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The Effect of Switching to Less Frequent Dosing on Patient-Reported Outcomes Among Patients With Relapsed/Refractory Multiple Myeloma Treated With Elranatamab

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Objectives

To explore the effect of switching from QW to Q2W dosing of ELRA on PROs among BCMA-naive and -exposed patients with RRMM enrolled in the MagnetisMM-3 trial

Conclusions

For patients who met the criteria to switch to Q2W dosing of ELRA in the MagnetisMM-3 trial, quality of life and symptoms remained stable up to well over a year, regardless of whether patients were naive or exposed to prior BCMA-directed therapy

- These data complement previous findings that the clinical benefit and safety of ELRA monotherapy are maintained with less frequent dosing

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References: 1. Tacchetti P, et al. Cancers 2024;16:2337. **2.** van de Donk N, et al. Blood Cancer Discov 2024;5:388-399. **3.** ELREXFIO (elranatamab-bccm). Prescribing information. Pfizer; 2023. **4.** ELREXFIO (elranatamab-bccm). Summary of product characteristics. Pfizer; Europe MA EEIG; 2024. **5.** Japan Pharmaceuticals and Medical Devices Agency. Accessed May 12, 2025. https://www.pmda.go.jp/files/000274881.pdf. **6.** Lesokhin A, et al. Nat Med 2023;29:2259-2267. **7.** Mohty M, et al. Br J Haematol 2024;204:1801-1810.

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Background

- Reduced dosing frequency of bispecific antibody therapies may improve their tolerability and safety in patients with multiple myeloma (MM)[1,2]
- Elranatamab (ELRA), a bispecific antibody that targets B-cell maturation antigen (BCMA) on myeloma cells and CD3 on T cells, is approved for the treatment of relapsed/refractory MM (RRMM) in the US and other countries[3-5]
- The phase 2 registrational MagnetisMM-3 trial (NCT04649359) evaluated the safety and efficacy of ELRA monotherapy in patients with triple-class refractory RRMM enrolled in 2 cohorts (Cohort A: patients without prior BCMA-directed therapy [BCMA naive] and Cohort B: patients with prior BCMA-directed therapy [BCMA exposed])[6]
- Patients in MagnetisMM-3 who received once weekly (QW) ELRA monotherapy reported notable reductions in pain and disease symptoms regardless of prior exposure to BCMA-directed therapy[7]
- Of BCMA-naive patients who switched from QW to every 2 weeks (Q2W) ELRA dosing, 80% maintained or improved their response; the incidence of some grade 3/4 adverse events decreased by >10% after the switch[6]

Methods

- Patients received ELRA subcutaneously in 28-day cycles with step-up doses of 12 mg on day [D] 1 and 32 mg on D4, followed by the full treatment dose of 76 mg QW starting on D8 of cycle 1
- If a patient received QW ELRA for ≥6 cycles and achieved an International Myeloma Working Group response category of partial response or better with responses persisting for ≥2 months, then the dose interval was changed from QW to Q2W, and from Q2W to every 4 weeks after ≥6 Q2W cycles
- Patient-reported outcome (PRO) measures included the European Organisation for Research and Treatment (EORTC) QLQ-C30, EORTC QLQ-MY20, and EQ-5D-5L administered electronically on D1 and D15 of the first 3 cycles, D1 of each subsequent cycle through cycle 12, and D1 of every third cycle afterwards
- Analyses were focused exclusively on the subset of patients (from both BCMA-naive and -exposed patients) who switched from QW to Q2W dosing
- The baseline (BL) was redefined for each of these patients as the point at which they switched to Q2W dosing (Q2W BL), with changes in reported PROs from the Q2W BL analysed using repeated measures longitudinal models
  - Post-switching PRO assessments were windowed to the nearest month up to month 18
- Data cutoff was March 26, 2024, representing a median follow-up of approximately 28 months for the overall study population

Results

BASELINE DEMOGRAPHICS AND CLINICAL CHARACTERISTICS

- Of the 61 BCMA-naive and 22 BCMA-exposed patients treated with ELRA through at least cycle 7, 58 (95%) and 19 patients (86%), respectively, transitioned from QW to Q2W dosing
- Demographic and clinical characteristics were generally similar between the 2 cohorts (**Table 1**)

