Teclistamab in a Large Cohort of ~100 Asian Patients with Triple-Class Exposed Multiple Myeloma: Experience from Trial and Non-Trial Settings

Tadao Ishida[1], Jun Ho Yi[2], Chandramouli Nagarajan[3], Zhen Cai[4], Weijun Fu[5], Shinsuke Iida[6], Sung Hoon Jung[7], Yoshiaki Kuroda[8], Chang-Ki Min[9], Ting Niu[10], Aditi S. Manjeri[3], Dok Hyun Yoon[11], Kazuko Nishikawa[12], Xiaohong Wang[12], Yang Song[12], Hiroshi Yamazaki[12], Yusuke Izumi[12], Jianmin Zhuo[12], Angeline Zhu[12], Juan Du[13]*

Japan; 2. Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea; 3. Dept of Haematology, Singapore General Hospital, SingHealth Duke NUS Blood Cancer Center and National Cancer Center, Singapore; 4. First Affiliated Hospital, Zhejiang University College of Medicine, Hangzhou, Zhejiang, China; 5. Shanghai Changzheng Hospital, Naval Medical University, Shanghai, China; 6. Nagoya City University Institute of Medical and Pharmaceutical Sciences, Nagoya, Japan; 7. Chonnam National University Hwasun Hospital and Chonnam National University Medical School, Hwasun-gun, Jeollanam-do, Korea; 8. Hiroshima Red Cross Hospital & Atomic-bomb Survivors Hospital, Hiroshima, Japan; 9. Seoul St. Mary's Hospital, The Catholic University of Korea, Seoul, Korea; 10. West China Hospital, Sichuan University, Chengdu, China; 11. Asan Medical Center, University of Ulsan College of Medicine, Korea; 12. Johnson & Johnson; 13. Department of Hematology, Myeloma & Lymphoma Center, Shanghai Changzheng Hospital, Shanghai, China.
† Dr Fu is now affiliated with Shanghai Fourth People's Hospital, respectively.
‡Dr Du is now affiliated with Renji Hospital, School of Medicine, Shanghai Jiao Tong University.

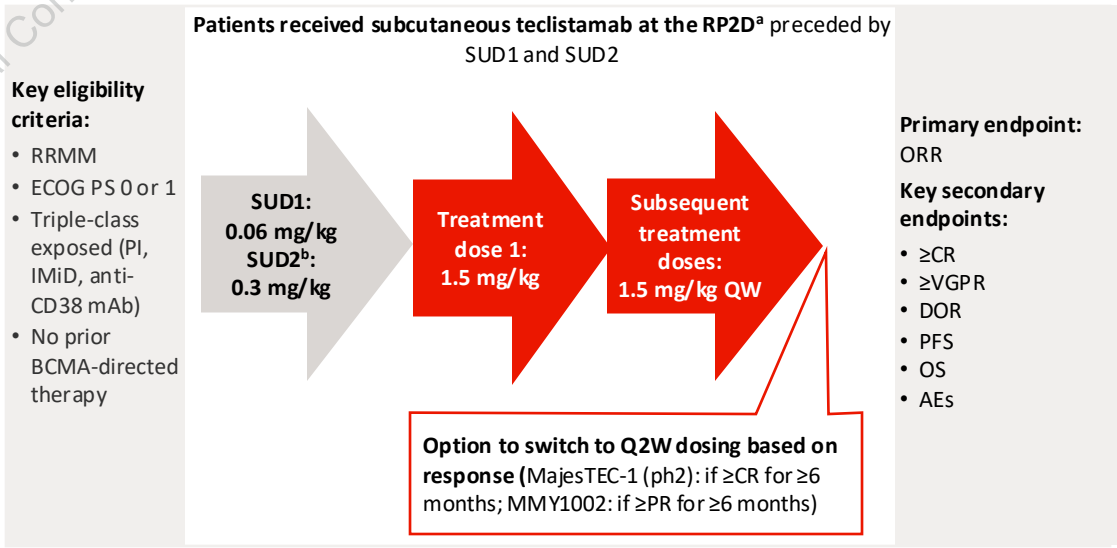
Congress Hub Presentation URL Link:
https://www.congresshub.com/ASH2025/Oncology/Teclistamab/Ishida

