Year in Review:
Management of Multiple Myeloma

A CME/MOC-Accredited Live Webinar

Thursday, May 8, 2025

5:00 PM – 6:00 PM ET

Faculty

Meletios-Athanasios (Thanos) C Dimopoulos, MD

Robert Z Orlowski, MD, PhD

Moderator

Neil Love, MD

RTP Year in Review 2025

Faculty

Meletios-Athanasios (Thanos) C Dimopoulos, MD
Professor and Chairman
Plasma Cell Dyscrasias Unit
Section of Hematology and Medical Oncology
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Robert Z Orlowski, MD, PhD
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Professor, Department of Experimental Therapeutics
Vice Chair, Myeloma Translational Research
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MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

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Commercial Support

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Dr Love — Disclosures

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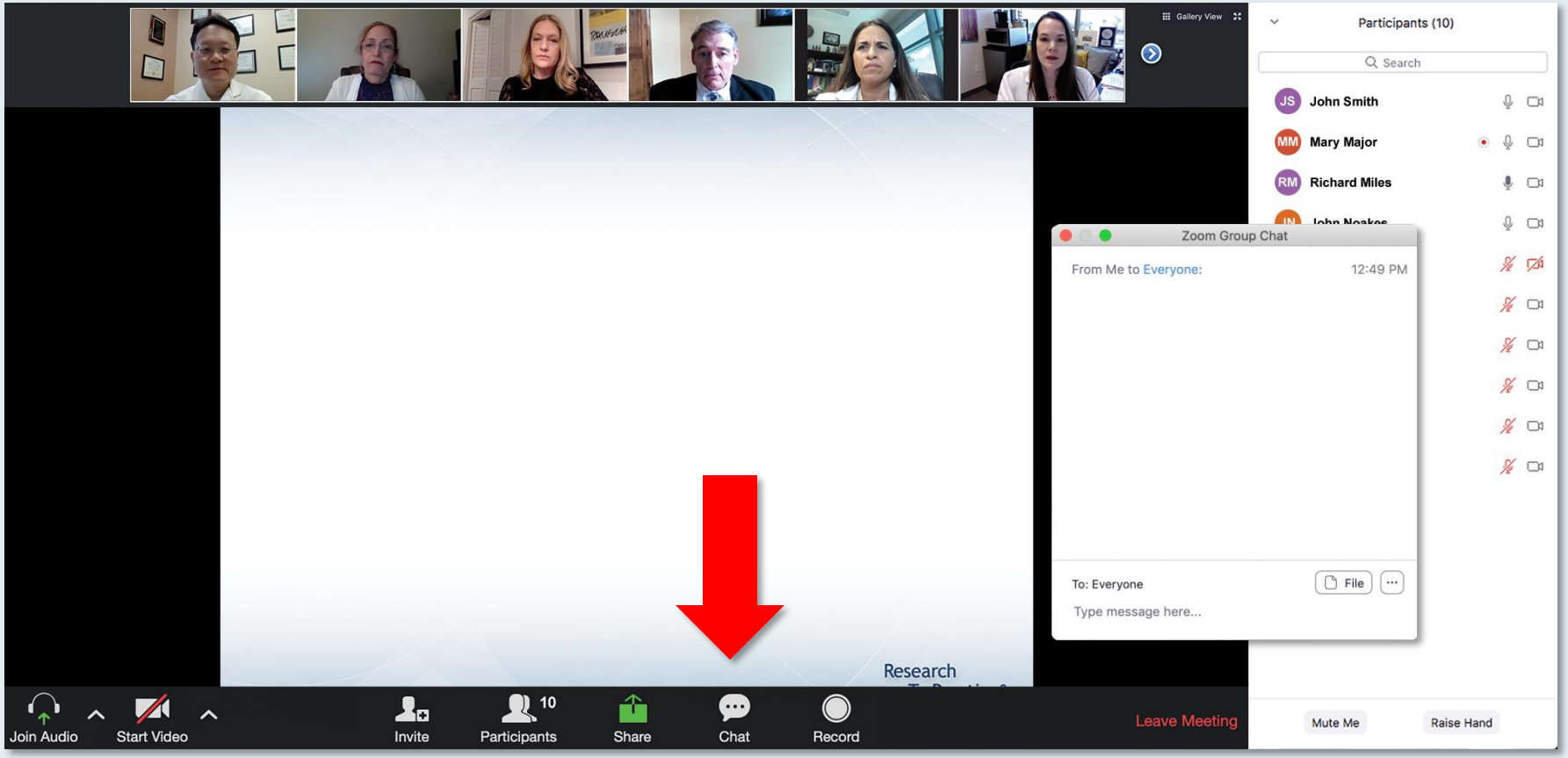

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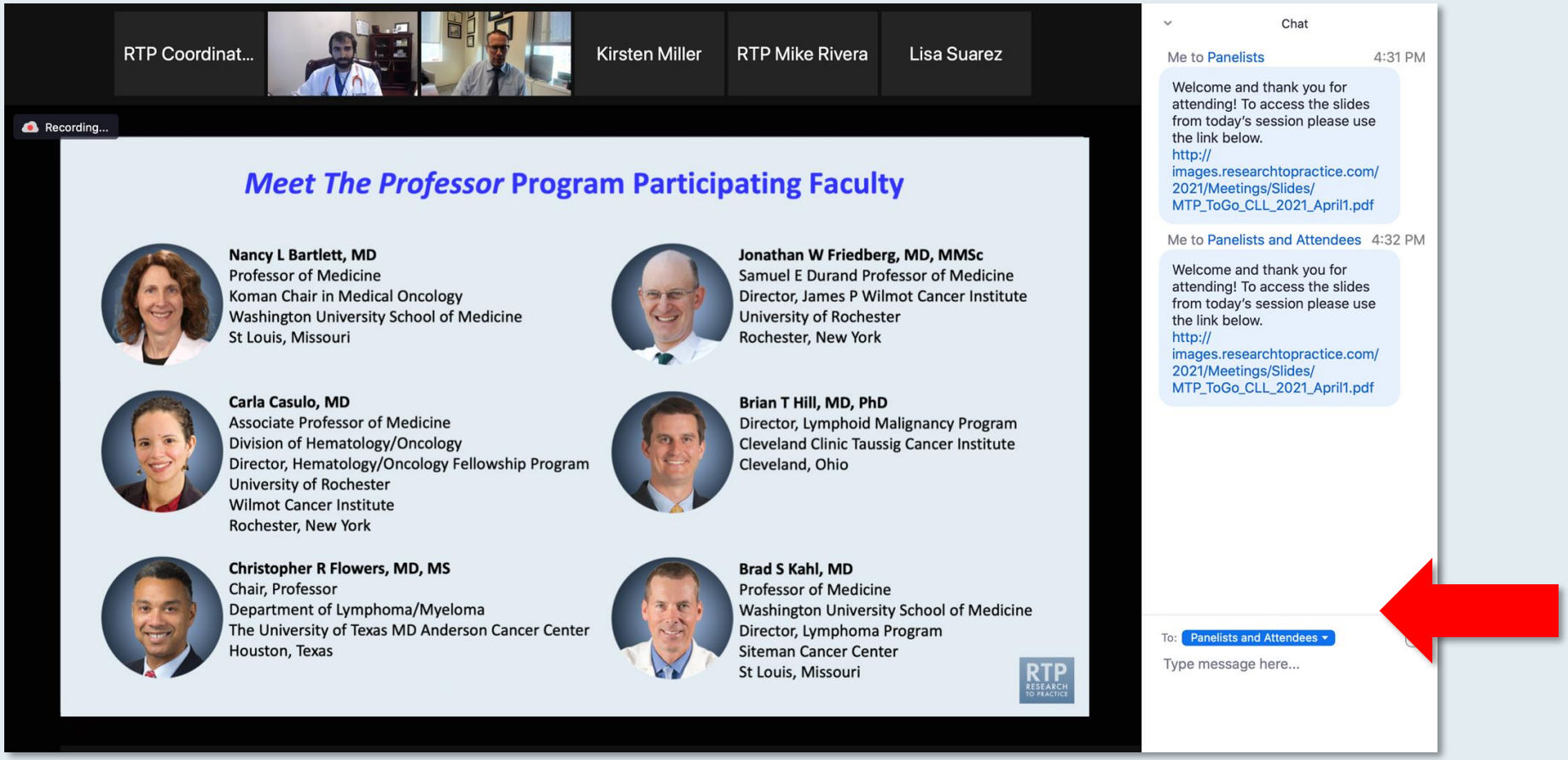

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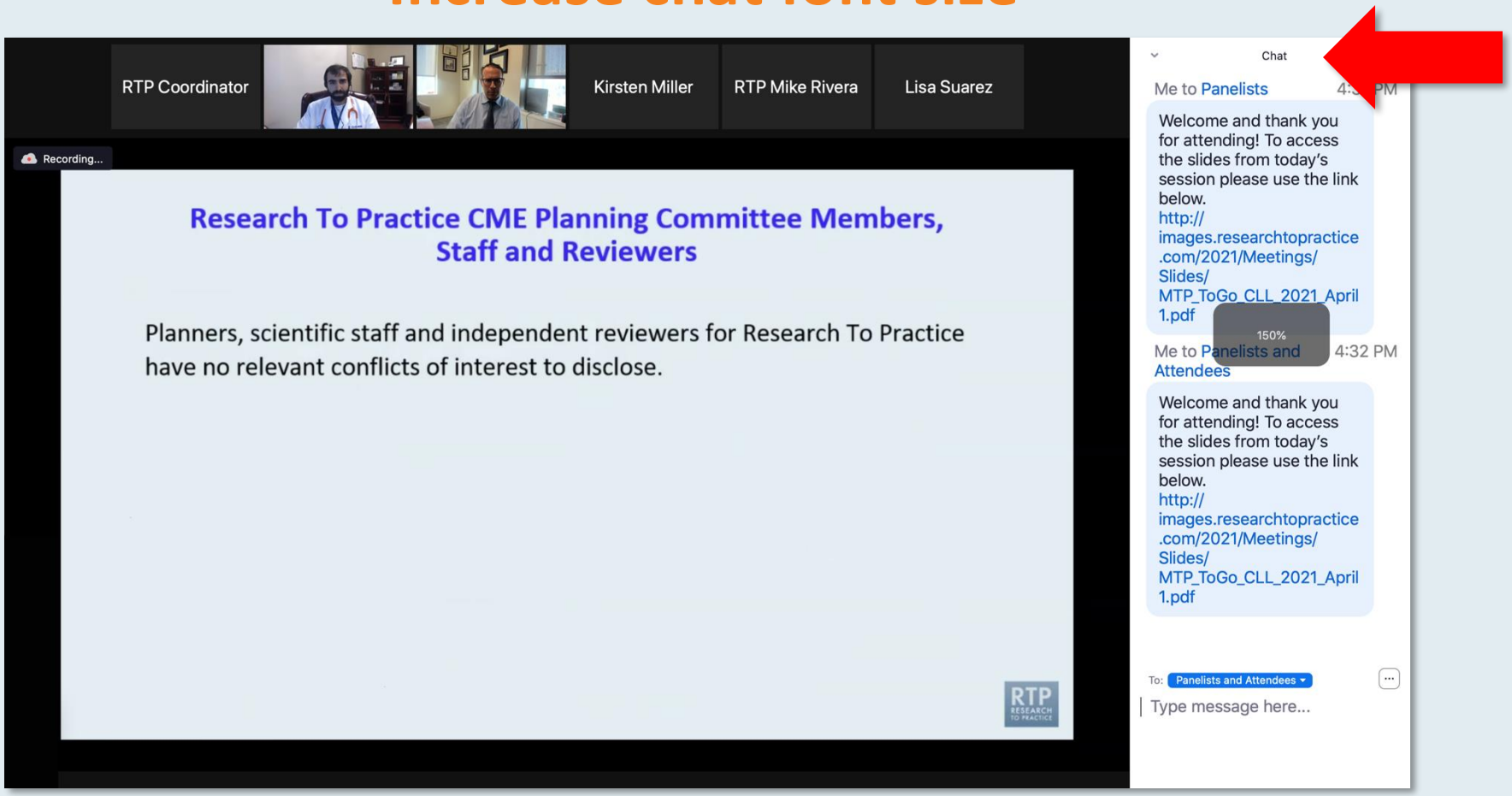

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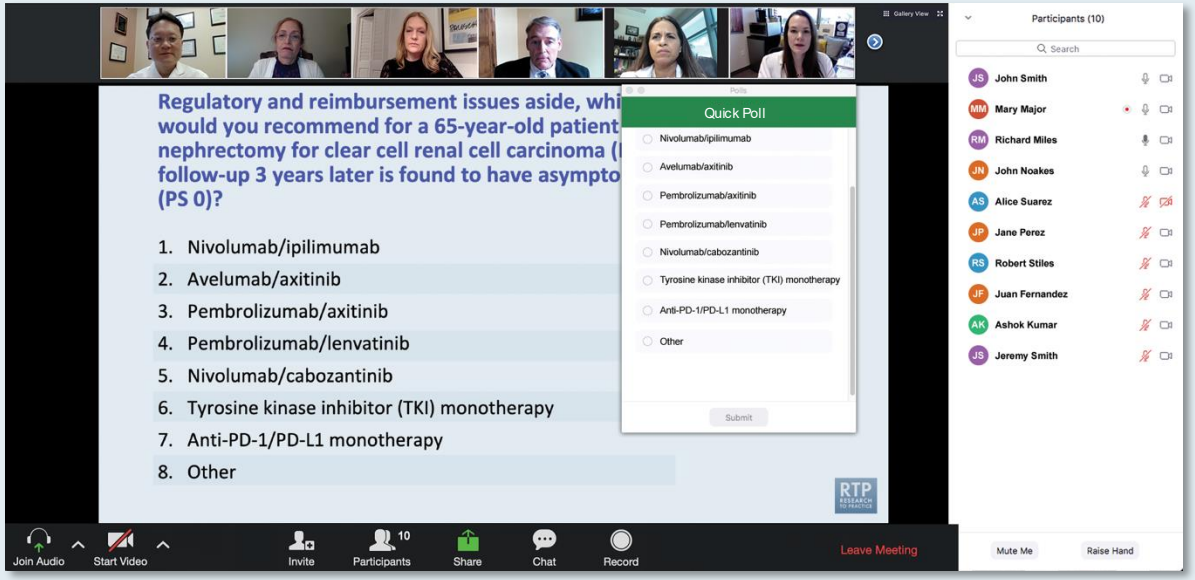

ONCOLOGY TODAY

WITH DR NEIL LOVE

Multiple Myeloma — An Interview with Dr Surbhi Sidana on Optimizing the Role of CAR T-Cell Therapy

DR SURBHI SIDANA
STANFORD UNIVERSITY

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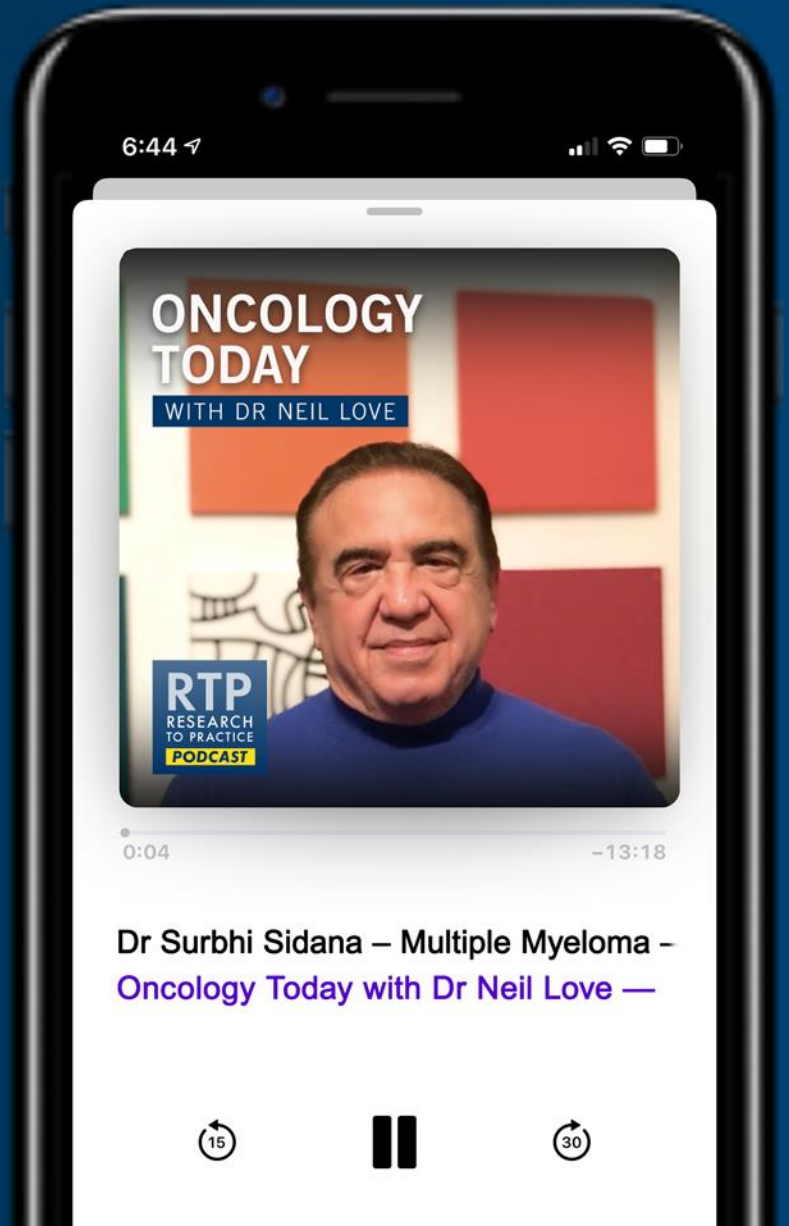

