

# A Comparison of Patient-Reported Peripheral Neuropathy Among Patients Treated With Elranatamab vs Real-World Clinical Practice in Triple-Class Refractory Multiple Myeloma

## Objectives



To contextualize patient-reported peripheral neuropathy experienced by patients treated with elranatamab from MM-3, the longitudinal changes in CIPN20 scores were compared with a similar group of patients with triple-class refractory multiple myeloma from real-world clinical practice starting a new line of therapy

## Conclusions



CIPN20 scores of patients at baseline and mean scores at month 6 were comparable across the MM-3 trial and the MM-14 real-world study

These findings support that change in CIPN20 scores from baseline to month 6 were neither statistically nor clinically different following treatment with elranatamab vs physician's choice of therapy in real-world clinical practice



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## Background

- Peripheral neuropathy (PN) is frequently observed in patients with triple-class refractory (TCR; ie, refractory to ≥1 proteasome inhibitor, ≥1 immunomodulatory drug, and ≥1 anti-CD38 monoclonal antibody) relapsed/refractory multiple myeloma (RRMM)<sup>1</sup>
  - PN may worsen with increasing lines of therapy and disease progression<sup>2-4</sup>
- Elranatamab is a humanized, bispecific antibody that targets B-cell maturation antigen (BCMA) on myeloma cells and CD3 on T cells<sup>5</sup>
- The single-arm, registrational, phase 2 MagnetisMM-3 trial (MM-3; NCT04649359) included the European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire (QLQ) – Chemotherapy-Induced Peripheral Neuropathy-20 items (CIPN20), which has been validated for RRMM

## Results

### PATIENTS AND TREATMENT

- Patient demographics and baseline characteristics for the MM-3 and MM-14 studies are listed in **Table 2**
- Physician's choice of treatment for patients in MM-14 mostly included elotuzumab + pomalidomide (23%), carfilzomib + pomalidomide (19%), or carfilzomib + cyclophosphamide (19%), all with corticosteroids

**Table 2. Demographics and baseline characteristics**

	MM-3 (N=123)	MM-14 (N=31)
<b>Age, median (IQR), years</b>	68.0 (63.0-73.0)	69.0 (62.2-73.5)
<b>Male, n (%)</b>	68 (55.3)	17 (54.8)
<b>Race, n (%)</b>		
African American/Black	9 (7.3)	0
Asian	16 (13.0)	0
White	72 (58.5)	31 (100)
Unknown or not reported	26 (21.1)	0
<b>ECOG PS, n (%)</b>		
0	45 (36.6)	16 (51.6)
1	71 (57.7)	11 (35.5)
2	7 (5.7)	4 (12.9)
<b>R-ISS, n (%)</b>		
I	28 (22.8)	10 (32.3)
II	68 (55.3)	15 (48.4)
III	19 (15.4)	3 (9.7)
Unknown or missing	8 (6.5)	3 (9.7)
<b>Cytogenetic risk, n (%)</b>		
High	31 (25.2) <sup>a</sup>	18 (58.1) <sup>b</sup>
Standard	83 (67.5)	0 <sup>b</sup>
Unknown or missing	9 (7.3)	4 (12.9)
<b>Extramedullary disease, n (%)</b>		
Yes	39 (31.7)	5 (16.1)
No	84 (68.3)	25 (80.6)
Unknown or missing	0	1 (3.2)
<b>No. prior lines of therapy, median (range [MM-3] or IQR [MM-14])</b>	5.0 (2.0-22.0)	4.0 (3.0-5.0)

<sup>a</sup>Included t(4;14), t(14;16), and del(17p) chromosomal abnormalities; <sup>b</sup>Included t(4;14), t(14;16), del(17p), and gain 1q chromosomal abnormalities; standard-risk abnormalities included trisomies, t(11;14), and t(6;14)  
ECOG PS=Eastern Cooperative Oncology Group performance status; IQR=interquartile range; R-ISS=Revised Multiple Myeloma International Staging System