Table 1. Baseline demographics and clinical characteristics

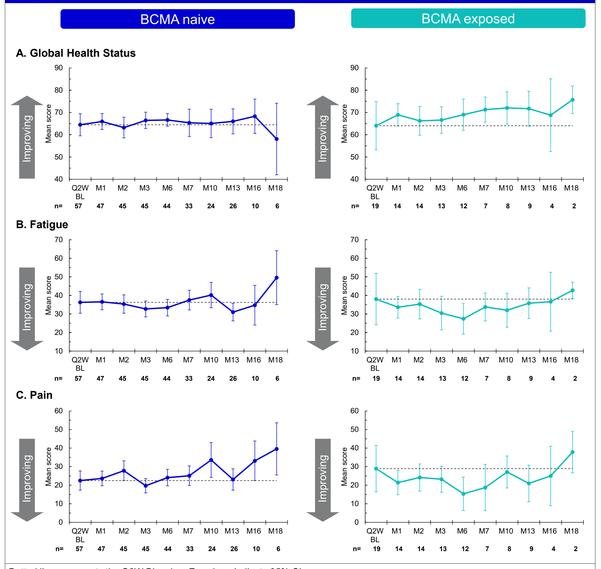
	BCMA naive n=58	BCMA exposed n=19
Age, median (IQR), years	67.5 (63.0-71.0)	67.0 (61.0-69.5)
Male, n (%)	26 (44.8)	9 (47.4)
Race, n (%)		
African American or Black	5 (8.6)	1 (5.3)
Asian	8 (13.8)	0
White	35 (60.3)	12 (63.2)
Not reported	10 (17.2)	6 (31.6)
ECOG performance status, n (%)		
0	19 (32.8)	9 (47.4)
1	36 (62.1)	8 (42.1)
2	3 (5.2)	2 (10.5)
R-ISS disease stage, n (%)		
I	17 (29.3)	4 (21.1)
II	33 (56.9)	11 (57.9)
III	4 (6.9)	3 (15.8)
Unknown/missing	4 (6.9)	1 (5.3)
Cytogenetic risk, n (%)		
Standard	42 (72.4)	14 (73.9)
High[a]	13 (22.4)	3 (15.8)
Missing	3 (5.2)	2 (10.5)
Extramedullary disease, n (%)	14 (24.1)	6 (31.6)
Prior lines of therapy, median (IQR)	5.0 (3.0-6.0)	7.0 (5.5-8.0)

[a] Includes t (4;14), t(14;16), and del(17p) chromosomal abnormalities
BCMA=B-cell maturation antigen; ECOG=Eastern Cooperative Oncology Group; IQR=interquartile range; R-ISS=Revised International Staging System

QLQ-C30

- ***Global health status*** **(Figure 1A)**
  - **BCMA-naive patients:** Scores [95% CI] were maintained from Q2W BL (64.5 [59.5-69.4]) through month 13, with a non-significant (95% CI overlaps with Q2W BL) improvement at month 16 (68.3 [60.6-76.0]) and a non-significant worsening at month 18 (58.1 [42.0-74.2])
  - **BCMA-exposed patients:** Scores generally improved from Q2W BL (64.0 [53.25-74.8]) after month 6, with a numerically larger improvement at month 18 (75.7 [69.5-81.9]) (may be due to small sample size [ie, n<10])
- ***Fatigue*** **(Figure 1B)**
  - Scores remained at or near Q2W BL through month 16 for BCMA-naive patients (36.3 [30.4-42.1] vs 34.7 [24.0-45.4]) and BCMA-exposed patients (38.0 [24.2-51.9] vs 36.6 [20.8-52.5]), with non-significant worsening at month 18
- ***Pain*** **(Figure 1C)**
  - **BCMA-naive patients:** Scores remained near Q2W BL (22.5 [17.3-27.7]) through month 7, with numerically larger worsening at months 10, 16, and 18 (33.6 [24.3-43.0], 33.2 [22.5-43.8], and 39.6 [25.5-53.7], respectively). Smaller sample sizes for month 18 may limit the interpretability of the data
  - **BCMA-exposed patients:** Scores showed a transient improvement relative to Q2W BL (29.0 [16.4-41.5]) at month 6 (15.4 [6.3-24.4]), then returned to and were maintained near Q2W BL from month 7 through month 18

