Abstract: PB2810

Title: ISATUXIMAB-CARFILZOMIB-DEXAMETHASONE IN NOT TRANSPLANT CANDIDATES RRMM. EXPERIENCE IN REAL WORLD EVIDENCE (RWE).

Abstract Type: Publication Only

Topic: Myeloma and other monoclonal gammopathies - Clinical

Background:

Isatuximab+pomalidomide+dexamethasone(Isa-Pd) or Isa+carfilzomib+dexamethasone(Isa-Kd), respectively, are approved for patients with relapsed and/or refractory multiple myeloma (RRMM).Limited real-world evidence (RWE) exists for patients treated with Isa-Pd/Isa-Kd.

Aims:

Describe baseline characteristics, treatment exposure, and treatment-emergent adverse events (TEAEs) for Isa treated RRMM patients in a real-world setting.

Methods:

We reported patients with relapsed MM with 1–3 prior lines of therapy. Patients were excluded if they had primary refractory MM, had received prior carfilzomib treatment, were refractory to anti-CD38 antibody therapy, or presented with left ventricular ejection fraction <40%. Patients with a baseline estimated glomerular filtration rate (eGFR) as low as 15 mL/min/1.73m^2 were and prior pulmonary comorbidities, including chronic obstructive pulmonary disease, were eligible. Patients received Isa intravenously at 10 mg/kg on days 1, 8, 15,and 22 in the first 28-day cycle; and days 1 and 15 in subsequent cycles. In both arms, carfilzomib was administered intravenously at 20 mg/m[^[2]on days 1 and 2; 56 mg/m[^[2] on days 8, 9, 15,and 16 of cycle 1;and then 56 mg/m[^[2] on days 1, 2, 8, 9, 15,and 16 of subsequent cycles. Dexamethasone 20 mg was administered intravenously or orally on days 1, 2, 8, 9, 15, 16, 22,and 23.The patients received acyclovir in prophylaxis treatment. Treatment continued until unacceptable adverse event (AE), disease progression, or other discontinuation criteria.

Results:

Between May-2022 and Feb-2024, 14 patients received ≥1 dose of Isa-Kd. Compared with baseline characteristics in Phase 3 Isa studies, a higher proportion of patients in our report 50% were ≥75 years old, and 86% >65 years old (median 74, range age 60-86), 28% of Isa-Kd patients had high-risk cytogenetics, and 71%, 7% and 21% of Isa-Kd patients received 1, 2 and ≥3 prior lines of therapy, respectively. 4 patients (33%) showed extra-medullar disease at relapsed time. 100%, 100%, 28% of patients were exposure to bortezomib, lenalidomide and pomalidomide. Everybody was naive to antiCd38 therapy. At data cutoff, median (min–max) duration of Isa exposure was 6 (1-15) cycles, with 50% of patients still receiving Isa-Kd.For Isa-Kd, AEs occurred during treatment in 5 patients (2 Influenza A pneumonia, 1 S. meningitidis bacteriemia, 1 P. aeuruginosa sepsis, acute gastric bleeding);and TEAEs leading to discontinuation in 0 patients. We reported 2 infusional reaction (G1-2) en first administration. Response data are 25% CR, 33% VGBP, 33% PR, 17% progression.

Summary/Conclusion:

Isa-Kd has manageable safety profiles in routine clinical practice. These data provide RWE to support Isa use in RRMM outside clinical trials and in wider populations. We reported fast response, and well tolerated regimen in elderly patients. We don’t need to use G-CSF

Keywords: Myeloma, Aging, relapsed/refractory