MM-605

SOHO 2026 Annual Meeting

Post-BCMA Sequencing in Relapsed/Refractory Multiple Myeloma: BCMA Retargeting vs Non-BCMA T-Cell Redirection

Ayse Gul Korkmaz1, Adit Dharia1, Dharmik Patel2, Muddassir Salman1
1. USF Morsani School of Medicine, HCA Florida Oak Hill Hospital, Brooksville, FL, USA
2. HCA Florida Healthcare/Westside/Northwest Hospital, Plantation, FL, USA
Presenting author: Ayse Gul Korkmaz

BACKGROUND & METHODS

Background

The best treatment approach after BCMA-directed therapy in RRMM remains unclear as BCMA-directed CAR T-cell therapy, bispecific antibodies, and ADCs are used earlier.

Methods

Search sources:

PubMed and major hematology/oncology meeting abstracts, including ASH, ASCO, EHA/HemaSphere, and SOHO, from 2022 to 2025.

Eligible studies:

RRMM studies reporting outcomes following prior BCMA-directed therapy, with extractable outcomes for the prior-BCMA-exposed subgroup.

Analysis

Crude pooled ORRs were calculated by sequencing strategy.

STUDY SELECTION

7	4
Nonoverlapping cohorts	BCMA retargeting cohorts
3	**2022-2025**
Non-BCMA cohorts	Search years

When overlapping cohorts were identified, the latest, most complete, or full-publication source was used.

POOLED RESPONSE BY STRATEGY

55.4%	74.5%	3.2-9.1 mo
BCMA retargeting ORR	**Non-BCMA switching ORR**	**Reported PFS range**
108/195	35/47	BCMA retargeting

Crude pooled objective response rates

BCMA retargeting included teclistamab, elranatamab, ide-cel, or cilta-cel after prior BCMA-directed therapy.

Non-BCMA target switching included GPRC5D- and FcRH5-directed therapy across three smaller cohorts.

Results should be interpreted descriptively rather than as a direct comparison because of heterogeneity.

BCMA RETARGETING

55.4%	108 / 195	3.2-9.1 mo
Crude ORR	**Responses**	**Median PFS**
95% CI 48.4-62.2	patients	when reported

BCMA retargeting showed consistent but modest activity after prior BCMA-directed therapy.

A mixed post-BCMA salvage series showed lower activity and was not pooled with T cell-redirecting strategies.

NON-BCMA TARGET SWITCHING

74.5%	35 / 47	3
Crude ORR	**Responses**	**Cohorts**
95% CI 60.5-84.7	patients	smaller cohorts

Target switching included GPRC5D- and FcRH5-directed therapy.

Numerically higher response rates were observed with non-BCMA target switching, but the cohorts were smaller and heterogeneous.

Key sources of heterogeneity:

Prior BCMA modality, patient selection, refractoriness, and follow-up.

CONCLUSIONS

Responses after prior BCMA-directed therapy remain possible, but outcomes vary depending on the subsequent strategy.

BCMA retargeting showed consistent but modest activity, whereas switching to a non-BCMA T cell-redirecting target showed numerically higher response rates in smaller cohorts.

Although current data remain limited and heterogeneous, they suggest that target switching may be an important strategy after BCMA exposure and should be studied prospectively.

Abbreviations: ADC, antibody-drug conjugate; ASH, American Society of Hematology; ASCO, American Society of Clinical Oncology; BCMA, B-cell maturation antigen; CAR, chimeric antigen receptor; EHA, European Hematology Association; FcRH5, Fc receptor-homolog 5; GPRC5D, G-protein coupled receptor family C group 5 member D; ORR, objective response rate; RRMM, relapsed/refractory multiple myeloma.