Effectiveness, safety and clinical use of teclistamab in patients with triple-class-exposed multiple myeloma. Data from the Danish ABC-study.

A. HUNDEBØLL TORPE [1], J. THORSEN [2,3,4], K. FLADELAND IVERSEN [2], S. FARMER [2], T. LUND [5,6], C. TOFTMANN HANSEN [5], L. KONGSGAARD NIELSEN [5,7], N. GRØNNE DAHLAGER JØRGENSEN [8], M. ØLHOLM VASE [9], E. MANUELA TEODORESCU [10], M. SALOMO [11], C. WENNERSTRÖM [11], **A. G. SZABO** [1, 2]

[1] Dept. of Hematology, Copenhagen University Hospital, Rigshospitalet, Denmark. [2] Dept. of Hematology, Vejle Hospital, Denmark [3] COPSAC, Copenhagen Prospective Studies on Asthma in Childhood, Copenhagen University Hospital - Herlev and Gentofte, Denmark [4] Dept of Clinical Medicine, University of Copenhagen, Denmark [5] Dept. of Hematology, Odense University Hospital, Denmark [6] Center for Innovative Medical Technology (CIMT), Odense University Hospital, Denmark. [7] Section of Hematology, Dept. of Internal Medicine, Gødstrup Hospital, Denmark, [8] Dept. of Hematology, Zealand University Hospital Roskilde, Denmark. [9] Dept. of Hematology, Aarhus University Hospital, Skejby, Denmark. [10] Dept. of Hematology, Aalborg University Hospital, Denmark [11] Janssen-Cilag A/S, a Johnson & Johnson Company, Copenhagen, Denmark

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INTRODUCTION

Teclistamab is a CD3 / BCMA-targeted bispecific antibody, approved based on results from the MajesTEC-1 trial. Teclistamab has been reimbursed in Denmark for the use against triple-class-exposed relapsed/refractory multiple myeloma since February 2024.

We present real-world data from the first year of clinical use.

AIM

This study reports real-world data on safety, effectiveness and clinical use of teclistamab in Denmark following its reimbursement in Feb. 2024.

METHODS

An ongoing, retrospective, multicenter study, where multiple myeloma specialists from all Danish regions have conducted comprehensive chart reviews of all patients who have received teclistamab as standard of care therapy since the time of reimbursement in February 2024.

Baseline demographics, prior lines of therapy, response rates (overall response; ORR; very good partial response or better; ≥VGPR), duration of response, progression-free survival, overall survival, and adverse events were recorded.

The study is a collaboration with J&J. GSK gave financial support.

The median follow-up is 7.6 (IQR 4-11) months.

CONCLUSION

In this real-world cohort of elderly, heavily pretreated RRMM patients, teclistamab showed clinical effectiveness consistent with the MajesTEC-1 trial results.

No new safety signals were identified; however, infections were common. Most patients received immunoglobulin substitution while on treatment with teclistamab. Teclistamab dosing intervals were frequently modified, often due to infections.

We will report results with longer-term follow-up in the coming years. The study is limited by the short follow-up and its retrospective nature.

