Phase 3, Randomized Study of Talquetamab Plus Daratumumab ± Pomalidomide vs Daratumumab Plus Pomalidomide and Dexamethasone in Relapsed/Refractory Multiple Myeloma: MonumenTAL-3

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MonumenTAL-3: Background

- Treatment of RRMM has evolved with the introduction of IMiDs, PIs, mAbs, and TCR immunotherapy[1,2]
- The Phase 3 CARTITUDE-4, MajesTEC-3, and MajesTEC-9 studies of ciltacabtagene autoleucel, teclistamab+daratumumab (Tec+Dara) and Tec monotherapy, respectively, support TCR immunotherapy use as early as 2L, when immune function is most preserved[2-4]
- Talquetamab (Tal) is the first and only GPRC5D × CD3 BsAb approved for RRMM after ≥3 prior LOT, with phase 2 data demonstrating deep, durable responses and median OS >3 years[5-9]
- Tal targets myeloma cells while sparing healthy B-cell populations due to limited B-cell expression of GPRC5D,[10-11] leading to an infection profile distinct from BCMA-directed therapies, facilitating combination[10]
- In the Phase 1b TRIMM-2 study (RRMM; median 5–6 prior LOT), Tal-Dara-Pom (Tal-DP) and Tal+Dara (Tal-D) demonstrated robust, durable clinical activity, with high response rates and sustained PFS[12,13]

We present results from the preplanned interim analysis of the phase 3 MonumenTAL-3 study investigating Tal-DP and Tal-D vs DPd in patients with RRMM exposed to ≥1 prior LOT

BsAb, bispecific antibody; cilta cel, ciltacabtagene autoleucel; Dara, daratumumab; DPd, Dara+Pom+dexamethasone; GPRC5D, G protein–coupled receptor class C group 5 member D; IMiD, immunomodulatory drug; LOT, line of therapy; mAb, monoclonal antibody; PFS, progression-free survival; PI, proteasome inhibitor; Pom, pomalidomide; RRMM, relapsed/refractory multiple myeloma; Tal, talquetamab; Tal-D, Tal+Dara; Tal-DP, Tal+Dara+Pom; TCR, T-cell redirecting therapy; Tec, teclistamab.

1.Tanenbaum B, et al. Ann Hematol 2023;102:1-11. 2. Costa LJ, et al. N Engl J Med 2025;394:739-52. 3. San-Miguel J, et al. N Engl J Med 2023;389:335-47. 4. Touzeau C, et al. N Engl J Med 2026; doi: 10.1056/NEJMoa2603870. 5. US Food and Drug Administration. TALVEY (talquetamab-tgvs) prescribing information. 2025. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/761342s000lbl.pdf. 6. European Commission. TALVEY (talquetamab) summary of product characteristics. 2025. Available at: https://ec.europa.eu/health/documents/community-register/2023/20230821160195/anx_160195_en.pdf. 7. Chari A, et al. Lancet Haematol 2025;12:e269-e81. 8. Chari A, et al. N Engl J Med 2022;387:2232-44. 9. Rasche L, et al. J Clin Oncol 2025; 43,:16_supp(7528). 10. Schinke C, et al. Blood Adv 2025;9:5752-62. 11. Verkleij CPM, et al. Blood Adv 2021;5:2196-215. 12. Bahlis NJ, et al. Presented at IMS; September 25–28, 2024; Rio de Janeiro, Brazil. 13. Chari A, et al. Blood 2025;146:2902-13.

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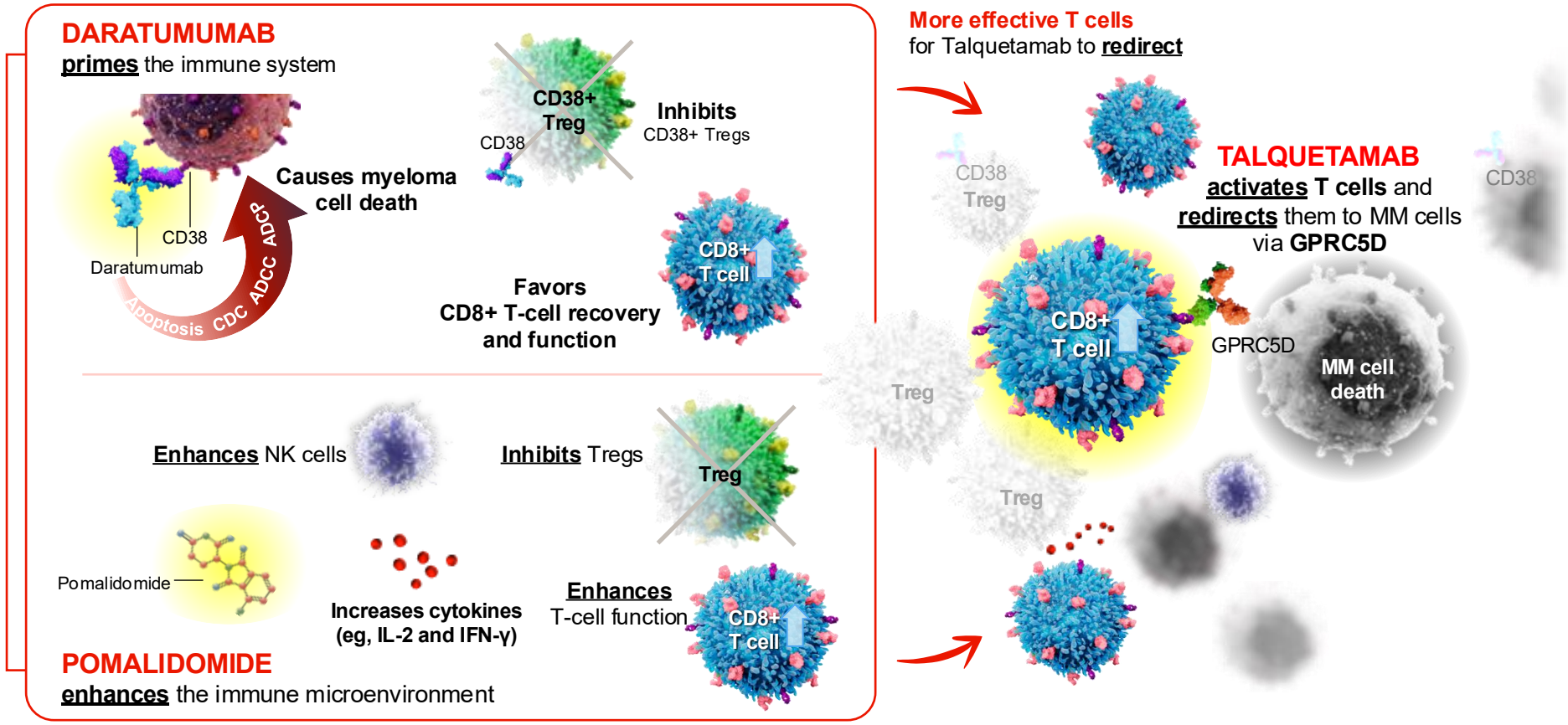
MonumenTAL-3: Synergistic Rationale for Tal+Dara, With and Without Pom[1-6]



