Post-Induction Outcomes and Updated Minimal Residual Disease Analysis From GMMG-HD10/DSMM-XX (MajesTEC-5): a Study of Teclistamab-Based Induction Regimens in Newly Diagnosed Multiple Myeloma (NDMM)*

*ClinicalTrials.gov Identifier: NCT05695508; sponsored by the University of Heidelberg Medical Center and in collaboration with Johnson & Johnson

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Disclosure Statement: Marc S Raab, MD, PhD

- **Current employment:** Heidelberg University Hospital Medical Clinic V, Multiple Myeloma
- **Board of Directors or advisory committees:** Janssen, Amgen, Bristol Myers Squibb, Sanofi, AbbVie, and GSK
- **Consultant:** Bristol Myers Squibb, Amgen, GSK, Janssen, Sanofi, Pfizer, AbbVie, Oncopeptides, and Takeda
- **Research funding:** Bristol Myers Squibb, Janssen, and Heidelberg Pharma
- **Honoraria:** Bristol Myers Squibb, Amgen, GSK, Janssen, Sanofi, Pfizer, AbbVie, and Oncopeptides
- **Travel support:** Bristol Myers Squibb, Amgen, Janssen, Sanofi, AbbVie, and Oncopeptides

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GMMG-HD10/DSMM-XX/MajesTEC-5: Background

- Teclistamab (Tec), the first-in-class BCMA × CD3 BsAb with weight-based dosing,[1,2] has demonstrated high response rates and a favorable safety profile in heavily pretreated RRMM[3]
- Dara-based frontline SoC regimens have led to notable efficacy in NDMM, as shown in PERSEUS (D-VRd) with a post-consolidation MRD-negative (10^{-5}) ≥CR rate of 57.5%, which deepened over time[4]
- The demonstrated association between deep MRD-negativity rates and improved long-term survival outcomes highlights the need for novel therapies to further enhance the depth of response[5,6]
- Tec-Dara–based immunotherapy combinations may enhance overall antimyeloma effects
  - Dara depletes immunosuppressive T cells, creating a sensitive immune microenvironment for Tec-mediated cytotoxicty,[7] resulting in durable and sustained antimyeloma activity
  - Efficacy may be further potentiated with an IMiD ± PI, without the need for continuous steroid use

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BCMA, B-cell maturation antigen; BsAb, bispecific antibody; CR, complete response; D, daratumumab; d, dexamethasone; Dara, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; GMMG, German-speaking Myeloma Multicenter Group; IMiD, immunomodulatory drug; MRD, minimal residual disease; NDMM, newly diagnosed multiple myeloma; PI, proteasome inhibitor; R, lenalidomide; RRMM, relapsed/refractory multiple myeloma; SoC, standard of care; Tec, teclistamab; V, bortezomib.

1. TECVAYLI® (teclistamab). Summary of product characteristics. Janssen Biologics BV; 2024. 2. TECVAYLI® (teclistamab-cqyv) injection [package insert]. Janssen Biotech, Inc.; 2024. 3. Garfall AL, et al. Presented at ASCO 2024. Poster 7540. 4. Rodriguez-Otero P, et al. Presented at ASCO 2024. Oral 7502. 5. Landgren O, et al. *Blood*. 2024;144(4):359-367. 6. Munshi NC, et al. *Blood Adv*. 2020;4(23):5988-5999. 7. Frerichs KA, et al. *Clin Cancer Res*. 2020;26(9):2203-2215.

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GMMG-HD10/DSMM-XX/MajesTEC-5: Introduction

- MajesTEC-5 is the first study to evaluate Tec-Dara–based induction regimens in TE NDMM
- As presented at ASH 2024, Tec-D(V)R induction showed unprecedented efficacy and manageable safety in 49 patients from 3 cohorts in MajesTEC-5[1]
  - 100% MRD negativity (10^{-5}) was achieved in MRD-evaluable patients after induction Cycle 3
  - No TEAE-related discontinuations or new safety signals were observed

- Here, we present updated results for these 49 patients following completion of induction, which includes:
  - Additional MRD testing, including MRD at 10^{-6} data after induction Cycle 6
  - Additional stem cell mobilization data
  - A comprehensive safety dataset within induction phase

