

# Efficacy and Safety of of Less Frequent Dosing With Elranatamab in Patients With Relapsed or Refractory Multiple Myeloma: A US Subgroup Analysis From MagnetisMM-3

## Objectives



To report long-term efficacy and safety results of elranatamab approximately 38 months after the last patient's first dose in the subgroup of BCMA-naive patients enrolled in the US

## Conclusions



- Consistent with overall Cohort A data, elranatamab was associated with deep, durable responses in the heavily-pretreated US subgroup
- With a median follow-up of 39.6 months:
  - ORR was 66.0%
  - Median DOR was 40.8 months but may not yet be mature
  - Median PFS was 27.3 months
  - Median OS was 43.6 months but may not yet be mature
- Overall, the safety profile, including infections, was consistent with that of the total study population
  - CRS and ICANS were grade 1 or grade 2 only
  - Infection prophylaxis including immunoglobulin replacement are recommended



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**References:** 1. Lesokhin AM, et al. Nat Med 2023;29:2259-2267. 2. Prince M, et al. Poster 4738 presented at: American Society of Hematology Annual Meeting and Exposition, December 7-10, 2024; San Diego, MA.

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## Background

- Elranatamab is a humanized bispecific antibody that targets B-cell maturation antigen (BCMA) on myeloma cells and CD3 on T cells<sup>1</sup>
- The ongoing phase 2 MagnetisMM-3 (NCT04649359) study demonstrated the efficacy and safety of elranatamab monotherapy in patients with relapsed or refractory multiple myeloma (RRMM) and no prior BCMA-directed therapy (Cohort A)<sup>1</sup>
  - As of the September 10, 2024 data cutoff (median follow-up of 33.9 months in Cohort A), the overall response rate (ORR) was 61.0%, median progression-free survival (PFS) was 17.2 months, and median overall survival (OS) was 24.6 months<sup>2</sup>
- Here we report results for the subgroup of patients enrolled in MagnetisMM-3 (Cohort A) in the US

## Results

### PATIENTS AND TREATMENT

- Among the 123 BCMA-naive patients in Cohort A, 47 were enrolled in the US (**Table 1**)
- 22 (47%) patients switched from QW to Q2W; the median duration of Q2W dosing was 11.1 (range, 0.03-25.9) months
- Of the 17 patients who completed ≥6 cycles of Q2W dosing, 8 (17%) patients switched to Q4W dosing; the median duration of Q4W dosing was 15.0 (range, 6.5-20.7) months
  - Among the 9 remaining patients, 5 did not switch because they had ended therapy or had their last dose before the date of Q4W amendment, 3 were on a dose hold at the time of the Q4W amendment approval at each respective site and did not resume dosing as of the data cutoff date, and the reason was unknown for 1 patient
- At data cutoff, 5 (10.6%) patients were still receiving treatment

**Table 1. Demographics and baseline characteristics**

	n=47
Age, median (range), years	68.0 (36.0-89.0)
Male, n (%)	24 (51.1)
Race, n (%)	
African American or Black	8 (17.0)
Asian	3 (6.4)
White	34 (72.3)
Unknown	1 (2.1)
Not reported	1 (2.1)
ECOG PS, n (%)	
0	15 (31.9)
1	28 (59.6)
2	4 (8.5)
R-ISS disease stage, n (%)	
I	14 (29.8)
II	24 (51.1)
III	7 (14.9)
Unknown	2 (4.3)
Cytogenetic risk, n (%)	
Standard	32 (68.1)
High <sup>a</sup>	13 (27.7)
Missing	2 (4.3)
Extramedullary disease by BICR, n (%) <sup>b</sup>	
Yes	15 (31.9)
No	32 (68.1)
Patients with ≥1 poor prognosis feature <sup>c</sup>	32 (68.1)
Prior lines of therapy, median (range)	5.0 (2.0-22.0)
Prior stem cell transplant, n (%)	35 (74.5)
Exposure status, n (%)	
Triple-class <sup>d</sup>	47 (100)
Penta-drug <sup>e</sup>	37 (78.7)
Refractory status, n (%)	
Triple-class <sup>d</sup>	44 (93.6)
Penta-drug <sup>e</sup>	22 (46.8)
Refractory to last line of therapy, n (%)	46 (97.9)

