#### PF768

# **Clinical Outcomes** of Patients With **Relapsed or Refractory Multiple Myeloma** With and Without **Extramedullary Disease**

Peter M Voorhees<sup>1</sup>, Shaji Kumar<sup>2</sup>, Saad Z Usmani<sup>3</sup>, Jing Christine Ye<sup>4</sup>, Yaël C Cohen<sup>5</sup>, Emma Scott<sup>6</sup>, Robin L Carson<sup>6</sup>, Christoph Heuck<sup>6</sup>, Ryan Gan<sup>7</sup>, Benjamin Ackerman<sup>7</sup>, Jenny Zhang<sup>6</sup>, Eleanor Caplan<sup>8</sup>, Trilok Parekh<sup>7</sup>, María-Victoria Mateos<sup>9</sup>

<sup>1</sup>Atrium Health Levine Cancer Institute, Wake Forest University School of Medicine, Charlotte, NC, USA; <sup>2</sup>Mayo Clinic, Rochester, MN, USA; <sup>3</sup>Memorial Sloan Kettering Cancer Center, New York, NY, USA; <sup>4</sup>MD Anderson Cancer Center, University of Texas, Housbn, TX, USA; <sup>3</sup>Tel-Aviv Sourasky (Ichilov) Medical Certer and Faculty of Medical & Health Sciences, Tel Aviv University, Tel Aviv, Israel; <sup>3</sup>Johnson, Spring House, PA, USA; <sup>7</sup>Johnson & Johnson, Raritan, NJ, USA; <sup>9</sup>Johnson & Johnson, Titusvile, NJ, USA; <sup>9</sup>University Hospital of Salamanca/BSAUCICCIBERONC, Salamanca, Spain

## Key Takeaway

Patients with RRMM with "true" EMD represent a population with significant unmet clinical need and have worse outcomes than patients without EMD, highlighting the need for more effective treatment strategies

### Conclusions



Patients with EMD receiving available treatment options for MM had worse outcomes vs patients without EMD: patients with EMD were 87% less likely to respond to treatment, with rates of survival approximately half that seen in patients without EMD



Novel therapies, including dual-antigen targeting approaches, are currently being investigated for the treatment of patients with EMD (see oral #LB4001 for results from RedirecTT-1 assessing the bispecific antibody combination of talquetamab + teclistamab in patients with RRMM with EMD)

19920	Please scan QR code					
		Poster				
21-3	Æ	Supplementary mat				
1.2.46						

https://www.congresshub.com/EHA2025/Oncology/Talquetamab/Voorhees The QR code is intended to provide scientific information for individual

Introduction

- Extramedullary disease (EMD) is an aggressive form of multiple myeloma (MM)<sup>1</sup> Patients with EMD have poor outcomes, particularly those with "true" EMD
- (defined as soft tissue plasmacytomas noncontiguous with bone) who have worse outcomes vs patients with paramedullary plasmacytomas<sup>1</sup>
- There is no established standard of care for EMD, and treatment approaches are highly diverse<sup>5</sup>; this variability coupled with small sample sizes in existing studies creates imprecise estimates of treatment outcomes in patients with FMD

We report pooled outcomes of patients with and without EMD from relevant clinical studies Ē based on a meta-regression analysis to increase precision estimates of treatment outcomes in this patient population

#### **Methods**

#### Meta-regression analysis of key outcomes<sup>a</sup>

S



- EMD status at baseline was treated as a fixed effect and study/treatment was treated as a random effect
- Key prognostic factors, such as age, number of prior LOT, and ISS stage, were included as model adjustments

\*Each response outcome was reported per the dinical study data and was defined according to MWG criteria as described in each respective study protocol. CI, credible interval; DOR, duration of response; IMWG, International Myeloma Working oup, ISS, International Staging System, LOT, line of therapy, ORR, overall response rate; OS, overall survival; PFS, progression-free survival



All studies had to comprise US FDA-approved and NCCN-listed regimens for the treatment of RRMM

\*All clinical studies were initiated between 2013 and 2019. \*Details of daratumumab treatment or daratumumab-containing regimens received by patients are described in each of the respective study protocols. FDA, Food and Drug Administration; NCCN, National Comprehensive Cancer Network; NCT, National Cirrical Trial; RRMM, relap nultiple myeloma; US, United States.