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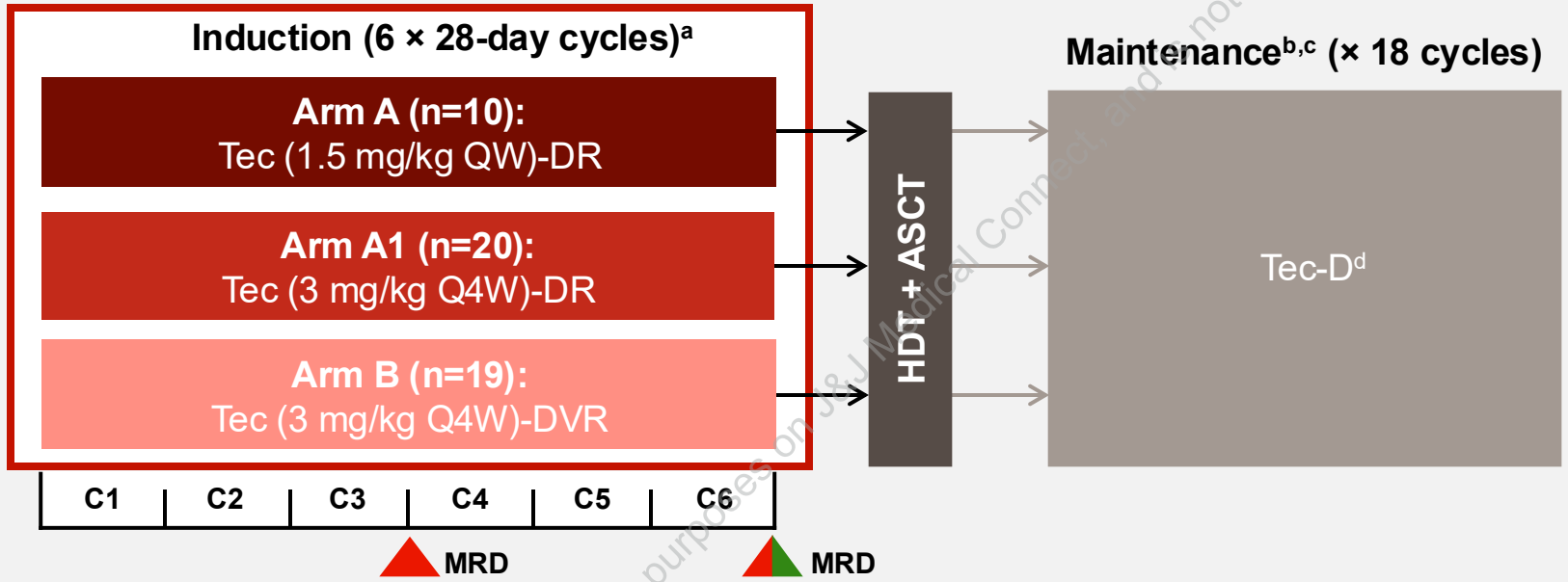
ASH, American Society of Hematology; D, daratumumab; Dara, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; GMMG, German-speaking Myeloma Multicenter Group; MRD, minimal residual disease; NDMM, newly diagnosed multiple myeloma; R, lenalidomide; TE, transplant eligible; TEAE; treatment-emergent adverse event; Tec, teclistamab; V, bortezomib. 1. Raab MS, et al. Presented at ASH 2024. Oral 493.

GMMG-HD10/DSMM-XX/MajesTEC-5: Study Design

Key eligibility criteria:

- TE NDMM
- ECOG PS score of 0-2
- Aged 18-70 years



Primary endpoints:

- AEs, SAEs

Select secondary endpoints:

- MRD negativity (10^{-5} and 10^{-6})
- ORR
- ≥CR
- ≥VGPR
- Stem cell yield

MRD 10^{-5} via NGF

MRD 10^{-6} via NGS

- **Tec (Cycle 1):** Tec step-up dosing (0.06 and 0.3 mg/kg on Days 2 and 4) + 1.5 mg/kg on Days 8 and 15[e]
  - **Tec (Cycles 2-6):** 1.5 mg/kg QW on Day 1 (Arm A); 3 mg/kg Q4W on Day 1 (Arm A1 and B)
- **D:** 1800 mg SC per label (QW for Cycles 1-2; Q2W for Cycles 3-6)
- **V:** 1.3 mg/m^2 SC QW
- **R:** 25 mg PO daily starting in Cycle 2 (Days 1-21)
- **d:** 20 mg (PO or IV) in Cycles 1-4 (Arm A) or Cycles 1-2 (Arm A1/B) only

[a]Stem cell collection was planned after 3 cycles of induction. [b]Following maintenance therapy, patients could receive additional SoC maintenance treatment per institutional standard and local investigator decision. [c]Maintenance treatment can be discontinued when 12 months of sustained MRD negativity (10^{-5}) have been observed, beginning in induction. [d]Planned maintenance treatment in Arm A was Tec-DR. A protocol amendment permitted patients initially assigned to Tec-DR maintenance to receive Tec-D maintenance per investigator's choice (patients who started Tec-DR may have discontinued R to receive Tec-D per investigator's choice). [e]Patients in Arm A received an additional dose of Tec 1.5 mg/kg on Day 22.
AE, adverse event; ASCT, autologous stem cell transplant; CR, complete response; D, daratumumab; d, dexamethasone; DSMM, Deutsche Studiengruppe Multiples Myelom; ECOG PS, Eastern Cooperative Oncology Group performance status; GMMG, German-speaking Myeloma Multicenter Group; HDT, high-dose therapy; MRD, minimal residual disease; NDMM, newly diagnosed multiple myeloma; NGF, next-generation flow cytometry; NGS, next-generation sequencing; ORR, overall response rate; QW, weekly; Q2W, every 2 weeks; Q4W, every 4 weeks; R, lenalidomide; SAE, serious adverse event; SoC, standard of care; TE, transplant-eligible; Tec, teclistamab; V, bortezomib; VGPR, very good partial response.