Dara primes the immune system, enabling Tal to activate and redirect T cells; Pom can further enhance the immune microenvironment

ADCC, antibody-dependent cellular toxicity; ADCP, antibody-dependent cellular phagocytosis; CDC, complement-dependent cytotoxicity; MM, multiple myeloma; NK, natural killer; Treg, regulatory T cell.

1. Vishwamitra D, et al. Presented at ASH; December 7–10, 2024; San Diego, CA, USA. 2. Verkleij CPM, et al. *Blood Adv* 2021;5:2196-215. 3. Krejcik J, et al. *Blood* 2016;128:384-94. 4. Pascoe RD, et al. *EBioMedicine* 2025;122:106004. 5. Sehgal K, et al. *Blood* 2015;125:4042-51. 6. Chari A, et al. *Blood* 2025;146:2902-13.

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MonumenTAL-3: Phase 3 Study Design

Key inclusion criteria

- Age ≥18 years
- Measurable RRMM
- ≥1 prior LOT including Len and a PI
- ECOG PS 0–2

Key exclusion criteria

- Refractory to anti-CD38 mAb
- Prior GPRC5D, Pom, or T-cell redirecting therapy within 3 months before randomization

1:1:1 randomization N=864

4 Nov 2022 to 13 Mar 2025

- **Tal-DP (n=287)**
- **Tal-D (n=287)**
- **DPd (n=290)**

Primary endpoint

- PFS by IRC

Key secondary endpoints

- ORR[a]
- ≥CR[a]
- MRD-negative CR
- OS

Additional secondary endpoints

- Safety

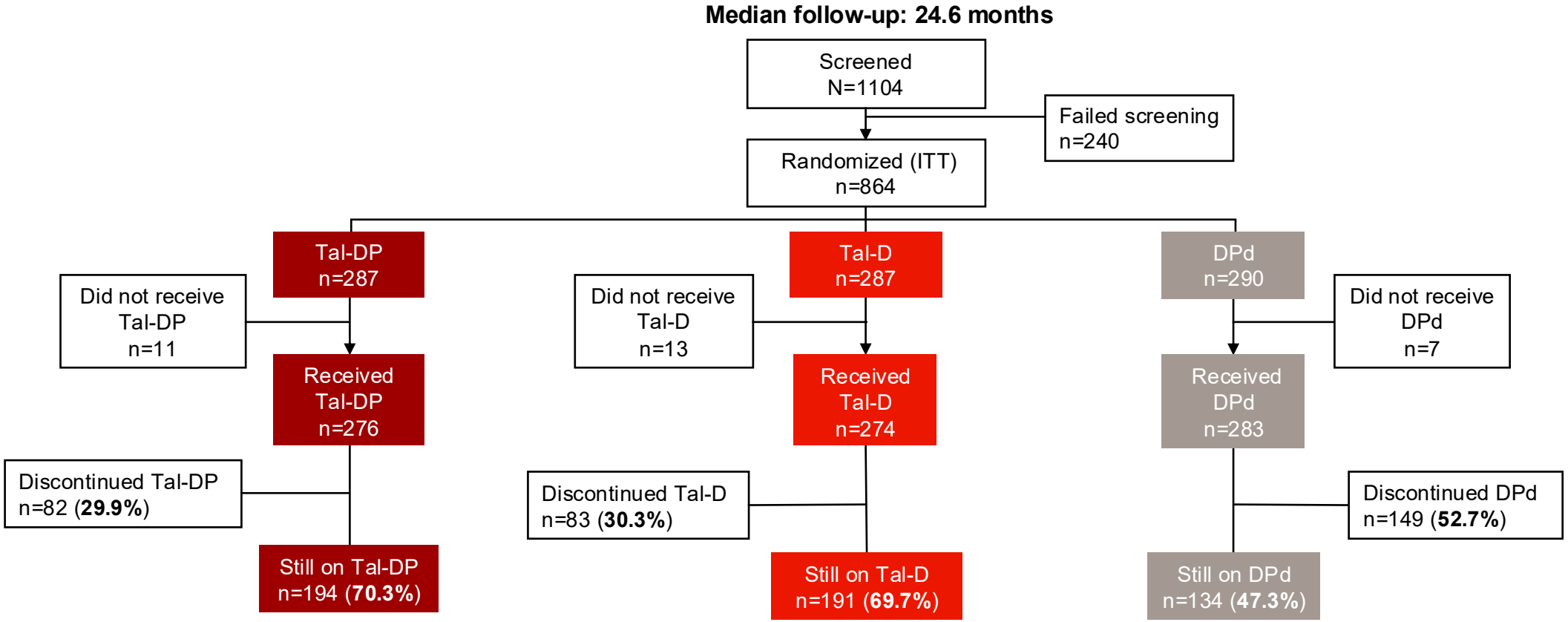
Tal was given SC with step-up dosing at 0.01, 0.06, and 0.4 mg/kg, followed by 0.8 mg/kg

