SOHO ANNUAL MEETING 2024

The Early impressions with the Use of BCMA directed therapy: Elranatamab in Multiply Relapsed/Refractory Multiple myeloma: A Safety and Efficacy Analysis

D Podder[1],MD DM PDF; N. S. Patil,MD PDF; A Brahma MD, S Shewale MD PDF, R Jawed MD MSC, D Chattopadhyay MD DM DNRB, S Ghosh MD DM PDF, A Nag MD DM, J Kumar MD DNRB, A Rath MD DM, S Vinarka M M Parihar MD, DMishra MD, S Chakraborty MD, M Ghosh , R Nair MD

1 Tata Medical centre Kolkata

TATA MEDICAL CENTER

INTRODUCTION

•Multiple myeloma (MM) is a plasma cell dyscrasia characterized by expression of B-cell maturation antigen (BCMA).

•Elranatamab (PF-06863135), a bispecific antibody that targets BCMA on myeloma cells and CD3 on T-cells, activates and redirects the T-cell mediated cytotoxic immune response against myeloma cells.

AIM

Aim:

- To assess Safety and toxicity profile of Elranatamab in Relapsed Refractory Multiple Myeloma.
- Early impressions in the form of Time to response.

METHOD

1)**Type of study**: Retrospective study.
2)**Place of study**: Tata Medical Center, Kolkata
3)**Duration of study**: 5 months (April 2023-September 2023)
4)**Sample size**: 6
5)**Study group**: Relapsed Refractory Multiple Myeloma patients

All patients received subcutaneous Elranatamab 76 mg QW on a 28d cycle with a two step-up priming dose regimen of 12 mg on day 1 and 32 mg on day 4 during the first week.

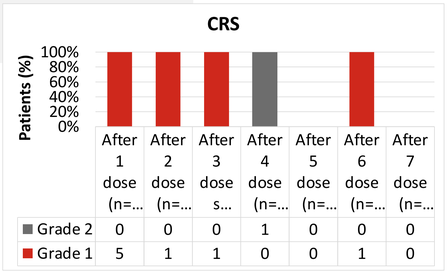
Drugs were procured via Named Patient compassionate drug access program (NPCDAP).

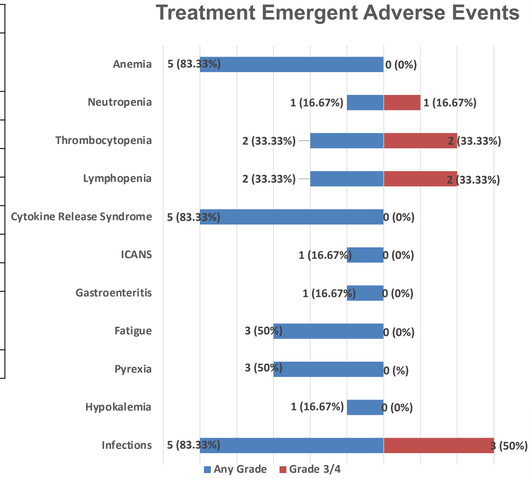
RESULTS

Characteristics	n=6 (%)
Median age (range) years	60 (30-67)
Sex	
Male	4 (66.7)
Female	2(33.3)
ECOG performance status	
0-2	4 (66.7)
3-4	2 (33.33)
Type of myeloma, n (%)	
IgG,Kappa	1 (16.67)
IgA,Kappa	2 (33.33)
IgA,Lambda	1 (16.66)
Light chain disease	2 (33.33)
Kappa	1 (16.67)
Lambda	1 (16.67)

Characteristics	Total n=6(%)
Cytogenetic risk	
Standard	4 (66.67)
High	2 (33.33)
Extramedullary disease	2 (33.33)
Bone marrow plasma cells	
<50%	3 (50)
≥50%	3 (50)
Median number of antimyeloma lines of therapy	5 (3-8)
Prior stem cell transplant	3 (50)
Exposure status	
Triple class	2(33.33)
Quadruple class	1(16.66)
Penta class	3(50)
Refractory to last line of therapy	6 (100)
Death during treatment	2 (33.33)

Infection	Any grade	Grade 3 or 4
Lower Respiratory Tract infection	12(75)	7(43.75)
Viral LRTI	4(25)	2(12.5)
Bacterial LRTI	7(43.75)	5(31.25)
Fungal LRTI	0	0
Tubercular LRTI	1(6.25)	0
Bacteremia	2(12.5)	1(6.25)
Urinary Tract Infection	1(6.25)	0
Gastroenteritis	1(6.25)	0
Opportunistic Infections Cytomegalovirus pneumonia	2(12.5)	2(12.5)
TOTAL INFECTIONS	n=16	





- A Complete response was achieved in 1/6 (16.66%); VGPR was achieved in 2/6 (33.33%).
- 1/6(16.66%) patient Expired during the course of treatment.
- 1/6(16.66%) patient had Progressive disease.
- At the time of this analysis, 1 responder (Patient 2) (16.66%) was still under treatment and response assessment is awaited

- The median duration Elranatamab treatment was 41.5days (range, 5days-49days).
- Median dose required to achieve CR is after 6 doses, i.e. After 32 days.
- Median Time to response (TTR) is 32 days (range,18-32) .

DISCUSSION

- Elranatamab is efficacious in pts with triple-class- and penta-drug refractory MM and no prior BCMA-targeted treatment.
- The most common Hematologic AE: Anemia 5(83.33%), Non Hematologic AE: Infections 5(83.33%) and CRS 5(83.33%). Most common AE of grade 3/4 : Infections: 3(50).
- Most common type of Infection included LRTI in which most common were Bacterial LRTI: 7(43.75).

CONCLUSIONS

•Elranatamab is associated with severe infections when used in heavily pre-treated RRMM patient cohort

•Infection prophylaxis and Intravenous Immunoglobulin supplementation should be considered while patient is on treatment.

REFERENCES

Iida, S. *et al.* (2024) 'Elranatamab in Japanese patients with relapsed/refractory multiple myeloma: Results from magnetismm-2 and magnetismm-3', *Japanese Journal of Clinical Oncology* [Preprint]. doi:10.1093/jjco/hyae068.

CONTACT INFORMATION

dibakar.podder@tmckolkata.com

nspatilhaematology@gmail.com