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GMMG-HD10/DSMM-XX/MajesTEC-5: Baseline Demographics and Disease Characteristics

- Patients were representative of the TE NDMM population[1-3]
- Patients with high-risk disease were well represented

	Arm A: Tec (QW)-DR (n=10)	Arm A1: Tec (Q4W)-DR (n=20)	Arm B: Tec (Q4W)-DVR (n=19)	Total (N=49)
Median age, years (range)	63.0 (54-66)	57.5 (36-65)	56.0 (30-68)	58.0 (30-68)
≥65, n (%)	3 (30)	2 (10)	3 (15.8)	8 (16.3)
Male, n (%)	6 (60)	13 (65)	12 (63.2)	31 (63.3)
Ethnicity, n (%)				
Caucasian	10 (100)	20 (100)	19 (100)	49 (100)
ECOG PS score, n (%)				
≤1	9 (90)	20 (100)	18 (94.7)	47 (95.9)
2	1 (10)	0	1 (5.3)	2 (4.1)
≥60% BMPCs, n (%)	4 (40)	10 (50)	8 (42.1)	22 (44.9)
≥1 paraskeletal soft tissue plasmacytoma,[a] n (%)	0	5 (25)	4 (21.1)	9 (18.4)
ISS disease stage, n (%)				
I	8 (80)	10 (50)	10 (52.6)	28 (57.1)
II	1 (10)	7 (35)	7 (36.8)	15 (30.6)
III	1 (10)	3 (15)	2 (10.5)	6 (12.2)
High cytogenetic risk,[b] n (%)	1 (10)	5 (25)	4 (21.1)	10 (20.4)

[a]All soft tissue plasmacytomas reported were paraskeletal in nature, whereas no extramedullary soft tissue plasmacytomas were reported. [b]Cytogenetic risk is based on central FISH or local FISH if central FISH is unavailable. High cytogenetic risk is defined as the presence of ≥1 of the following abnormalities: del(17p), t(4;14), or t(14;16). BMPC, bone marrow plasma cell; D, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; ECOG PS, Eastern Cooperative Oncology Group performance status; FISH, fluorescence in situ hybridization; GMMG, German-speaking Myeloma Multicenter Group; ISS, International Staging System; NDMM, newly diagnosed multiple myeloma; QW, weekly; Q4W, every 4 weeks; R, lenalidomide; TE, transplant-eligible; Tec, teclistamab; V, bortezomib. 1. Liu X, et al. *Sci Rep.* 2025;15(1):13595. 2. Abildgaard N, et al. *Eur J Cancer.* 2024;201:113921. 3. Martínez-Lopez J, et al. *Future Oncol.* 2023;19(31):2103-2121.

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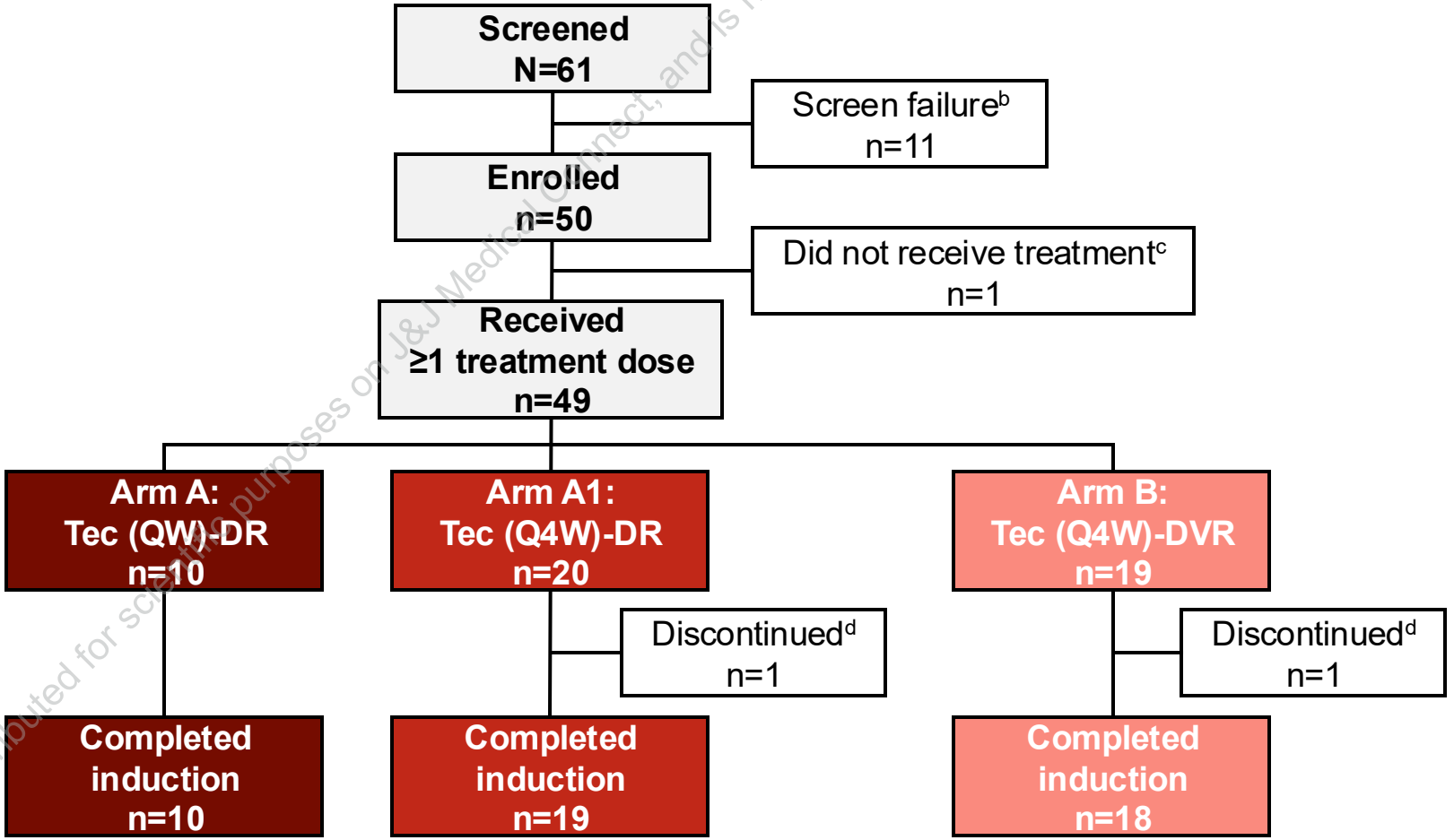
GMMG-HD10/DSMM-XX/MajesTEC-5: Disposition