Regimen	C1–2[c]	C3–4	Tal Q4W permitted with ≥VGPR at cycle 5–6 C5–6	Tal Q4W required with ≥PR at cycle 7 and beyond C7+
Tal-DP[b]	Q2W QW	Q2W Q2W	Q2W Q2W	Q2W Q4W
Tal-D[b]	Q2W QW	Q2W Q2W	Q2W Q2W	Q2W Q4W

- **Tal:** 0.8 mg/kg
- **Dara:** 1800 mg
- **Pom:**
  - Tal-DP: 2 mg daily (D1–21)[d]
  - DPd: 4 mg daily (D1–21)

ClinicalTrials.gov identifier: NCT05455320. [a]Response and disease progression were assessed by a blinded IRC per IMWG criteria. [b]Dexamethasone, acetaminophen, and diphenhydramine premedication was required for the first 2 weeks; subsequent dexamethasone was not required thereafter. [c]Pom is given from cycle 2. [d]Pom dose could be increased to 4 mg at the start of cycle 3 day 1 or after per the investigator's discretion. C, cycle; CR, complete response; D, day; ECOG PS, Eastern Cooperative Oncology Group performance status; IMWG, International Myeloma Working Group; IRC, independent review committee; Len, lenalidomide; MRD, measurable residual disease; ORR, overall response rate; OS, overall survival; PR, partial response; Q2W, every 2 weeks; Q4W, every 4 weeks; QW, weekly; SC, subcutaneously; VGPR, very good partial response.
Mina R, et al. N Engl J Med 2026; doi: 10.1056/NEJMoa2604657.

MonumenTAL-3: Patient Disposition and Exposure



70.3% (Tal-DP) and 69.7% (Tal-D) still on study treatment at the clinical cut-off

Clinical cut-off: November 3, 2025. Median follow-up: 24.6 months.
ITT, intent to treat.
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MonumenTAL-3: Baseline Demographic and Disease Characteristics

Characteristic	Tal-DP (n=287)	Tal-D (n=287)	DPd (n=290)
Age			
Median age (range), years	64 (40–83)	64 (32–88)	63 (30–88)
Sex, n (%)			
Male	169 (58.9)	166 (57.8)	161 (55.5)
Female	118 (41.1)	121 (42.2)	129 (44.5)
Race or ethnic group, n (%)			
White	185 (64.5)	179 (62.4)	193 (66.6)
Black/African American	14 (4.9)	14 (4.9)	16 (5.5)
Asian	80 (27.9)	86 (30.0)	71 (24.5)
Other[a]	8 (2.8)	8 (2.8)	10 (3.4)

Characteristic	Tal-DP (n=287)	Tal-D (n=287)	DPd (n=290)
ECOG PS, n (%)[b]			
0	148 (51.6)	154 (53.7)	147 (50.7)
1	126 (43.9)	124 (43.2)	129 (44.5)
2	13 (4.5)	9 (3.1)	14 (4.8)
ISS stage, n (%)[c]			
I	190 (66.2)	187 (65.2)	192 (66.2)
II	68 (23.7)	69 (24.0)	67 (23.1)
III	29 (10.1)	31 (10.8)	31 (10.7)
BMPCs ≥60%,[d] n/N (%)	27 (9.5)	30 (10.6)	31 (10.7)
Soft tissue plasmacytomas ≥1, n (%)	37 (12.9)	51 (17.8)	42 (14.5)
True EMD, n (%)[e]	12 (32.4)	19 (37.3)	17 (40.5)
Paraskeletal, n (%)	31 (83.8)	40 (78.4)	30 (71.4)
High-risk cytogenetics[f]	88 (30.7)	97 (33.8)	82 (28.3)

Baseline characteristics were balanced and reflective of patients seen in real-world practice

[a]Other ethnic groups includes native Hawaiian or other Pacific Islander, multiple ethnicities, not reported, or unknown. [b]Scores regarding ECOG PS range from 0 to 5, with higher scores indicating greater disability. [c]The International Staging System consists of 3 stages (with a higher stage indicating more advanced disease) and is based on levels of serum β2-microglobulin and albumin. [d]Assessed with the use of bone marrow biopsies or aspirates in patients with available data (N=855). [e]Plasmacytomas that are not contagious with bone. Patients could have both true EMD and paraskeletal plasmacytomas. [f]High risk is defined as having t(4;14), t(14;16), or del17p by FISH testing (or karyotype testing if central FISH not available). BMPC, bone marrow plasma cell; EMD, extramedullary plasmacytoma; FISH, fluorescence in situ hybridization; ISS, International Staging System.
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MonumenTAL-3: Prior Lines of Therapy

Characteristic	Tal-DP (n=287)	Tal-D (n=287)	DPd (n=290)
Prior LOT, n, median (range)	2 (1–8)	2 (1–7)	2 (1–8)
Number of prior LOT, n (%)			
1[a]	111 (38.7)	106 (36.9)	114 (39.3)
2 or 3	150 (52.3)	153 (53.3)	148 (51.0)
>3	26 (9.1)	28 (9.8)	28 (9.7)
Prior stem cell transplantation, n (%)	207 (72.1)	192 (66.9)	196 (67.6)