Presented by T Ishida at the 67th American Society of Hematology (ASH) Annual Meeting; December 6-9, 2025, in Orlando, Florida, USA

Introduction and Methods

- Teclistamab has shown to induce rapid, deep, and durable responses with a manageable safety profile in clinical trials.[1-3]
- Teclistamab has weight-based dosing and the most real-world experience (>20,800 patients).[4]
- Here, we present the efficacy and safety of teclistamab in large cohorts of Asian patients (pts) with triple-class exposed myeloma:
  - **Asian clinical trial cohort (N=52)** included 26 pts from the China cohort of MajesTEC-1 (NCT04557098, enrollment: December 2021–September 2022[2)]; and 26 pts from the phase 2 MMY1002 study in Japan (NCT04696809, enrollment: July 2022–March 2023)[3].
  - Non-trial experience from **Asian pre-approval access (PAA) cohort (N=47)** included 42 pts from Korea (enrollment: October 2022–March 2023) and 5 from Singapore (enrollment: Jul 2023-Feb 2024).*

MajesTEC-1 and MMY1002 Japan study design



AE, adverse event; CR, complete response; DOR, duration of response; EGOG PS, Eastern Cooperative Oncology Group performance status; IMiD, immunomodulatory drug; mAb, monoclonal antibody; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PI, proteasome inhibitor; PR, partial response; Q2W, every other week; QW, weekly; SUD, step-up dose; VGPR, very good partial response.
* Key PAA eligibility: Patients were eligible for treatment under the PAA if they had prior exposure to a PI, an IMiD, and an anti-CD38 antibody, and had exhausted all commercially approved and clinically appropriate treatment options.

References: 1. Garfall AL, et al. JCO 2024;42, suppl. 7540. 2. Cai Z, et al. Cancer. 2025; 131: e3566. 3. Usmani et al *Lancet*. 2021; 398: 665-74. 4. Data on file. 5. Yi JH, et al. Blood. 2024;144:7033

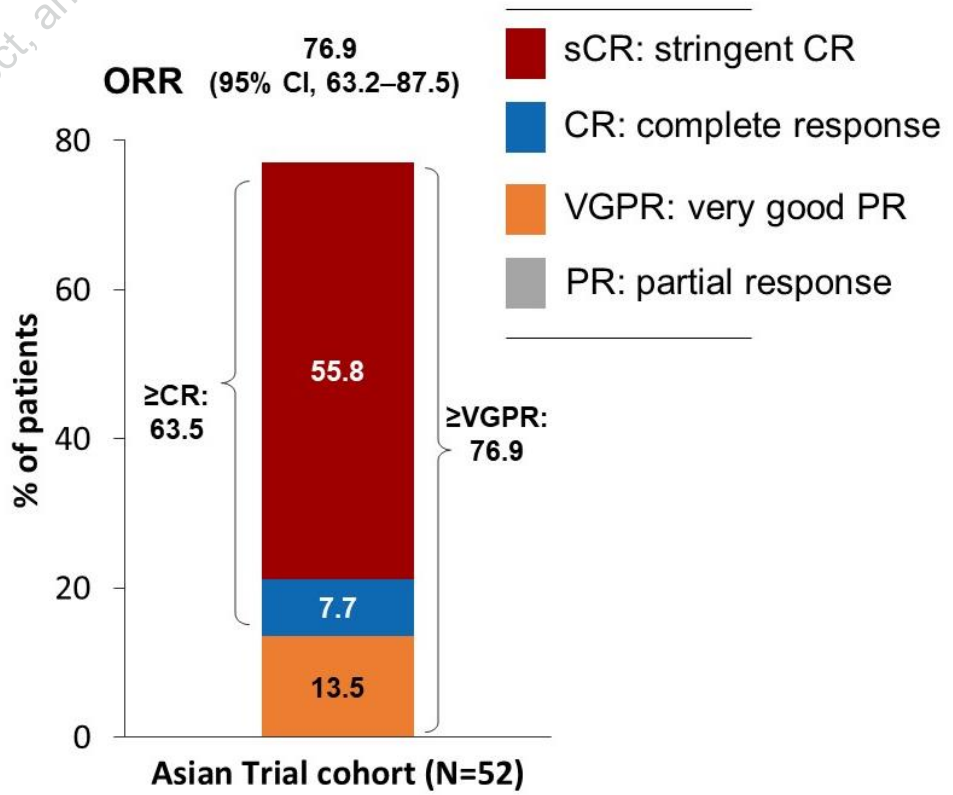
Presented by T Ishida at the 67th American Society of Hematology (ASH) Annual Meeting; December 6-9, 2025, in Orlando, Florida, USA