- 47 of 49 (95.9%) patients completed induction[a]
- Median (range) induction treatment duration: 7.0 (2.5-13.2) months
- Median (range) follow-up: 7.3 (3.1-14.5) months
- No new study discontinuations since prior analysis,[1] with 7 months of additional follow-up



[a]One patient in Arm B skipped Cycle 6 of induction due to neutropenia but proceeded to receive ASCT and maintenance and therefore was considered as having completed induction. A total of 46 patients completed 6 cycles of induction. [b]Not meeting inclusion criteria, n=9; "other" reasons, n=2. [c]Upon further review, 1 patient did not meet inclusion criteria. [d]Both patients (Arm A1, n=1; Arm B, n=1) discontinued induction after Cycle 3 due to refusal of further study treatment. ASCT, autologous stem cell treatment; D, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; GMMG, German-speaking Myeloma Multicenter Group; QW, weekly; Q4W, every 4 weeks; R, lenalidomide; Tec, teclistamab; V, bortezomib. 1. Raab MS, et al. Presented at ASH 2024. Oral 493.

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GMMG-HD10/DSMM-XX/MajesTEC-5: Hematologic TEAEs

TEAEs, n (%)[a]	Arm A: Tec (QW)-DR (n=10)		Arm A1: Tec (Q4W)-DR (n=20)		Arm B: Tec (Q4W)-DVR (n=19)		Total (N=49)	
	All grade	Grade 3/4	All grade	Grade 3/4	All grade	Grade 3/4	All grade	Grade 3/4
Hematologic								
Neutropenia	4 (40)	3 (30)	13 (65)	13 (65)	14 (73.7)	12 (63.2)	31 (63.3)	28 (57.1)
Lymphopenia	9 (90)	8 (80)	9 (45)	9 (45)	12 (63.2)	12 (63.2)	30 (61.2)	29 (59.2)
Anemia	5 (50)	0	8 (40)	4 (20)	7 (36.8)	1 (5.3)	20 (40.8)	5 (10.2)
Thrombocytopenia	3 (30)	1 (10)	7 (35)	2 (10)	7 (36.8)	1 (5.3)	17 (34.7)	4 (8.2)
Leukopenia	5 (50)	2 (20)	3 (15)	2 (10)	6 (31.6)	5 (26.3)	14 (28.6)	9 (18.4)

Neutropenia was the most common all grade hematologic TEAE.
The addition of weekly bortezomib did not increase the rate of thrombocytopenia

[a]TEAEs reported in ≥25% of patients in any arm. AEs are graded according to the NCI-CTCAE Version 5.0. The median follow-up was 7.3 (3.1-14.5) months.
AE, adverse event; D, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; GMMG, German-speaking Myeloma Multicenter Group; NCI-CTCAE, National Cancer Institute Common Terminology Criteria for Adverse Events; QW, weekly; Q4W, every 4 weeks; R, lenalidomide; TEAE, treatment-emergent adverse event; Tec, teclistamab; V, bortezomib.

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GMMG-HD10/DSMM-XX/MajesTEC-5: Nonhematologic TEAEs

TEAEs, n (%)[a]	Arm A: Tec (QW)-DR (n=10)		Arm A1: Tec (Q4W)-DR (n=20)		Arm B: Tec (Q4W)-DVR (n=19)		Total (N=49)	
	All grade	Grade 3/4	All grade	Grade 3/4	All grade	Grade 3/4	All grade	Grade 3/4
Nonhematologic[b]								
CRS	6 (60)	0	14 (70)	0	12 (63.2)	0	32 (65.3)	0
Pyrexia	7 (70)	1 (10)	10 (50)	2 (10)	8 (42.1)	0	25 (51.0)	3 (6.1)
URTI	6 (60)	0	8 (40)	1 (5)	6 (31.6)	0	20 (40.8)	1 (2)
Rash	6 (60)	2 (20)	5 (25)	0	8 (42.1)	0	19 (38.8)	2 (4.1)
GGT increased	3 (30)	0	6 (30)	3 (15)	5 (26.3)	4 (21.1)	14 (28.6)	7 (14.3)
Hypokalemia	1 (10)	0	9 (45)	2 (10)	4 (21.1)	0	14 (28.6)	2 (4.1)
Diarrhea	6 (60)	0	4 (20)	1 (5)	4 (21.1)	0	14 (28.6)	1 (2)
Nausea	1 (10)	0	4 (20)	0	8 (42.1)	0	13 (26.5)	0
PN	1 (10)	0	5 (25)	0	4 (21.1)	0	10 (20.4)	0
BAP increased	4 (40)	0	1 (5)	0	3 (15.8)	1 (5.3)	8 (16.3)	1 (2)
Lipase increased	1 (10)	1 (10)	5 (25)	3 (15)	1 (5.3)	1 (5.3)	7 (14.3)	5 (10.2)
ALT increased	3 (30)	0	2 (10)	1 (5)	2 (10.5)	2 (10.5)	7 (14.3)	3 (6.1)
Nasopharyngitis	3 (30)	0	2 (10)	0	2 (10.5)	0	7 (14.3)	0
Hyperglycemia	3 (30)	0	3 (15)	1 (5)	0	0	6 (12.2)	1 (2)