- ≥1/3 of patients had only 1 prior LOT
- 11–12% of patients were Dara exposed

Characteristic	Tal-DP (n=287)	Tal-D (n=287)	DPd (n=290)
Prior exposure, n (%)			
IMiD	287 (100.0)	287 (100.0)	290 (100.0)
PI	287 (100.0)	287 (100.0)	288 (99.3)[b]
Anti-CD38 mAb			
Dara	33 (11.5)	34 (11.8)	33 (11.4)
Isatuximab	0	0	3 (1.0)
Refractory status, n (%)			
Any PI	132 (46.0)	121 (42.2)	118 (40.7)
Any IMiD	253 (88.2)	250 (87.1)	250 (86.2)
Len	244 (85.0)	248 (86.4)	243 (83.8)
To last prior LOT	267 (93.0)	269 (93.7)	271 (93.4)

Median of 2 prior LOT and 93.4% of patients were refractory to their last LOT

[a]All patients with only one prior LOT were required to be refractory to lenalidomide. [b]2 participants were not previously exposed to a PI. One of these patients was reported as a major protocol deviation and the second patient was randomized but not treated due to not meeting laboratory criteria 72 hours prior to the planned dosing.

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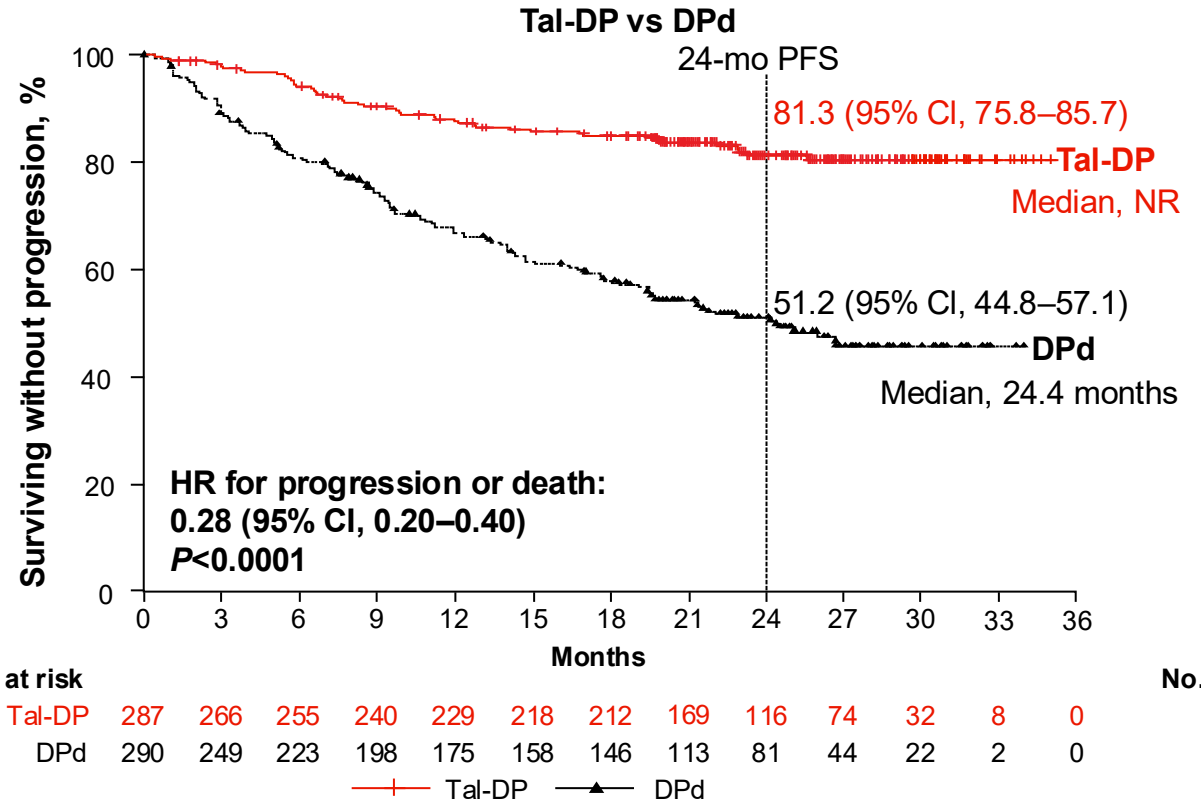
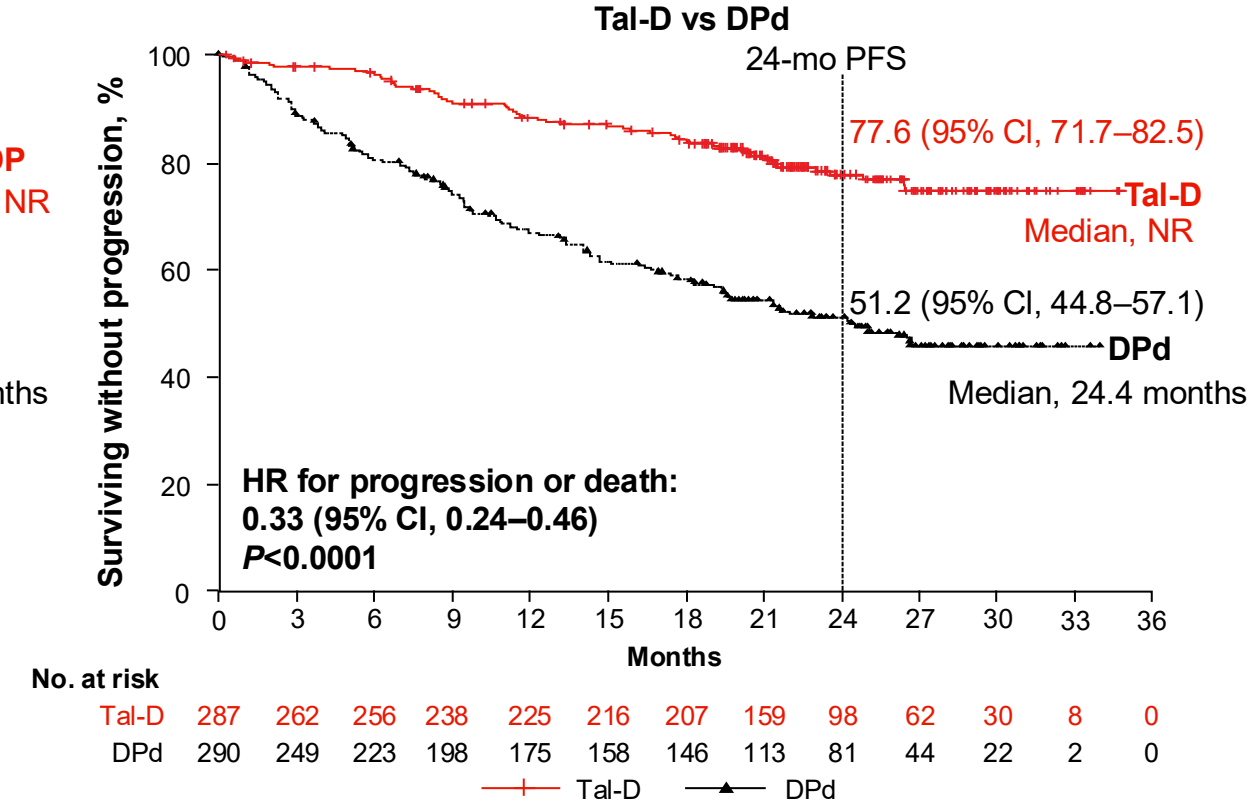
MonumenTAL-3: PFS (Primary Endpoint)