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Therapeutic Targets Beyond EGFR for Non-Small Cell Lung Cancer

A CME/MOC-Accredited Live Webinar

Thursday, May 15, 2025

5:00 PM – 6:00 PM ET

Faculty

Jessica J Lin, MD

Joel W Neal, MD, PhD

Moderator

Neil Love, MD

RTP Year in Review 2025

Practical Perspectives: Experts Review Actual Cases of Patients with Advanced Gastroesophageal Cancers

A CME/MOC-Accredited Live Webinar

Wednesday, May 21, 2025
5:00 PM – 6:00 PM ET

Faculty

Geoffrey Y Ku, MD
Zev Wainberg, MD, MSc

Moderator

Neil Love, MD

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RESEARCH TO PRACTICE

AGENDA

Year in Review: Management of Multiple Myeloma

INTRODUCTION: ASCO 2025 Preview

MODULE 1: Anti-CD38 Antibodies

MODULE 2: Belantamab Mafodotin

MODULE 3: CAR T-Cell Therapy

MODULE 4: Bispecific Antibodies

MODULE 5: Other Novel Agents

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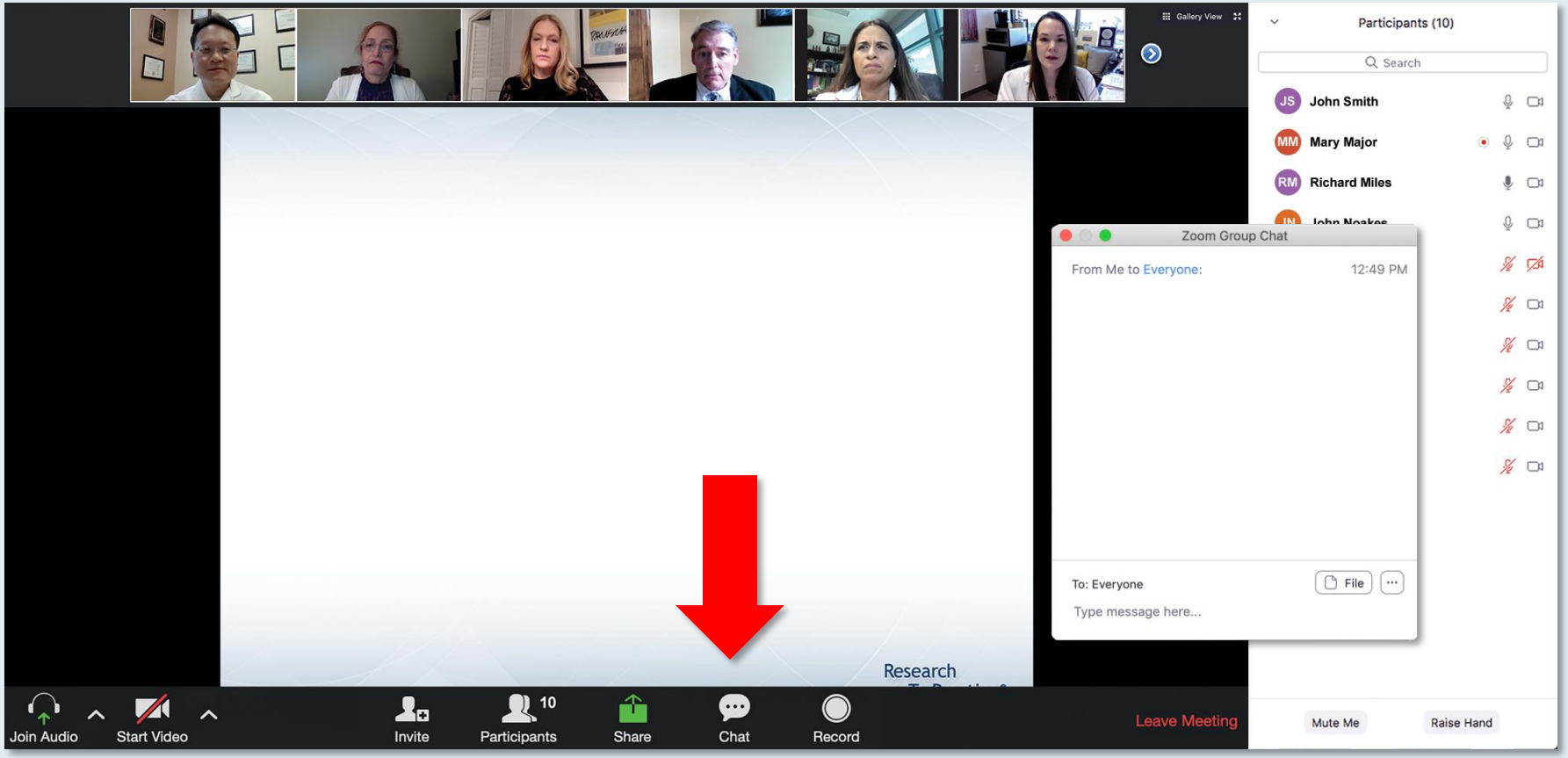

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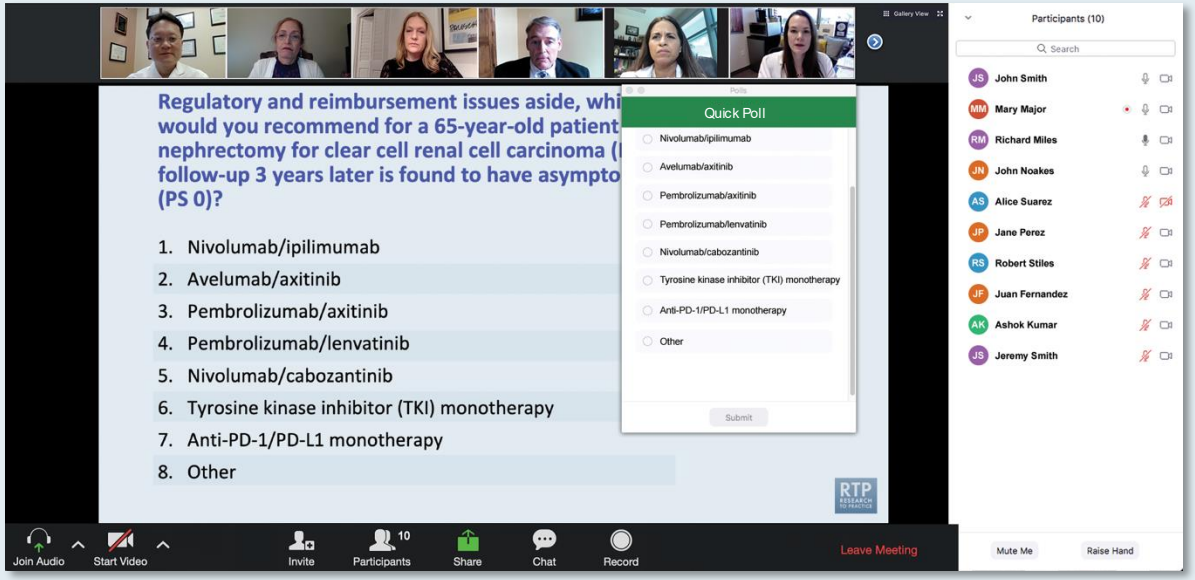

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STANFORD UNIVERSITY

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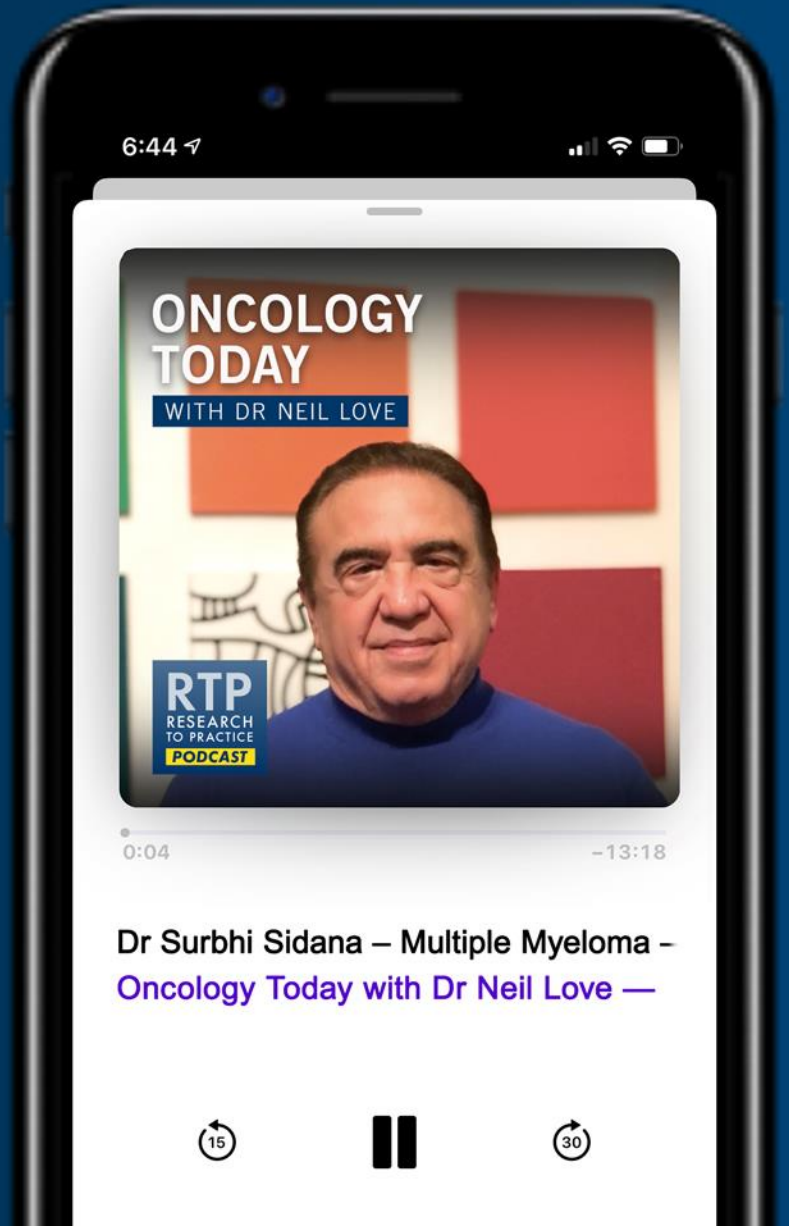

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Where Are We Heading in the Treatment of Multiple Myeloma Based on ASH 2024?

Robert Z. Orlowski, M.D., Ph.D.

Deputy Chair, Department of Lymphoma/Myeloma
Florence Maude Thomas Cancer Research Professor
Principal Investigator, High Risk Myeloma Moon Shot
Chair, SWOG Myeloma Committee

THE UNIVERSITY OF TEXAS
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Making Cancer History®

Chimeric Antigen Receptor (CAR) T-Cell Therapy, Bispecific Antibodies and Antibody-Drug Conjugates (ADCs)

Meletios (Thanos) Dimopoulos, MD
Professor of Hematology/Oncology, Director
Plasma Cell Dyscrasias Unit, Department of Clinical Therapeutics,
National and Kapodistrian University of Athens
School of Medicine, Athens, Greece

RTP Year in Review 2025

Key Datasets

Robert Z Orlowski, MD, PhD

- Dimopoulos MA et al. **Daratumumab** or active monitoring for **high-risk smoldering multiple myeloma**. *N Engl J Med* 2024;[Online ahead of print].
- Bertamini L et al. **Circulating tumor cells** as a biomarker to **identify high-risk transplant eligible myeloma patients** treated with bortezomib, lenalidomide and dexamethasone with or without daratumumab during induction/consolidation, and lenalidomide with or without daratumumab during maintenance: Results from the **Perseus study**. ASH 2024;Abstract 487.
- Mai EK et al. **Isatuximab, lenalidomide, bortezomib, and dexamethasone** induction therapy for **transplant-eligible newly diagnosed** multiple myeloma: **Final part 1 analysis of the GMMG-HD7** trial. *J Clin Oncol* 2025;43(11):1279-88.
- Usmani SZ et al. **Daratumumab plus bortezomib, lenalidomide and dexamethasone** for transplant-ineligible or transplant-deferred newly diagnosed multiple myeloma: The randomized **phase 3 CEPHEUS trial**. *Nat Med* 2025;[Online ahead of print].
- Facon T et al. **Isatuximab, bortezomib, lenalidomide, and dexamethasone** for multiple myeloma. *N Engl J Med* 2024;391(17):1597-609.
- Leleu X et al. **Isatuximab, lenalidomide, dexamethasone and bortezomib** in transplant-ineligible multiple myeloma: The randomized **phase 3 BENEFIT trial**. *Nat Med* 2024;30(8):2235-41.

Key Datasets

Robert Z Orlowski, MD, PhD (continued)

- Badros A et al. **Daratumumab with lenalidomide** as **maintenance after transplant** in newly diagnosed multiple myeloma: **The AURIGA study**. *Blood* 2025;145(3):300-10.
- Pasquini MC et al. **Minimal residual disease status** in multiple myeloma **1 year after autologous hematopoietic cell transplantation** and **lenalidomide maintenance** are associated with **long-term overall survival**. *J Clin Oncol* 2024;42(23):2757-68.
- Yong K et al. **Isatuximab plus carfilzomib-dexamethasone** versus carfilzomib-dexamethasone in patients with relapsed multiple myeloma **(IKEMA): Overall survival analysis** of a phase 3, randomised, controlled trial. *Lancet Haematol* 2024;11(10).
- Richardson PG et al. **Isatuximab-pomalidomide-dexamethasone** versus pomalidomide-dexamethasone in patients with **relapsed and refractory multiple myeloma: Final overall survival** analysis. *Haematologica* 2024;109(7):2239-49.
- New **isatuximab subcutaneous formulation** met co-primary endpoints in the **IRAKLIA phase 3 study** in multiple myeloma [press release]. January 9, 2025.
- Sandhu I et al. **Mezigdomide (MEZI)** plus dexamethasone (DEX) and bortezomib (BORT) or carfilzomib (CFZ) in patients (pts) with **relapsed/refractory multiple myeloma (RRMM): Updated results** from the **CC-92480-MM-002 trial**. ASH 2024;Abstract 1025.

Key Datasets

Meletios-Athanasios (Thanos) C Dimopoulos, MD

- Mateos MV et al. **Overall survival (OS)** with **ciltacabtagene autoleucel (cilta-cel)** versus standard of care (SoC) in lenalidomide (len)-refractory multiple myeloma (MM): **Phase 3 CARTITUDE-4 study update**. IMS 2024;Abstract OA-65.
- Ailawadhi S et al. **Ide-cel vs standard regimens** in triple-class-exposed relapsed and refractory multiple myeloma: **Updated KarMMa-3 analyses**. *Blood* 2024;144(23):2389-401.
- Freeman CL et al. Phase 2 registrational study of **anitocabtagene autoleucel** for the treatment of patients with relapsed and/or refractory multiple myeloma: **Preliminary results from the IMMagine-1 trial**. ASH 2024;Abstract 1031.
- Jurgens EM et al. **Phase I trial of MCARH109**, a G protein-coupled receptor class C group 5 member D (GPRC5D)-targeted chimeric antigen receptor T-cell therapy for multiple myeloma: **An updated analysis**. *J Clin Oncol* 2025;43(5):498-504.
- Garfall A et al. **Long-term follow-up** from the **phase 1/2 MajesTEC-1 trial** of **teclistamab** in patients with relapsed/refractory multiple myeloma. ASCO 2024;Abstract 7540.
- Prince HM et al. **MagnetisMM-3**: **Long-term update** and efficacy and safety of **less frequent dosing of elranatamab** in patients with relapsed or refractory multiple myeloma. ASH 2024;Abstract 4738.

Key Datasets

Meletios-Athanasios (Thanos) C Dimopoulos, MD (continued)

- Rasche L et al. **Long-term efficacy and safety** results from the **Phase 1/2 MonumenTAL-1 study** of **talquetamab**, a GPRC5D×CD3 bispecific antibody, in patients with relapsed/refractory multiple myeloma. EHA 2024;Abstract P915.
- Cohen YC et al. **Talquetamab plus teclistamab** in relapsed or refractory multiple myeloma. *N Engl J Med* 2025;392(2):138-49.
- Shah MR et al. **Linvoseltamab** in patients with relapsed/refractory multiple myeloma: **Longer follow-up** and **selected high-risk subgroup analyses** of the **Linker-MM1 study**. ASH 2024;Abstract 3369.
- Dimopoulos MA et al. **Belantamab mafodotin, pomalidomide, and dexamethasone** in multiple myeloma. *N Engl J Med* 2024;391(5):408-21.
- Hungria V et al. **Belantamab mafodotin, bortezomib, and dexamethasone** vs daratumumab, bortezomib, and dexamethasone in relapsed/refractory multiple myeloma: **Overall survival analysis** and **updated efficacy outcomes** of the **phase 3 Dreamm-7 trial**. ASH 2024;Abstract 772.
- Usmani S et al. Phase I study of **belantamab mafodotin in combination with standard of care** in transplant-ineligible newly diagnosed multiple myeloma: **Dreamm-9 updated interim analysis**. ASH 2024;Abstract 497.

