PF790

Early Resolution of Talquetamab Oral Side Effects in Relapsed/Refractory Multiple Myeloma: Updated Waterless Empirical Taste Test and Patient-Reported Outcomes Data From TALisman

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Key Takeaway

Dysgeusia measured by the objective Waterless Empirical Taste Test (WETT®) rapidly develops after starting talquetamab (Tal) and begins to recover after 3 months, with improvement/resolution in 67% (6/9) of patients who received 7 months of treatment

Conclusions

- Severe dysgeusia and dry mouth tend to stabilize or improve by 4–6 cycles per the Scale of Subjective Total Taste Acuity (STTA) and Patient-Reported Outcomes-Common Terminology Criteria for Adverse Events (PRO-CTCAE)
- No improvement of onset, incidence, or severity of dysgeusia was observed with either prophylactic dexamethasone or pregabalin; interpretation limited by small sample size
- Onset of dysgeusia coincides with reduction in salivary components associated with taste perception, although data are preliminary
- Findings support informed management and expectation setting for patients, caregivers, and healthcare providers, to help maintain clinical benefit of Tal

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Poster

Supplementary material

https://www.congresshub.com/EHA2026/Oncology/Talquetamab/Donk-Early

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Introduction

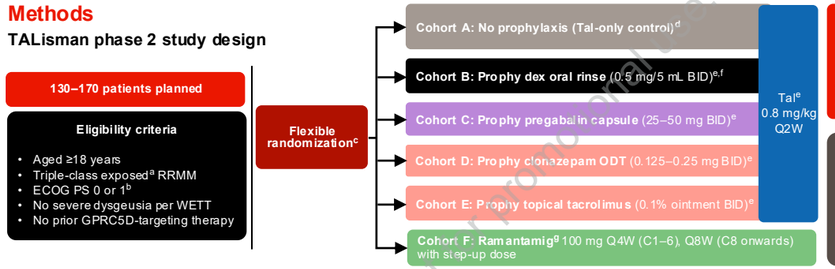
- Tal is the first GPRC5D-targeting bispecific antibody approved for relapsed/refractory multiple myeloma (RRMM), eliciting high response rates and a 3-year overall survival rate of 60.8%,[1-4] with meaningful improvements in quality of life[5]
- In previously reported results, TALisman (NCT06500884) showed that dysgeusia per WETT was detected as early as 2 weeks, with resolution beginning at the end of 3 months[6]

The ongoing phase 2 TALisman study leverages innovative tools to objectively assess dysgeusia, allowing for better characterization of its onset, severity, and resolution, as well as evaluation of prophylactic interventions[7]

We present dysgeusia data and patient-reported outcomes (PROs) with longer follow-up from the control and prophylactic dexamethasone (Prophy dex) cohorts, and initial data for pregabalin (Prophy pregabalin)

Methods

TALisman phase 2 study design



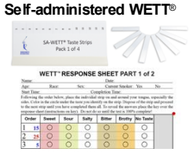
Primary endpoints[h]: Dysgeusia/severe dysgeusia incidence, time to onset of severe dysgeusia, resolution or improvement[i] (at the end of 3 and 7 months) per WETT
Secondary/exploratory endpoints: Safety, PROs (STTA, PRO-CTCAE), salivary flow data[j]

Timepoints assessed
WETT: C1 (D1, 4, 8, 15); C2–C3 (D1, 8, 15); C4–12 (D1; even cycles)
STTA: C1 (D1, 15); C2–C6 (D1), C8–24 (D1; even cycles)
PRO-CTCAE: C1–C6 (D1), C8–C12 (D1; even cycles)
Salivary: C1 (D1, D8–17[k]); C3, C8, C12 (D1)