Tal-DP and Tal-D significantly improved PFS vs DPd

Clinical cut-off: November 3, 2025. Median follow-up of 24.6 months. The O'Brien-Fleming stopping boundary for superiority was crossed for Tal-DP and Tal-D (*P*<0.0001 both arms; Tal-DP boundary, *P*=0.0069; Tal-D boundary, *P*=0.0145).
HR, hazard ratio.

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MonumenTAL-3: PFS Subgroup Analysis (Tal-DP)

Subgroup	Tal-DP No. of events/total no. of patients	DPd No. of events/total no. of patients	PFS HR (95% CI)
Age			
<65 years	25/151	70/152	0.28 (0.18–0.45)
65–75 years	19/109	49/101	0.29 (0.17–0.50)
≥75 years	4/27	17/37	0.30 (0.10–0.89)
Prior Dara exposure			
Yes	8/33	18/33	0.33 (0.14–0.76)
No	40/254	118/257	0.28 (0.20–0.40)
Baseline ECOG PS[a]			
0	21/148	61/147	0.29 (0.18–0.48)
≥1	27/139	75/143	0.28 (0.18–0.44)
Number of prior LOT			
1	13/111	54/114	0.19 (0.10–0.35)
≥2	35/176	82/176	0.35 (0.24–0.52)
Baseline ISS[b]			
I	25/190	79/192	0.26 (0.17–0.41)
II	16/68	36/67	0.34 (0.19–0.61)
III	7/29	21/31	0.28 (0.12–0.67)
Cytogenetic risk groups[c]			
High risk	23/88	45/82	0.39 (0.24–0.65)
Standard risk	14/129	52/131	0.22 (0.12–0.39)
Any plasmacytoma			
Yes	16/37	29/42	0.41 (0.22–0.76)
No	32/250	107/248	0.25 (0.17–0.37)
BMPCs,[d] n/N (%)			
≤30	29/212	101/225	0.24 (0.16–0.37)
>30 to <60	10/44	16/34	0.43 (0.20–0.96)
≥60	9/27	19/31	0.41 (0.18–0.90)

Superior PFS with Tal-DP vs with DPd was generally consistent across prespecified subgroups[e]

Clinical cut-off: November 3, 2025. Median follow-up of 24.6 months. [a]Scores regarding ECOG PS range from 0 to 5, with higher scores indicating greater disability. [b]The International Staging System consists of 3 stages (with a higher stage indicating more advanced disease) and is based on levels of serum β_2-microglobulin and albumin. [c]High risk is defined as having t(4;14), t(14;16), or del17p by FISH testing (or karyotype testing if central FISH not available). [d]Assessed with the use of bone marrow biopsies or aspirates in patients with available data (N=855). [e]Not all prespecified subgroups that were assessed are shown; however, PFS HRs vs DPd were <1 across all prespecified subgroups.

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MonumenTAL-3: PFS Subgroup Analysis (Tal-D)

Subgroup	Tal-D No. of events/total no. of patients	DPd No. of events/total no. of patients	PFS HR (95% CI)
Age			
<65 years	31/153	70/152	0.37 (0.24–0.56)
65–75 years	21/107	49/101	0.31 (0.19–0.52)
≥75 years	5/27	17/37	0.38 (0.14–1.05)
Prior Dara exposure			
Yes	10/34	18/33	0.42 (0.19–0.91)
No	47/253	118/257	0.33 (0.24–0.47)
Baseline ECOG PS[a]			
0	27/154	61/147	0.38 (0.24–0.59)
≥1	30/133	75/143	0.33 (0.21–0.50)
Number of prior LOT			
1	15/106	54/114	0.23 (0.13–0.40)
≥2	42/181	82/176	0.43 (0.30–0.62)
Baseline ISS[b]			
I	32/187	79/192	0.36 (0.24–0.54)
II	15/69	36/67	0.31 (0.17–0.56)
III	10/31	21/31	0.31 (0.14–0.66)
Cytogenetic risk groups[c]			
High risk	23/97	45/82	0.36 (0.22–0.60)
Standard risk	23/115	52/131	0.40 (0.24–0.65)
Any plasmacytoma			
Yes	18/51	29/42	0.34 (0.19–0.61)
No	39/236	107/248	0.32 (0.22–0.46)
BMPCs,[d] n/N (%)			
≤30	44/218	101/225	0.37 (0.26–0.53)
>30 to <60	8/34	16/34	0.45 (0.19–1.06)
≥60	4/30	19/31	0.14 (0.05–0.42)