- Safety consistent with individual treatment components
- All CRS events were grade 1/2 and resolved
  - 10 (20.4%) were grade 2
  - Most occurred in Cycle 1
  - No discontinuations due to CRS
- No ICANS reported
- No grade 5 TEAEs
- No increase in PN with bortezomib

[a]TEAEs reported in ≥25% of patients in any arm. AEs are graded according to the NCI-CTCAE Version 5.0. The median follow-up was 7.3 (3.1-14.5) months. [b]Constipation and hypogammaglobulinemia based on TEAE reporting also met the ≥25% threshold. Hypogammaglobulinemia is reported separately. AE, adverse event; ALT, alanine aminotransferase; BAP, blood alkaline phosphatase; CRS, cytokine release syndrome; D, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; GGT, gamma-glutamyl transferase; GMMG, German-speaking Myeloma Multicenter Group; ICANS, immune effector cell–associated neurotoxicity syndrome; NCI-CTCAE, National Cancer Institute Common Terminology Criteria for Adverse Events; PN, peripheral sensory neuropathy; QW, weekly; Q4W, every 4 weeks; R, lenalidomide; TEAE, treatment-emergent adverse event; Tec, teclistamab; URTI, upper respiratory tract infection; V, bortezomib.

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GMMG-HD10/DSMM-XX/MajesTEC-5: Infections

TEAE, n (%)[a]	Arm A: Tec (QW)-DR (n=10)		Arm A1: Tec (Q4W)-DR (n=20)		Arm B: Tec (Q4W)-DVR (n=19)		Total (N=49)	
	All grade	Grade 3/4	All grade	Grade 3/4	All grade	Grade 3/4	All grade	Grade 3/4
Any infection	10 (100)	4 (40)	18 (90)	10 (50)	11 (57.9)	4 (21.1)[b]	39 (79.6)	18 (36.7)[b]
Infections[c]								
URTI	6 (60)	0	8 (40)	1 (5)	6 (31.6)	0	20 (40.8)	1 (2)
COVID-19	2 (20)	0	4 (20)	1 (5)	3 (15.8)	2 (10.5)	9 (18.4)	3 (6.1)
Nasopharyngitis	3 (30)	0	2 (10)	0	2 (10.5)	0	7 (14.3)	0
Pneumonia	1 (10)	1 (10)	0	0	2 (10.5)	2 (10.5)	3 (6.1)	3 (6.1)
RTI	0	0	1 (5)	0	2 (10.5)	0	3 (6.1)	0
Bronchitis	2 (20)	0	0	0	0	0	2 (4.1)	0

- 18 (36.7%) patients had grade 3/4 infections[b]
  - No discontinuations due to infection
  - No grade 5 infections
- Hypogammaglobulinemia[d] reported in 45 (91.8%) patients
  - 44 (89.8%) patients received ≥1 dose of IVIg
- Stringent infection prophylaxis was strongly recommended,[e] including Ig replacement
- Low patient numbers and relatively short follow-up time may account for differing infection rates across arms

[a]AEs are graded according to the NCI-CTCAE Version 5.0. The median follow-up was 7.3 (3.1-14.5) months. [b]One patient had a grade 3 "unknown" infection that was reported under the "uncoded" category. [c]Infections reported in >10% of patients in any arm. [d]Includes patients with ≥1 TEAE of hypogammaglobulinemia or a post-baseline IgG value <400 mg/dL. [e]Additional recommended measures included prophylaxis for Pneumocystis jirovecii pneumonia and herpes zoster reactivation as well as routine antibiotic prophylaxis. D, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; GMMG, German-speaking Myeloma Multicenter Group; Ig, immunoglobulin; IVIg, intravenous immunoglobulin; NCI-CTCAE, National Cancer Institute Common Terminology Criteria for Adverse Events; QW, weekly; Q4W, every 4 weeks; R, lenalidomide; RTI, respiratory tract infection; TEAE, treatment-emergent adverse event; Tec, teclistamab; URTI, upper respiratory tract infection; V, bortezomib.