Overall, 158 patients with EMD and 2706 patients without EMD, with a median of 2 prior LOT, were included in the analysis. **Г-**Baseline demographics, including age, number of prior LOT, and ISS stage, were comparable across clinical studies and across patients with and without EMD (Supplemental Table) Table: Patients with EMD were 87% less likely to achieve response and had approximately twice the rate of Γ.Λ. disease progression or death, while pooled median DOR was

comparable across patients with and without EMD

A meta-analysis of patients with EMD only (data not shown) supported the meta-regression analysis results, demonstrating robustness across both analyses

EMD vs with EMD and were worse in all patients with higher ISS stages and more prior LOT



1. Varettori M, et al. Ann Oncol/2010;21:325-30. 2. Rosiñol L, et al. Br J Hæmatol/2021;194/496-507. 3. Pour L, et al. Haematologica 2014;99:360-4. 4. Beksac M, et al. Haematologica 2020;105201-8 5. Li Y, et al. Transl Oncol/2022;22:101/465.



Posterior distributions were used to estimate median and 95% CIs for the proportion of responders, median time to event, and survival curves

- ORR was reported as response rate with 95% CIs and compared with odds ratios
- DOR, PFS, and OS were reported as median months with 95% CIs and compared with hazard ratios

Characteristic	Patients with EMD n=158	Patients without EMD n=2706		
ORR, % (95% CI)	20.7 (11.7–33.9)	66.2 (53.0–77.4)		
Odds ratio (95% Cl)	0.13 (0.0	09–0.20)		
PFS, median months (95% CI)	6.3 (4.2–9.5)	12.9 (8.8–18.8)		
Hazard ratio (95% CI)	1.95 (1.6	63–2.32)		
OS, median months (95% CI)	21.0 (15.9–27.9)	39.0 (31.0–48.5)		
Hazard ratio (95% CI)	1.87 (1.	53–2.26)		
DOR,ª median months (95% CI)	16.8 (10.3–27.4)	18.6 (13.3–25.6)		
Hazard ratio (95% CI)	1.12 (0.	73–1.63)		

aln total, 39 patients with EMD and 1824 patients without EMD achieved a ≥PR, respectively, and were included in DOR analysis. PR, partial response

# **Multiple Myeloma**



# Supplemental Table: Baseline Demographics and Characteristics of Patients With and Without EMD Across Clinical Studies

Patients with EMD									
Characteristic	APOLLO (N=23)	CANDOR (N=21)	CASTOR (N=23)	COLUMBA (N=35)	LEPUS (N=19)	MMY1003 (N=2)	PAVO (N=4)	POLLUX (N=15	SIRIUS (N=16)
Median age,	59	62	63	63	62	53	74	63	59
years (IQR)	(55–71)	(55–71)	(58–67)	(57–70)	(54–65)	(45–60)	(66–79)	(56–68)	(54–64)
Female, n (%)	7 (30)	9 (43)	12 (52)	18 (51)	6 (32)	1 (50) 🧷	1 (25)	7 (47)	8 (50)
Baseline ECOG PS, n (%)						× .			
0	11 (48)	7 (33)	6 (26)	8 (23)	6 (32)	0 (0)	0 (0)	6 (40)	2 (13)
1	7 (30)	11 (53)	12 (52)	19 (54)	11 (58)	1 (50)	3 (75)	8 (53)	12 (75)
2	5 (22)	3 (14)	5 (22)	8 (23)	2 (11)	1 (50)	1 (25)	1 (7)	2 (13)
Missing	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	<b>O</b> 0 (0)	0 (0)	0 (0)	0 (0)
Number of prior LOT, n (%)									
1	1 (4)	9 (43)	14 (61)	0 (0)	8 (42)	0 (0)	0 (0)	6 (40)	0 (0)
2	19 (83)	6 (29)	2 (8)	0 (0)	4 (21)	0 (0)	1 (25)	9 (60)	1 (6)
3	3 (13)	6 (29)	5 (22)	8 (23)	3 (16)	1 (50)	0 (0)	0 (0)	1 (6)
≥4	0 (0)	0 (0)	2 (9)	27 (77)	4 (21)	1 (50)	3 (75)	0 (0)	14 (88)
High cytogenetic risk, <sup>a</sup> n (%)	3 (13)	1 (5)	6 (26)	1 (3)	9 (47)	0 (0)	0 (0)	0 (0)	2 (13)
ISS stage, n (%)				.9+~	/				
1	11 (48)	5 (24)	8 (35)	11 (31)	8 (42)	1 (50)	0 (0)	9 (60)	3 (19)
II	6 (26)	10 (48)	9 (39)	16 (46)	6 (32)	0 (0)	3 (75)	3 (20)	6 (38)
111	6 (26)	6 (28)	6 (26)	8 (23)	5 (26)	1 (50)	1 (25)	3 (20)	7 (44)
Missing	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