Figure 1. Change from Q2W BL in QLQ-C30 score by visit

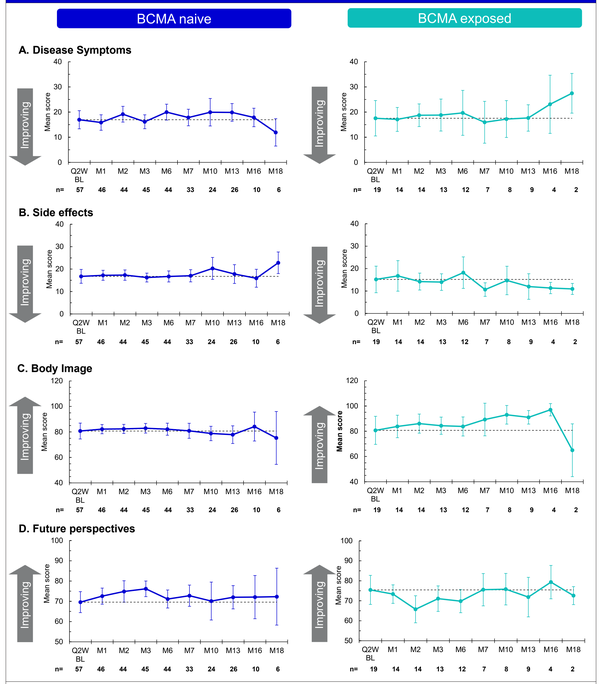


Dotted line represents the Q2W BL value. Error bars indicate 95% CI
BCMA=B-cell maturation antigen; BL=baseline; M=month; Q2W=every 2 weeks

QLQ-MY20

- ***Disease symptoms*** **(Figure 2A)**
  - **BCMA-naive patients:** Scores remained at or near Q2W BL (17.0 [13.3-20.6]) through month 16 (17.9 [14.2-21.5]); a numerically larger improvement (11.9 [6.5-17.4]) was observed at month 18 (may be due to small sample size)
  - **BCMA-exposed patients:** Scores remained at or near Q2W BL (17.5 [10.5-24.6]) through month 16 (23.1 [11.5-34.7]); a numerically larger worsening (27.5 [19.6-35.4]) was observed at month 18 (may be due to small sample size)
- ***Side effects of treatment*** **(Figure 2B)**
  - **BCMA-naive patients:** Little change in scores from Q2W BL (16.8 [13.7-19.9]) was observed through month 16 (15.9 [11.9-19.9]); a worsening at month 18 may be due to small sample size
  - **BCMA-exposed patients:** A numerically greater improvement from Q2W BL (15.2 [9.2-21.1]) was observed at month 7 (10.6 [7.6-13.7]), month 16 (11.3 [8.8-13.9]), and month 18 (10.9 [8.5-13.4])
- ***Body image*** **(Figure 2C)**
  - **BCMA-naive patients:** Little change from Q2W BL (80.7 [74.5-86.9]) was observed through month 18 (75.3 [54.5-96.0])
  - **BCMA-exposed patients**: Numerically greater improvements from Q2W BL (80.7 [69.6-91.8]) were observed at months 10, 13, and 16 (93.0 [85.7-100.4], 91.0 [85.7-96.4], and 97.0 [92.1-101.9]), respectively. A non-significant worsening was observed at month 18 (65.0 [44.0-85.9]) (may be due to small sample size)
- ***Future perspectives*** **(Figure 2D)**
  - Scores were largely consistent with Q2W BL through month 18 for both cohorts

Figure 2. Change from Q2W BL in QLQ-MY20 score by visit

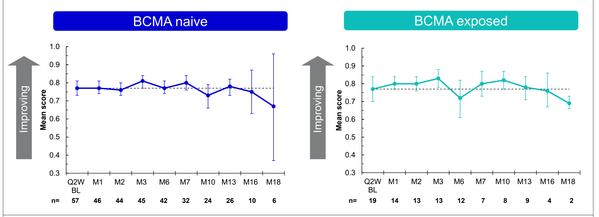


Dotted line represents the Q2W BL value. Error bars indicate 95% CI
BCMA=B-cell maturation antigen; BL=baseline; M=month; Q2W=every 2 weeks

EQ-5D-5L

- ***Overall quality of life*** **(Figure 3)**
  - **BCMA-naive patients:** Scores remained at or near Q2W BL (0.77 [0.73-0.81]) through month 18 (0.67 [0.37-0.96])
  - **BCMA-exposed patients:** A numerical worsening from Q2W BL (0.77 [0.70-0.84]) was observed at month 18 (0.69 [0.66-0.73]), although small patient numbers at month 18 may limit interpretability

Figure 3. Change from Q2W BL in EQ-5D-5L score by visit



Dotted line represents the Q2W BL value. Error bars indicate 95% CI
BCMA=B-cell maturation antigen; BL=baseline; M=month; Q2W=every 2 weeks