Case Report : Complete Remission After Teclistamab Treatment in Multiple Myeloma

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Despite the advancements in treatments such as proteasome inhibitors, immunomodulatory drugs, and autologous stem cell transplants, multiple myeloma persists as an incurable disease. Treating relapsed or refractory multiple myeloma presents considerable difficulties, especially for patients who have already undergone three or more classes of drug therapies and still have active disease. The prognosis in these cases is bleak, often resulting in a median survival of 9 months or less (1).

We present an 82-year-old woman diagnosed with lambda light chain multiple myeloma. Initial diagnosis was made in July 2011, with laboratory results (anemia, FLC 1002 mg/L) and imagery showing osteolytic lesions.

Molecular karyotype NGS shows hyperdiploidy with 57 chromosomes, No deletion of 17p was observed, and there were no translocations t(4;14) or t(11;14). Mutations in NRAS, TRAF3, and subclonal TP53 were detected.

The patient will subsequently receive 4 lines of treatment before BCMA/CD3 bispecific antibody (Figure)

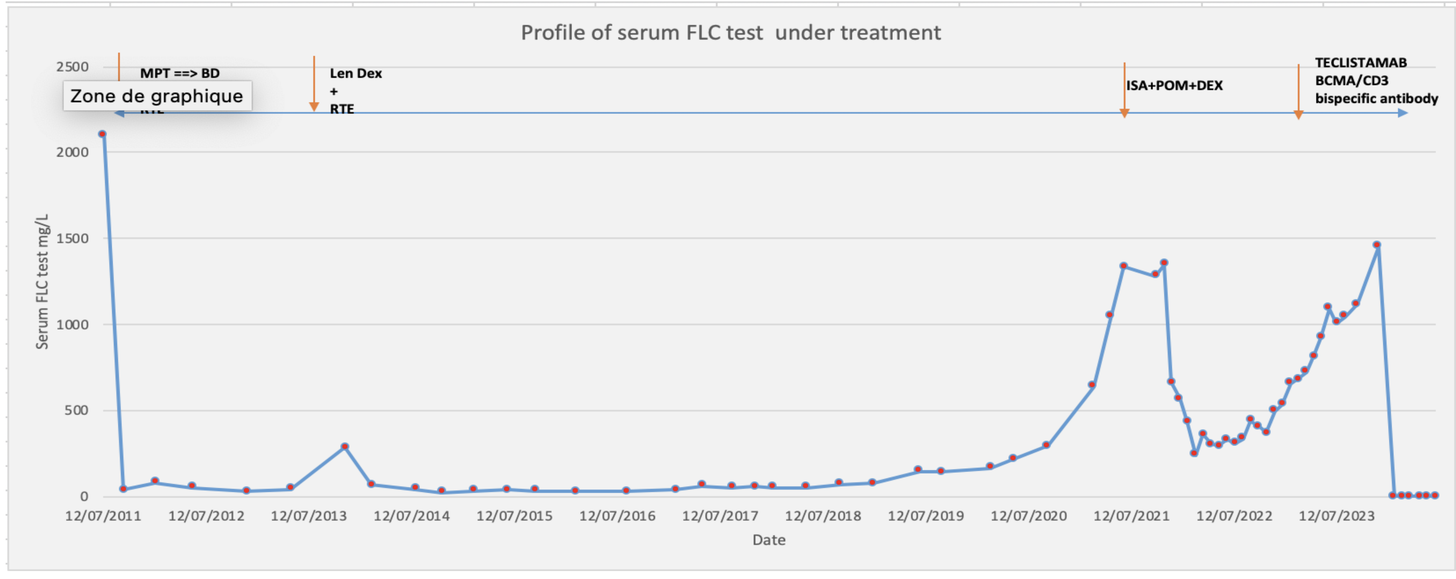


Figure : **This graph illustrates the patient's response to various treatments for multiple myeloma over time, as indicated by a relevant the result of the lambda light chain . the time from September 2011 to June 2024, while the y-axis shows the result of lambda (λ) light chain .**

Discussion

- **TECLISTAMAB was administered on a weekly basis with step-up dosing. Importantly, there were no occurrences of cytokine release syndrome (CRS) or immune effector cell-associated neurotoxicity syndrome (ICANS) during or after initiation. Remarkably, these measures contributed to the patient achieving complete remission .After a complete response the treatment adjusted as twice per month D1-D15**
- **The patient experienced recurrent infections, so we started administering Immunoglobulin once per month .**

Conclusions

- **Our case of a 82-year-old female following many lignes of treatments with a complete response is quite unique and warrants to be reported.**
- **This case impressively demonstrates the feasibility, safety and efficacy of TECLISTAMAB treatment, also in very elderly patients (>80 years , suffering from symptomatic RRMM after PI, IMiD.**
- **TECLISTAMAB has shown a high rate of deep and lasting responses in patients with triple-class–exposed relapsed or refractory multiple myeloma. Common adverse events included cytopenias and infections, with most toxic effects being grade 1 or 2 and consistent with T-cell redirection.**
- **TECLISTAMAB as a promising therapeutic option for patients with RRMM.**

References

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