Patients without EMD									
Characteristic	APOLLO (N=281)	CANDOR (N=445)	CASTOR (N=475)	COLUMBA (N=487)	LEPUS (N=192)	MMY1003 (N=48)	PAVO (N=116)	POLLUX (N=554)	SIRIUS (N=108)
Median age,	59	64	64	67	61	61	66	65	65
years (IQR)	(55–71)	(58–70)	(57–70)	(60–73)	(54–67)	(53–65)	(60–72)	(59–71)	(58–70)
Female, n (%)	136 (48)	189 (42)	201 (42)	219 (45)	78 (41)	25 (52)	65 (56)	225 (41)	52 (48)
Baseline ECOG PS, n (%)									
0	155 (57)	210 (47)	216 (46)	144 (30)	85 (44)	24 (50)	41 (35)	283 (51)	34 (31)
1	99 (36)	214 (48)	231 (49)	265 (55)	94 (49)	19 (40)	70 (60)	246 (44)	66 (61)
2	20 (7)	19 (4)	27 (6)	77 (16)	13 (7)	5 (10)	5 (4)	25 (5)	8 (7)
Missing	7 (2)	2 (0)	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Number of prior LOT, n (%)	Ó								
1	33 (12)	205 (46)	221 (47)	1 (0)	52 (27)	0 (0)	0 (0)	289 (52)	0 (0)
2	208 (74)	139 (31)	142 (30)	25 (5)	66 (34)	10 (21)	32 (28)	156 (28)	2 (2)
3	40 (14)	100 (22)	64 (13)	167 (34)	30 (16)	10 (21)	34 (29)	76 (14)	21 (19)
≥4	0 (0)	1 (0)	48 (10)	294 (60)	44 (23)	28 (58)	50 (43)	33 (6)	85 (79)
High cytogenetic risk, <sup>a</sup> n (%)	71 (25)	73 (16)	69 (15)	86 (18)	64 (33)	4 (8)	0 (0)	70 (13)	27 (25)
ISS stage, n (%)									
	121 (43)	221 (50)	186 (39)	165 (34)	95 (49)	15 (31)	57 (50)	268 (48)	25 (23)
	95 (34)	141 (32)	185 (39)	746 (36)	64 (33)	21 (44)	32 (28)	176 (32)	43 (40)
	65 (23)	82 (18)	104 (22)	147 (30)	33 (17)	12 (25)	24 (21)	110 (20)	40 (37)
Missing	0 (0)	1 (0)	0 (0)	1 (0)	0 (0)	0 (0)	3 (3)	0 (0)	0 (0)

<sup>a</sup>Cytogenetic profile definition may vary across clinical studies. ECOG PS, Eastern Cooperative Oncology Group performance status; EMD, extramedullary disease; IQR, interquartile range; ISS, International Staging System; LOT, line of therapy