Baseline and Responses in Asian Clinical Trial Cohort (N=52)

- Baseline: Median age of 67 years, median 5 prior LOTs, 38.5% high-risk cytogenetics, and 25.0% soft-tissue extramedullary disease, no prior BCMA exposure.
- Median follow-up was 26.3 months. At time of analysis, 28 pts (53.8%) switched from QW to Q2W (13 in China cohort, 15 in Japan cohort). Median time to switch was 9.3 months (range: 7.1–26.0).
- ORR was 76.9% (95% CI 63.2–87.5), 63.5% achieved ≥CR, and 76.9% achieved ≥VGPR.

Subgroups	ORR	≥CR
≤3 prior LOT (n=14)	85.7%	85.7%
Triple-class refractory (n=33)	78.8%	60.6%
Penta-drug refractory (n=9)	66.7%	55.6%
Age ≥75 years (n=7)	85.7%	71.4%
ECOG PS ≥1 (n=28)	64.3%	50.0%
ISS-III (n=10)	60.0%	30.0%
High-risk cytogenetics (n=20)	60.0%	30.0%
EMD (n=13)	46.2%	23.1%

Response* in the Asian clinical trial cohort



CR: complete response, ECOG, Eastern Cooperative Oncology Group Performance Score, EMD, Extramedullary plasmacytomas: bone-independent soft tissue plasmacytoma; ISS, International Staging System; LOT, line of therapy; ORR, overall response rate; QW/Q2W, weekly/second weekly; VGPR, very good partial response. *Response assessed by independent review committee in the MajesTEC-1 study and using computerized algorithm in Japan

Presented by T Ishida at the 67th American Society of Hematology (ASH) Annual Meeting; December 6-9, 2025, in Orlando, Florida, USA

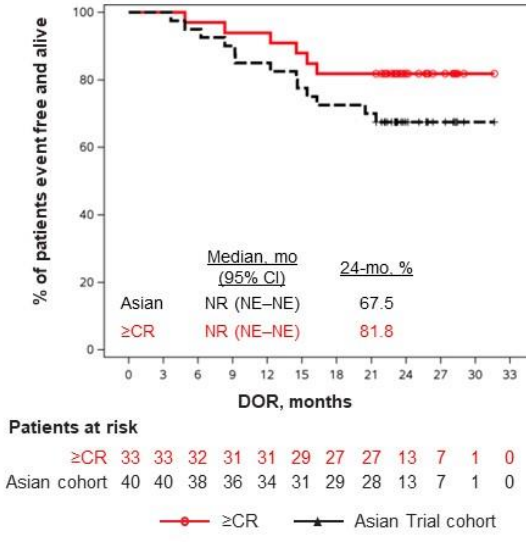
DOR, PFS and OS in Asian Clinical Trial Cohort (N=52)

- With median follow-up of 26.3 months, median DOR, PFS, and OS were not yet reached. The 24-mo DOR, PFS, and OS were 67.5%, 59.5%, and 71.4%, respectively
- Pts who achieved ≥CR (n=33) and pts who received ≤3 prior LOT had higher 24-mo DOR, PFS, and OS rates.