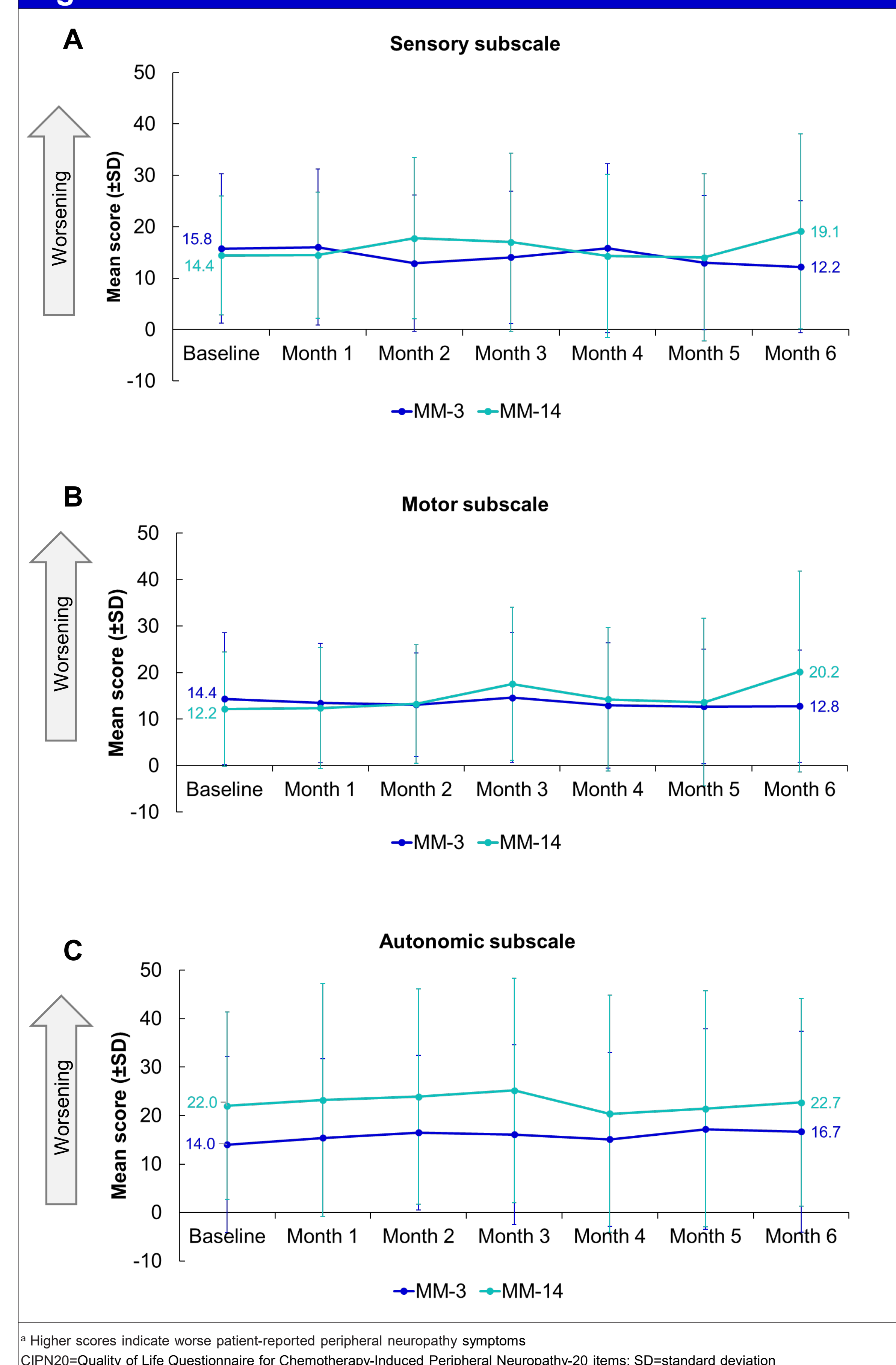
## Methods

- The change in symptoms of possible PN measured with CIPN20 domain scores between patients without prior BCMA-directed therapy (ie, BCMA naive) enrolled in MM-3 and patients with TCR MM enrolled in MagnetisMM (MM-14) who did not receive chimeric antigen receptor T-cell (CAR-T) therapy were indirectly compared (**Table 1**)
- Descriptive data were reported monthly through month 6, corresponding to the period when elranatamab was administered on a weekly basis to all patients
- For each domain of CIPN20, the mean difference between patients in MM-3 and MM-14 at each time point and the mean change from baseline to month 6 by cohort were analyzed

### PATIENT-REPORTED OUTCOMES

- Patient-reported outcome survey completion rates over the 6-month period were >75% in the MM-3 cohort and >80% in the MM-14 cohort
- Mean CIPN20 scores for the sensory, motor, and autonomic domains for the first 6 months for MM-3 and MM-14 were similar (**Figure 1**)

**Figure 1. CIPN20 domain scores for MM-3 and MM-14<sup>a</sup>**



**Table 1. Description of MagnetisMM-3 and -14 studies and PRO collection**

MagnetisMM-3	MagnetisMM-14
<ul style="list-style-type: none"> <li>Open-label, multicenter, nonrandomized study</li> <li>PROs were an exploratory endpoint</li> <li>PRO measures were administered electronically on days 1 and 15 of the first three cycles and day 1 on subsequent cycles through cycle 12</li> </ul>	<ul style="list-style-type: none"> <li>Real-world, prospective, multicenter, observational study conducted through the Mayo Clinic system</li> <li>For patients initiating a new post-TCR therapy (ie, index date), PRO surveys were administered monthly for the first 6 months for a 12-month observation period</li> <li>Clinical information was obtained from retrospective chart reviews at 3 and 12 months following the index date</li> </ul>
<ul style="list-style-type: none"> <li>Patient inclusion and exclusion criteria were similar between the 2 studies (eg, patients with TCR disease, ECOG PS ≤2)<sup>5,6</sup></li> </ul>	

ECOG PS=Eastern Cooperative Oncology Group performance status; PRO=patient-reported outcome; TCR=triple-class refractory

- Changes in CIPN20 scores from baseline to month 6 for sensory, motor, and autonomic domains were not meaningful in both MM-3 and MM-14 (**Figure 2A**)
- Mean scores of sensory (15.8 vs 14.4) and motor (14.4 vs. 12.2) domains of the CIPN20 were similar between MM-3 and MM-14 at baseline (**Figure 2B**)
- At month 6, no considerable differences were observed between MM-3 and MM-14 among any of the CIPN20 domains

**Figure 2. Changes from baseline to month 6 in CIPN20 scores in MM-3 and MM-14**