[a]Including a proteasome inhibitor, immunomodulatory drug, and anti-CD38 monoclonal antibody. [b]ECOG PS of 2 or 3 permitted once physical limitations not related to MM or associated therapy are stable. [c]To accommodate prophylaxes being available at different times. [d]A control cohort was enrolled concurrently with each cohort B–F. [e]Patients receive prophylaxis starting 7 days (1 day for tacrolimus) before talquetamab step-up doses (C1D1) followed by talquetamab 0.8 mg/kg SC Q2W. [f]Prophylactic dexamethasone oral rinse: swish and hold 5 mL for 2–3 minutes 2–4 times a day. Low-dose antifungal drugs or standard of care could be used to prevent thrush. [g]Duration of treatment is 24 months. [h]Futility analyses for cohorts B–E will determine termination or continuation of each prophylaxis cohort. [i]Resolution/improvement is defined as either dysgeusia downgraded to no dysgeusia or severe dysgeusia downgraded to nonsevere dysgeusia per WETT. Saliva samples are collected during stimulated and unstimulated flow conditions to assess potential changes in composition over time. MUC5B and amylase measurements were determined using enzyme-linked immunosorbent assay (ELISA)–based assays. [k]Only 1 collection during the period. BID, twice a day; C, cycle; D, day; ECOG PS, Eastern Cooperative Oncology Group performance status; MM, multiple myeloma; MUC5B, mucin 5B; ODT, orally disintegrating tablet; Q2W, every other week; Q4W, every 4 weeks; Q8W, every 8 weeks; SC, subcutaneous.

Figure 1: Current tools to assess dysgeusia[8,9] are limited. WETT is an objective test, comprising taste strips applied sequentially to the tongue to sensitively detect taste changes[10] without relying on subjective reporting

Self-administered WETT®



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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	Instrument-based

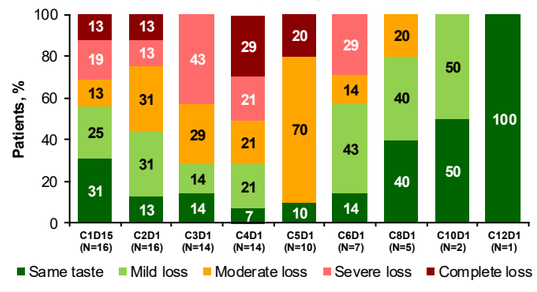
[a]Percentiles for dysgeusia used in this study. CTCAE, Common Terminology Criteria for Adverse Events; HCP, healthcare professional; STTA, Scale of Subjective Total Taste Acuity.

Table: Across cohorts, most patients experienced dysgeusia per WETT. Median time to severe dysgeusia was longer than median time to dysgeusia

	Tal-only (N=19)	Prophy dex (N=15)	Prophy pregabalin (N=16)
Patients with dysgeusia, n (%)	16 (84.2)	13 (86.7)	16 (100.0)
Patients with severe dysgeusia, n (%)	12 (63.2)	13 (86.7)	16 (100.0)
Median time to dysgeusia, days (95% CI)	11.9 (6.1–28.0)	7.9 (3.0–24.0)	10.0 (4.0–21.9)
Median time to severe dysgeusia, days (95% CI)	67.9[a] (7.9–NR)	9.1 (4.9–28.9)	16.4 (7.9–32.9)

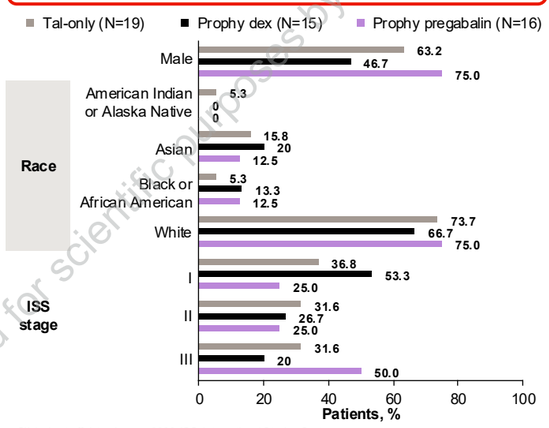
[a]3 patients in the Tal-only cohort had onset of severe dysgeusia during cycle 3 (median time to severe dysgeusia, 75 days [range, 68–99]). 1 of 3 patients received repeat step-up dosing.