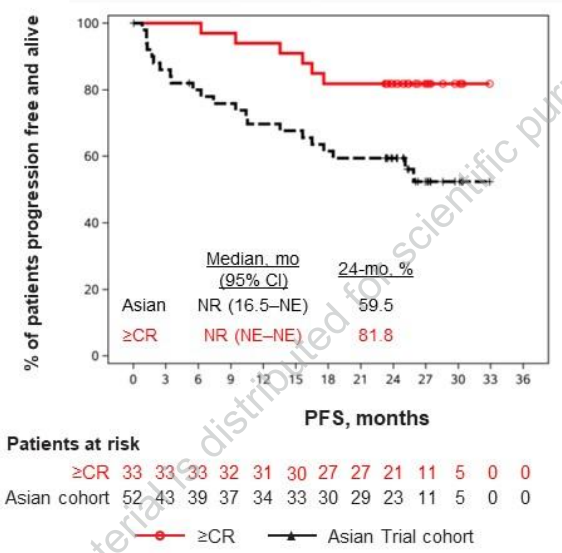
DOR, PFS, and OS

	All N=52	≥CR N=33	≤3 prior LOT N=14
24-mo DOR (%)	67.5	81.8	91.7
24-mo PFS (%)	59.5	81.8	78.6
24-mo OS (%)	71.4	90.9	85.7

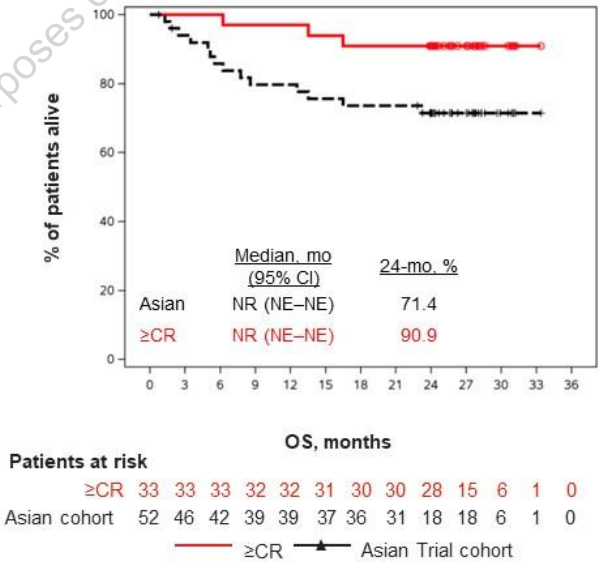
DOR – overall and with ≥CR



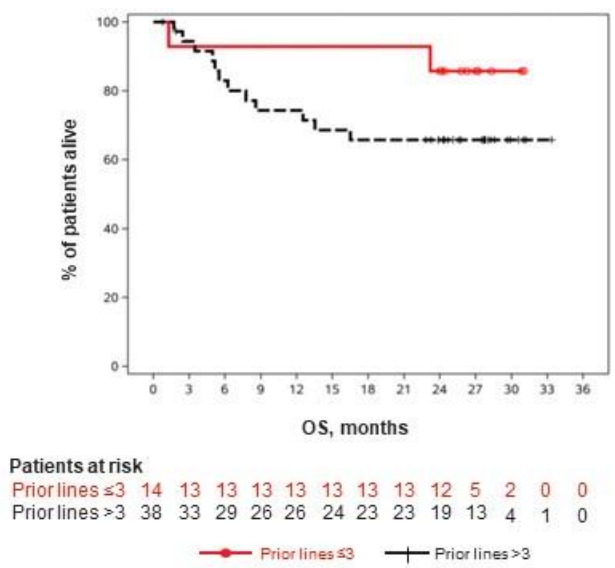
PFS – overall and with ≥CR



OS – overall and with ≥CR



OS – by prior LOT



CR, complete response; DOR, duration of response; LOT, line of therapy ; NE, not estimable; NR, not reached; PFS, progression-free survival; OS, overall survival.

Presented by T Ishida at the 67th American Society of Hematology (ASH) Annual Meeting; December 6-9, 2025, in Orlando, Florida, USA