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GMMG-HD10/DSMM-XX/MajesTEC-5: Stem Cell Mobilization[a]

	Arm A: Tec (QW)-DR (n=10)	Arm A1: Tec (Q4W)-DR (n=20)	Arm B: Tec (Q4W)-DVR (n=19)	Total (N=49)
Undergone stem cell mobilization,[b] n (%)	10 (100)	20 (100)	17 (89.5)[c]	47 (95.9)
Received plerixafor[d]	2 (20)	11 (55)	7 (41.2)	20 (42.6)
Received cyclophosphamide and G-CSF[d]	10 (100)	15 (75)	14 (82.4)	39 (83)
Stem cell yield (10^6 CD34 cells/kg)				
Median (range)	8.6 (5.7-14.9)	7.7 (2.6-15.1)	7.5 (2.9-15.9)	8.1 (2.6-15.9)

Tec-D(V)R enabled successful stem cell mobilization (~96% of patients) with total median stem cell yield surpassing minimum protocol requirements[e]

[a]Stem cell collection was planned after 3 cycles of induction. [b]Percentages are calculated based on the number of patients in each treatment group as the denominator. [c]2 patients in the Tec-DVR group did not undergo mobilization; 1 patient withdrew consent after Cycle 3 and 1 patient failed to proceed to mobilization due to cytopenia and insufficient circulation of CD34+ cells. [d]Percentages are calculated based on the number of patients who underwent stem cell mobilization as the denominator. [e]Per protocol minimum, defined as 2.5×10^6/kg CD34+ cells. In addition, an ideal target was also identified as a yield of 5×10^6/kg CD34+ cells.
D, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; G-CSF, granulocyte-colony stimulating factor; GMMG, German-speaking Myeloma Multicenter Group; QW, weekly; Q4W, every 4 weeks; R, lenalidomide; Tec, teclistamab; V, bortezomib.

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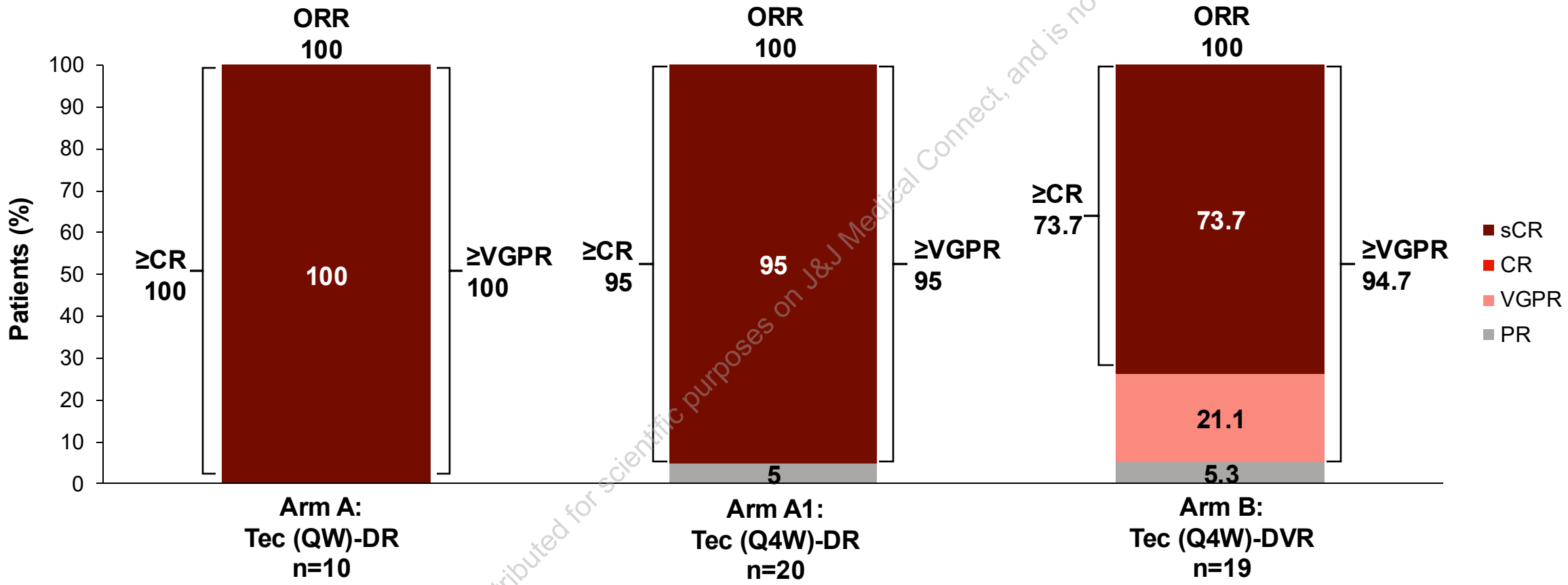
GMMG-HD10/DSMM-XX/MajesTEC-5: Response Rates[a]



100% of patients responded by the end of induction

[a]Response was assessed by investigators based on IMWG criteria, with a confirmed response requiring ≥2 consecutive identical response assessments. ORR was defined as ≥PR. CR, complete response; D, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; GMMG, German-speaking Myeloma Multicenter Group; IMWG, International Myeloma Working Group; ORR, overall response rate; PR, partial response; QW, weekly; Q4W, every 4 weeks; R, lenalidomide; sCR, stringent complete response; Tec, teclistamab; V, bortezomib; VGPR, very good partial response.