AGENDA

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INTRODUCTION: ASCO 2025 Preview

MODULE 1: Anti-CD38 Antibodies

MODULE 2: Belantamab Mafodotin

MODULE 3: CAR T-Cell Therapy

MODULE 4: Bispecific Antibodies

MODULE 5: Other Novel Agents

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RTP Year in Review 2025

ASCO 2025 Oral Session
June 3, 2025

9:45 AM CDT Abstract 7500

MRD-driven strategy following IsaKRD induction in transplant-eligible NDMM: Primary endpoints of the phase 3 MIDAS trial.

Aurore Perrot, MD, PhD

9:57 AM CDT Abstract 7501

Subcutaneous daratumumab (Dara) + bortezomib/lenalidomide/dexamethasone (VRd) with Dara + lenalidomide (DR) maintenance in transplant-eligible (TE) patients with newly diagnosed multiple myeloma (NDMM): Analysis of sustained minimal residual disease negativity in the phase 3 PERSEUS trial.

Philippe Moreau, MD

10:09 AM CDT Abstract 7502

Sustained MRD negativity in patients with newly diagnosed multiple myeloma treated with carfilzomib-lenalidomide-dexamethasone with or without isatuximab (phase III IsKia trial).

Francesca Gay, MD, PhD

ASCO 2025 Oral Session
June 3, 2025

10:21 AM CDT Abstract 7503

Randomized, multi-center study of carfilzomib, lenalidomide, and dexamethasone (KRd) with or without daratumumab (D) in patients with newly diagnosed multiple myeloma (NDMM): The ADVANCE clinical trial.

Carl Ola Landgren, MD, PhD

10:57 AM CDT Abstract 7504

Elranatamab in combination with daratumumab and lenalidomide (EDR) in patients with newly diagnosed multiple myeloma (NDMM) not eligible for transplant: Initial results from MagnetisMM-6 part 1.

Hang Quach, MD, FRACP, FRCPA

11:09 AM CDT Abstract 7505

First-in-human study of JNJ-79635322 (JNJ-5322), a novel, next-generation trispecific antibody (TsAb), in patients (pts) with relapsed/refractory multiple myeloma (RRMM): Initial phase 1 results.

Niels WCJ van de Donk, MD, PhD

ASCO 2025 Oral Session
June 3, 2025

11:21 AM CDT Abstract 7506

Isatuximab (Isa) subcutaneous (SC) via an on-body delivery system (OBDS) vs Isa intravenous (IV), plus pomalidomide and dexamethasone (Pd) in relapsed/refractory multiple myeloma (RRMM): Results of the randomized, non-inferiority, phase 3 IRAKLIA study.

Xavier P Leleu, MD, PhD

11:57 AM CDT Abstract 7507

Long-term (≥5 year) remission and survival after treatment with ciltacabtagene autoleucel (cilta-cel) in CARTITUDE-1 patients (pts) with relapsed/refractory multiple myeloma (RRMM).

Peter M Voorhees, MD

12:09 PM CDT Abstract 7508

Safety and efficacy data from NEXICART-2, the first US trial of CAR-T in R/R light chain (AL) amyloidosis, NXC-201.

Heather Jolie Landau, MD

ASCO 2025 Rapid Oral Session
June 2, 2025

8:00 AM CDT Abstract 7509

Isatuximab, carfilzomib, lenalidomide, and dexamethasone (Isa-KRd) for high-risk (HR) newly diagnosed multiple myeloma (NDMM): First-time report of the full cohort of transplant-eligible (TE) patients in the GMMG-CONCEPT trial.

Lisa B Leypoldt, MD

8:06 AM CDT Abstract 7510

Linvoseltamab (LINVO) + bortezomib (BTZ) in patients (pts) with relapsed/refractory multiple myeloma (RRMM): First results from the LINKER-MM2 trial.

Xavier P Leleu, MD, PhD

8:12 AM CDT Abstract 7511

Heterogeneity in the expression of GPRC5D between patients with multiple myeloma.

Harsh Parmar, MD

RTP Year in Review 2025

ASCO 2025 Rapid Oral Session
June 2, 2025

8:30 AM CDT Abstract 7512

Belantamab mafodotin plus lenalidomide/dexamethasone in newly diagnosed intermediate-fit & frail multiple myeloma patients: Long-term efficacy and safety from the phase 1/2 BELARD clinical trial.

Evangelos Terpos, MD, PhD

8:36 AM CDT Abstract 7513

Linvoseltamab (LINVO) + carfilzomib (CFZ) in patients (pts) with relapsed/refractory multiple myeloma (RRMM): Initial results from the LINKER-MM2 trial.

Salomon Manier, MD, PhD

8:42 AM CDT Abstract 7514

Phase 1, first-in-human study of ISB 2001: A BCMAxCD38xCD3-targeting trispecific antibody for patients with relapsed/refractory multiple myeloma (RRMM) — Dose escalation (DE) results.

Hang Quach, MD, FRACP, FRCPA

RTP Year in Review 2025

ASCO 2025 Rapid Oral Session
June 2, 2025

9:00 AM CDT Abstract 7515

Minimal residual disease (MRD) negativity (neg) in patients (pts) with relapsed or refractory multiple myeloma (RRMM) treated with belantamab mafodotin plus pomalidomide and dexamethasone (BPd) vs pomalidomide, bortezomib, and dexamethasone (PVd): Analysis from the DREAMM-8 trial.

Suzanne Trudel, MD

9:06 AM CDT Abstract 7516

Daratumumab plus bortezomib, lenalidomide, and dexamethasone (DVRd) in patients with newly diagnosed multiple myeloma (NDMM): Subgroup analysis of transplant-ineligible (TIE) patients in the phase 3 CEPHEUS study.

Saad Z Usmani, MD, MBA, FRCP, FASCO

9:12 AM CDT Abstract 7517

Isatuximab, bortezomib, lenalidomide, and dexamethasone (Isa-VRd) in newly diagnosed multiple myeloma (NDMM): Outcomes in patients with 1q21+ status in the phase 3 IMROZ study.

Robert Orlowski, MD, PhD

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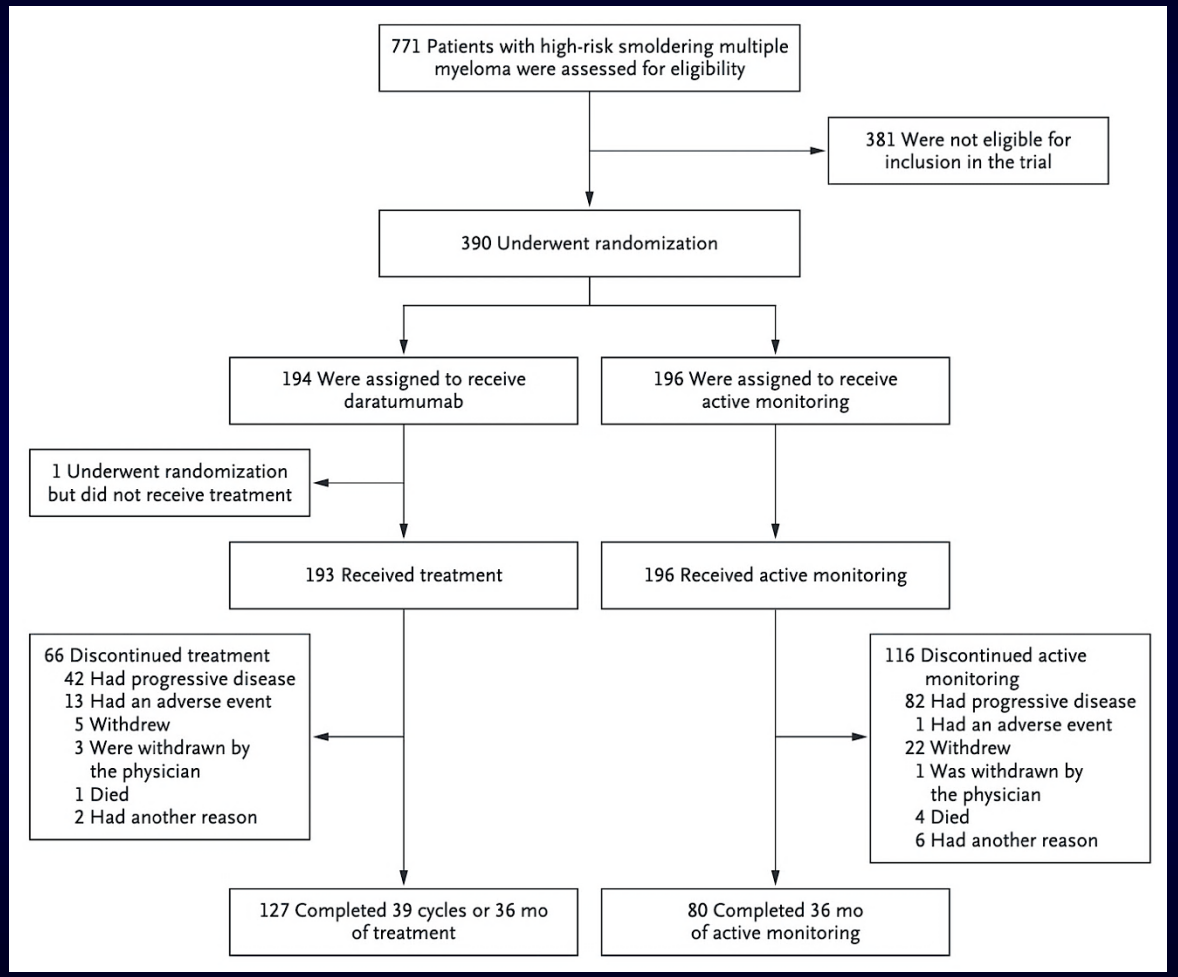
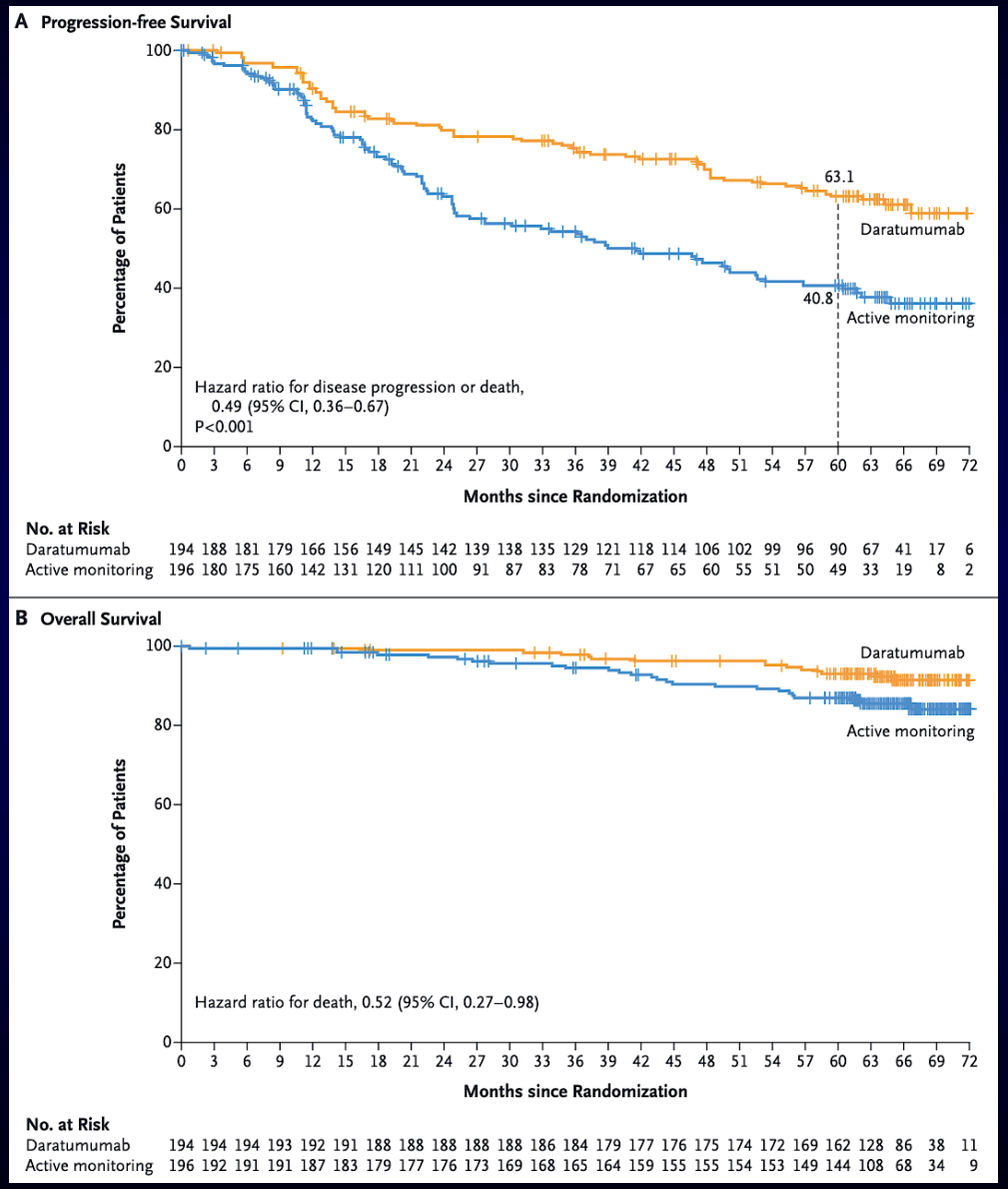
Dara in Smoldering: Design & Outcomes

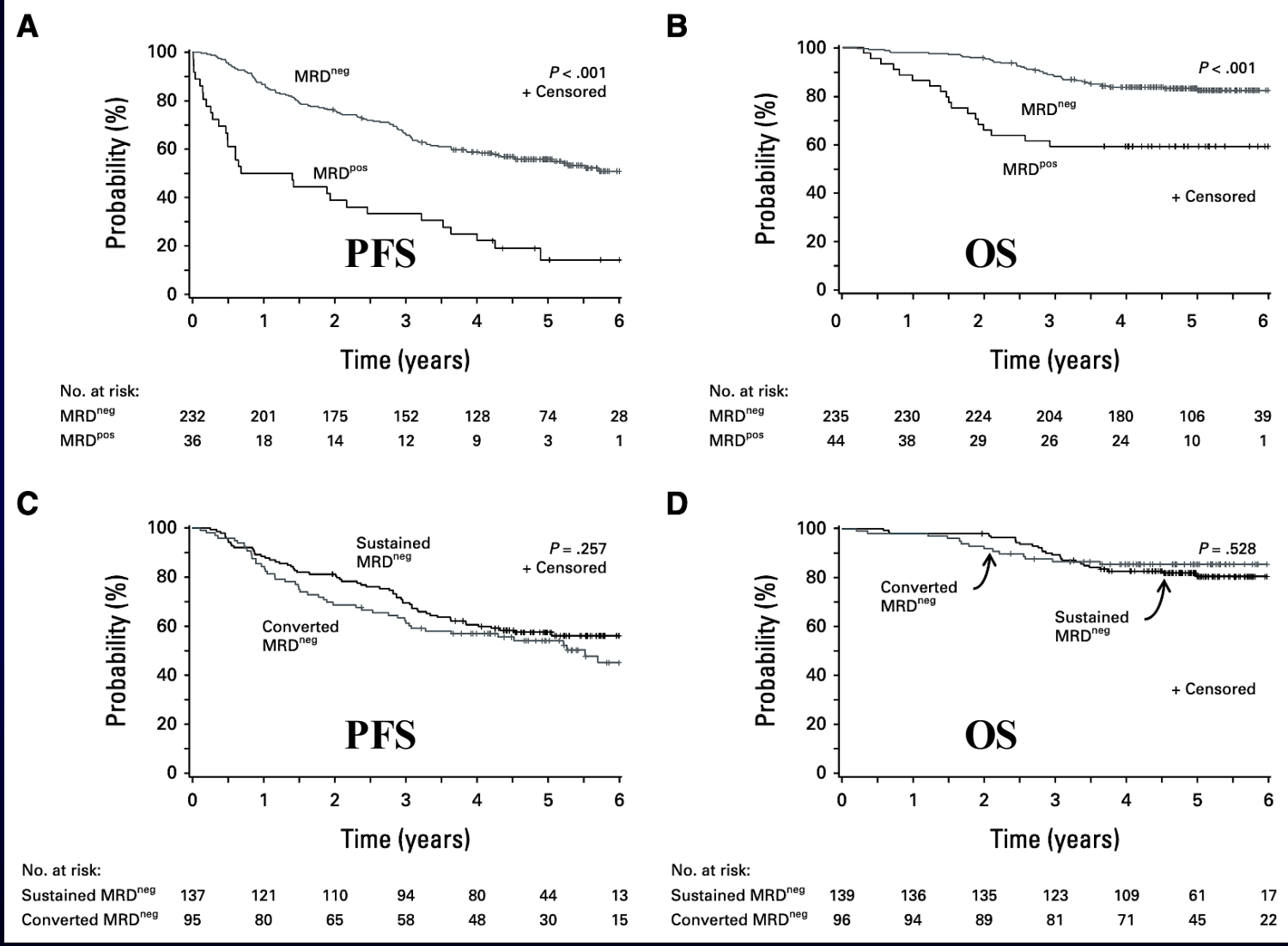




Courtesy of Robert Z Orlowski, MD, PhD

Dimopoulos MA et al. N Engl J Med. 2024 Dec 9.

Value of MRD 1 Year Post-ASCT



Courtesy of Robert Z Orlowski, MD, PhD

Pasquini MC et al. J Clin Oncol. 2024 Aug 10;42(23):2757-2768.

