



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

**Ayşe Gul Korkmaz**<sup>1</sup>, Adit Dharia<sup>1</sup>, Dharmik Patel<sup>2</sup>, Muddassir Salman<sup>1</sup>  
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: Ayşe 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.

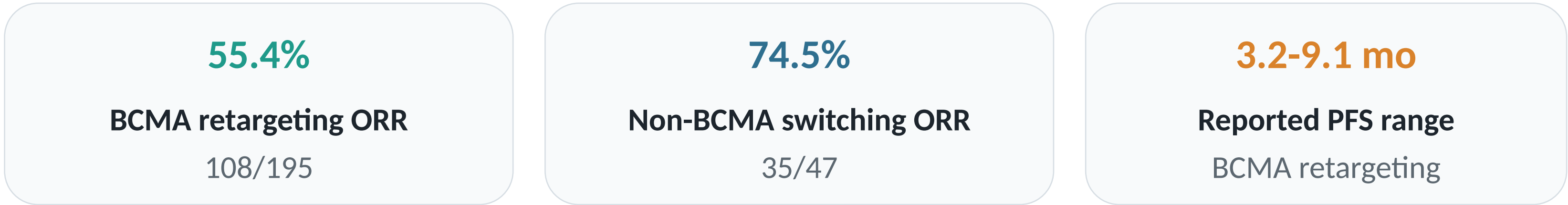
##### Eligible studies:

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.

### POOLED RESPONSE BY STRATEGY



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.**

### NON-BCMA TARGET SWITCHING



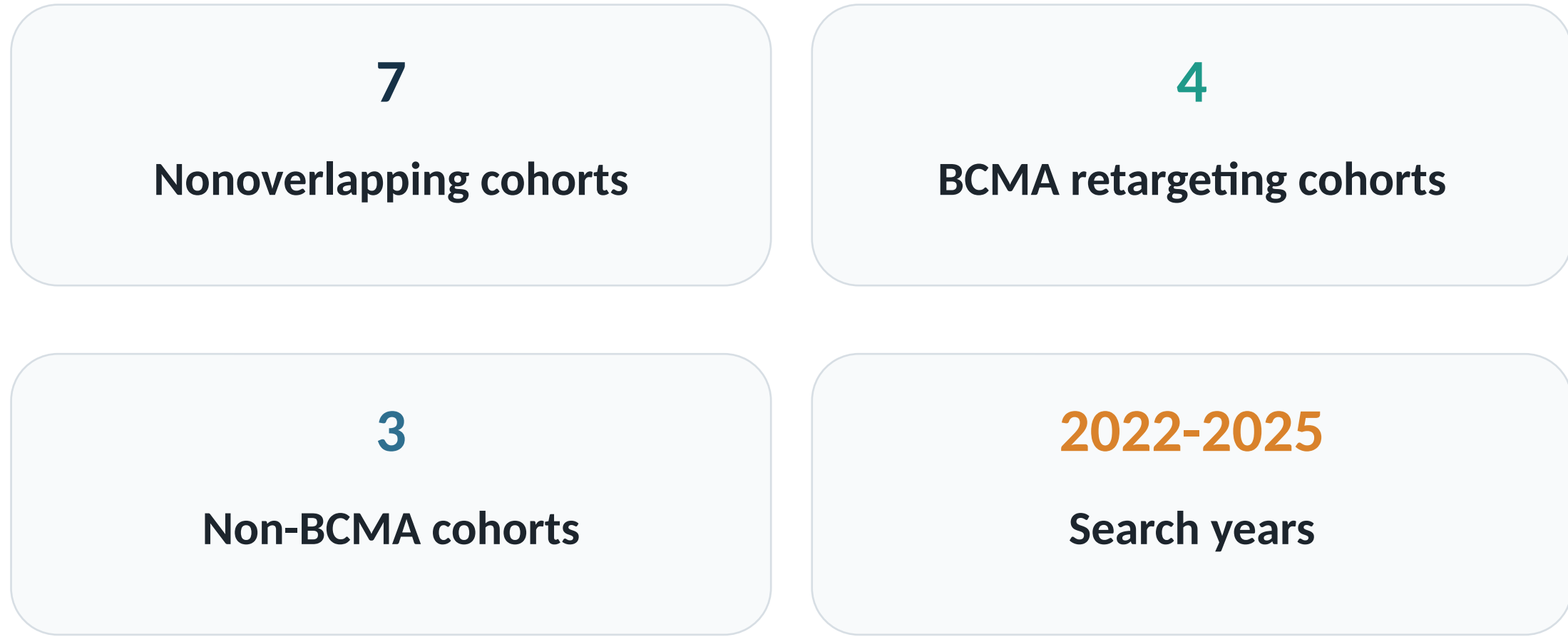
Target switching included GPRC5D- and FcRH5-directed therapy.

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.

### STUDY SELECTION



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

### BCMA RETARGETING



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.

### 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.