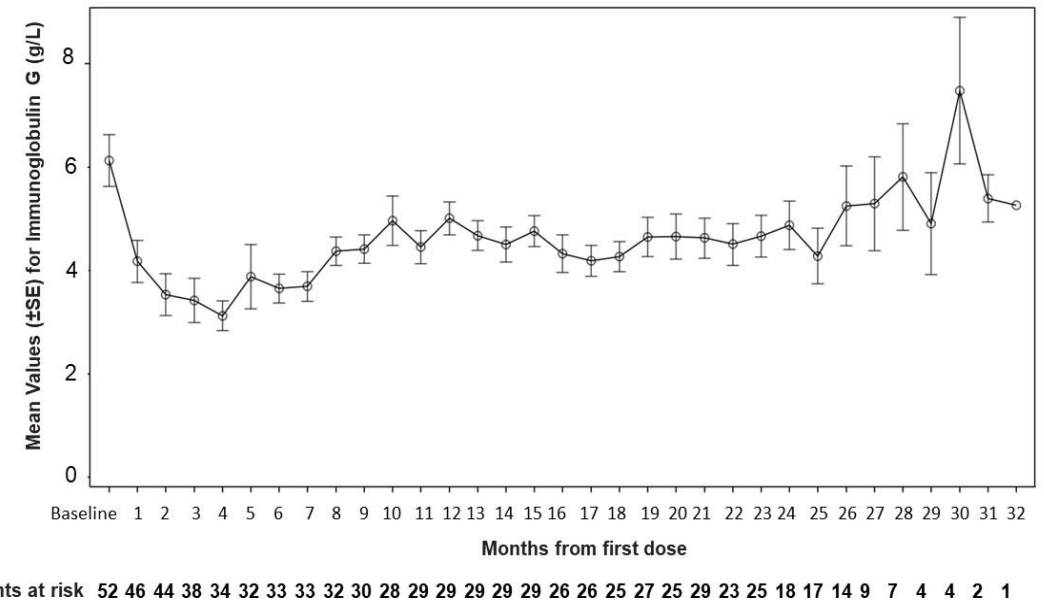
Safety Profile in Asian Clinical Trial Cohort (N=52)

- The most frequent AEs were cytokine release syndrome, cytopenias, and infections, consistent with the known profile of BCMA BsAbs.
- 2 (3.8%) pts discontinued due to AEs (including 1 due to infection)

Infection profile, IgG level and Ig use:

- The incidence of new-onset grade ≥3 (G3+) infections decreased over time: from 32.7% within first 6 mo, 26.3% within 6-12 mo, 26.7% within 12-18 mo, 14.8% within 18-24 mo, 10.5% >24 mo.
- 88.5% had ≥1 postbaseline IgG level <400mg/dL after teclistamab; after median 1.3 mo and 82.7% received ≥1 dose of Ig replacement (either IV or SC).
- Mean IgG level began to rise after 6 mo of teclistamab and remained consistently above 400 mg/dL after 8 mo.

Mean (±SE) Immunoglobulin G (mg/dL) levels over time



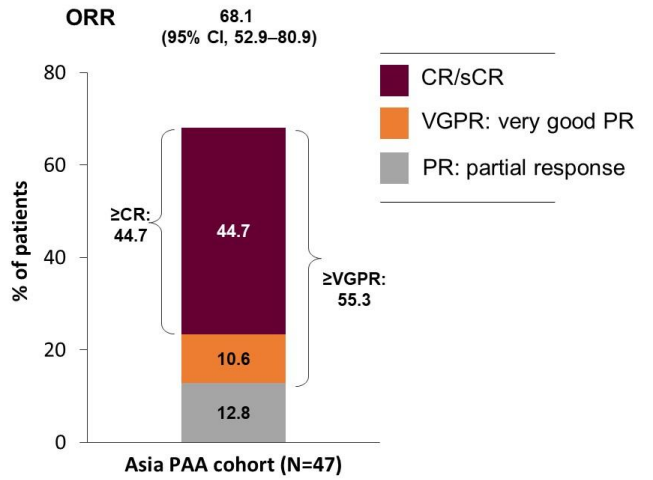
AE, adverse event; BCMA BsAbs, B cell maturation antigen and CD3+ bispecific antibodies; CR, complete response; DOR, duration of response; IV, intravenous; LOT, line of therapy; mo, months; IgG, immunoglobulin G; NE, not estimable; NR, not reached; OS, overall survival; PFS, progression-free survival; SC, sub-cutaneous SE, standard error