<sup>a</sup> Includes t(4;14), t(14;16), del(17p) chromosomal abnormalities; <sup>b</sup> Extramedullary disease was defined as any plasmacytoma (extramedullary and/or paramedullary with a soft-tissue component); <sup>c</sup> Poor prognosis feature refers to at least one of the following: ECOG PS of 2, R-ISS stage III, EMD at baseline by BICR, high cytogenetic risk, BMPCs ≥50%; <sup>d</sup> Triple-class refers to ≥1 proteasome inhibitor, ≥1 immunomodulatory drug, and ≥1 anti-CD38 antibody; <sup>e</sup> Penta-drug refers to ≥2 proteasome inhibitors, ≥2 immunomodulatory drugs, and ≥1 anti-CD38 antibody

BICR=blinded independent central review; BMPC=bone marrow plasma cell; ECOG PS=Eastern Cooperative Oncology Group performance status; EMD=extramedullary disease; R-ISS=Revised Multiple Myeloma International Staging System

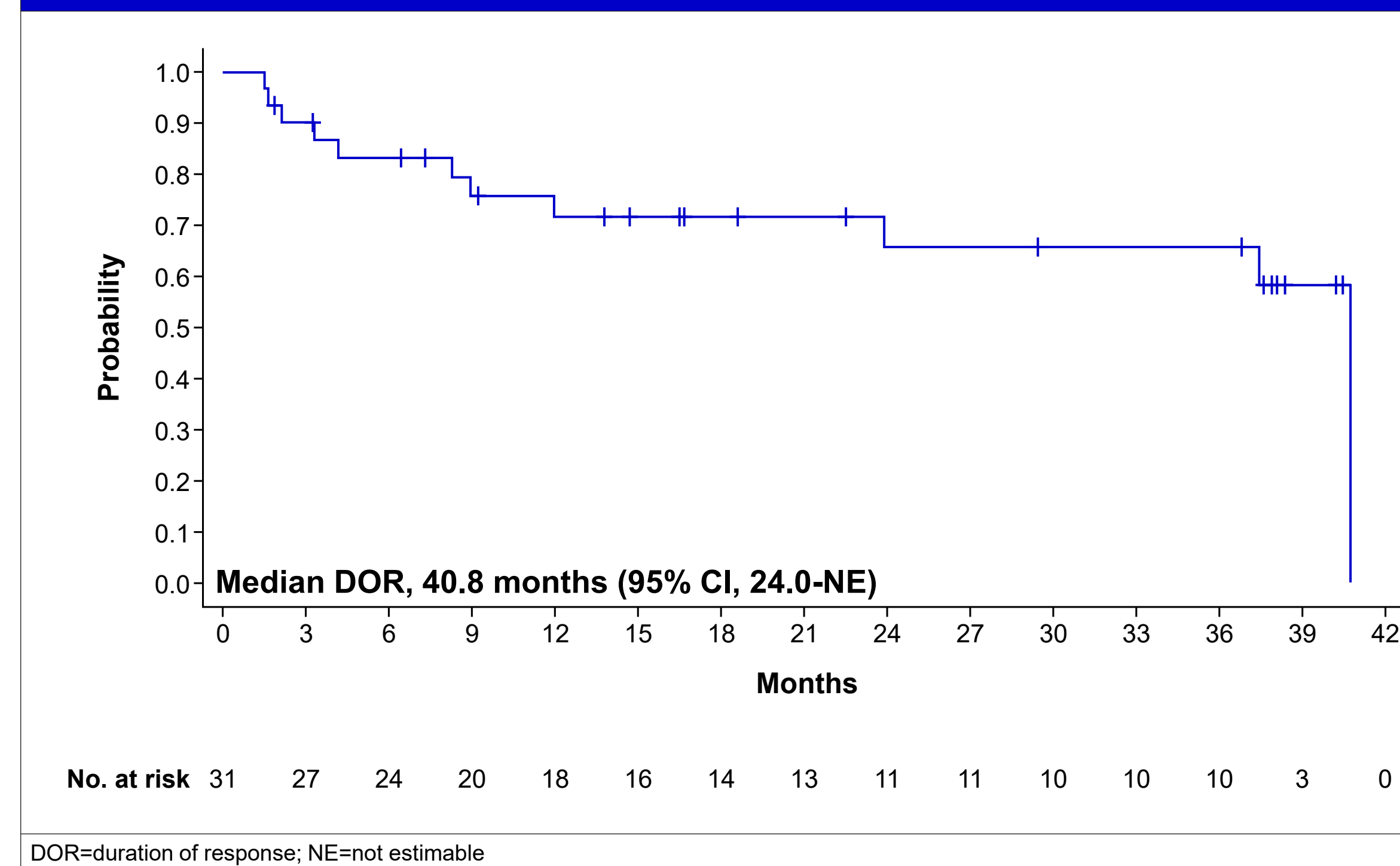
## Methods

- Eligible patients had RRMM with disease refractory to ≥1 immunomodulatory drug, ≥1 proteasome inhibitor, and ≥1 anti-CD38 antibody
- Patients were given subcutaneous elranatamab as step-up priming doses followed by 76 mg once-weekly (QW) for 6 cycles
- Patients treated with elranatamab QW for ≥6 cycles who achieved partial response or better lasting ≥2 months were transitioned to a dosing schedule of once every 2 weeks (Q2W), then to once every 4 weeks (Q4W) after ≥6 cycles of Q2W dosing
- The primary endpoint was ORR, assessed by blinded-independent central review (BICR) per International Myeloma Working Group (IMWG) criteria

