



## WHAT DO THESE RESULTS MEAN?

In the CEPHEUS study, treatment with Dara-VRd provided deeper and longer-lasting responses and helped patients to live longer without their multiple myeloma (MM) getting worse compared with VRd treatment in patients with newly diagnosed MM who were not eligible for a stem cell transplant

# Daratumumab Plus Bortezomib, Lenalidomide, and Dexamethasone (Dara-VRd) in Patients With Newly Diagnosed Multiple Myeloma: Final Analysis of Transplant-Ineligible Patients in the Phase 3 CEPHEUS Study

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## WHAT WERE THE RESULTS?

After a median follow-up of over 6 years (76 months), patients treated with Dara-VRd had better outcomes: more patients had no detectable cancer cells in the bone marrow, the disease stayed under control longer and took longer to worsen, and no new safety concerns were seen



## WHAT WAS THE PURPOSE OF THIS STUDY?

- Researchers wanted to see if adding daratumumab to the VRd treatment regimen improved outcomes for patients with newly diagnosed MM who were not eligible for a stem cell transplant

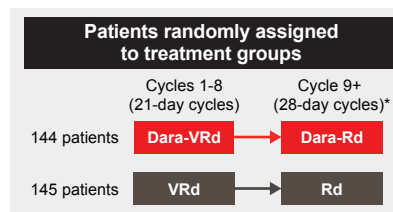


## WHO WAS IN THE STUDY AND HOW WAS IT CARRIED OUT?

- The CEPHEUS study (NCT03652064) was conducted globally by randomly assigning 395 patients with newly diagnosed MM who were not eligible for a transplant, or for whom a transplant was not planned, to receive treatment with VRd with or without daratumumab
- This analysis of the CEPHEUS study included 289 transplant-ineligible patients



Patients had a new diagnosis of MM and were not eligible for a stem cell transplant



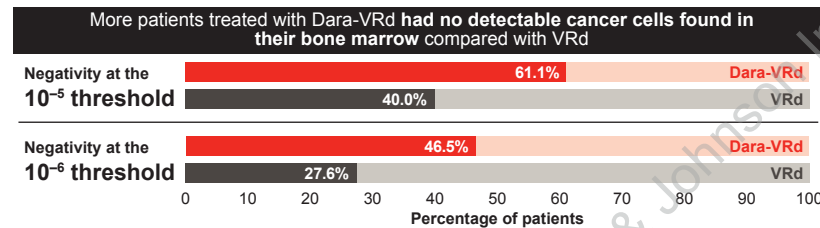
Primary study assessment was MRD negativity with complete response or better

**~76%** aged ≥70 years

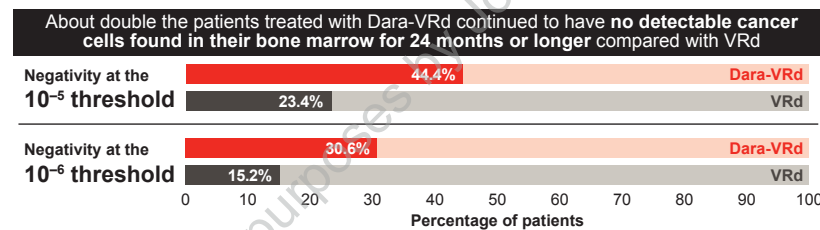
**~30%** aged ≥75 years

\*Treatment continued until disease progression or unacceptable toxicity.

**Figure 1: Reduced cancer cells in the bone marrow (minimal residual disease negativity with complete response or better)**



**Figure 2: Continued control of MM over time (durable minimal residual disease negativity with complete response or better)**



**Figure 3: Longer time until MM got worse (progression-free survival)**



**Figure 4: Improved survival**

Dara-VRd reduced the chance of death overall by 16% compared with VRd

16%

Dara-VRd also reduced the chance of death by 26% compared with VRd when deaths due to COVID-19 infection were excluded

26%

**Figure 5: Side effects**

There were no new side effects or safety concerns with the addition of daratumumab to the VRd treatment regimen

Side Effect	Dara-VRd (%)	VRd (%)
Severe/life-threatening side effects:		
Overall	93.8%	88.7%
Neutropenia	45.1%	33.1%
Thrombocytopenia	30.6%	23.2%
Pneumonia	18.1%	13.4%
Treatment discontinuations due to side effects	9.7%	23.2%
Deaths due to side effects (not including COVID-19)	12.5%	9.2%
Deaths related to COVID-19	4.2%	0.7%

## Glossary of terms

<b>Complete response</b> All signs of MM are gone from the blood and bone marrow after treatment	<b>Durable minimal residual disease negativity</b> No (less than 1) cancer cells found in the bone marrow at 2 consecutive tests for minimal residual disease that were at least 24 months apart, with no positive minimal residual disease test result in between. This is also sometimes referred to as "sustained minimal residual disease negativity"	<b>Median progression-free survival</b> The time when half of the patients have lived without their MM getting worse and the other half have experienced a worsening of their disease or died	<b>Minimal residual disease</b> After treatment, there is sometimes a small number of cancer cells still left in the patient's bone marrow that can be detected with very sensitive tests. These remaining cancer cells could potentially cause the disease to come back. • Negativity at the 10 <sup>-5</sup> threshold: No (less than 1) cancer cells found in a sample of 100,000 healthy bone marrow cells • Negativity at the 10 <sup>-6</sup> threshold: No (less than 1) cancer cells found in a sample of 1 million healthy bone marrow cells
<b>Neutropenia</b> A lower-than-normal number of neutrophils, which are a type of white blood cell that helps to fight off infections. This means the patient's immune system is weaker, and they may be more likely to get infections	<b>Overall survival</b> Length of time the patient is alive after starting treatment	<b>Stem cell transplant</b> In this procedure, a patient's own healthy stem cells are collected from their blood or bone marrow and stored safely; these cells can make all the different types of blood cells (such as white blood cells, red blood cells, and platelets). After the patient receives high-dose chemotherapy to kill as many remaining cancer cells as possible, the stored stem cells are returned to their body to help the bone marrow recover and start making healthy blood cells again	<b>Thrombocytopenia</b> A lower-than-normal number of blood platelets, which are a type of red blood cell that helps blood clotting. This means the patient's ability to heal from blood vessel injuries is weaker, and they may be more likely to have serious bleeding



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