MM-1049

DREAMM-7 study of belantamab mafodotin + bortezomib + dexamethasone vs daratumumab + bortezomib + dexamethasone in relapsed/refractory multiple myeloma: efficacy in patients by subsequent therapy

Digital poster

Poster recording

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Introduction

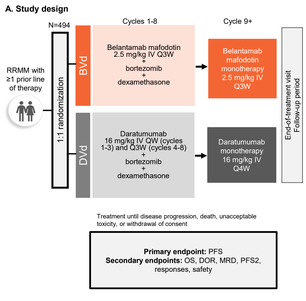
- In DREAMM-7 (NCT04246047), BVd demonstrated significant PFS (HR, 0.41; 95% CI, 0.31-0.53; *P*<.001) and OS benefits (HR, 0.58; 95% CI, 0.43-0.79; *P*=.00023) vs DVd in patients with relapsed/refractory multiple myeloma after ≥1 prior line of therapy[1,2]
- Analysis of PFS2 (ie, time from randomization to disease progression after initiation of new antimyeloma therapy or death from any cause, whichever occurred earlier) showed that treatment benefit favoring BVd vs DVd was maintained following subsequent antimyeloma therapy, with an HR of 0.59 (95% CI, 0.45-0.77)[2,a]
- The purpose of this analysis was to understand efficacy in patients who received subsequent anti-CD38 monoclonal antibodies, pomalidomide, carfilzomib, or bispecific monoclonal antibodies following treatment with BVd in DREAMM-7

[a] *If disease progression after new antimyeloma therapy could not be measured, a PFS event was defined as the date of discontinuation of new antimyeloma therapy, or death from any cause, whichever occurred earlier.*

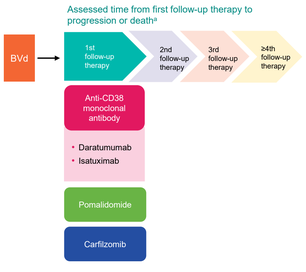
Methods

- Patients were randomized (1:1) to BVd or DVd as previously reported (**Figure 1A**)[1]
- Descriptive analyses assessed therapies received after study treatment
- In this post hoc analysis, the time from start of subsequent therapy to progression or death and OS was evaluated in patients in the BVd arm who received subsequent therapy as monotherapy or part of a treatment regimen (**Figure 1B**):
  - **Anti-CD38 monoclonal antibody** (daratumumab or isatuximab) as first follow-up therapy
  - **Pomalidomide** as first follow-up therapy
  - **Carfilzomib** as first follow-up therapy
  - **Bispecific monoclonal antibody** (cevostamab, teclistamab, talquetamab, or investigational antineoplastic drugs) not restricted to first follow-up therapy

Figure 1: **DREAMM-7: Phase 3, Open-Label, Randomized Trial in Patients With RRMM**



B. Post hoc analysis of first subsequent therapies



[a] *This measure was assessed on the respective line at 1st follow-up therapy, and if no death or progressive disease occurred during the line, the end date of the therapy was used.*

Results

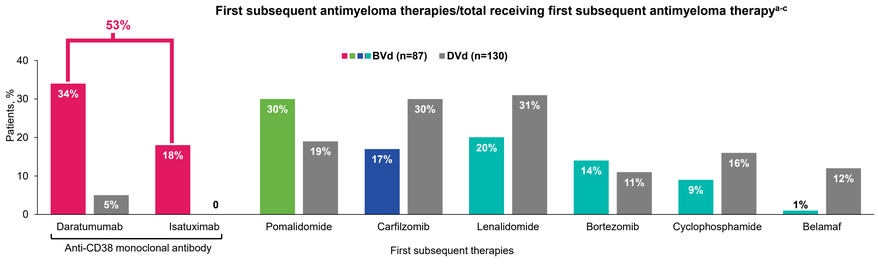
Patient Characteristics

- Of the 494 patients randomized (BVd, N=243; DVd, N=251), 60 (25%) and 38 (15%) were still on treatment at the time of this interim analysis 2 (data cutoff: October 7, 2024) in the BVd and DVd arms, respectively
- Overall, 87 patients (36%) in the BVd arm and 130 (52%) in the DVd arm received subsequent antimyeloma therapies