Anti-CD38 Antibody First-Line Indications

IV Daratumumab	Isatuximab
In combination with lenalidomide and dexamethasone for newly diagnosed patients who are ineligible for autologous stem cell transplant	In combination with bortezomib, lenalidomide and dexamethasone for adult patients with newly diagnosed multiple myeloma who are not eligible for autologous stem cell transplant
In combination with bortezomib, melphalan and prednisone for newly diagnosed patients who are ineligible for autologous stem cell transplant	
In combination with bortezomib, thalidomide, and dexamethasone for newly diagnosed patients who are eligible for autologous stem cell transplant	

Daratumumab package insert, May 2025. Isatuximab package insert, May 2025.

New Isatuximab Subcutaneous Formulation Met Coprimary Endpoints in the IRAKLIA Phase III Study in Multiple Myeloma

Press Release: January 9, 2025

"Results from the investigational, randomized, open-label IRAKLIA phase 3 study demonstrated that isatuximab administered at a fixed dose subcutaneously (SC) via an on-body delivery system (OBDS) in combination with pomalidomide and dexamethasone (Pd) met its co-primary endpoints of non-inferior objective response rate (ORR) and observed concentration before dosing (C trough) at steady state compared to intravenous (IV) isatuximab administered at a weight-based dose in combination with Pd in patients with relapsed or refractory multiple myeloma (R/R MM). Key secondary endpoints, including very good partial response (VGPR), incidence rate of infusion reactions and C trough at cycle 2 were also achieved. The study is ongoing, and the full results will be presented at a forthcoming medical meeting.

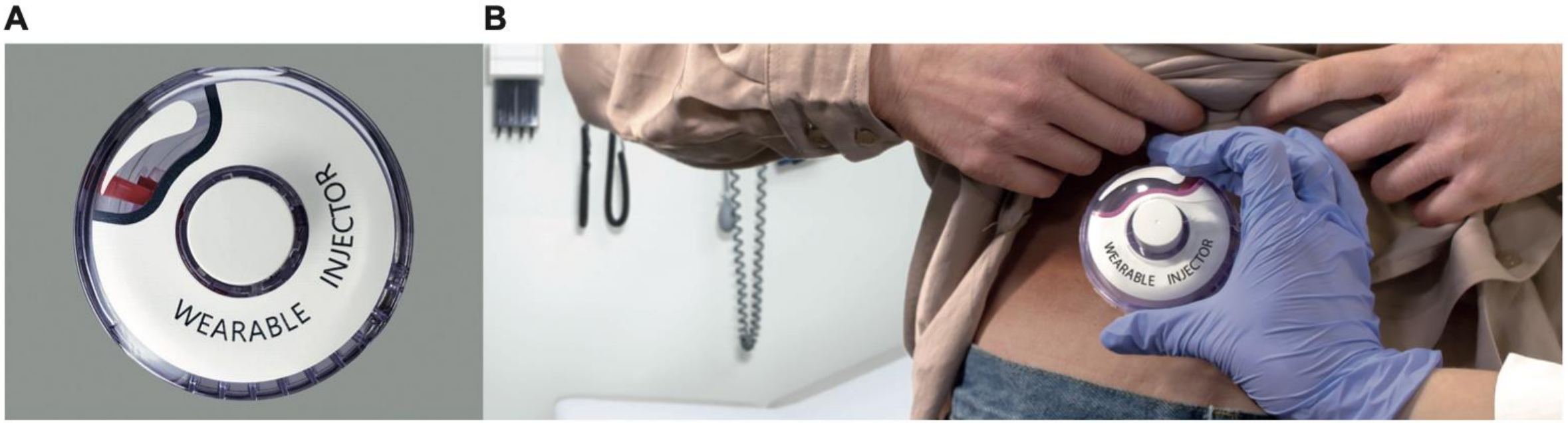
Additional studies evaluating isatuximab SC formulations across different combinations and lines of therapy are ongoing. The safety and efficacy of isatuximab SC [has] not been evaluated by any regulatory authority outside of [the] approved indications. Regulatory submissions in the US and in the EU are planned during the first half of 2025."

https://www.sanofi.com/en/media-room/press-releases/2025/2025-01-09-06-00-00-3006798

RTP RESEARCH TO PRACTICE

Subcutaneous Isatuximab Administration

Figure 1. SC Isa administration by on-body delivery system (OBDS). A) Wearable injector. B) Injector applied to the patient's abdomen*



*CAUTION – Investigational device. Limited by Federal (or United States) law to investigational use.
Isa, isatuximab; SC, subcutaneous

Quach H et al. IMS 2022;Abstract P-306.

RTP RESEARCH TO PRACTICE

Neil’s Top 20 Questions

RTP Year in Review 2025

Is daratumumab a reasonable treatment option for patients with high-risk smoldering multiple myeloma?

Should patients generally receive an anti-CD38 monoclonal antibody (mAb) as part of induction treatment (transplant eligible and ineligible)?

What role, if any, do anti-CD38 mAbs play in maintenance treatment, and do MRD assays play a clinical role?

Currently how do you decide which anti-CD38 mAb to use in induction? Do you believe there are differences in efficacy and safety between them?

Is there a role for post-transplant MRD assessment?

How would you compare the patient experience with subcutaneous isatuximab versus subcutaneous daratumumab?

AGENDA

Year in Review: Management of Multiple Myeloma

INTRODUCTION: ASCO 2025 Preview

MODULE 1: Anti-CD38 Antibodies

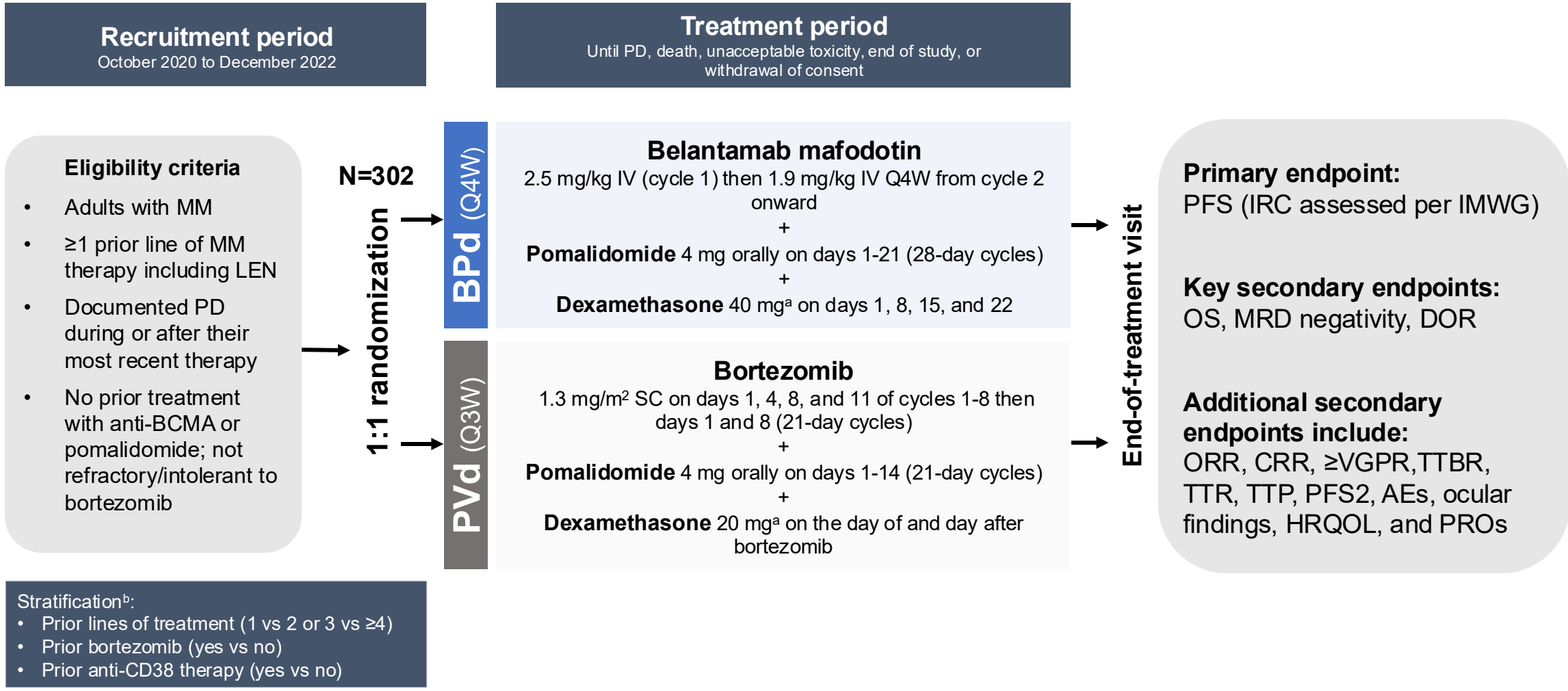
MODULE 2: Belantamab Mafodotin

MODULE 3: CAR T-Cell Therapy

MODULE 4: Bispecific Antibodies

MODULE 5: Other Novel Agents

DREAMM-8 Study: BelaPd vs PVd – Study Design



Courtesy of Thanos C Dimopoulos, MD

Dimopoulos MA, et al. N Engl J Med. 2024 Aug 1;391(5):408-421

DREAMM-8: Baseline Characteristics Were Balanced

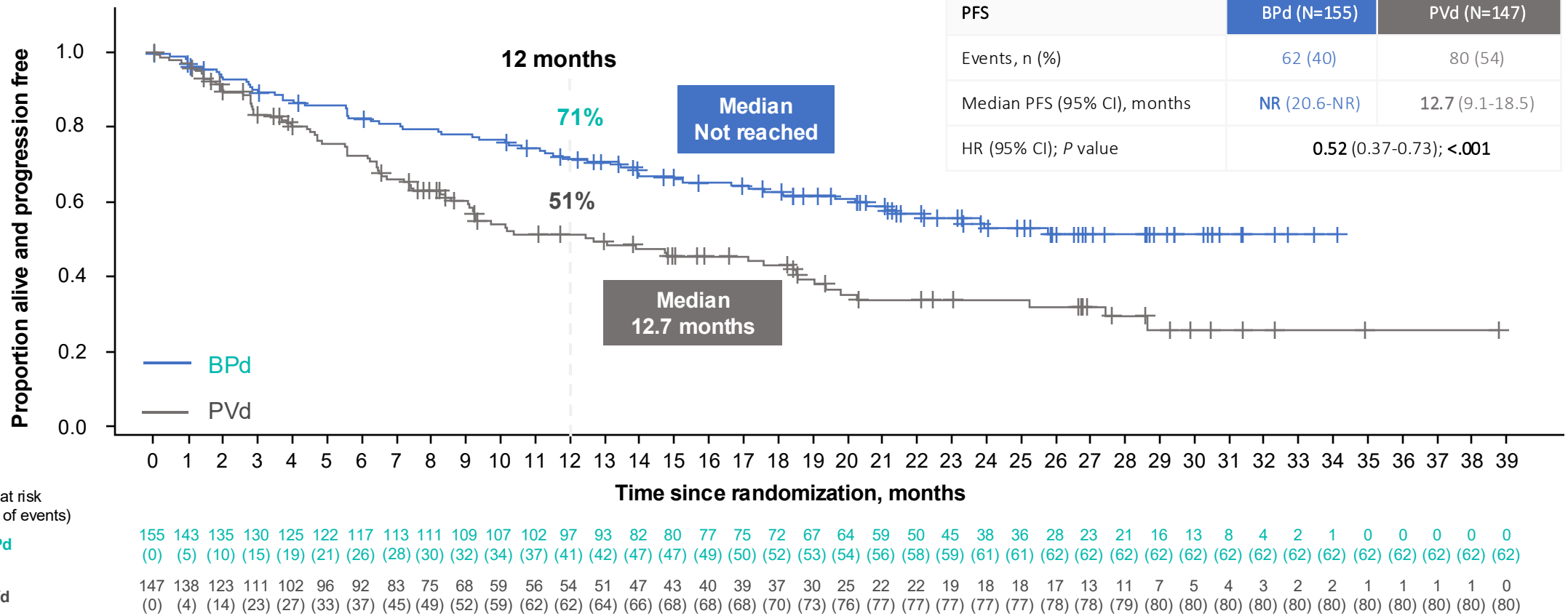
Baseline characteristics	ITT population	
	BPd (N=155)	PVd (N=147)
Age, median (range), years	67 (40-82)	68 (34-86)
<65, n (%)	64 (41)	53 (36)
65 to <75, n (%)	72 (46)	59 (40)
≥75, n (%)	19 (12)	35 (24)
Male/female, n (%)	99 (64)/56 (36)	82 (56)/65 (44)
White/Black/Asian/Mixed race, n (%)[a]	133 (86)/0/20 (13)/1 (<1)	127 (87)/0/17 (12)/0
ECOG PS ≤1, n (%)[b]	146 (97)	140 (97)
ISS stage at screening, n (%)		
I	93 (60)	85 (58)
II	39 (25)	40 (27)
III	22 (14)	22 (15)
Unknown	1 (<1)	0
Years since diagnosis, median (range)	4.04 (0.4-16.7)	3.43 (0.4-17.7)
Cytogenetic abnormalities, n (%)		
Standard risk[c]	72 (46)	75 (51)
High risk[d]	52 (34)	47 (32)
Missing or nonevaluable	31 (20)	25 (17)
Time to relapse after initiation of 1L treatment	22 (14)	20 (14)
≤12 months	133 (86)	127 (86)
>12 months		
Extramedullary disease, n (%)	20 (13)	11 (7)

Prior treatments, n (%)	**ITT population**			
	BPd (N=155)		**PVd (N=147)**	
Prior LOT				
1	82 (53)		77 (52)	
2 or 3	54 (35)		48 (33)	
≥4	19 (12)		22 (15)	
Prior ASCT	99 (64)		82 (56)	
Prior treatment	**Exposed**	**Refractory**	**Exposed**	**Refractory**
Prior proteasome inhibitor	140 (90)	40 (26)	136 (93)	35 (24)
Bortezomib	134 (86)	16 (10)	130 (88)	8 (5)
Carfilzomib	34 (22)	18 (12)	37 (25)	23 (16)
Ixazomib	11 (7)	8 (5)	15 (10)	11 (7)
Prior immunomodulatory drug[a]	155 (100)	127 (82)	147 (100)	111 (76)
Lenalidomide	**155 (100)**	**125 (81)**	147 (100)	111 (76)
Thalidomide	49 (32)	9 (6)	48 (33)	6 (4)
Prior anti-CD38 monoclonal antibody[b]	**38 (25)**	**35 (23)**	**42 (29)**	**36 (24)**
Daratumumab	**36 (23)**	**33 (21)**	**39 (27)**	**34 (23)**
Isatuximab	**2 (1)**	**2 (1)**	**3 (2)**	**2 (1)**

Courtesy of Thanos C Dimopoulos, MD

Dimopoulos MA, et al. N Engl J Med. 2024 Aug 1;391(5):408-421

DREAMM-8: Significant PFS Benefit with BPd vs PVd



PFS	BPd (N=155)	PVd (N=147)
Events, n (%)	62 (40)	80 (54)
Median PFS (95% CI), months	NR (20.6-NR)	12.7 (9.1-18.5)
HR (95% CI); *P* value	0.52 (0.37-0.73); <.001	

No. at risk (no. of events)

BPd	155 (0)	143 (5)	135 (10)	130 (15)	125 (19)	122 (21)	117 (26)	113 (28)	111 (30)	109 (32)	107 (34)	102 (37)	97 (41)	93 (42)	82 (47)	80 (47)	77 (49)	75 (50)	72 (52)	67 (53)	64 (54)	59 (56)	50 (58)	45 (59)	38 (61)	36 (61)	28 (62)	23 (62)	21 (62)	16 (62)	13 (62)	8 (62)	4 (62)	2 (62)	1 (62)	0 (62)	0 (62)	0 (62)	0 (62)	0 (62)
PVd	147 (0)	138 (4)	123 (14)	111 (23)	102 (27)	96 (33)	92 (37)	83 (45)	75 (49)	68 (52)	59 (59)	56 (62)	54 (62)	51 (64)	47 (66)	43 (68)	40 (68)	39 (68)	37 (70)	30 (73)	25 (76)	22 (77)	22 (77)	19 (77)	18 (77)	18 (77)	17 (78)	13 (78)	11 (79)	7 (80)	5 (80)	4 (80)	3 (80)	2 (80)	2 (80)	1 (80)	1 (80)	1 (80)	1 (80)	0 (80)

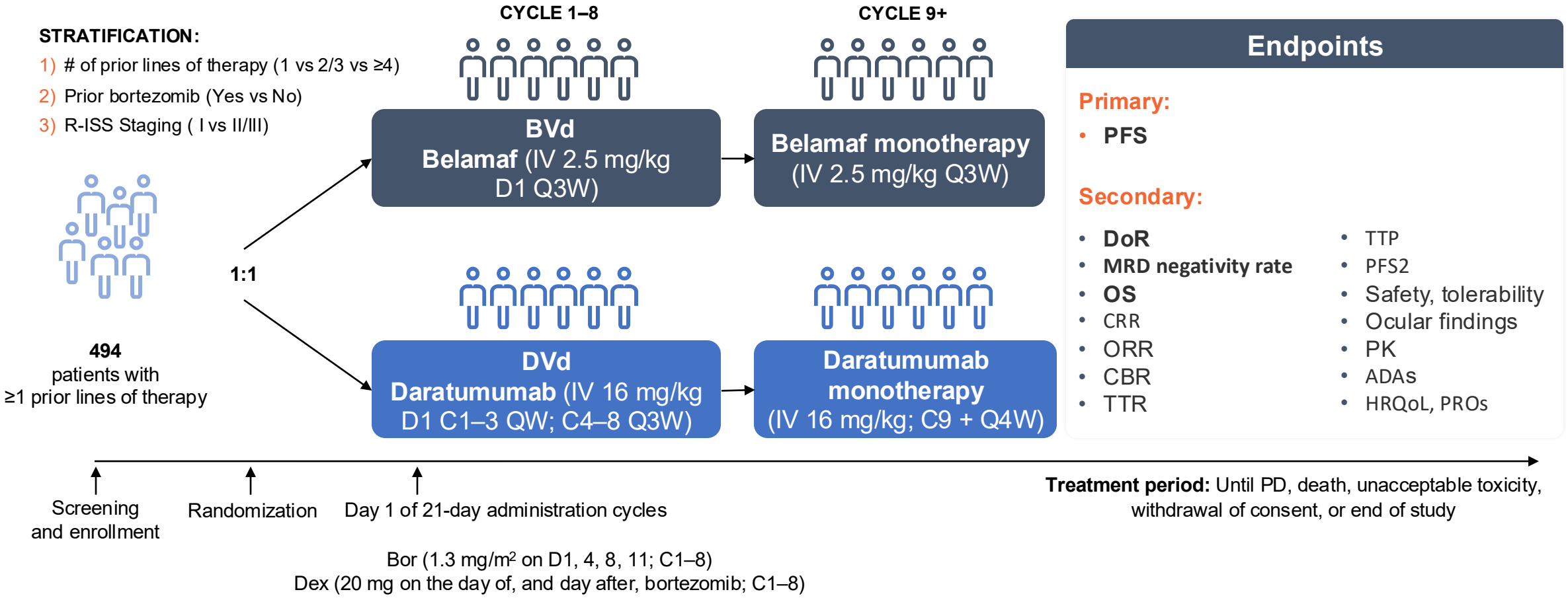
BPd led to a statistically significant and clinically meaningful reduction in risk of disease progression or death vs PVd (HR, 0.52; 95% CI, 0.37-0.73; *P*<.001)

Median follow-up, 21.8 months (range, 0.03-39.23 months).
The treatment effect (HR and corresponding 95% CIs) was estimated using the stratified Cox proportional hazards model, and the *P* value was produced based on the 1-sided stratified log-rank test. Stratified analyses were adjusted for number of prior lines of therapy and prior bortezomib use.
BPd, belamaf, pomalidomide, and dexamethasone; HR, hazard ratio; NR, not reported; PFS, progression-free survival; PVd, pomalidomide, bortezomib, and dexamethasone.