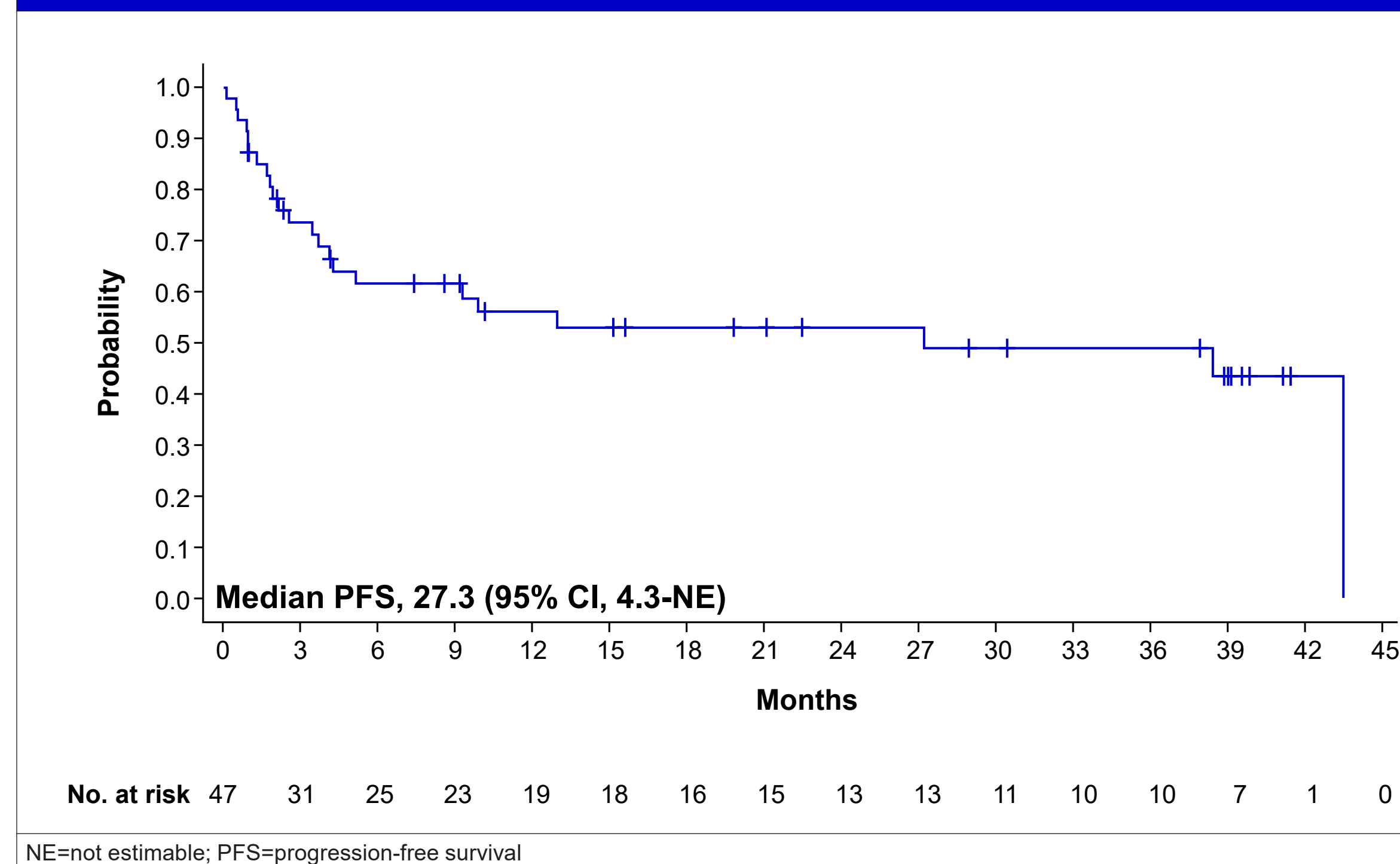
## EFFICACY

- ORR by BICR was 66.0% (95% CI, 50.7-79.1)
  - sCR, 27.7%; CR, 14.9%; VGPR, 17.0%; PR, 6.4%
  - Median time to response was 1.1 (range, 1.0-7.4) months
  - Median time to CR or better was 4.76 (range, 1.2-12.8) months
- Median DOR was 40.8 (95% CI, 24.0-not estimable [NE]) months (**Figure 1**)
- Median PFS was 27.3 (95% CI, 4.3-NE) months (**Figure 2**)
- Median OS was 43.6 (95% CI, 14.9-NE) months (**Figure 3**)
- DOR and OS data may not be mature as the median values are longer than the 38-month duration from the last patient's first dose to data cutoff
- Among 18 responders who switched to Q2W, 14 (77.8%) maintained or improved their response ≥6 months after the switch
- Among 8 responders who switched to Q4W, 7 (87.5%) maintained their response ≥6 months after the switch