Superior PFS with Tal-D vs with DPd was generally consistent across all prespecified subgroups[e]

Clinical cut-off: November 3, 2025. Median follow-up of 24.6 months. [a]Scores regarding ECOG PS range from 0 to 5, with higher scores indicating greater disability. [b]The International Staging System consists of 3 stages (with a higher stage indicating more advanced disease) and is based on levels of serum β_2-microglobulin and albumin. [c]High risk is defined as having t(4;14), t(14;16), or del17p by FISH testing (or karyotype testing if central FISH not available). [d]Assessed with the use of bone marrow biopsies or aspirates in patients with available data (N=855). [e]Not all prespecified subgroups that were assessed are shown; however, PFS HRs vs DPd were <1 across all prespecified subgroups.

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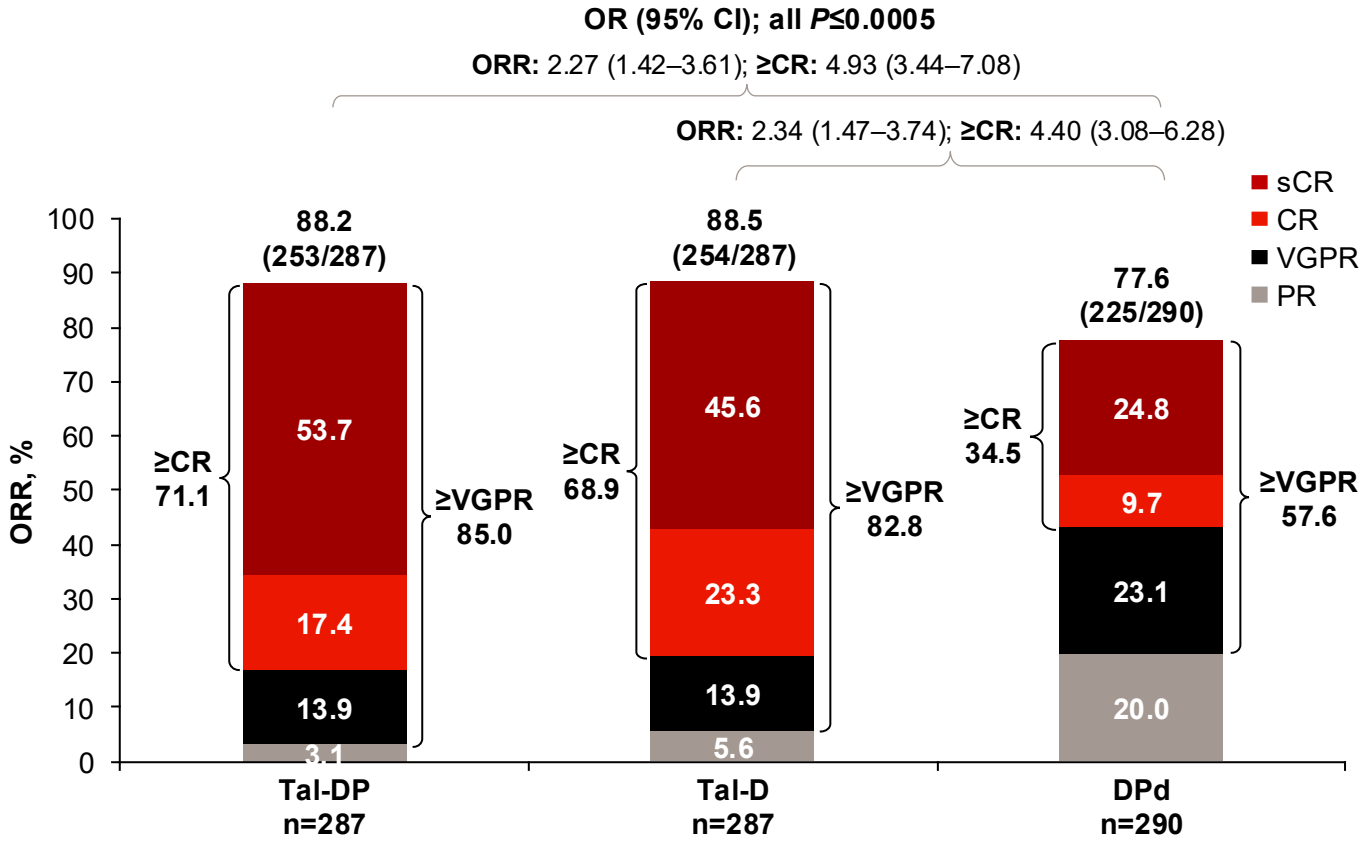
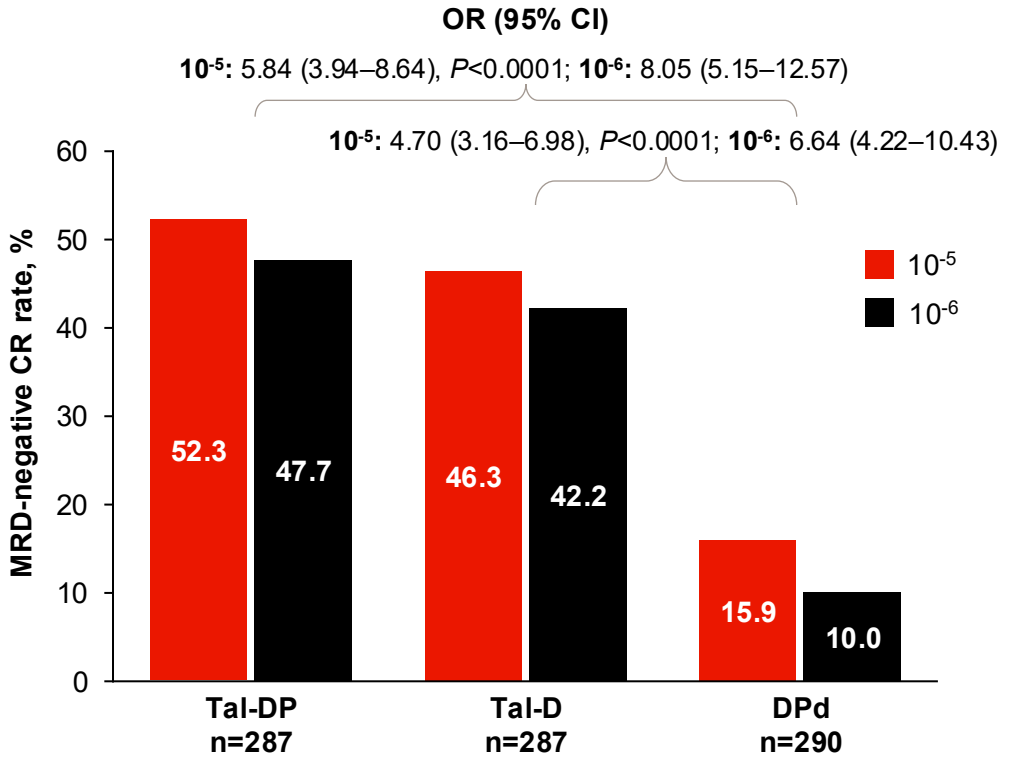
MonumenTAL-3: Treatment Response[a] and MRD-Negative CR[b] Rates





