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Utility and Sensitivity of WETT-SA53 to Measure Dysgeusia Associated With Talquetamab, a GPRC5D×CD3 Bispecific Antibody, in Relapsed/Refractory Multiple Myeloma: Preliminary Data From the TALISMAN Study

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Key Takeaway

TALISMAN introduces WETT as a highly sensitive tool, enabling early detection of distinct taste changes. Taste changes occurred rapidly but were transient, with recovery beginning at approximately 3 months per WETT assessments

Conclusions

The Common Terminology Criteria for Adverse Events (CTCAE) grading does not adequately characterize taste changes, limiting understanding of their evolution in patients treated with talquetamab

TALISMAN is ongoing, exploring preventive strategies for taste changes, with first results expected in 2026

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Introduction

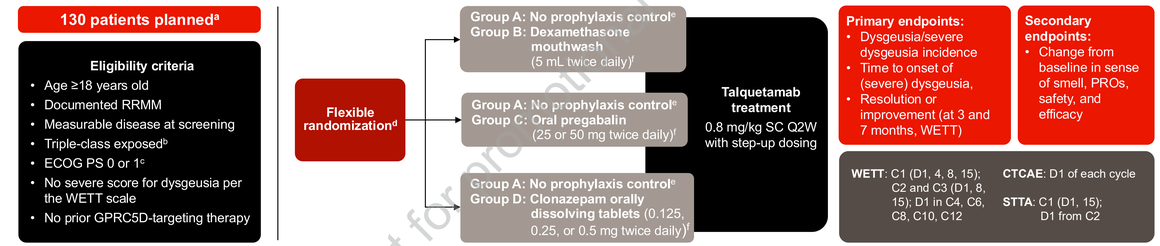
- Talquetamab is the first G protein–coupled receptor class C group 5 member D (GPRC5D) × CD3 bispecific antibody approved for treatment of patients with relapsed/refractory multiple myeloma (RRMM)[1-3]
- In the phase 1/2 MonumenTAL-1 study, talquetamab provided high response rates and median overall survival was not reached at 3 years follow-up for patients with heavily pretreated RRMM, including those with high-risk cytogenetics and those who had prior treatment with T-cell redirecting therapy[4]

The phase 2 TALISMAN study leverages innovative tools to objectively measure dysgeusia, to better characterize the onset, severity, and resolution of dysgeusia, and assesses the effectiveness of prophylactic interventions to improve patient experience during talquetamab treatment[5]

We present first data on the utility and sensitivity of the WETT-SA53, as demonstrated by the initial results from the TALISMAN study

Methods

TALISMAN phase 2 study design



NCT06500884. [a]Maximum n=130 target enrollment. [b]Including a proteasome inhibitor, immunomodulatory drug, and anti-CD38 monoclonal antibody. [c]ECOG PS of 2 or 3 permitted once physical limitations are stable. [d]To accommodate prophylaxes being available at different times. [e]Talquetamab dose of 0.8 mg/kg every other week. [f]Patients receive prophylaxis starting 7 days before talquetamab step-up doses followed by talquetamab 0.8 mg/kg every other week. C, cycle; D, day; ECOG PS, Eastern Cooperative Oncology Group performance status; PRO, patient-reported outcome; Q2W, every other week; SC, subcutaneous; STTA, State of Subjective Total Taste Acuity.

The CTCAE scale, commonly used in clinical trials, is limited in detection of dysgeusia (left); STTA measures patient-reported changes in taste acuity (center); WETT is an objective measure of taste change using flavored strips (right)[6-8]

CTCAE	STTA	WETT score[a]
• Dysgeusia absent • Grade 1 dysgeusia • Grade 2 dysgeusia	• Grade 0: Same taste • Grade 1: Mild loss • Grade 2: Moderate loss • Grade 3: Severe loss • Grade 4: Complete loss	• Normal: Scores above the 25th percentile • Dysgeusia: Scores at or below the 25th percentile • Severe dysgeusia: Scores at or below the 10th percentile
Subjective	Subjective	Objective
HCP-reported	Patient-reported	Patient-reported

[a]Cut-offs for dysgeusia used in this study. HCP, healthcare professional.

Results

This first analysis pooled participants (N=28) from groups A (control, n=14) and B (dexamethasone mouthwash, n=14); evaluation of prophylaxis measures will be reported at a later point as per the protocol

Table 1: Baseline characteristics

Characteristics	Total (N=28)
Age (years), median (range)	62.5 (48–82)
Male, n (%)	16 (57.1)
Race, n (%)	
Asian	6 (21.4)
Black or African American	3 (10.7)
White	19 (67.9)
Time from MM diagnosis to randomization (years), median (range)[a]	6.4 (0.9–13.0)
ISS stage, n (%)[b]	
I	12 (44.4)
II	9 (33.3)
III	6 (22.2)
Median no of prior lines of therapies	3.5 (1–10)

[a]Data available for 18 patients. [b]Data available for 27 patients. ISS, International Staging System; MM, multiple myeloma.

