soho2023
ELEVENTH ANNUAL MEETING

Case Presentation

1- **53-year-old** woman diagnosed with MM ISS stage II (IgG kappa). Induced with VCD x3 and radiotherapy. She obtained **partial response.**

2- Bone marrow 80% infiltration, negative cytogenetic high-risk features. She received KRd x3.

3- She underwent two autologous transplants, with high-dose Melphalan, achieving **complete remission (CR)**. Lenalidomide maintenance started.

4- First **relapse** 4 years post-diagnosis, with renal failure. Dyalisis and Isa-KRd. Lymphocytes collected for ide-cel production.

5- CAR-T infusion complicated by CRS, requiring anti Il-6 and dexamethasone. she had **refractory** MM.

6- Started on **Teclistamab** and transferred to outpatient setting. At 5 months, she is in CR.

Teclistamab is successful after CAR-T cell in Refractory Multiple Myeloma

Bastian Fleischmann, Sayli Jain, Adriana C. Bello, Rabi Zubair, Dirk Hempel

Onkologische Zentren-OnkoMedeor
Donauwörth, Germany

Presented at the Twelfth Annual Meeting of the Society of Hematologic Oncology (SOHO 2024). September 4-7, 2024. Houston, Texas USA.

ONKOMEDEOR
ONKOLOGISCHE ZENTREN

Teclistamab Success in CAR-T Refractory Multiple Myeloma

Teclistamab is first-in-class T-cell-redirecting therapy for Multiple Myeloma (MM). A humanized bispecific (IgG4) antibody "weaponizes" cellular immunity through the recruitment/ activation of T lymphocytes against BCMA in myeloma cells to induce turmoral death.

Prospective trials are needed to determine the optimal timing and use of Teclistamab and other T-cell-redirecting therapies, to increase the likelihood of cure for patients with myeloma.