Courtesy of Thanos C Dimopoulos, MD

Dimopoulos MA, et al. N Engl J Med. 2024 Aug 1;391(5):408-421

DREAMM-7: Bela-Vd vs Dara-Vd – Study Design



Endpoints

Primary:

- **PFS**

Secondary:

- **DoR**
- **MRD negativity rate**
- **OS**
- CRR
- ORR
- CBR
- TTR
- TTP
- PFS2
- Safety, tolerability
- Ocular findings
- PK
- ADAs
- HRQoL, PROs

Courtesy of Thanos C Dimopoulos, MD

Hungria V, et al. N Engl J Med. 2024 Aug 1;391(5):393-407.

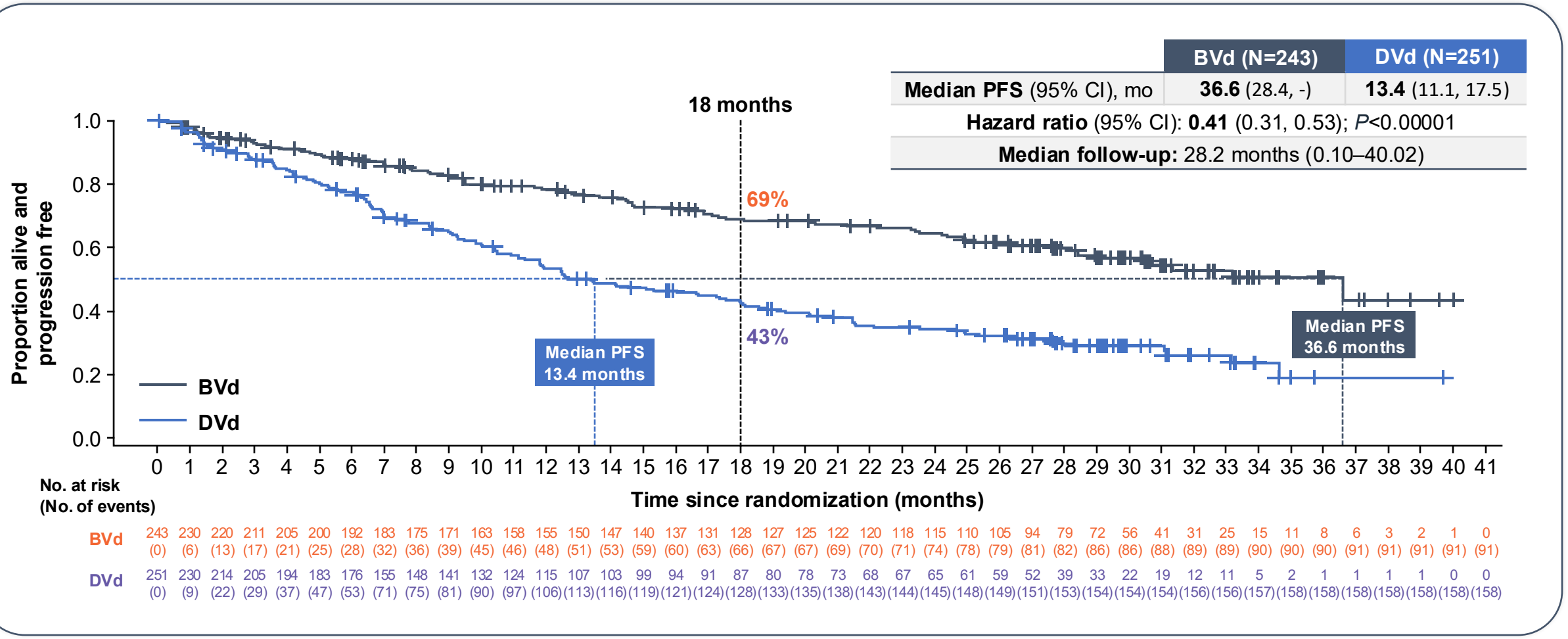
DREAMM-7 study – Patients Characteristics

Demographics and baseline characteristics	BVd (N=243)	DVd (N=251)
Median age, years (range)	65 (34–86)	64 (32–89)
Standard/high risk cytogenetic abnormalities, n (%)	**175 (72)/67 (28)**	**175 (70)/69 (27)**
EMD present, n (%)	13 (5)	25 (10)
R-ISS Stage I/II/III, n (%)	102 (42)/130 (53)/9 (4)	103 (41)/132 (53)/14 (6)
Prior ASCT, n (%)	164 (67)	173 (69)
Prior LoT, 1/2 or 3/≥4, n (%)	125 (51)/88 (36)/30 (12)	125 (50)/99 (39)/27 (11)
Prior lenalidomide, n (%)	**127 (52)**	**130 (52)**
• **Refractory to lenalidomide, n (%)**	**79 (33)**	**87 (35)**
Prior daratumumab, n (%)	3 (1)	4 (2)

Courtesy of Thanos C Dimopoulos, MD

Hungria V, et al. N Engl J Med. 2024 Aug 1;391(5):393-407.

DREAMM-7 study – PFS

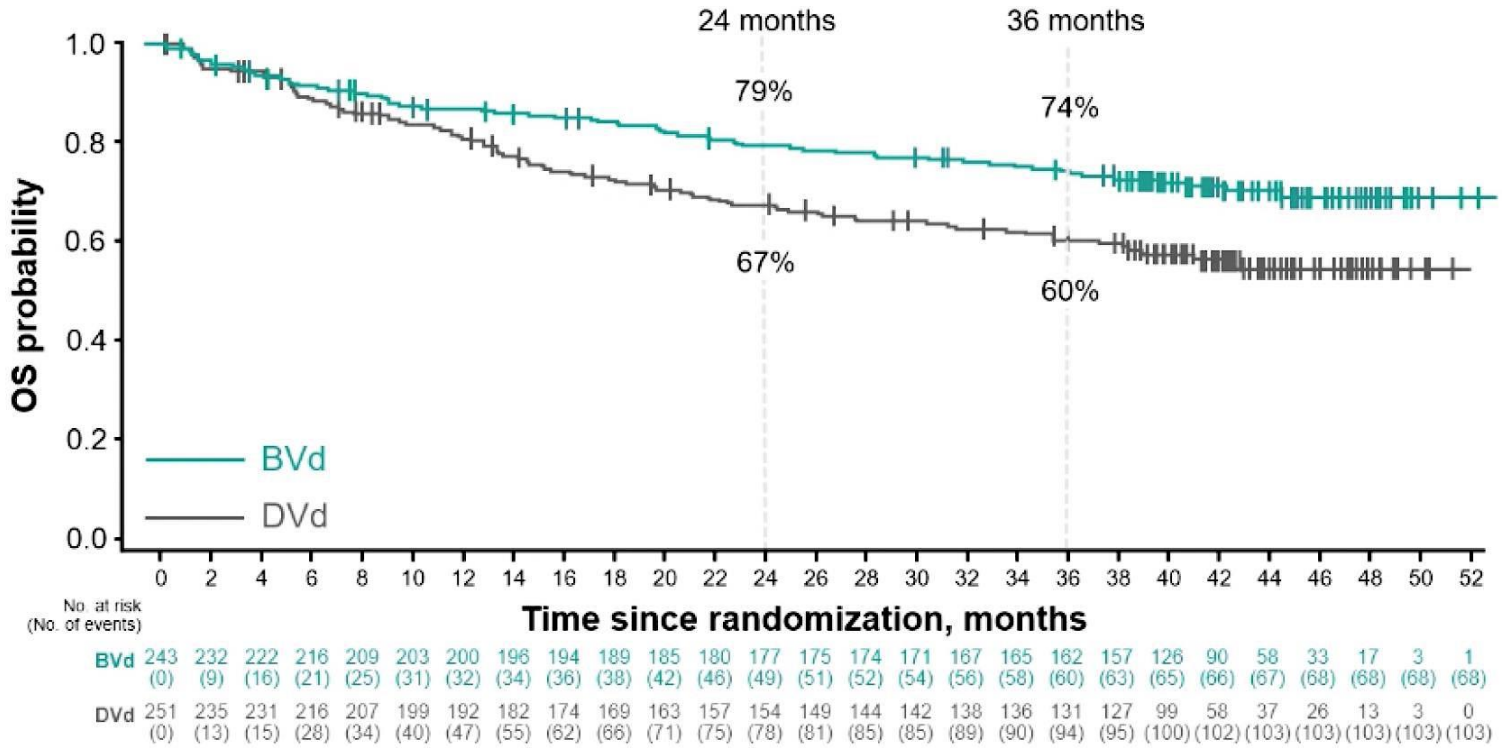


Courtesy of Thanos C Dimopoulos, MD

Hungria V, et al. ASH 2024. Abstracts 772 ;Mateos ASCO 2024; Abstract 7503

Updated and Additional Analyses From the Phase 3 DREAMM-7 Trial of BVd vs DVd in RRMM: OS

Median follow-up: 39.4 months (range, 0.1-52.3)



OS	BVd (n=243)	DVd (n=251)
Events, n (%)	68 (28)	103 (41)
Median OS (95% CI), months	NR (NR-NR)	NR (41.0-NR)
HR (95% CI); *P* value	0.58 (0.43-0.79); *P*=0.00023	
24-month OS, % (95% CI)	79 (73-84)	67 (61-73)
36-month OS, % (95% CI)	74 (68-79)	60 (54-66)

Median OS was not reached.

Predicted median OS based on modeling is 84 months with BVd and 51 months with DVd

Courtesy of Thanos C Dimopoulos, MD

Hungria V, et al. ASH 2024. Abstracts 772 and 3359.

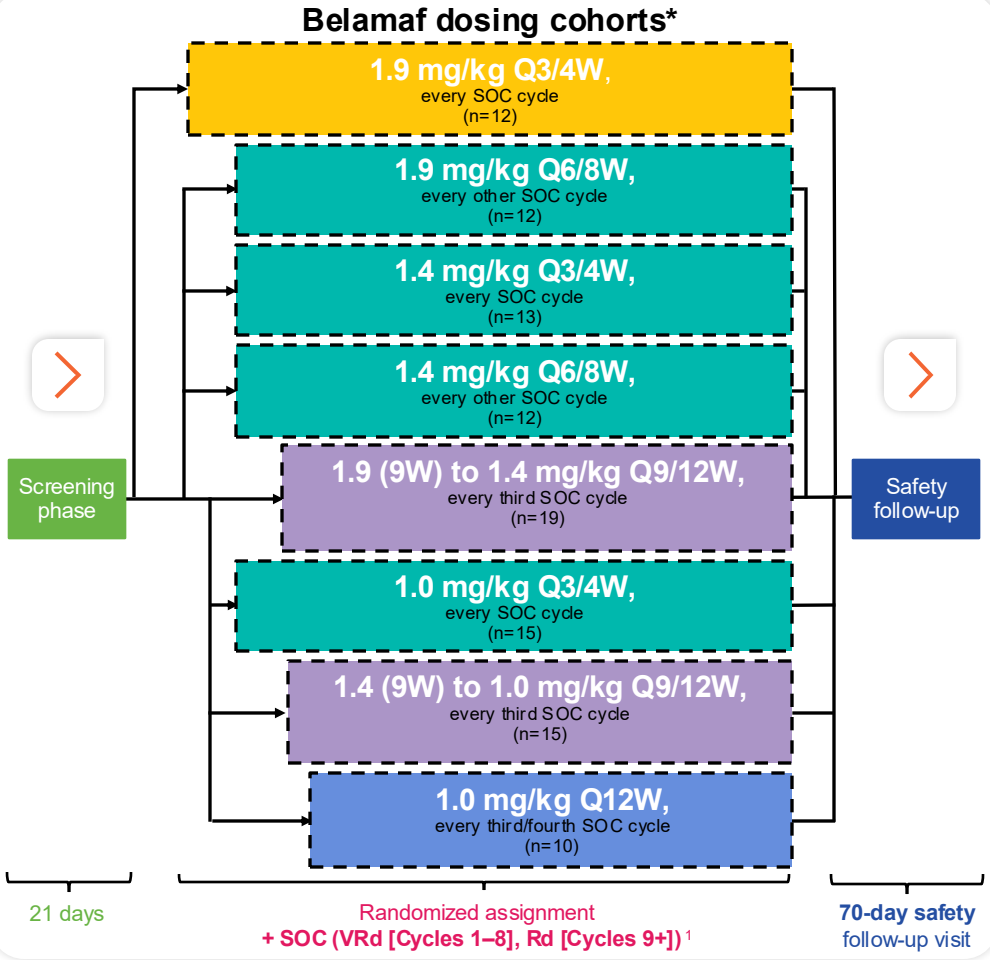
DREAMM-9: Study design

Inclusion criteria

- MM diagnosis per IMWG criteria
- ECOG performance status of 0–2
- Not a candidate for HDT with ASCT due to frailty and/or significant comorbid condition(s)
- Measurable disease per IMWG criteria

Exclusion criteria

- Prior systemic therapy for MM or SMM
- Current corneal epithelial disease



Primary endpoint:

- Safety (DLTs and AEs)

Secondary endpoints

- Efficacy (ORR, ≥CR, ≥VGPR per IMWG criteria)
- RDI of lenalidomide and bortezomib after 4 cycles
- Cumulative administered belamaf dose after 4 cycles with VRd
- Incidence and titers of ADAs
- PK

Exploratory endpoint

- MRD negativity (assessed in bone marrow aspirate samples using next-generation sequencing [10^{-5}]).

- Cohorts with lower doses and longer schedules were opened to assess the potential to improve tolerability while maintaining efficacy
- All cohorts received belamaf with VRd for Cycles 1–8 (21-day cycle), followed by belamaf with Rd for Cycles 9+ (28-day cycle)
- Ocular events were managed by dose modifications or extending the dosing interval

*Cohorts of the same color opened at the same time. Cohorts with longer rectangles opened earlier.
ADA, anti-drug antibodies; AE, adverse event; ASCT, autologous stem cell transplant; belamaf, belantamab mafodotin; CR, complete response; DLT, dose-limiting toxicities; ECOG, Eastern Cooperative Oncology Group; HDT, high-dose chemotherapy; IMWG, International Myeloma Working Group; MM, multiple myeloma; MRD, minimal residual disease; ORR, overall response rate; PK, pharmacokinetics; PR, partial response; QxW, every x weeks; RDI, relative dose intensity; SMM, smouldering MM; SOC, standard of care; VGPR, very good partial response

Courtesy of Thanos C Dimopoulos, MD

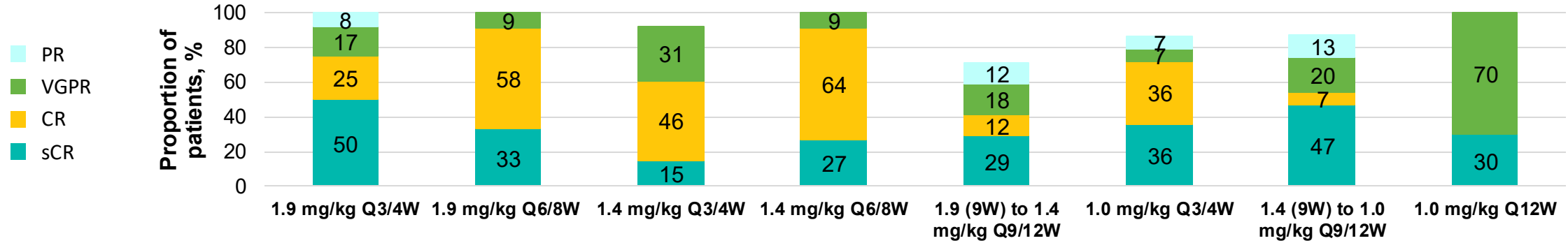
Usmani S, et al. ASH 2024;Abstract 497.