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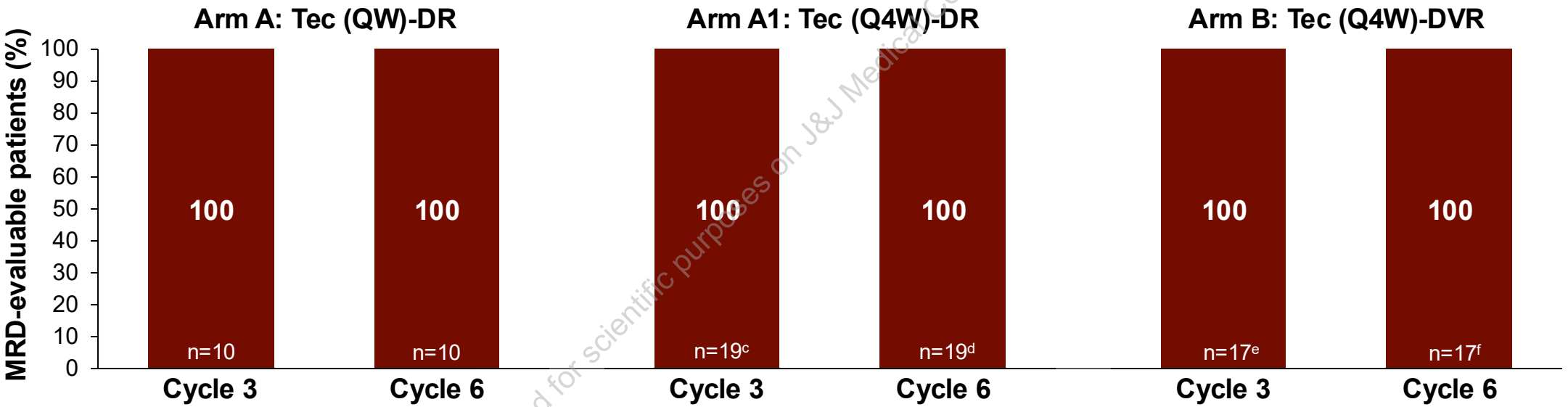
GMMG-HD10/DSMM-XX/MajesTEC-5: MRD Negativity (10^{-5})[a] in the MRD-Evaluable Analysis Set

- MRD-evaluable population: all patients with an available MRD test (positive or negative)[b]
  - Only 1 patient was not evaluable for MRD throughout induction (Cycle 3 or 6) due to discontinuation before Cycle 3



With completion of induction, 100% MRD negativity (10^{-5}) continues to be observed in MRD-evaluable patients, regardless of depth of response

[a]MRD-negativity rate was defined as the proportion of patients who achieved MRD negativity (10^{-5}) per NGF, regardless of response (ie, not all patients achieved CR). [b]Excluding those who were not tested, indeterminate, or had no baseline clone detected (NGS). [c]One patient was not tested. [d]One patient had discontinued after completing Cycle 3. [e]One patient was not tested, and 1 had discontinued before completing Cycle 3. [f]One patient had discontinued before completing Cycle 3, and 1 had an indeterminate result. CR, complete response; D, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; GMMG, German-speaking Myeloma Multicenter Group; MRD, minimal residual disease; NGF, next-generation flow cytometry; NGS, next-generation sequencing; QW, weekly; Q4W, every 4 weeks; R, lenalidomide; Tec, teclistamab; V, bortezomib.

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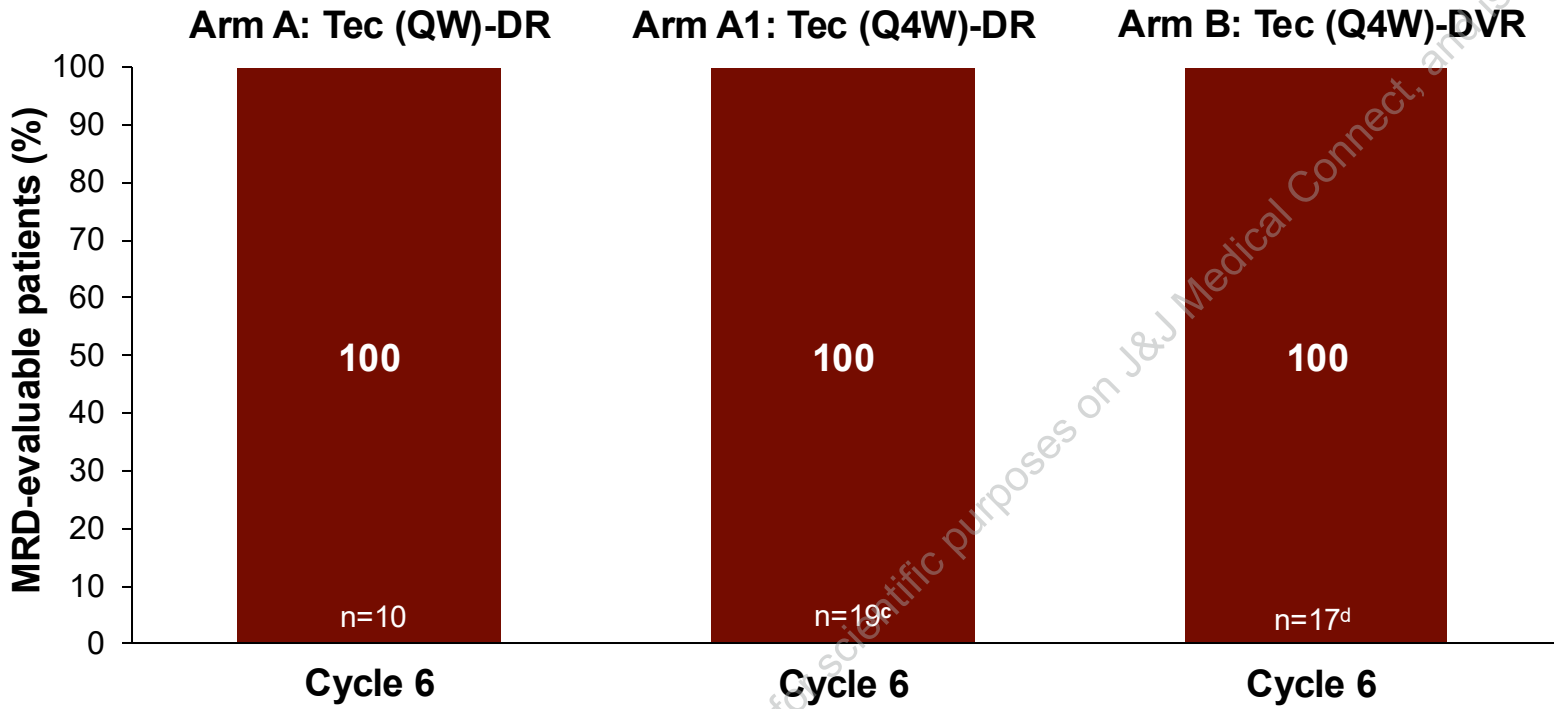
GMMG-HD10/DSMM-XX/MajesTEC-5: MRD Negativity (10^{-6})[a] in the MRD-Evaluable Analysis Set[b]