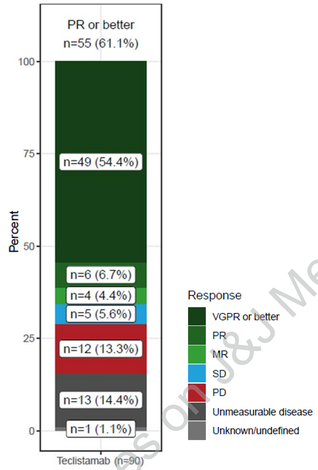
RESULTS

PATIENT CHARACTERISTICS

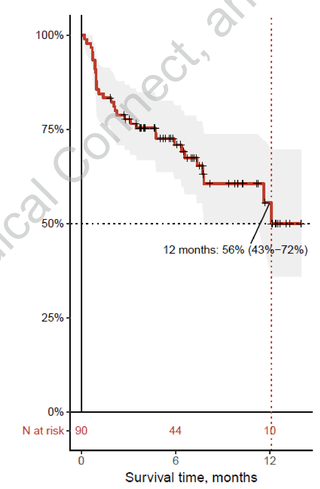
	Teclistamab (N = 90)
Age at start of treatment (T0); *median (IQR)*	**71 years** (64-77)
Age at diagnosis; *median (IQR)*	63 years (56-69)
Years from diagnosis to T0; *median (IQR)*	6 years (3-8)
Sex, male; *No. (%)*	46 (51.1%)
Performance status 0-1; *No (%)*	83 (92.2%)
Extramedullary disease at T0; *No (%)*	23 (**25.6%**)
FISH performed; *No (%)*	81 (90%)
FISH High Risk *; *No (% of N with FISH performed)*	30 (**37.1%**)
Measurable disease # at T0; *No (%)*	72 (80%)
Prior lines; *median (IQR)*	4 (3 - 5)
Previous HDT-ASCT; *No (%)*	65 (72.2%)
Triple-class exposed; *No (%)*	89 (98.9 %)
Triple-class refractory; *No (%)*	72 (**80%**)
Refractory IMiD †; *No (%)*	84 (93.3%)
Refractory PI ‡; *No (%)*	76 (84.4%)
Refractory Anti-CD38 mAb §; *No (%)*	87 (96.7%)
Refractory BCMA ADC ¶; *No (%)*	1 (1.1%)
Refractory GPRC5D BsAbS **; *No (%)*	9 (10%)

T0 = start of teclistamab therapy
** : t(14;14), t(14;20), 17p del*
 # : M-protein >10 g/L and/or Free Light Chains >100 mg/L
† : thalidomide, lenalidomide, pomalidomide
‡ : bortezomib, carfilzomib, ixazomib
§ : daratumumab
¶ : belantamab mafodotin
*** : talquetamab, forimtamig*

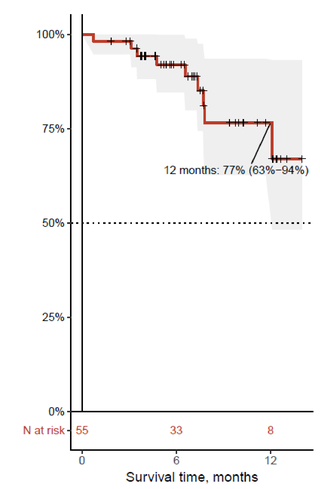
OVERALL RESPONSE



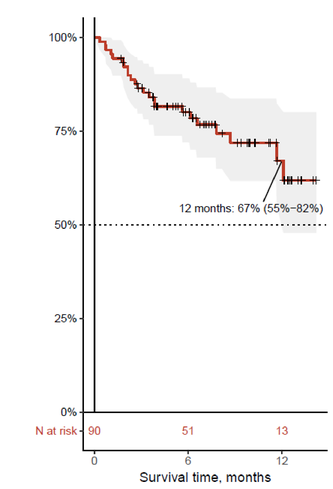
PROGRESSION FREE SURVIVAL



DURATION OF RESPONSE



OVERALL SURVIVAL



ADVERSE EVENTS

		Teclistamab (N= 90) Grade 1-2	Grade 3-4	Grade 5
BsAbs specific	**CRS** Cytokine release syndrome; *No. (%)*	34 (**37.8%**)	0 (0%)	0 (0%)
	ICANS Immune effector cell-associated neurotoxicity; *No. (%)*	3 (3.3%)	0 (0%)	0 (0%)
Infections	**Any infection**; *No (%)*	60 (**66.7%**)	23 (**25.6%**)	2 (2.2%)
	Lung infection; *No. (%)*	9 (**10%**)	7 (7.8%)	1 (**1.1%**)
	Febrile neutropenia; *No (%)*	0 (0%)	1 (1.1%)	1 (**1.1%**)
	Infections and infestations, other; *No (%)*	4 (4.4%)	5 (5.6%)	0 (0%)
	Upper respiratory infection; *No. (%)*	19 (**21.1%**)	2 (2.2%)	0 (0%)
	Urinary tract infection; *No. (%)*	5 (5.6%)	2 (2.2%)	0 (0%)
	Productive cough; *No. (%)*	7 (7.8%)	0 (0%)	‡
	Fever of unknown origin; *No. (%)*	6 (6.7%)	3 (3.3%)	0 (0%)
Other	**Diarrhea**; *No (%)*	9 (**10%**)	3 (3.3%)	0 (0%)