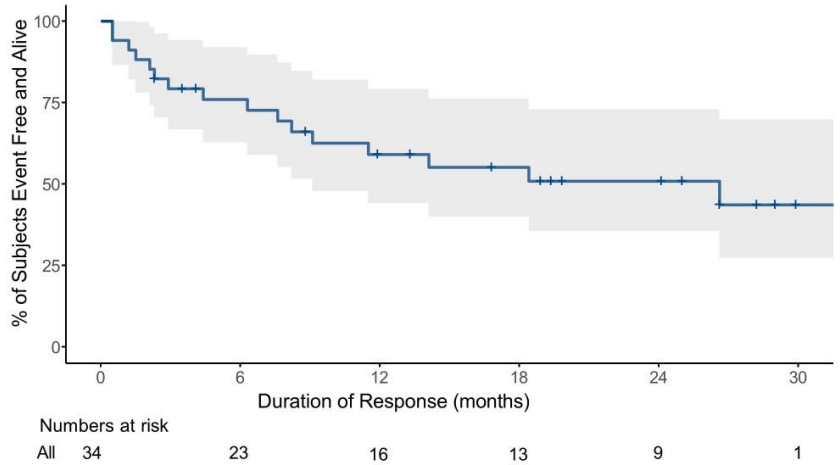
Presented by T Ishida at the 67th American Society of Hematology (ASH) Annual Meeting; December 6-9, 2025, in Orlando, Florida, USA

Efficacy and Safety Profile in Asian PAA cohort (N=47)

- Baseline: 55.3% of pts were aged ≥65 yrs, 72.3% had ≥5 prior LOTs; 25.5% had high risk cytogenetics, 21.3% had soft-tissue EMD, and 80.9% had prior penta-drug exposure.
  - Some pts had features that would have made them ineligible for MajesTEC-1 inclusion: 29.8% had ECOG 2-3, 12.8% had CrCl <30 mL/min, and 6.4% had prior BCMA exposure.
- Median follow-up was 28.0 months for Korean patients and 8.3 months for Singapore patients.
- The overall ORR was 68.1%, 44.7% achieved ≥CR (based on serological response) and 55.3% achieved ≥VGPR.
- The estimated 12-mo DOR was 58%.
- The estimated 12-mo PFS and OS were 48.1% and 55.0%, respectively.
- 9 (19.1%) pts discontinued due to AEs.

Response and DOR in the Asian PAA cohort





AE, adverse event; BCMA, B cell maturation antigen CrCl, creatinine clearance; CR, complete response; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group; EMD, extra-medullary disease; LOT, line of therapy; ORR, overall response rate OS, overall survival; PAA, pre-approval program; PFS, progression-free survival; PR, partial response; VGPR, very good partial response

Presented by T Ishida at the 67th American Society of Hematology (ASH) Annual Meeting; December 6-9, 2025, in Orlando, Florida, USA

Conclusions

- In Asian patients treated with teclistamab in clinical trials, ORR was 76.9% with 63.5% of patients achieving ≥CR; median DOR, PFS and OS were not yet reached after a median follow-up of 26.3 months. In Asian patients treated outside of the clinical trial setting, ORR/≥CR rates of 68.1%/44.7% were observed.
- The incidence of new-onset grade ≥3 infections decreased over time in the trials, which may reflect increased immunoglobulin use to maintain IgG levels aligned with International Myeloma Working Group guidelines[8], as well as moving to a biweekly dosing interval.
- These findings support the adoption of teclistamab as the new standard of care for patients with TCE RRMM and emphasize the importance of improving the feasibility and adoption of best practices for effective AE management in clinical practice, including Ig use.

In this large cohort of Asian patients with TCE RRMM (N=99), teclistamab as a weight-based dosing regimen induced deep and durable responses in both trial and non-trial settings. The overall safety profile was consistent with the pivotal MajesTEC-1 study.

AE, adverse event; CR, complete response; DOR, duration of response; Ig, immunoglobulin; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; TCE RRMM, triple-class exposed relapsed/refractory multiple myeloma.

Reference: 1. Raje NS, et al. *Lancet Haematol* 2022;9:e143-61.

Presented by T Ishida at the 67th American Society of Hematology (ASH) Annual Meeting; December 6-9, 2025, in Orlando, Florida, USA