DREAMM-9: Efficacy | ORR

VGPR+ was 100% in 3 cohorts including those with lower doses and less frequent schedules

- ORRs ranged from 71% to 100%
- Time to achieve VGPR+ was consistent across the cohorts (median 2.1–3.2 months) and response deepened over time
- In the first 4 cohorts, CR+ was 62–92%

ORR*, %	100	100	92	100	71	86	87	100
VGPR+ / CR+, %	92 / 75	100 / 92	92 / 62	100 / 91	59 / 41	79 / 71	73 / 53	100 / 30



	n=12	n=12	n=13	n=11	n=17	n=14	n=15	n=10
Median follow-up, months (range)	37.6 (7–50)	32.3 (6–38)	20.2 (1–37)	32.4 (5–37)	17.1 (1–23)	31.0 (0–38)	18.2 (2–22)	7.8 (5–10)
Median time to VGPR+, months (range)	2.8 (0.7–4.2)	2.9 (0.8–14.7)	2.2 (0.8–16.8)	2.1 (0.8–5.0)	2.2 (0.7–8.1)	3.0 (1.4–6.8)	3.1 (0.8–4.9)	3.2 (1.3–4.9)
Median time to CR+, months (range)	8.3 (2.1–19.4)	12.0 (4.4–22.9)	6.2 (1.4–15.7)	8.8 (1.4–18.4)	9.5 (3.7–11.1)	8.2 (2.1–19.8)	6.1 (1.4–13.8)	6.5 (2.1–9.1)

Median follow-up varied as cohorts opened at different times; some patients had not been treated for long enough to achieve response

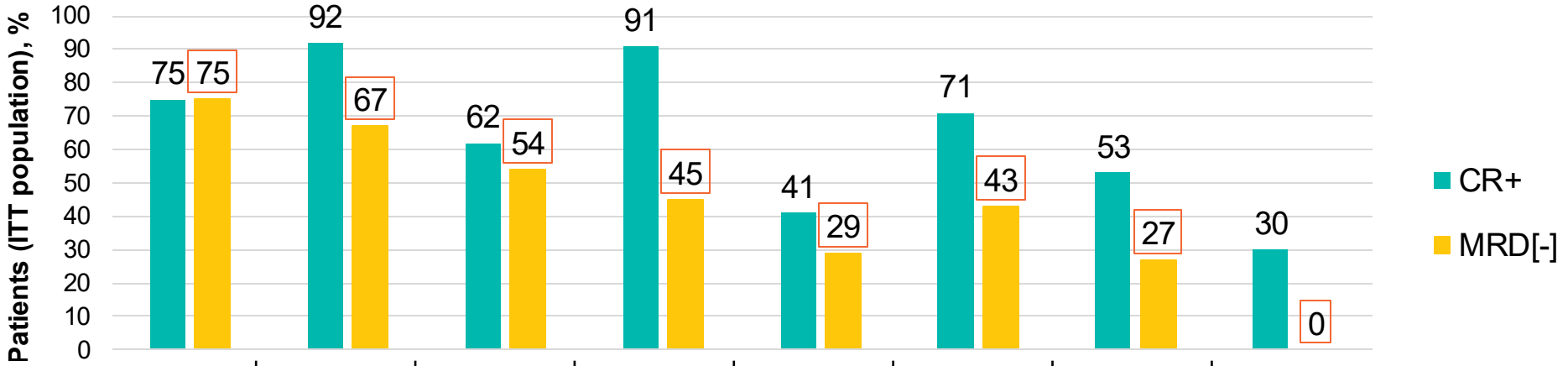
CI, confidence interval; CR+, complete response or better; ORR, overall response rate; PR, partial response; QxW, every x weeks; sCR, stringent complete response; VGPR+, very good partial response or better.

Courtesy of Thanos C Dimopoulos, MD

Usmani S, et al. ASH 2024;Abstract 497.

DREAMM-9: Efficacy | MRD-negativity rate*

Higher belamaf starting doses were associated with deeper and faster MRD[−] rates



	1.9 mg/kg Q3/4W	1.9 mg/kg Q6/8W	1.4 mg/kg Q3/4W	1.4 mg/kg Q6/8W	1.9 (9W) to 1.4 mg/kg Q9/12W	1.0 mg/kg Q3/4W	1.4 (9W) to 1.0 mg/kg Q9/12W	1.0 mg/kg Q12W
MRD[−], n (% of patients with CR+)	9 (100)	8 (73)	7 (88)	5 (50)	5 (71)	6 (60)	4 (50)	0
Median time to MRD[−], months (range)	8.3 (2.1–17.5)	7.9 (4.2–14.7)	12.2 (2.3–24.9)	14.6 (2.1–23.1)	4.4 (2.2–10.2)	3.8 (2.5–12.3)	5.1 (2.1–9.2)	0
Median follow-up, months	37.6	32.3	20.2	32.4	17	31.0	18.2	7.8

*MRD[-] was measured by next-generation sequencing [10^{-5}] in patients achieving CR+, and is shown as proportion of the ITT population.
belamaf, belantamab mafodotin; CR,+ complete response or better; ITT, intention-to-treat; MRD[−], minimal residual disease negativity; QxW, every x weeks.

Courtesy of Thanos C Dimopoulos, MD

Usmani S, et al. ASH 2024;Abstract 497.

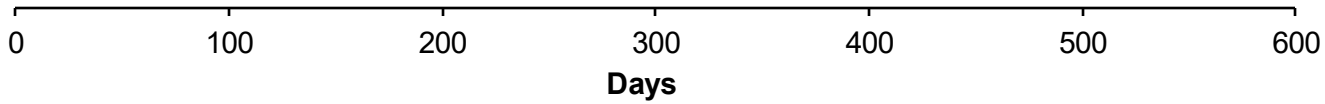
DREAMM-9: Best corrected visual acuity

Dose and schedule affected the time to, and resolution of, BCVA decreases

- Extending the dosing interval between the 1.9 mg/kg or 1.4 mg/kg doses from Q3/4W to Q6/8W was associated with longer time to BCVA decrease to 20/50 or worse*
- Resolution of BCVA decreases was generally faster in cohorts with lower initial doses of belamaf

First occurrence of decrease in BCVA score from baseline (20/25 or better) to 20/50 or worse

Belamaf schedule	Number of patients, n (%)	Time to onset	Median (range), days
1.9 mg/kg Q3/4W	6 (50)		76 (42–439)
1.9 mg/kg Q6/8W	6 (50)		246 (106–472)
1.4 mg/kg Q3/4W	3 (23)		128 (113–409)
1.4 mg/kg Q6/8W	6 (50)		264 (92–546)
		Time to resolution	
1.9 mg/kg Q3/4W			163 (36–230)
1.9 mg/kg Q6/8W			135 (29–246)
1.4 mg/kg Q3/4W			36 (22–85)
1.4 mg/kg Q6/8W			70 (43–421)



*In the 4 cohorts shown, 2 patients had a BCVA change from 20/25 or better to 20/200 or worse. These patients both had bilateral cataracts.
†Image adapted from Shi C, et al. bioRxiv. 2018;doi:doi.org/10.1101/328443. Copyright © 2018 the Author.
belamaf, belantamab mafodotin; BCVA, best corrected visual acuity; QxW, every x weeks.

Courtesy of Thanos C Dimopoulos, MD

Usmani S, et al. ASH 2024;Abstract 497.

In general, how would you compare the efficacy of belantamab mafodotin versus daratumumab as a component of combination therapy for patients with relapsed MM?

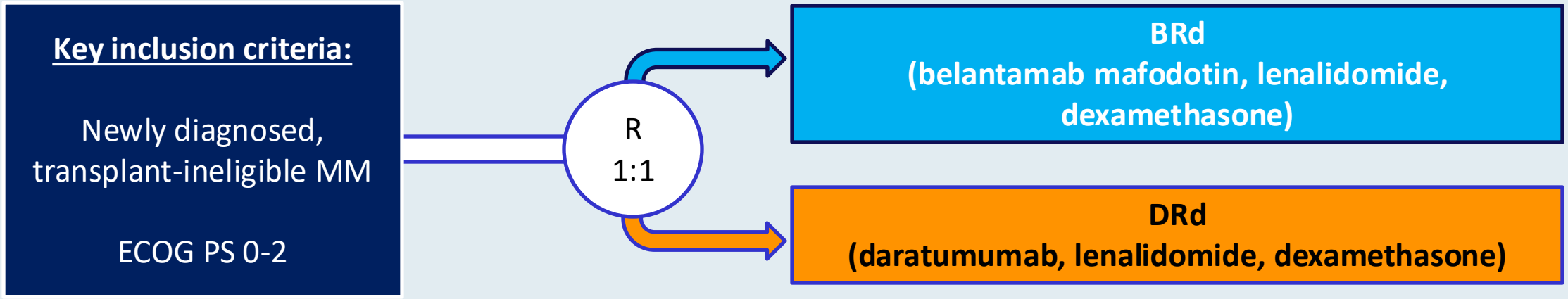
How do you manage the dose and schedule of belantamab mafodotin to maximize efficacy and minimize ophthalmic toxicity?

How do you approach prevention, screening and management of ophthalmic toxicity with belantamab mafodotin?

Do you have any predictions for what results of the DREAMM-10 trial will demonstrate?

DREAMM-10 Trial: Phase III Study of Belantamab Mafodotin with Lenalidomide and Dexamethasone (BRd) versus Daratumumab with Lenalidomide and Dexamethasone (DRd) in Transplant-Ineligible Newly Diagnosed MM

Trial identifier: NCT06679101
Estimated enrollment: 520



Lonial S et al. ASCO 2025;Abstract TPS7567; www.clinicaltrials.gov. NCT06679101. Accessed May 2025.

Would you recommend belantamab mafodotin for a patient with relapsed/refractory MM who has previously received both BCMA-directed CAR T-cell therapy and a BCMA-directed bispecific antibody (BS)?

AGENDA

Year in Review: Management of Multiple Myeloma

INTRODUCTION: ASCO 2025 Preview

MODULE 1: Anti-CD38 Antibodies

MODULE 2: Belantamab Mafodotin

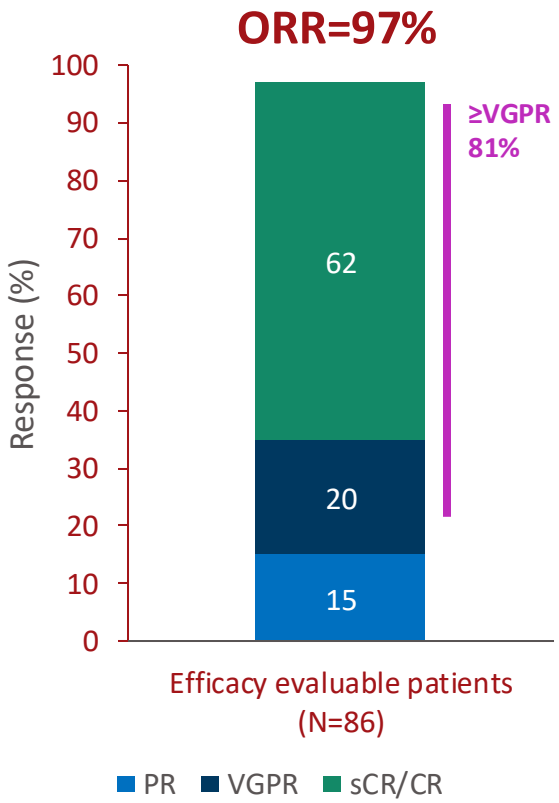
MODULE 3: CAR T-Cell Therapy

MODULE 4: Bispecific Antibodies

MODULE 5: Other Novel Agents

Phase 2 iMMagine-1: Anito-cel - Preliminary efficacy data for an anti-BCMA CAR T-cell therapy in RRMM

Patient characteristics	Safety evaluable (N=98)	Efficacy evaluable (N=86)
Median age (yrs)	65	65
Previous lines of therapy		
Lines of prior therapy, median (min-max)	4 (3-8)	4 (3-8)
3 prior lines of therapy	45 (46%)	37 (43%)
Triple refractory	85 (87%)	74 (86%)
Penta refractory	41 (42%)	37 (43%)
Prior ASCT	73 (75%)	64 (74%)
Bridging therapy	65 (66%)	61 (71%)
Outpatient administration	8 (8%)	5 (6%)
Median time since diagnosis (yrs)	7.2	7.5



- **ORR:** 97% and **sCR/CR:** 62% at 9.5 mos (median f/u)
- **MRD –ve rate at 10^{-5} or lower:** 93.1% (54/58)
- **PFS rate at 6 mos:** 93.3% and **at 12 mos:** 78.5%
- **OS rate at 6 mos:** 96.5% and **at 12 mos:** 96.5%

Anito-cel is an investigational product, currently not approved by any regulatory agency.

-ve, negative; Anito-cel, anitocabtagene autoleucel; ASCT, autologous stem cell transplant; CAR T, chimeric antigen receptor T cell; CR, complete response; f/u, follow up; mo, month; MRDng, minimal residual disease negativity rate; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PR, partial response; RRMM, relapse/refractory multiple myeloma; sCR, stringent CR; TEAE, treatment-emergent adverse event; VGPR, very good PR; yr, year.

Freeman CL et al. Oral presentation at ASH 2024. Abstract 1031.

Courtesy of Thanos C Dimopoulos, MD

Phase 2 iMMagine-1: Anito-cel - Preliminary Safety Data in RRMM

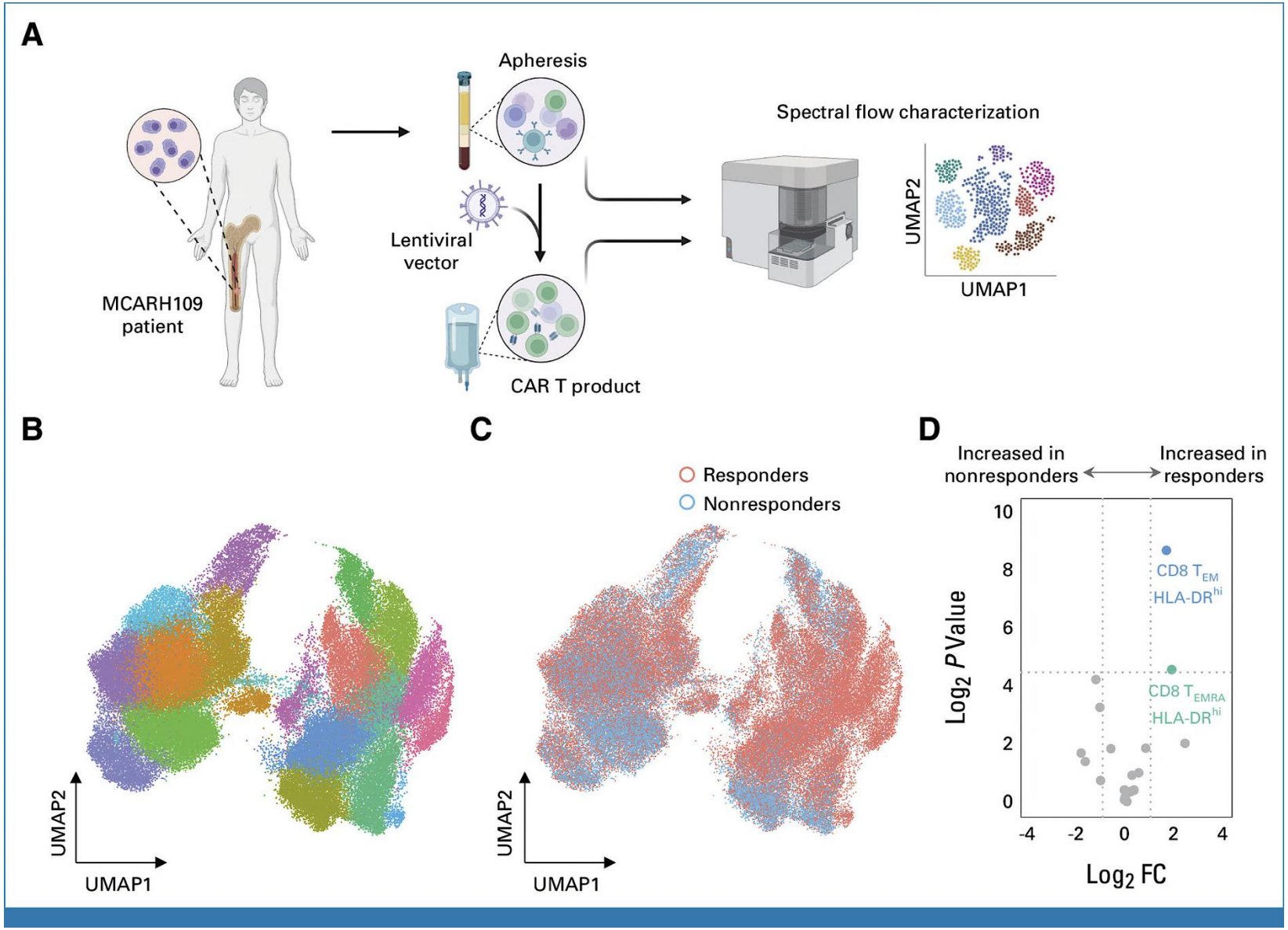
Event	Safety evaluable (N=98)
CRS, any grade (%)	83
Median onset (days)	4
ICANS, any grade (%)	9
Median onset (days)	7
TEAEs (non-CRS/non-ICANS), Gr 3/4 after cell infusion (%)	
Neutropenia	54
Anemia	22
Thrombocytopenia	20

- 86% of patients with ≤Gr1 CRS
- 91% of patients with no ICANS
- No delayed or non-ICANS neurotoxicities to date
- Most common ≥Gr3 TEAEs: cytopenias
- 3 deaths due to TEAEs

Courtesy of Thanos C Dimopoulos, MD

Freeman CL et al. Oral presentation at ASH 2024. Abstract 1031.

