 9 switched who did not meet the criteria (3 due to AEs, 6 due to other reasons)
- Median time to switch from first QW dose to first Q2W dose was 11.3 months (range, 3–30; median 6.8 months in phase 1, 12.7 months in phase 2), with median 12.6 months (range, 1–25) of follow-up since switching

TABLE: Baseline characteristics of patients who switched to Q2W or Q4W dosing

Characteristic	N=63
Age (years), median (range)	64 (40–82)
Male, n (%)	36 (57.1)
Race, n (%)	
White	55 (87.3)
Black/African American	6 (9.5)
Asian	1 (1.6)
Not reported	1 (1.6)
Extramedullary plasmacytomas,[a] n (%)	5 (7.9)
High-risk cytogenetics, n/N (%)	14/58 (24.1)
ISS stage, n (%)	
I	43 (68.3)
II	17 (27.0)
III	3 (4.8)
Time since diagnosis (years), median (range)	5.9 (1.1–20.5)
Number of prior LOT, median (range)	4 (2–14)
Refractory status, n (%)	
Triple-class[b]	47 (74.6)
Penta-drug[c]	22 (34.9)

[a]Includes patients who had ≥1 soft tissue plasmacytoma not associated with bone. [b]≥1 PI, ≥1 IMiD, and 1 anti-CD38 mAb. [c]≥2 PIs, ≥2 IMiDs, and 1 anti-CD38 mAb. LOT, line of therapy; ISS, International Staging System.

FIGURE 3: Response to teclistamab over time in 63 responders who switched to Q2W or Q4W dosing



D/C, discontinued; PD, progressive disease; sCR, stringent CR.

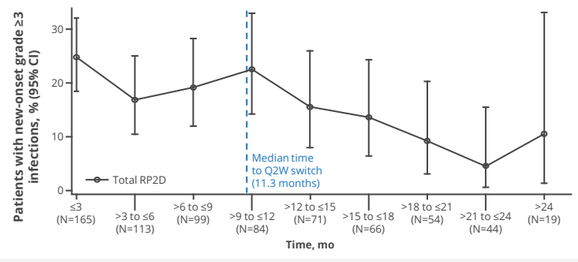
Efficacy

- At time of switch: 54 (85.7%) patients were in ≥CR, 8 (12.7%) were in very good partial response (VGPR), and 1 (1.6%) was in PR (**Figure 3**)
- Median DOR was not yet reached; 68.7% (95% CI, 53.6–79.7) of patients who switched remained in response for ≥2 years from the time of first response
- As of data cut-off, 42/63 patients maintained a response (41 still on treatment), 14 progressed after responding, 5 died (4 due to COVID-19), 1 had subsequent therapy after response, and 1 withdrew consent

Infections

- There was a reduction in new-onset grade ≥3 infections over time (**Figure 4**)
  - Patients who switched to Q2W dosing by 1 year had fewer grade ≥3 treatment-emergent infections between 1–1.5 years than those who remained on QW dosing by 1 year (15.6% vs 33.3%)

FIGURE 4: New-onset grade ≥3 infections over time in MajesTEC-1



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KEY TAKEAWAY

MajesTEC-1 has the longest follow-up for a bispecific antibody in MM to date (23 months); most patients who switched to Q2W or Q4W teclistamab dosing maintained deep responses

CONCLUSIONS

Of 104 responders, 63 switched from QW to Q2W or Q4W dosing, and 65% (41/63) remain on treatment

Patients who switched to Q2W or Q4W dosing maintained deep responses (69% for ≥2 years)

Fewer new-onset grade ≥3 infections were seen in patients who switched to Q2W or Q4W teclistamab dosing

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DISCLOSURES

SZU has served in a consulting or advisory role for AbbVie, Amgen, BMS/Celgene, Celgene, Genentech, Gilead Sciences, GSK, Janssen, Karyopharm Therapeutics, Merck, and Takeda; and has received research funding from Amgen, Array BioPharma, BMS, Celgene, GSK, Janssen, Merck, Pharmacyclics, Sanofi, Seattle Genetics, and Skyline Diagnostics. **LK** has an immediate family member who is employed by Aguettant; has received honoraria from AbbVie, Amgen, Celgene/BMS, GSK, Janssen, Sanofi, Stemline Therapeutics, and Takeda; has served in a consulting or advisory role for AbbVie, Amgen, Celgene/BMS, GSK, Janssen, Sanofi, Stemline Therapeutics, and Takeda; and has received travel, accommodations, or expenses from Amgene, Celgene/BMS, Janssen, Sanofi, and Takeda. **LB** has served in a consulting or advisory role for and is employed by Hopital Bretonneau, Centre Hospitalier Régional Universitaire; and has received travel, accommodations, or expenses from AbbVie and Sanofi. **HN** is employed by and owns stock in Genmab. **JS-M** has served in a consulting or advisory role for AbbVie, Amgen, BMS, Celgene, GSK, Haemalogix, Janssen, Karyopharm Therapeutics, MSD, Novartis, Regeneron, Roche, Sanofi, Secura Bio, and Takeda. **DT**, **KQ**, and **KC** are employed by and own stock in Janssen. **TS** is employed by, owns stock in, and has received travel, accommodations, and expenses from Janssen. **APP** is employed by and owns stock in Janssen; has patents, royalties, stock, or other ownership interests in AstraZeneca, Geneos, GSK, Globus, IgM Biosciences, Merck, Pfizer, and Vanda Pharmaceuticals; and was previously employed by Geneos. **AC** has served in a consulting or advisory role for Amgen, Genzyme, Janssen, Karyopharm Therapeutics, OncoPeptides, and Seattle Genetics.