



Safety Profile of Elotuzumab-Based Regimens in Multiple Myeloma:

A Syetematic Review and Meta-Analysis of Randomized Controlled Trials

¹Fnu Raja, ²Kaung Htet Hla Win, ²Anid Hassan, ⁴Momna Nisar, ⁸Medhansh Biradar, ⁶Imandi Venkata Lakshmi, ⁷Unsa Ali

¹Federal Medical and Dental College, Islamabad, ICT, Pakistan; ²One Brooklyn Health/Interfaith Medical Center, NYC, NY, USA; ³Hackensack Meridian Jersey Shore University Medical Center, Neptune, NY, USA; ⁴Woodhull medical and mental health center, NYC, NY, USA; ⁵All India Institute of Medical Sciences, Raipur, Chhattisgarh, India; ⁶All India Institute of Medical Sciences, Raipur, Chhattisgarh, India; ⁷Dow Medical College, Kaarachi, Sindh, Pakistan.

Rajalound@gmail.com

Keywords:
Elotuzumab, Regimens, Multiple Myeloma, Meta-analysis, Safety

Background

- Elotuzumab, a monoclonal antibody targeting signaling lymphocytic activation molecule F7 (SLAMF7), has become an important therapeutic option in multiple myeloma (MM), particularly in combination with immunomodulatory agents.
- Although its clinical efficacy has been demonstrated, concerns persist regarding treatment-related toxicities and infectious complications.
- This systematic review and meta-analysis evaluated the safety profile of elotuzumab-containing regimens in patients with newly diagnosed and relapsed/refractory MM.

Methods

- A systematic search of PubMed, EMBASE, Web of Science, and Cochrane CENTRAL was conducted according to PRISMA guidelines.
- Phase II and III randomized controlled trials comparing elotuzumab-based regimens with non-elotuzumab controls in adult MM patients were included.
- Relative risks (RRs) with 95% confidence intervals (CIs) were pooled using fixed- or random-effects models according to heterogeneity.

Results – study overview

6
randomized controlled trials included

1,736
total patients included

847
received elotuzumab-containing therapy

889
received control regimens

Results – summary of key findings

Overall adverse events	RR=1.00, 95% CI: 0.99–1.01; p=0.64	Comparable between groups
Grade 3–4 adverse events	RR=1.06, 95% CI: 0.90–1.26; p=0.69	Numerically higher, not significant
Neutropenia	RR=0.86, 95% CI: 0.76–0.98; p=0.02	Significantly lower risk
Pneumonia	RR=1.30, 95% CI: 1.07–1.59; p=0.009	Higher incidence
Diarrhea	RR=1.16, 95% CI: 1.05–1.30; p=0.006	Higher incidence
Pyrexia	RR=1.47, 95% CI: 1.10–1.96; p=0.010	Higher incidence
Infections overall	RR=1.09, 95% CI: 1.03–1.15; p=0.002	Higher incidence
Hyperglycemia	RR=1.63, 95% CI: 1.28–2.07; p<0.0001	Higher incidence

Results – detailed safety outcomes

Outcome adverse events	Relative Risk (RR) (95% CI)	p-value	Favors elotuzumab Lower risk Higher risk
Overall adverse events	1.00 (0.99–1.01)	0.64	
Grade 3–4 adverse events	1.06 (0.90–1.26)	0.69	
Neutropenia	0.86 (0.76–0.98)	0.02	
Pneumonia	1.30 (1.07–1.59)	0.009	
Diarrhea	1.16 (1.05–1.30)	0.006	
Pyrexia	1.47 (1.10–1.96)	0.010	
Infections overall	1.09 (1.03–1.15)	0.002	
Hyperglycemia	1.63 (1.28–2.07)	<0.0001	

Outcome adverse events	Relative Risk (RR) (95% CI)	p-value	Favors elotuzumab Lower risk Higher risk
Grade 3–4 adverse events			
Lymphopenia	1.86 (1.31–2.64)	0.0005	
Diarrhea	1.47 (1.00–2.16)	0.05	
Pneumonia	1.57 (1.11–2.23)	0.01	
Infections	1.32 (1.07–1.63)	0.009	
Cataracts	2.87 (1.15–7.21)	0.02	

0.5 1.0 1.0 2.0 4.0 8.0
Relative Risk (RR)

Conclusions

Elotuzumab-based regimens demonstrate a generally manageable safety profile in MM. Although treatment is associated with reduced neutropenia risk, increased rates of infectious, gastrointestinal, metabolic, and selected severe adverse events warrant careful monitoring and supportive management during therapy.