Phase I Trial of MCARH109, a GPRC5D-Targeted Chimeric Antigen Receptor T-Cell Therapy for RR Multiple Myeloma

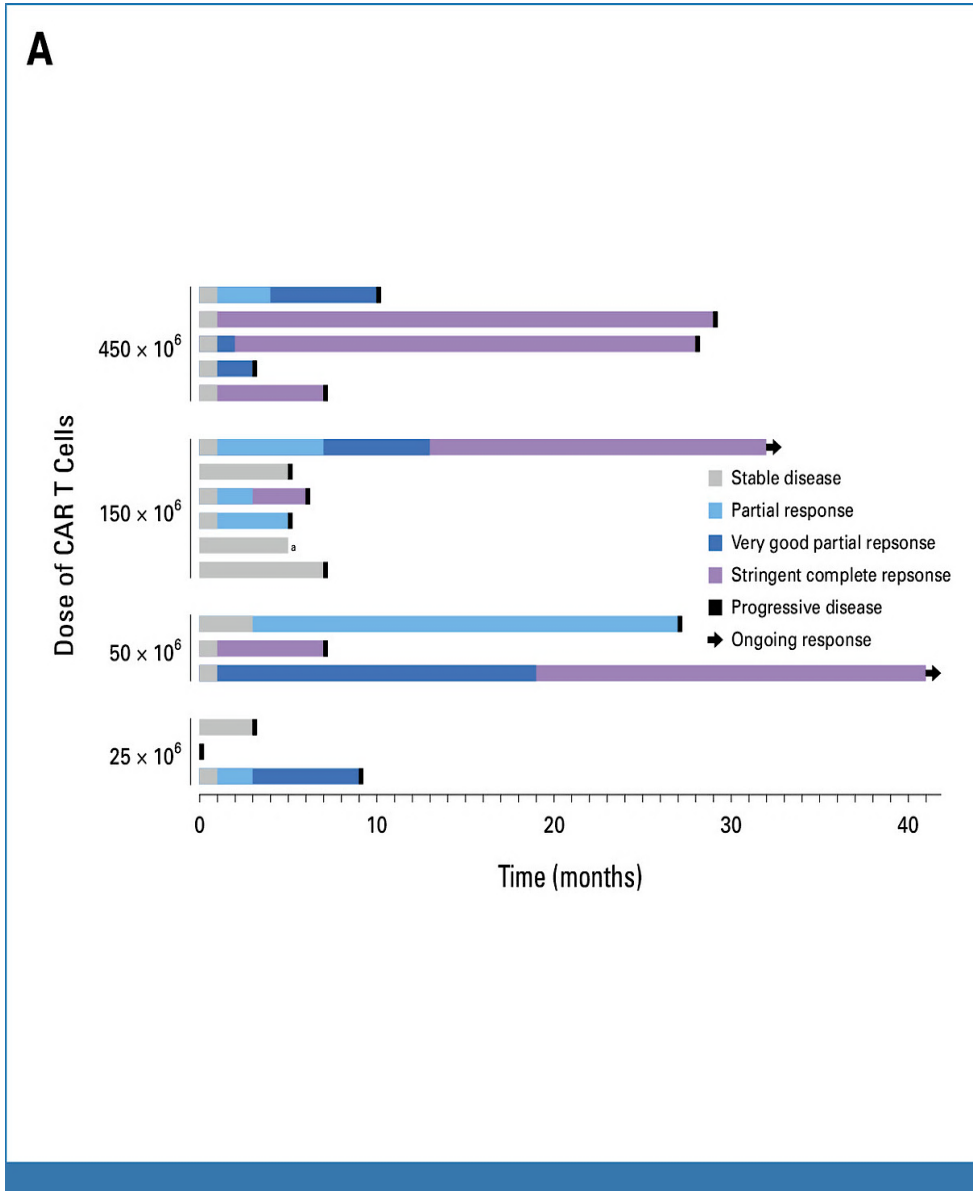


Jurgens EM, et al. J Clin Oncol 2025;43:498-504.

Courtesy of Thanos C Dimopoulos, MD

Phase I Trial of MCARH109 in RRMM: Efficacy Data

Characteristic	No Previous BCMA Therapy (n = 7)	Previous BCMA Therapy (n = 10)	Overall (N = 17)
Age, years Median (range)	57.9 (37.6-76.4)	63.8 (39.6-73.5)	59.6 (37.6-76.4)
High-risk cytogenetics, No. (%)			
Yes	5 (71.4)	8 (80.0)	13 (76.5)
No	2 (28.6)	2 (20.0)	4 (23.5)
Extramedullary plasmacytoma, No. (%)			
Yes	4 (57.1)	4 (40.0)	8 (47.1)
No	3 (42.9)	6 (60.0)	9 (52.9)
Previous lines of therapy			
Median (range)	5.0 (4.0-8.0)	6.50 (5.00-14.0)	6.00 (4.00-14.0)
Penta-exposed, No. (%)			
Yes	7 (100)	10 (100)	17 (100)
Triple-refractory disease, No. (%)			
Yes	7 (100)	9 (90.0)	16 (94.1)
No	0 (0)	1 (10.0)	1 (5.9)
Previous bispecific antibody			
Yes	0 (0)	2(20)	2 (11.8)
No	7 (100)	8(80)	15 (88.2)
Bridging therapy, No. (%)			
Yes	7 (100)	9 (90.0)	16 (94.1)
No	0 (0)	1 (10.0)	1 (5.9)
Responsive to bridging therapy			
Yes	0/7 (0)	1/9 (11.1)	1/16 (6.3)
No	7/7 (100)	8/9 (88.9)	15/16 (93.7)



Jurgens EM, et al. J Clin Oncol 2025;43:498-504.

Courtesy of Thanos C Dimopoulos, MD

Is there a role for a second dose of CAR T-cell therapy, either as a consolidation of the first dose or in the form of maintenance given several months apart?

How would you compare the efficacy of anitocabtagene autoleucel (anito-cel) CAR T-cell therapy to ciltacabtagene autoleucel (cilta-cel) and idecabtagene vicleucel (ide-cel)?

How would you compare the toxicity of anito-cel CAR T-cell therapy to cilta-cel and ide-cel?

AGENDA

Year in Review: Management of Multiple Myeloma

INTRODUCTION: ASCO 2025 Preview

MODULE 1: Anti-CD38 Antibodies

MODULE 2: Belantamab Mafodotin

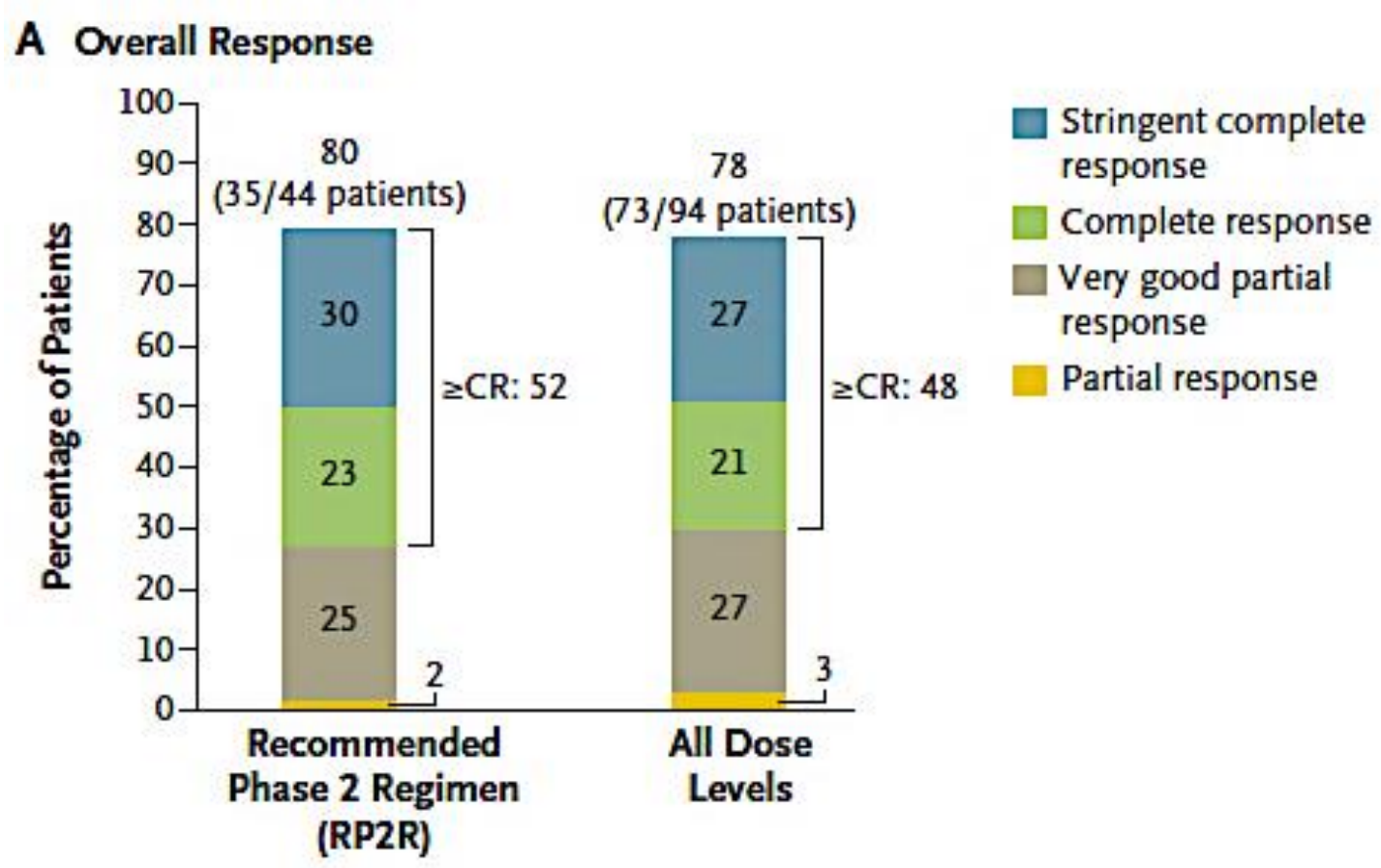
MODULE 3: CAR T-Cell Therapy

MODULE 4: Bispecific Antibodies

MODULE 5: Other Novel Agents

Phase Ib/II RedirecTT-1 Study: Teclistamab Plus Talquetamab in R/R Multiple Myeloma

- A Phase 1b/2 Dose Escalation and Expansion Study of the Combination of the Bispecific T Cell Redirection Antibodies Talquetamab and Teclistamab in Participants With Relapsed or Refractory Multiple Myeloma
  - Previous exposure to a PI, IMiD, and anti-CD38 mAb and refractory to last line of therapy
  - Median prior LOT: 4 (1-11); extramedullary plasmacytomas: 37.6%
- **Primary endpoint:** dose-limiting toxic effects;
- **Secondary endpoints:** overall response (partial response or better), dor, time to response, pharmacokinetics, pharmacodynamics, and immunogenicity.



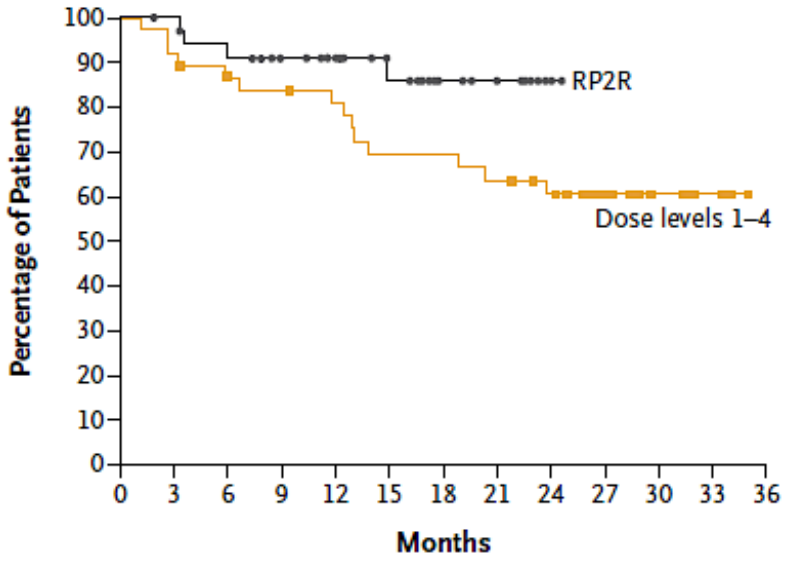
Courtesy of Thanos C Dimopoulos, MD

Cohen YC, et al. N Engl J Med 2025;392:138-49.

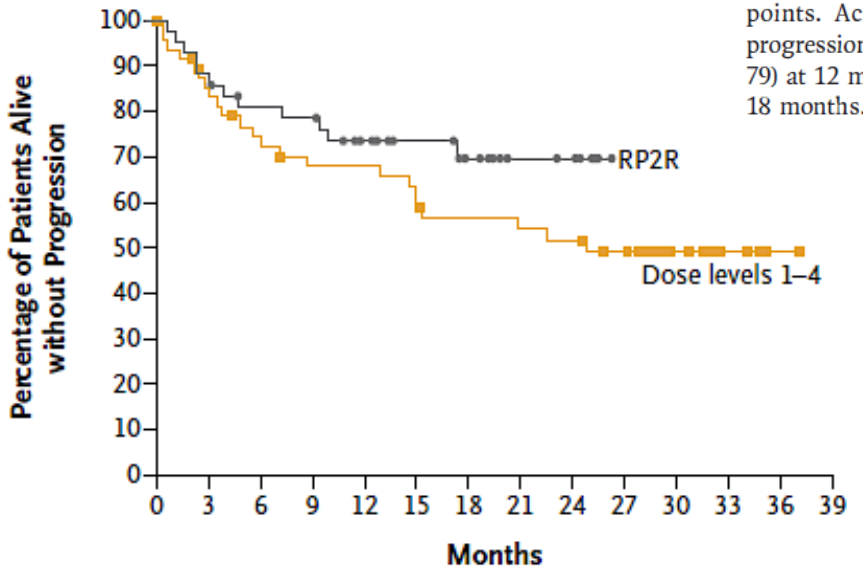
Phase Ib/II RedirectTT-1 Study: Teclistamab Plus Talquetamab in R/R Multiple Myeloma – DoR and PFS

With the recommended phase 2 regimen, the estimated progression-free survival was 74% (95% CI, 57 to 84) at 12 months and 70% (95% CI, 52 to 82) at 18 months (Fig. 3). Among patients with extramedullary disease, progression-free survival was 53% (95% CI, 28 to 73) at both time points. Across all dose levels, the estimated progression-free survival was 71% (95% CI, 60 to 79) at 12 months and 62% (95% CI, 51 to 72) at 18 months.

B Duration of Response in All Patients with a Partial Response or Better



No. at Risk													
RP2R	35	34	30	26	23	17	10	7	2	0	0	0	0
Dose levels 1–4	38	35	31	30	28	24	24	22	18	12	5	3	0
No. of Events													
RP2R	0	0	3	3	3	4	4	4	4	4	4	4	4
Dose levels 1–4	0	3	5	6	7	11	11	13	14	14	14	14	14
No. with Censored Data													
RP2R	0	1	2	6	9	14	21	24	29	31	31	31	31
Dose levels 1–4	0	0	2	2	3	3	3	3	6	12	19	21	24



No. at Risk													
RP2R	44	38	33	32	26	20	16	8	7	0	0	0	0	0
Dose levels 1–4	50	39	34	30	30	28	24	23	22	19	10	4	1	0
No. of Events														
RP2R	0	5	8	9	11	11	12	12	12	12	12	12	12	12
Dose levels 1–4	0	8	12	15	15	17	20	21	22	23	23	23	23	23
No. with Censored Data														
RP2R	0	1	3	3	7	13	16	24	25	32	32	32	32	32
Dose levels 1–4	0	3	4	5	5	5	6	6	6	8	17	23	26	27

Courtesy of Thanos C Dimopoulos, MD

Cohen YC, et al. N Engl J Med 2025;392:138-49.