Table 2: Less than half of patients received ≥3 cycles of talquetamab at data cut-off; findings are preliminary

Disposition	Total (N=28)
Talquetamab exposure in TALISMAN, n (%)	
≥3 cycles	13 (46.4)
≥6 cycles	5 (17.9)
≥10 cycles	5 (17.9)

Figure 1: Objective taste changes by WETT were detected earlier than subjective taste changes reported by patients from the STTA

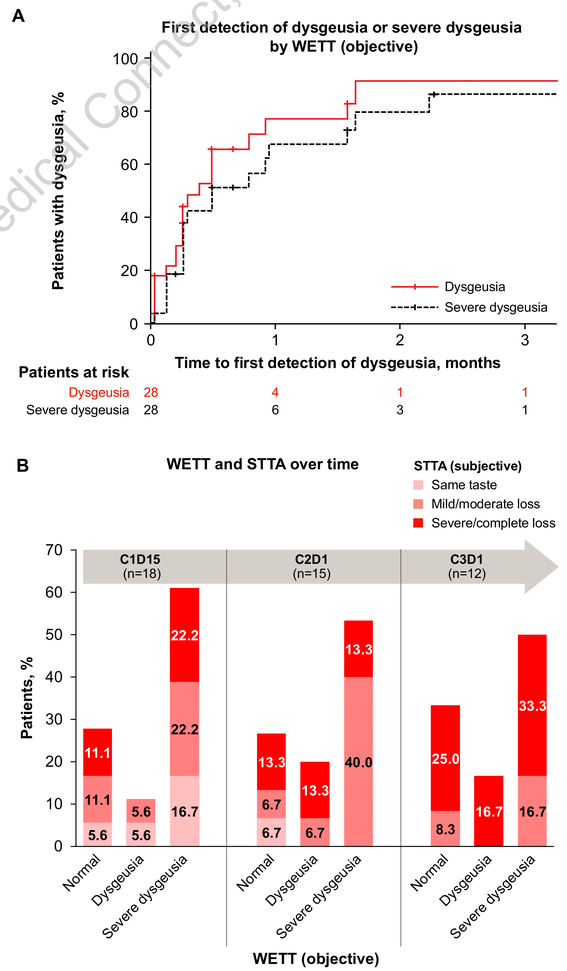
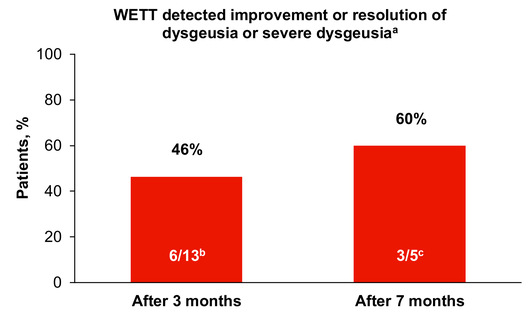


Figure 2: WETT scores in preliminary data detected improvement in dysgeusia for many patients already after ~3 months of treatment



[a]Resolution/improvement is defined as either dysgeusia downgraded to no dysgeusia, or severe dysgeusia downgraded to nonsevere dysgeusia at each corresponding month. [b]Through data cut-off, 13 patients completed ≥3 months on treatment. [c]Through data cut-off, 5 patients completed ≥8 months on treatment.

Method validation and characterization of the natural course of talquetamab oral adverse events (AEs) is a first step and sets the foundation for evaluating prophylactic interventions, whereas existing CTCAE does not capture impact on severity or resolution; data on these interventions will be forthcoming in subsequent TALISMAN outputs

Other safety

Treatment-emergent AEs occurred in 92.9% of patients, with no events leading to treatment discontinuation. The most common AEs, in addition to dysgeusia, were cytokine release syndrome (42.9%), neutropenia (35.7%), and thrombocytopenia (32.1%)

Efficacy

Among 13 patients receiving ≥3 treatment cycles, 9 patients achieved partial response (PR) or better (3 achieved stringent complete response, 4 very good partial response [VGPR], and 2 PR). Among the first 5 patients treated for ≥6 cycles, all achieved VGPR or complete response by cycle 5 and remained on treatment at data cut-off

References

1. Verkleij CPM, et al. *Blood Adv* 2021;5:2196-215. 2. TALVEY™ (talquetamab-tgvs). Prescribing information. Horsham, PA: Janssen Biotech, Inc.; 2023. 3. European Medicines Agency. TALVEY™ (talquetamab). Accessed October 10, 2025. https://www.ema.europa.eu/en/medicines/human/EPAR/talvey. 4. Chari A, et al. *Lancet Haematol* 2025;12:e269-81. 5. ClinicalTrials.gov identifier, NCT06500884. Accessed October 31, 2025. https://www.clinicaltrials.gov/study/NCT06500884. 6. U.S. Department of Health and Human Services. Common Terminology Criteria for Adverse Events (CTCAE) v5.0. National Cancer Institute, 2023. Available from: https://www.ctc.ucl.ac.uk/TrialDocuments/Uploaded/Common%20Terminology%20Criteria%20for%20Adverse%20Events%20(CTCAE)%20v5.0_14092023_0.pdf. 7. The Scale of Subjective Total Taste Acuity (STTA). In: Taste Acuity – An Overview. ScienceDirect Topics. 2022. Available from: https://www.sciencedirect.com/topics/medicine-and-dentistry/taste-disorder. 8. Doty RL, et al. *Behav Res Methods* 2021;53:1673-85.

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