Tal-DP and Tal-D demonstrated significantly higher ORR, ≥CR, and MRD-negative CR (10^{-5}) rates vs DPd

Clinical cut-off: November 3, 2025. Median follow-up of 24.6 months.

[a]Response and disease progression were assessed by IRC per IMWG criteria. [b]MRD negativity was assessed in bone marrow aspirates with genetic sequencing (clonoSEQ, Adaptive Biotechnologies). MRD-negative CR was defined as the absence of malignant cells at a sensitivity threshold of 10^{-5} or 10^{-6}, achieved within 3 months prior to achieving CR/sCR or at any time after CR/sCR and before progression or subsequent therapy. DOR, duration of response; NR, not reached; OR, odds ratio; sCR, stringent complete response.

Mina R, et al. N Engl J Med 2026; doi: 10.1056/NEJMoa2604657.

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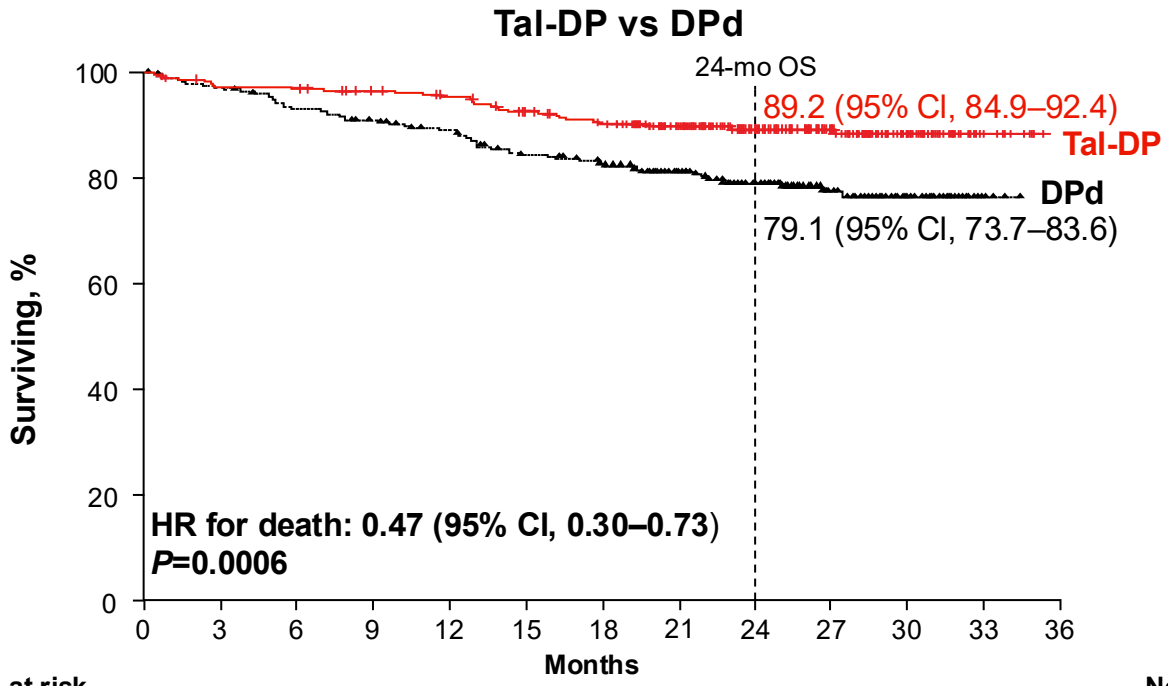
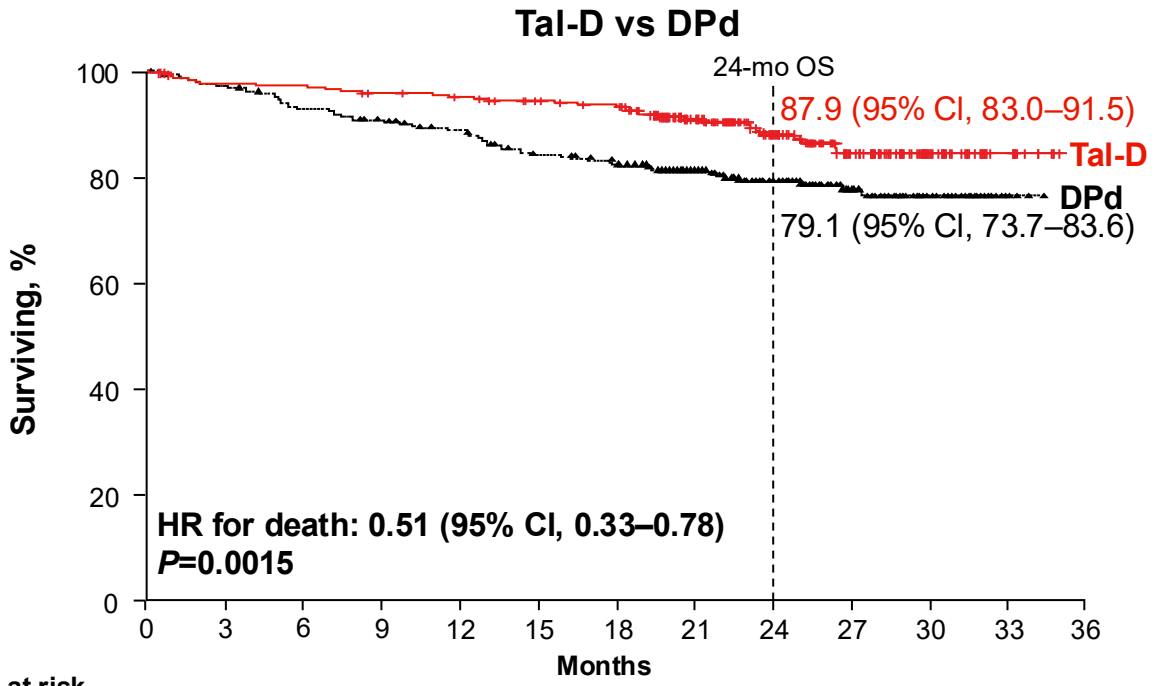
MonumenTAL-3: OS