- When combining all patients across all arms (n=49), cumulative MRD-negativity rate[e] by end of induction in the efficacy analysis set was 98.0%
- 85.7% (42/49) of patients achieved ≥CR and MRD negativity at Cycle 6 ($\leq 10^{-5}$)

100% of patients in the MRD-evaluable population,[b] regardless of depth of response, achieved MRD negativity (10^{-6}) at Cycle 6

[a]MRD-negativity rate was defined as the proportion of patients who achieved MRD negativity (10^{-6}), regardless of response. [b]MRD-evaluable population defined as those patients with an available MRD test with a positive or negative result (excluding those who were not tested, were indeterminate, or had no baseline clone detected [NGS]). [c]One patient had discontinued after completing Cycle 3. [d]One patient had discontinued before completing Cycle 3, and 1 had no baseline clone detected for NGS. [e]Patients who achieved MRD negativity at 10^{-5} or 10^{-6} at any time on study (post-induction cycle 3 or cycle 6). D, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; GMMG, German-speaking Myeloma Multicenter Group; MRD, minimal residual disease; NGF, next-generation flow cytometry; NGS, next-generation sequencing; QW, weekly; Q4W, every 4 weeks; R, lenalidomide; Tec, teclistamab; V, bortezomib.

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GMMG-HD10/DSMM-XX/MajesTEC-5: Conclusions

- Tec-Dara–based immunotherapy induction was well managed, with no discontinuations of all study drugs due to TEAEs, confirming its combinability
- Infections are common (grade 3/4, 36.7%); however, no infections led to discontinuation of all study drugs, and no grade 5 infections were reported
  - Infection prophylaxis, including Ig replacement, was adopted and is strongly recommended
- 96% of patients were able to complete successful stem cell mobilization with Tec-D(V)R,[a] with a median total stem cell yield surpassing minimum protocol requirements
- Unprecedented levels of 100% ORR and MRD negativity at Cycle 3 (10^{-5}) and maintained through Cycle 6 (10^{-5} and 10^{-6})[b] seen with Tec-Dara–based immunotherapy induction
- Results build confidence in Tec-Dara–based regimens as we await results of the first phase 3 study with this immunotherapy doublet in the setting of 1-3 prior LOT (MajesTEC-3)[1]

Tec-Dara–based immunotherapy induction is manageable with unprecedented MRD negativity in TE NDMM

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[a]Dexamethasone was also administered in Cycles 1 through 4 (Arm A) or Cycles 1 and 2 (Arm A1/B). [b]In the MRD-evaluable population. D, daratumumab; Dara, daratumumab; DSMM, Deutsche Studiengruppe Multiples Myelom; GMMG, German-speaking Myeloma Multicenter Group; Ig, immunoglobulin; LOT, lines of therapy; MRD, minimal residual disease; NDMM, newly diagnosed multiple myeloma; ORR, overall response rate; R, lenalidomide; TE, transplant-eligible; Tec, teclistamab; TEAE, treatment-emergent adverse event; V, bortezomib. 1. ClinicalTrials.gov identifier: NCT05083169. Updated July 20, 2025. Accessed September 02, 2025. https://clinicaltrials.gov/study/NCT05083169.

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Acknowledgments

- The patients who are participating in this study and their families
- Staff members at the study sites
- Data and safety monitoring committee
- This study is a collaboration between the 2 German Study Groups GMMG and DSMM and Johnson & Johnson
- Leo Rasche is a co-principal investigator of this study

- This study was sponsored by the Heidelberg University Hospital

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DSMM, Deutsche Studiengruppe Multiples Myelom; GMMG, German-speaking Myeloma Multicenter Group.
Medical writing assistance was provided by Holly Clarke, PhD, and Bethany Reinecke, PhD, CMPP, of Lumanity Communications Inc., and was fundedby Johnson & Johnson.

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