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ISATUXIMAB-CARFILZOMIB-DEXAMETASONE (IKD) IN PATIENTS WITH MULTIPLE MYELOMA WITH RELAPSED/REFRACTORY DISEASE. REAL-LIFE RESULTS IN SEVEN SPANISH CENTERS

I GARCÍA[1], E. CLAVERO[2], R. GARCÍA[3], M. ALCALÁ[4], L. LAMARCA[5], MC.GALÁN[6], M. CASANOVA[7], E. MASANA[2]
1 Hospital Universitario Clínico San Cecilio (Granada- Spain) 2 Hospital Universitario Virgen de las Nieves (Granada- Spain) 3 Hospital Universitario Virgen de la Victoria (Málaga-Spain) 4 Hospital Regional Universitario de Málaga (Spain) 5 Hospital Santa Ana (Motril-Spain) 6 Hospital de Antequera (Spain) 7 Hospital Costal del Sol (Málaga-Spain)

INTRODUCTION

Patients with relapsed or refractory (R/R) multiple myeloma (MM) experience shorter and less profound responses with each line of treatment. The therapeutic goal is to achieve deep responses until progression or toxicity. Current recommendations suggest using triplets or previously unused drug classes. Isatuximab-containing regimens, an anti-CD38 antibody, offer a promising therapeutic option, even for lenalidomide-refractory patients. The phase 3 IKEMA trial demonstrated that the combination of Isatuximab with carfilzomib and dexamethasone (Isa-Kd) significantly improves progression-free survival (PFS) compared to carfilzomib-dexamethasone (Kd) in patients with R/R MM after at least one prior therapy.

AIM

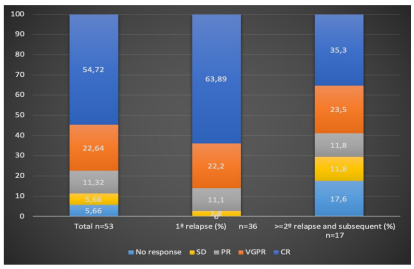
The aim of this study is to analyze real-world outcomes in patients with relapsed or refractory multiple myeloma (R/R MM) treated with the IKD regimen. Data are presented by subgroups based on the line of therapy and stratified by glomerular filtration rate.

METHOD

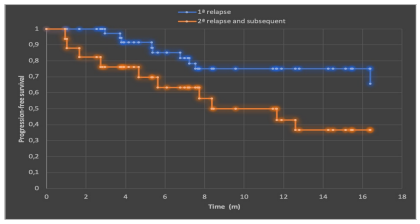
Retrospective descriptive real-life study of patients with MM R/R from seven Spanish centers treated with IKD between 2022 and 2024, end of follow-up March 2024.

RESULTS

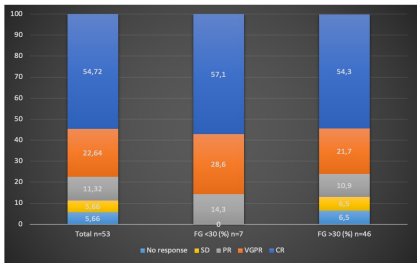
A total of 53 patients were included in the study, with a median age of 64 years (range 41-84), and 51.9% were male. Of these, 67.9% (n=36) were in first relapse.

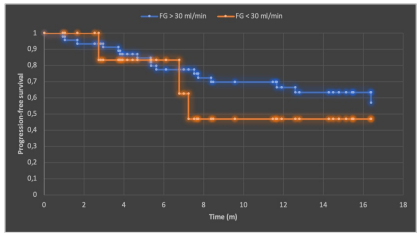


The overall response rate (ORR) was 88.7%, with 54.7% achieving complete response (CR). Subgroup analysis showed differences between patients treated at first relapse and those at second or subsequent relapses.
The ORR in patients at first relapse was 97.2%, with 63.4% achieving CR. In patients treated at second or subsequent relapse, the ORR was 70.6%, with a CR rate of 35.3%.



Subgroup analysis by glomerular filtration rate (GFR) showed no significant differences in response rates. In patients with GFR <30 ml/min, the ORR was 100%, compared to 87% in those with GFR >30 ml/min. The CR rates were 57.1% and 54.3%, respectively. Seven patients with GFR <30 ml/min were treated.





CONCLUSIONS

Our real-world results by subgroups demonstrate higher complete response (CR) rates in patients treated at first relapse compared to the most recent data from the IKEMA study (63.4% vs. 48.1%). This confirms that CR rates are higher in patients treated at first relapse compared to those treated at second or subsequent relapses.

The IKEMA study included patients with estimated glomerular filtration rates (eGFR) as low as 15 ml/min/1.73m². According to the latest data with a median follow-up of 44 months, no significant differences in CR rates were observed between patients with eGFR above or below 60 ml/min/1.73m². In our cohort, we also found no significant differences between patients with eGFR above or below 30 ml/min/1.73m².

REFERENCES

1.Moreau P, Dimopoulos MAC, Mikhael J, Yong K, Capra M, Facon T, et al. VP5-2022: Updated progression-free survival (PFS) and depth of response in IKEMA, a randomized phase III trial of isatuximab, carfilzomib and dexamethasone (Isa-Kd) vs Kd in relapsed multiple myeloma (MM). Annals of Oncology. 1 de junio de 2022;33(6):664-5.
2. Sociedad Española de Hematología y Hemoterapia. Informe de Posición de la SEHH. Isatuximab + carfilzomib + dexametasona en mieloma múltiple refractario o en recidiva. 2021;(Mm):1–27.
3. Comisi RSNS. en combinación en mieloma múltiple. 2022.

CONTACT INFORMATION

Isabel García Cabrera *isabelm.garcia.cabrera.sspa@juntadeandalucia.es*
Esther Clavero Sánchez *eclaverosa@hotmail.com*
Ricarda García Sánchez *ricarda_g@yahoo.es*