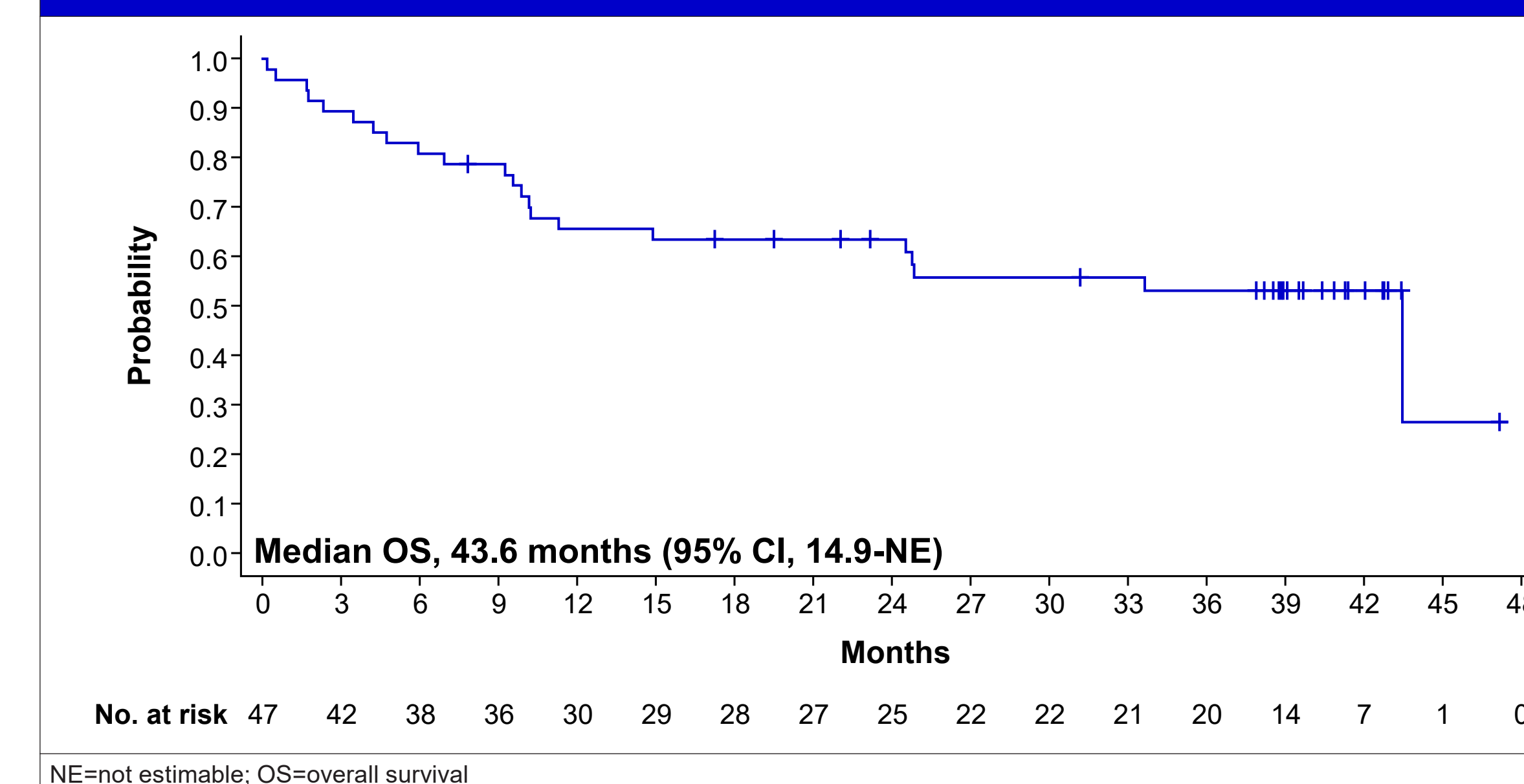
**Figure 1. Duration of response**



**Figure 2. Progression-free survival**



**Figure 3. Overall survival**



## SAFETY

- Safety is consistent with that of the overall study population; no new safety signals were observed with longer follow-up
- The most common treatment-emergent adverse events (TEAEs; ≥25%) are listed in **Table 2**
  - Cytokine release syndrome (CRS) was reported in 61.7% of patients (all grade 1 [34.0%] or grade 2 [27.7%])
  - Immune effector cell-associated neurotoxicity syndrome (ICANS) was reported in 8.5% of patients (grade 1 [4.3%], grade 2 [4.3%])
  - Infections were reported in 70.2% of patients, consistent with the rate observed in the overall population
- Overall, 5 patients (10.6%) died due to TEAEs
  - 3 patients (6.4%) died due to disease progression
  - 2 patients (4.3%) died due to a TEAE other than disease progression; none due to infections

**Table 2. Most common (≥25%) TEAEs**

TEAE, n (%) <sup>a</sup>	N=47	
	Any grade	Grade 3/4
Any	47 (100)	37 (78.7)
<b>Hematologic</b>		