Phase Ib/II RedirectTT-1 Study: Teclistamab Plus Talquetamab in R/R Multiple Myeloma – Safety

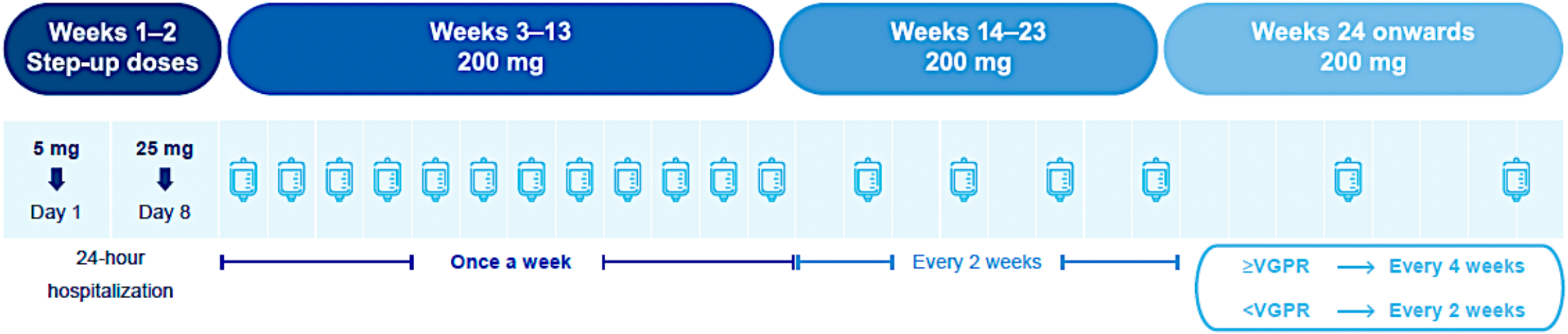
Table 2. Hematologic and Nonhematologic Adverse Events, According to Grade, in 94 Patients Who Received Talquetamab plus Teclistamab at Any Dose Level.*

Event	Any Grade	Grade 3 or 4
	number of patients (percent)	
Any adverse event	94 (100)	90 (96)
Hematologic event		
Neutropenia	69 (73)	64 (68)
Anemia	53 (56)	36 (38)
Thrombocytopenia	40 (43)	28 (30)
Nonhematologic event		
Cytokine release syndrome	74 (79)	2 (2)
Taste changes†	61 (65)	NA
Nonrash skin adverse event‡	57 (61)	0
Nail-related adverse event§	49 (52)	0
Pyrexia¶	48 (51)	2 (2)
Diarrhea	45 (48)	3 (3)
Cough	42 (45)	1 (1)
Dry mouth	40 (43)	0
Covid-19	38 (40)	17 (18)
Rash adverse event‖	37 (39)	1 (1)
Pneumonia	34 (36)	19 (20)
Weight decrease	32 (34)	5 (5)
Fatigue	26 (28)	8 (9)

Courtesy of Thanos C Dimopoulos, MD

Cohen YC, et al. N Engl J Med 2025;392:138-49.

LINKER-MM1 Update: Linvoseltamab in RRMM - Study Design



Linvoseltamab required two 1-day hospitalizations and allowed monthly dosing for patients who achieved ≥VGPR (Bumma et al., 2024)

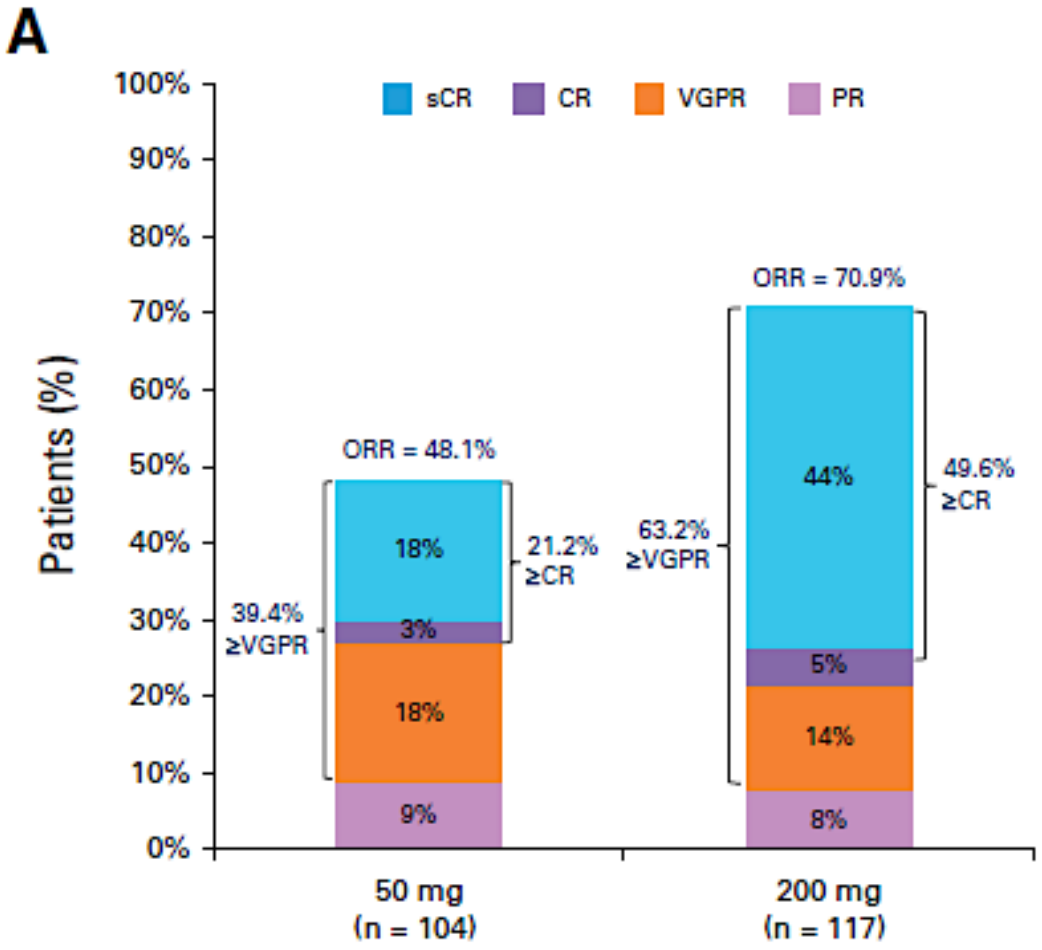
Patient population (Suppl. Table 1) was heavily pretreated with high-risk features:

- Median age of 70 years; 26.5% ≥75 years of age
- Extramedullary plasmacytomas (≥2 cm) per IRC, 14.5%; ISS stage III, 17.9%

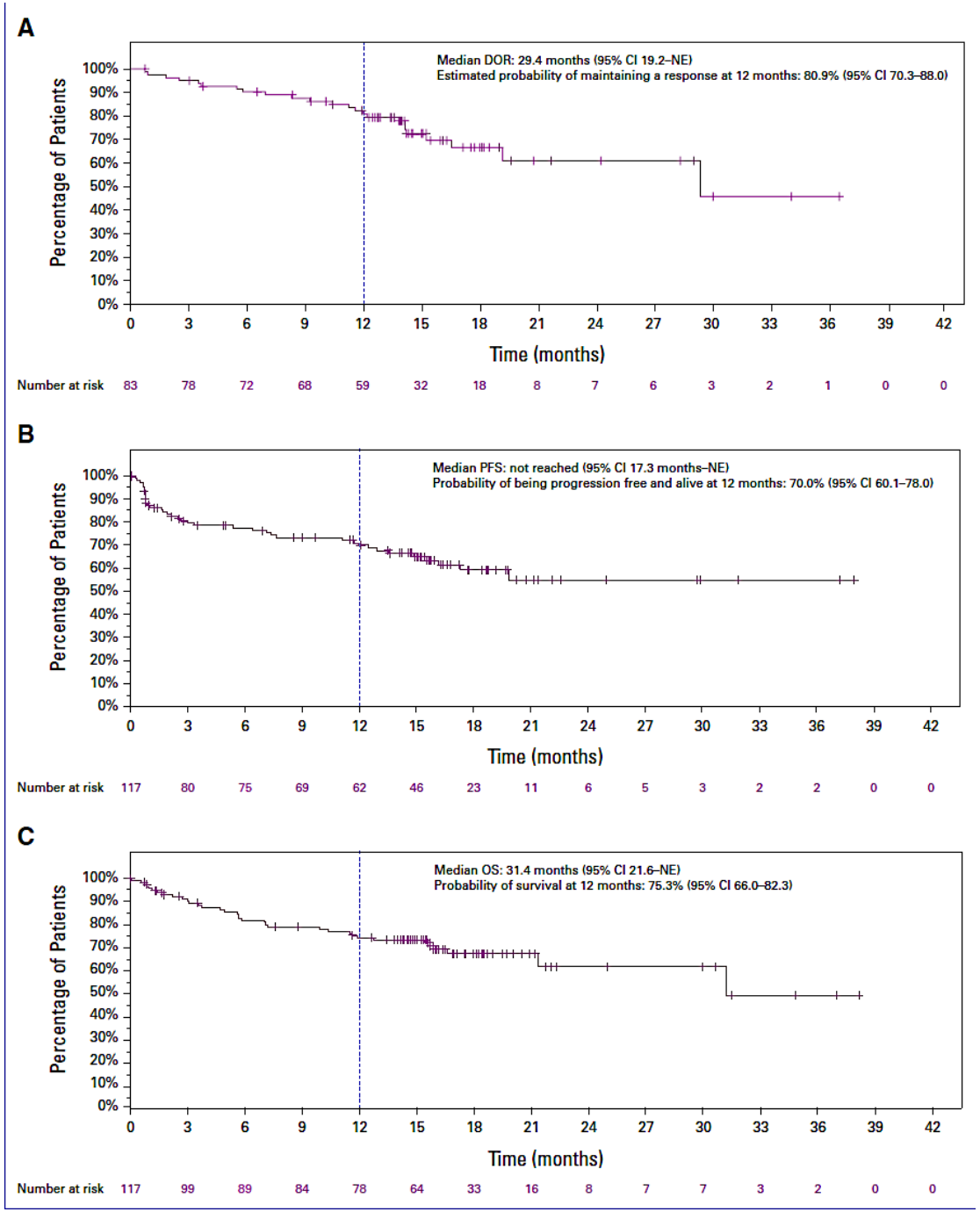
Courtesy of Thanos C Dimopoulos, MD

Shah MR, et al. ASH 2024;Abstract 3369.

LINKER-MM1 Update: Efficacy



Courtesy of Thanos C Dimopoulos, MD



Shah MR, et al. ASH 2024;Abstract 3369; Bumma J Clin Oncol 2024

How does the PFS with bispecific antibodies (indirectly) compare to that with CAR T-cell therapy for patients with relapsed/refractory MM?

How do you typically sequence BS and CAR T-cell therapy in MM?

Other than tolerability issues with talquetamab, how would you compare schedule, method of administration and duration of treatment of the other approved BS and linvoseltamab?

What is the likely future role of BS and CAR-T as upfront therapy?

How much of a problem are infections in patients on BS, and how does the use of immunoglobulins impact infection risks? Should BS be given for a fixed duration?

AGENDA

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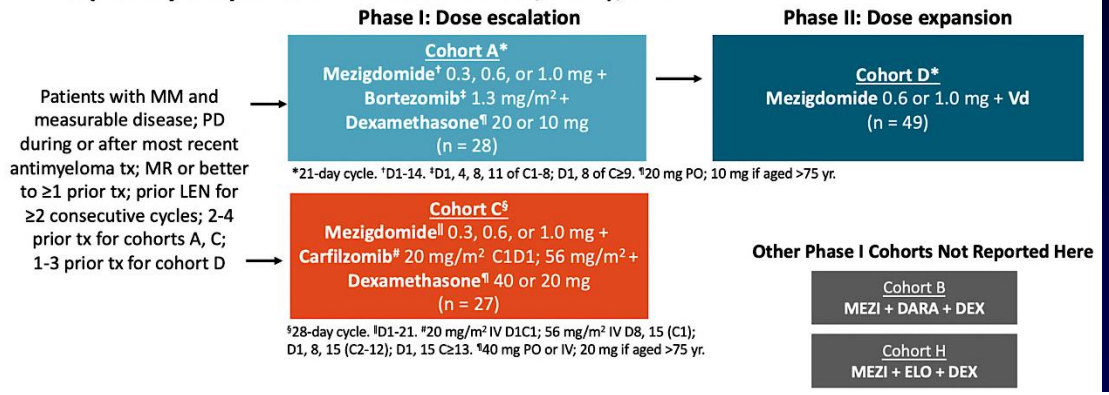
RTP Year in Review 2025

CC-92480-MM-02: MeziKd or MeziVd

- Multicenter, open-label phase I/II dose-finding and expansion trial
- **Coprimary endpoints**: recommended dose, safety, ORR



Characteristic	Cohort A: MEZI-Vd (n = 28)	Cohort D: MEZI-Vd (n = 49)	Cohort C: MEZI-Kd (n = 27)
Median previous therapies, n (range)	**3 (2-4)**	**1 (1-3)**	**2 (2-4)**
▪ Stem cell transplantation, n (%)	17 (60.7)	35 (71.4)	19 (70.4)
▪ Proteasome inhibitor, n (%)	27 (96.4)	44 (89.8)	27 (100)
– Bortezomib, n (%)	23 (82.1)	36 (73.5)	27 (100)
– Carfilzomib, n (%)	10 (35.7)	13 (26.5)	2 (7.4)
▪ Immunomodulatory agent, n (%)	28 (100)	49 (100)	27 (100)
▪ Anti-CD38 mAb, n (%)	14 (50.0)	19 (38.8)	22 (81.5)
Immunomodulatory agent refractory, n (%)	**24 (85.7)**	**31 (63.3)**	**24 (88.9)**
▪ Lenalidomide refractory, n (%)	23 (82.1)	31 (63.3)	21 (77.8)
▪ Pomalidomide refractory, n (%)	13 (46.4)	0	12 (44.4)
Proteasome inhibitor refractory, n (%)	**14 (50.0)**	**8 (16.3)**	**14 (51.9)**
▪ Ixazomib refractory, n (%)	6 (21.4)	2 (4.1)	2 (7.4)
▪ Bortezomib refractory, n (%)	3 (10.7)	1 (2.0)	13 (48.1)
▪ Carfilzomib refractory, n (%)	7 (25.0)	5 (10.2)	0
Anti-CD38 mAb refractory, n (%)	14 (50.0)	17 (34.7)	20 (74.1)
Triple-class refractory, n (%)	9 (32.1)	1 (2.0)	10 (37.0)

Courtesy of Robert Z Orlowski, MD, PhD

Sandhu I et al. ASH 2024;Abstract 1025.

MeziKd or MeziVd: Efficacy & Safety

Efficacy Measure	Cohort A: MEZI-Vd (n = 28)	Cohort D: MEZI-Vd (n = 49)	Cohort C: MEZI-Kd (n = 27)
Overall mPFS, mo	12.3	17.5	13.5
ORR, % (95% CI)	75.0 (55.1-89.3)	85.7 (72.8-94.1)	85.2 (66.3-95.8)
Median DoR, mo (95% CI)	10.9 (8.8-18.7)	19.4 (9.7-NA)	11.9 (6.4-35.9)

	Cohort A: MEZI-Vd (n = 28)			Cohort D: MEZI-Vd (n = 49)		Cohort C: MEZI-Kd (n = 27)		
Efficacy Measure	0.3 mg (n = 9)	0.6 mg (n = 9)	1.0 mg (n = 10)	0.6 mg (n = 11)	1.0 mg (n = 38)	0.3 mg (n = 9)	0.6 mg (n = 9)	1.0 mg (n = 9)
mPFS, mo	13.4	11.2	12.3	20.8	16.6	11.7	13.5	13.8
ORR, % (95% CI)	NR	NR	60.0 (55.1-89.3)	NR	84.2 (68.7-94.0)	NR	NR	77.8 (40.0-97.2)
Median DoR, mo (95% CI)	NR	NR	11.6 (5.3-NA)	NR	19.4 (7.0-NA)	NR	NR	11.9 (0.2-NA)

	Cohort A: MEZI-Vd (n = 28)		Cohort D: MEZI-Vd (n = 49)		Cohort C: MEZI-Kd (n = 27)	
Most Common* Grade 3/4 TEAEs of Interest, n (%)	0.3 + 0.6 mg (n = 18)	1.0 mg (n = 10)	0.6 mg (n = 11)	1.0 mg (n = 38)	0.3 + 0.6 mg (n = 18)	1.0 mg (n = 9)
Hematologic TEAEs						
▪ Neutropenia	3 (16.7)	7 (70.0)	8 (72.7)	23 (60.5)	6 (33.3)	6 (66.7)
▪ Thrombocytopenia	5 (27.8)	1 (10.0)	2 (18.2)	11 (28.9)	1 (5.6)	3 (33.3)
▪ Anemia	3 (16.7)	1 (10.0)	0	3 (7.9)	2 (11.1)	2 (22.2)
Infections	5 (27.8)	0	2 (18.2)	14 (36.8)	6 (33.3)	3 (33.3)
▪ COVID-19	0	0	1 (9.1)	3 (7.9)	4 (22.2)	1 (11.1)
▪ Pneumonia	3 (16.7)	0	1 (9.1)	9 (23.7)	0	1 (11.1)
Neutropenia and concurrent infection						
▪ Any neutropenia + grade 3/4 infection	1 (5.6)	0	1 (9.1)	3 (7.9)	0	1 (11.1)
▪ Grade 3/4 neutropenia + any infection	1 (5.6)	1 (10.0)	4 (36.4)	12 (31.6)	0	2 (22.2)

*Occurring in ≥25% of patients.

Courtesy of Robert Z Orlowski, MD, PhD

Sandhu I et al. ASH 2024;Abstract 1025.

How would you compare the efficacy and tolerability of mezigdomide, iberdomide and lenalidomide?

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Therapeutic Targets Beyond EGFR for Non-Small Cell Lung Cancer

A CME/MOC-Accredited Live Webinar

Thursday, May 15, 2025

5:00 PM – 6:00 PM ET

Faculty

Jessica J Lin, MD

Joel W Neal, MD, PhD

Moderator

Neil Love, MD

RTP Year in Review 2025

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RTP Year in Review 2025