First Subsequent Therapy

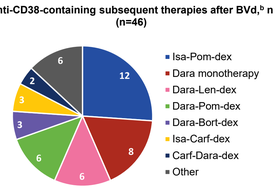
- Common first follow-up therapies after BVd included anti-CD38 monoclonal antibodies (daratumumab, 30 of 87 [34%]; isatuximab, 16 of 87 [18%]), pomalidomide (26 of 87 [30%]), and carfilzomib (15 of 87 [17%]) (**Figure 2**)
- In patients receiving a subsequent anti-CD38 therapy, the most common regimens included Isa-Pom-dex (n=12); Dara monotherapy (n=8); Dara-Len-dex (n=6); and Dara-Pom-dex (n=6) (**Figure 3**)
- Most patients receiving an anti-CD38 therapy or pomalidomide as a first follow-up therapy were receiving this therapy as ≥4L (**Figure 4**)
  - A similar proportion of patients receiving carfilzomib as a first follow-up therapy were receiving this therapy as 3L and ≥4L
- Median time from start of first follow-up therapy to progression or death was 14.1, 15.1, and 14.9 months in patients who received regimens containing an anti-CD38 monoclonal antibody, pomalidomide, and carfilzomib, respectively, as the next therapy after BVd (**Figure 5**)
- In the ITT population, median OS (95% CI) was NR (NR-NR); 36-month OS rates were 74% with BVd and 60% with DVd[2] (**Figure 6**)
  - Median OS (95% CI) was NR (NR-NR) in patients who received a subsequent anti-CD38 monoclonal antibody, pomalidomide, or carfilzomib after BVd; OS rates at 36 months were 74%, 84%, and 86%, respectively

Figure 2: **First Subsequent Therapies**



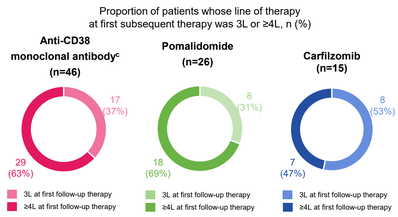
[a] *Two patients in the ITT population were randomized, not treated, rescreened, and rerandomized. They are counted as 4 unique patients in this output.* [b] *Since multiple categories per patient are possible, the total percentage may be >100%.* [c] *The overall line of therapy may vary at first subsequent therapy.*

Figure 3: **Subsequent Regimens After BVd Containing an Anti-CD38 Monoclonal Antibody[a]**



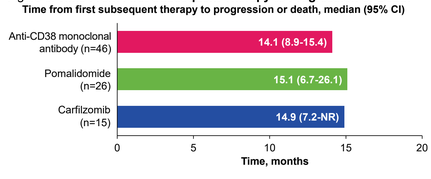
[a] *Two patients in the ITT population were randomized, not treated, rescreened, and rerandomized. They are counted as 4 unique patients in this output.* [b] *Anti-CD38 included daratumumab or isatuximab. Other included (n=1 each) Isa-Bort-dex, Dara-Len, Dara-Bort, Dara-Pom-dex-methylprednisolone-cyclophosphamide, Dara-dex-iberdomide, and Dara-investigational antineoplastic drugs.*

Figure 4: **Line of Therapy at Time of First Subsequent Therapy[a,b]**



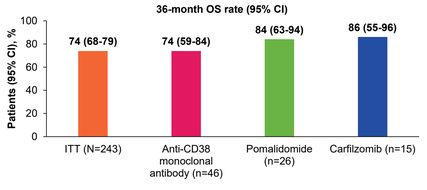
[a] *Line of therapies at time of first subsequent therapy = prior line of therapies + 2.* [b] *Two patients in the ITT population were randomized, not treated, rescreened, and rerandomized. They are counted as 4 unique patients in this output.* [c] *Anti-CD38 included daratumumab or isatuximab.*

Figure 5: **Time From First Subsequent Therapy to Progression or Death[a]**



[a] *Two patients in the ITT population were randomized, not treated, rescreened, and rerandomized. They are counted as 4 unique patients in this output.*

Figure 6: **OS Rates at 36 Months in the ITT Population and in Each First Subsequent Therapy Group[a]**



