TREATMENT-RELATED MORTALITY AND PREDICTORS IN REAL-WORLD PATIENTS WITH RELAPSED/REFRACTORY MULTIPLE MYELOMA TREATED WITH TECLISTAMAB

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INTRODUCTION

Teclistamab has demonstrated meaningful activity in relapsed/refractory multiple myeloma (RRMM), but treatment-related mortality (TRM) remains an important real-world safety concern. Although most deaths after bispecific t-cell engager therapy are attributed to progressive disease, a clinically relevant subset may be treatment-related. We evaluated the incidence of TRM in a multicenter real-world teclistamab cohort and assessed whether baseline predictors of mortality also identify patients at increased risk for TRM.

AIM

- Highlight the incidence of TRM in patients receiving Teclistamab.
- Identify baseline and on-treatment variables that predict mortality in these patients.
- Comparing differences in all-cause mortality and TRM.

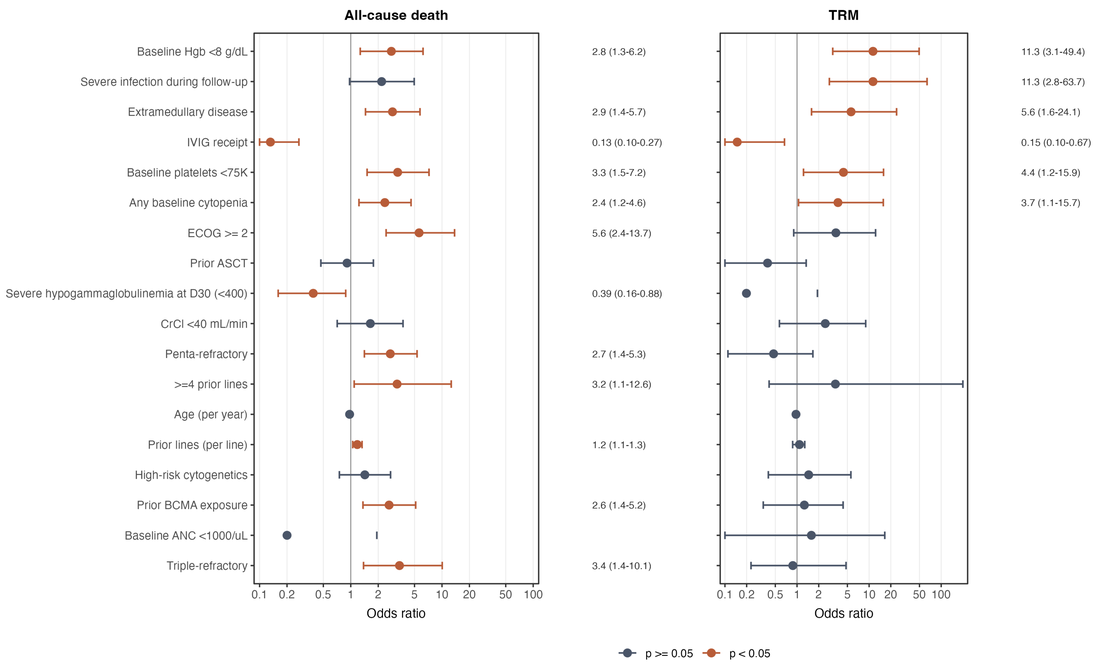
METHOD

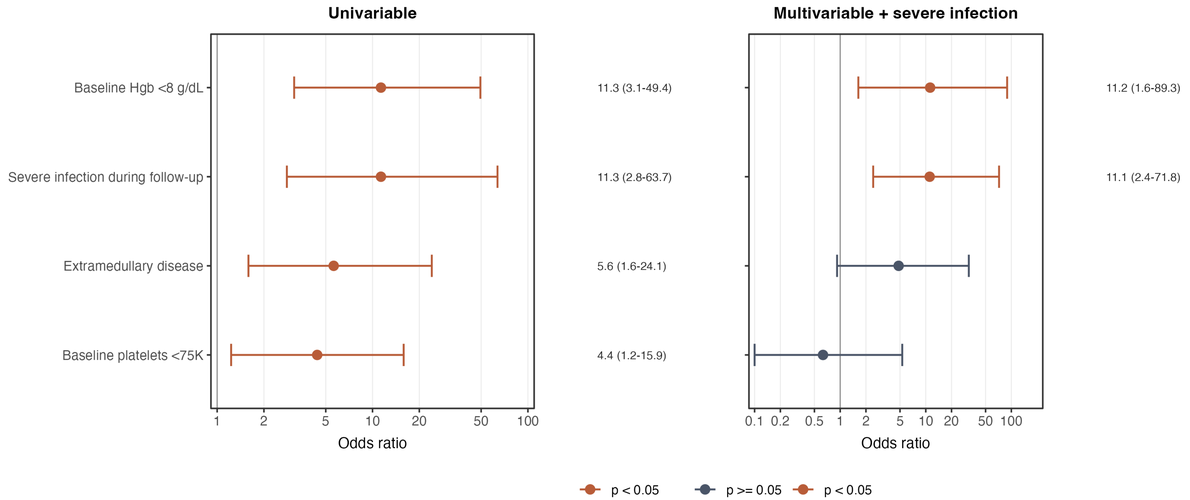
- Retrospective analysis from 7 US academic centers.
- TRM was defined via a site-recorded flag.
- Firth's penalized logistic regression with an event-to-variable ratio of 3 was used due to the low number of TRM events.

CONCLUSIONS

- Baseline Hgb <8 g/dl is a significant predictor of TRM. This might indicate that worse baseline bone marrow reserves is a poor prognostic marker in RRMM.
- Severe infection within the first 30 days of treatment initiation remains a significant predictor of TRM.

RESULTS





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