EFFICACY AND SAFETY OUTCOMES OF TECLISTAMAB IN RELAPSED/REFRACTORY MULTIPLE MYELOMA: A SYSTEMATIC REVIEW

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INTRODUCTION

Bispecific antibodies targeting B-cell maturation antigens (BCMA), such as teclistamab, have emerged as promising therapeutic options for relapsed/refractory multiple myeloma (RRMM).

The efficacy and safety outcomes of teclistamab have been well demonstrated through several clinical trials.

However, there is a paucity of literature on these outcomes in retrospective studies of teclistamab among patients with RRMM.

AIM

To evaluate the efficacy and safety of teclistamab use in RRMM.

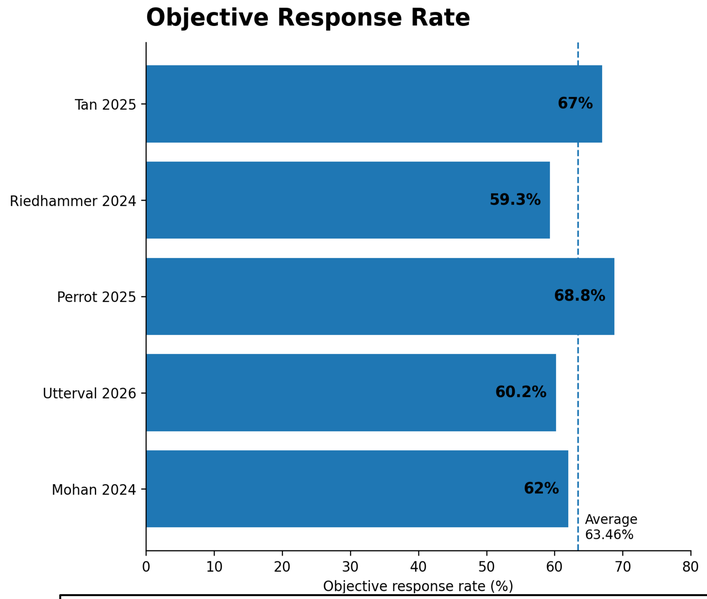
METHOD

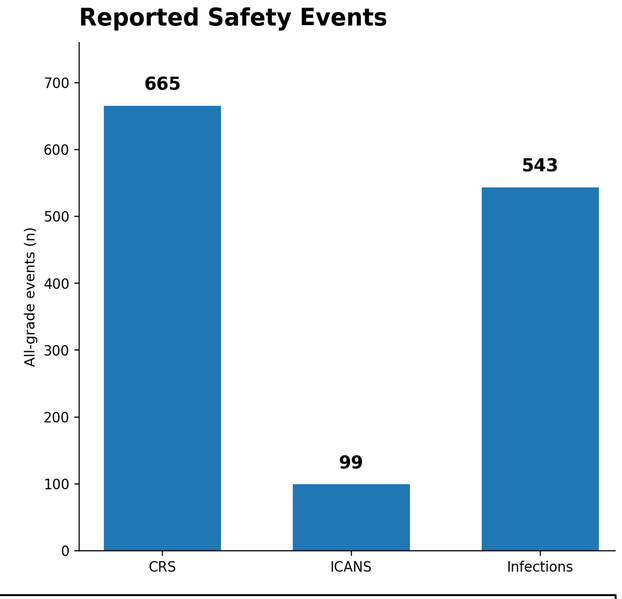
A systematic review of retrospective studies was conducted in accordance with PRISMA guidelines.

RESULTS

Real-World Efficacy and Safety of Teclistamab in RRMM

1,410	7	63.46%	11.06 mo	10.5 mo
Patients	Studies	Average ORR	Average median PFS	Average follow-up





ORR and PFS were reported in 5 of 7 studies. Safety values represent aggregate all-grade event counts reported in the abstract.

A total of 990 studies were screened from Medline, Embase, and ScienceDirect. Seven studies met the inclusion criteria.

Across all studies, a total of 1410 patients were included; 753 (53.4%) were male, with a median age of 57 years.

Eight hundred forty-seven (60.0%) patients with RRMM were triple-drug refractory, and 479 (68.4%) were penta-drug refractory.

Tocilizumab was administered in 409 cases (53.5%), steroids in 233 cases (30.5%), and anakinra in 2 cases for CRS and/or ICANS.

Five studies reported IVIG use for treatment (565 patients), one for prophylaxis (46 patients), and another did not report IVIG use.

Two studies did not report cytopenia as an adverse event.

CONCLUSIONS

This systematic review of retrospective studies on teclistamab in patients with RRMM demonstrated promising survival outcomes with a well-tolerated profile; however, given shorter median follow-up periods, additional data are needed to confirm long-term safety and effectiveness.

CONTACT INFORMATION

REFERENCES

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