[a] *Two patients in the ITT population were randomized, not treated, rescreened, and rerandomized. They are counted as 4 unique patients in this output.*

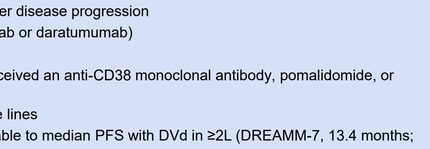
Subsequent Bispecific Antibody

- Time from first subsequent bispecific antibody (any line of follow-up therapy) to progression or death was assessed
- In 10 patients whose therapy ranged from 4th line to 7th line that received a bispecific antibody after BVd, the time from start of the first bispecific antibody to progression or death was 11.7 months (**Table 1 and Figure 7**)

Table 1. **Subsequent Bispecific Therapy Regimens**

Line	Subsequent bispecific therapy (n=10)	n (%)
4	Cevostamab Cevostamab-Pom-dex Teclistamab	1 (10) 1 (10) 1 (10)
5	Teclistamab	2 (20)
6	Cevostamab Dara-investigational antineoplastic drugs (bispecific therapy) Talquetamab	1 (10) 1 (10) 1 (10)
7	Teclistamab	2 (20)

Figure 7. **Time From Start of First Bispecific Antibody Therapy[a]**



[a] *Censored at end of therapy if there was no progression or death or last visit if therapy was ongoing.*

Conclusions

- In DREAMM-7, more patients in the DVd arm vs the BVd arm received subsequent antimyeloma therapies due to earlier disease progression
  - Of patients receiving subsequent therapies after BVd, over half received anti-CD38 monoclonal antibodies (isatuximab or daratumumab)
- Subsequent therapies with common classes of agents were effective and had consistent benefits after BVd treatment
  - The median time from start of first follow-up therapy to progression or death was 14 to 15 months in patients who received an anti-CD38 monoclonal antibody, pomalidomide, or carfilzomib as a first subsequent therapy
- Efficacy of subsequent therapies in this study was comparable to what is expected for these regimens in the respective lines
  - The time from first follow-up anti-CD38 therapy in the ≥3L population post BVd to progression or death was comparable to median PFS with DVd in ≥2L (DREAMM-7, 13.4 months; CASTOR, 16.7 months), indicating that patients in a later-line population received similar benefit[1,3]
- The median time from start of the first bispecific antibody as a subsequent therapy (ranging from 4th line to 7th line of therapy) to progression or death was 11.7 months
  - Median PFS with the bispecific antibody teclistamab in patients with ≥3 prior lines of therapy (MajesTEC-1) was 11.4 months at a median follow-up of 30.4 months[4]

Abbreviations

2L, 2nd line; 3L, 3rd line; 4L, 4th line; BVd, belantamab mafodotin, bortezomib, and dexamethasone; CD, cluster of differentiation; Dara-dex, daratumumab and dexamethasone; Dara-Len, daratumumab and lenalidomide; Dara-Len-dex, daratumumab, lenalidomide, and dexamethasone; Dara-Pom-dex-methylprednisolone-cyclophosphamide, daratumumab, pomalidomide, dexamethasone, cyclophosphamide, and methylprednisolone; DOR, duration of response; DVd, daratumumab, bortezomib, and dexamethasone; HR, hazard ratio; Isa-Bort-dex, isatuximab, bortezomib, and dexamethasone; Isa-Pom-dex, isatuximab, pomalidomide, and dexamethasone; ITT, intention to treat; IV, intravenous; MRD, minimal residual disease; NR, not reached; OS, overall survival; PFS, progression-free survival; PFS2, time from randomization to disease progression after initiation of new antimyeloma therapy or death from any cause, whichever occurred earlier; Q3W, every 3 weeks; QW, every 4 weeks; QW, once weekly; RRMM, relapsed/refractory multiple myeloma.

References

1. Hungria V, et al. *N Engl J Med*. 2024;391:393-407.
2. Hungria V, et al. *Blood*. 2024. Oral; abstract 772.
3. Mateos M-V, et al. *Clin Lymph Myeloma Leuk*. 2019;20:509-518.
4. Garfall AL, et al. *J Clin Oncol*. 2024. Abstract 7540.

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Disclosures

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