All instances of CRS and ICANS reported.
Adverse events reported here if found in >5% at grade 1-4 or any percentage grade 5
‡ = not possible to score above grade 3

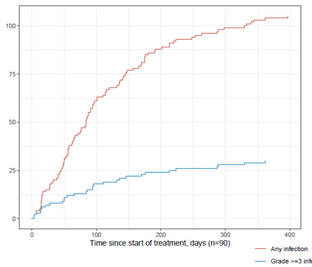
DOSING INTERVALS

Prolonging of dosing intervals compared to label (Teclistamab (N = 90))	
Prolonged dosing interval; *No. (%)*	49 (**55.1%**)
Time to prolonged dosing interval; *Median (IQR)*	**3 months** (2.5-5)
Cause of prolonged dosing interval: Infections; *No (% of N w. prolonged interval)*	14 (28.6%)
Cause of prolonged dosing interval: Good response; *No (% of N with prolonged interval)*	18 (36.7%)
Cause of prolonged dosing interval: Patient convenience; *No (% of N with prolonged interval)*	7 (14.3%)

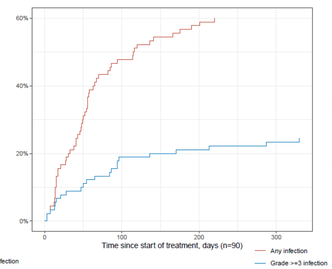
IMMUNOGLOBULIN SUBSTITUTION

Immunoglobulin substitution during teclistamab therapy (Teclistamab (N = 90))	
Use of immunoglobulin substitution; *No. (%)*	76 (**85.4%**)
started *prior to* teclistamab initiation; *No (% of N on immunoglobulin substituion)*	39 (51.3%)
started *during* teclistamab treatment; *No (% of N on immunoglobulin substituion)*	37 (48.7%)

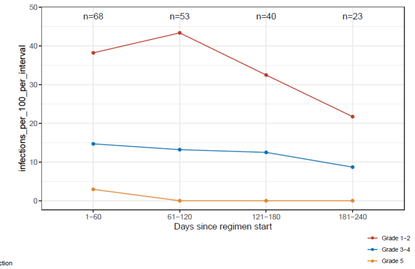
NUMBER OF INFECTIONS



INCIDENCE OF INFECTIONS



STANDARDIZED INCIDENCE OF INFECTIONS



PROPHYLACTIC STRATEGIES

Profylactic strategies during step-up dosing of teclistamab (N= 90)	
Hospitalization during step-up; *No. (%)*	90 (100%)
Profylactic tocilizumab; *No (%)*	43 (**47.8%**)
Profylactic steroids (other than premedication); *No (%)*	42 (**46.7%**)
Profylactic antibiotics (other than trimethoprim/sulfamethoxazole) ; *No (%)*	50 (55.6%)
Profylactic allopurinol/rasburicase; *No (%)*	21 (23.3%)

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CONTACT INFORMATION

Astrid Hundebøll Torpe, MD
Department of Hematology,
Rigshospitalet, Copenhagen University Hospital,
Copenhagen, Denmark
Ahun0010@regionh.dk
Astrid Hundebøll Torpe

KØBENHAVNS UNIVERSITET
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Rigshospitalet
Vejle Hospital – part of Lillebaelt Hospital
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