Figure 4: Per subjective STTA, overall severity of taste loss was greatest around cycles 4–5 and then began to recover. Per PRO-CTCAE, plateauing trends were observed for severe dysgeusia after cycle 4 and severe dry mouth after cycle 6 (Supplemental Figure). Low numbers in later cycles limit definitive conclusions



Results

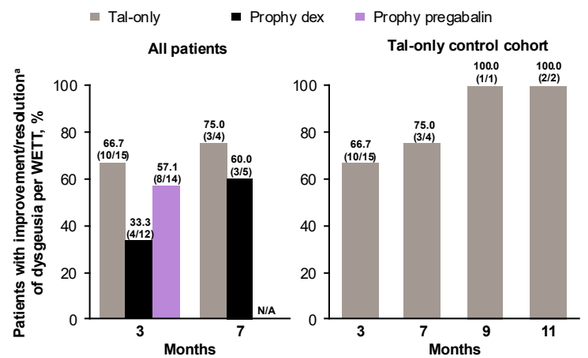
Figure 2: Baseline characteristics were generally similar across cohorts; median follow-up was 5.8 months for Tal-only, 5.4 months for Prophy dex, and 4.0 months for Prophy pregabalin



Clinical cut-off date: January 2026. ISS, International Staging System.

Median age was 62–69 years, median time from MM diagnosis to randomization was 5.9–6.2 years, and median prior lines of therapy was 4

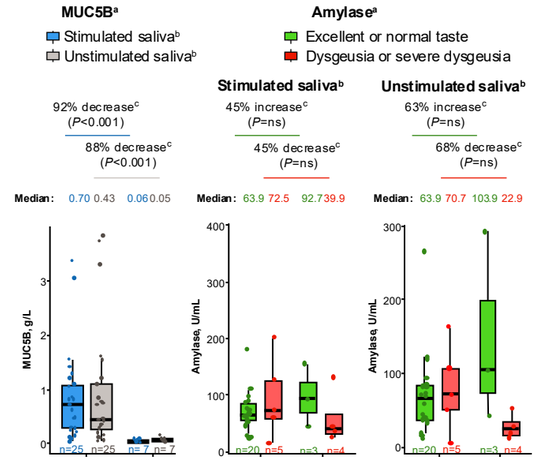
Figure 3: Dysgeusia per WETT resolved/improved in 10 of 15 patients by the end of month 3 and in 3 of 4 in the Tal-only group by the end of month 7. Dysgeusia per WETT resolved/improved in 6 of 9 patients by the end of month 7. Prophy dex and pregabalin did not improve dysgeusia outcomes vs Tal-only control



[a]Resolution/improvement is defined as either dysgeusia downgraded to no dysgeusia, or severe dysgeusia downgraded to dysgeusia or no dysgeusia. N/A, not applicable.

Dysgeusia, skin adverse events (AEs), infections, xerostomia, and neutropenia were among the most common AEs in the Tal-only cohort (Supplemental Table). No patients discontinued Tal due to AEs. 63.2% had dose modifications of Tal

Figure 5: Reduced salivary MUC5B (a gel-forming mucin associated with taste perception) and a trend toward reduced salivary amylase was observed between cycles 1 and 3, consistent with the onset of dysgeusia



[a]Includes patients from cohorts A and B for whom data were available. [b]Unstimulated saliva represents baseline salivary secretion at rest; stimulated saliva is the salivary secretion collected in response to stimulus (chewing a neutral-flavored paraffin pellet). [c]Percentage difference from C1D1 to C3D1. ns, not significant.

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Multiple Myeloma

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