Anemia	21 (44.7)	16 (34.0)
Neutropenia	20 (42.6)	20 (42.6)
<b>Non-hematologic</b>		
Infections <sup>b,c</sup>	33 (70.2)	20 (42.6)
Fatigue	29 (61.7)	4 (8.5)
Cytokine release syndrome	29 (61.7)	0
Diarrhea	27 (57.4)	3 (6.4)
Decreased appetite	27 (57.4)	1 (2.1)
Injection site reaction	18 (38.3)	0
Headache	18 (38.3)	0
Nausea	16 (34.0)	0
Dry skin	16 (34.0)	0
Pyrexia	15 (31.9)	2 (4.3)
Hypokalemia	14 (29.8)	7 (14.9)
Aspartate aminotransferase increased	13 (27.7)	2 (4.3)
Nasal congestion	13 (27.7)	0
SARS-CoV-2 test positive	12 (25.5)	3 (6.4)
Arthralgia	12 (25.5)	1 (2.1)
Insomnia	12 (25.5)	0

<sup>a</sup> TEAEs according to the Medical Dictionary of Regulatory Activities v 27.0 and Common Criteria for Adverse Events v5; severity of CRS assessed according to the American Society for Transplantation and Cellular Therapy criteria; <sup>b</sup> Infections include preferred terms in the system organ class of infections and infestations; <sup>c</sup> No grade 5 infections were reported

CRS=cytokine release syndrome; TEAE=treatment-emergent adverse event.