No. at risk

Tal-DP	287	277	276	269	262	248	238	200	141	94	48	10	0
DPd	290	278	264	255	245	226	217	173	125	78	37	4	0



No. at risk

Tal-D	287	276	275	268	264	256	251	199	130	77	40	10	0
DPd	290	278	264	255	245	226	217	173	125	78	37	4	0

Tal-DP and Tal-D resulted in clinically meaningful OS improvement vs DPd, with >87% of patients alive at 2 years; *P*-values did not cross the prespecified boundary for superiority (0.0001)

Clinical cut-off: November 3, 2025. Median follow-up of 24.6 months.

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MonumenTAL-3: Overall Safety Summary

TEAE, n (%)	Tal-DP (n=276)	Tal-D (n=274)	DPd (n=283)
Any TEAE	276 (100.0)	274 (100.0)	283 (100.0)
Grade 3 or 4 TEAEs	262 (94.9)	205 (74.8)	259 (91.5)
Serious TEAEs	174 (63.0)	144 (52.6)	152 (53.7)
TEAEs leading to treatment discontinuation[a]	29 (10.5)	22 (8.0)	19 (6.7)
TEAEs leading to death	5 (1.8)	11 (4.0)	13 (4.6)

Low rates of TEAEs leading to treatment discontinuation or death

[a]Discontinuation of all components of study treatment.
TEAE, treatment-emergent adverse event.
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MonumenTAL-3: Most Common[a] AEs[1]

- Higher rate of neutropenia with Tal-DP and DPd vs Tal-D, consistent with known profile of Pom[2-3]
- With Tal-DP and Tal-D, CRS mostly grade 1 (55.8%, 48.9%), with 11.2% and 8.8% grade 2
  - All but 1 event resolved
- ICANS: 2.9% (Tal-DP), 1.8% (Tal-D); all resolved

	TEAE, n (%)	Tal-DP (n=276)		Tal-D (n=274)		DPd (n=283)	
		Any Grade	Grade 3/4	Any Grade	Grade 3/4	Any Grade	Grade 3/4
Hematologic	Neutropenia	232 (84.1)	211 (76.4)	112 (40.9)	80 (29.2)	255 (90.1)	244 (86.2)
	Anemia	136 (49.3)	66 (23.9)	107 (39.1)	41 (15.0)	117 (41.3)	45 (15.9)
	Thrombocytopenia	136 (49.3)	66 (23.9)	93 (33.9)	36 (13.1)	108 (38.2)	39 (13.8)
	Lymphopenia	99 (35.9)	86 (31.2)	82 (29.9)	68 (24.8)	72 (25.4)	50 (17.7)
Non-hematologic	Infections	241 (87.3)	104 (37.7)	231 (84.3)	80 (29.2)	235 (83.0)	120 (42.2)
	Taste changes[b]	201 (72.8)	–	205 (74.8)	–	11 (3.9)	–
	Non-rash skin AE[c]	191 (69.2)	6 (2.2)	177 (64.6)	7 (2.6)	24 (8.5)	0
	CRS	187 (67.8)	2 (0.7)	160 (58.4)	2 (0.7)	–	–
	Nail-related AE[d]	155 (56.2)	1 (0.4)	157 (57.3)	1 (0.4)	1 (0.4)	0
	Pyrexia	127 (46.0)	8 (2.9)	112 (40.9)	3 (1.1)	35 (12.4)	2 (0.7)
	Decreased weight	126 (45.7)	21 (7.6)	105 (38.3)	13 (4.7)	21 (7.4)	1 (0.4)
	Rash AE[e]	105 (38.0)	5 (1.8)	107 (39.1)	7 (2.6)	43 (15.2)	1 (0.4)
	Fatigue	83 (30.1)	14 (5.1)	60 (21.9)	8 (2.9)	69 (24.4)	9 (3.2)

The safety profiles of Tal-DP and Tal-D were consistent with known effects of each agent

[a]>30% of patients in any treatment arm. [b]Taste changes included dysgeusia, ageusia, hypogeusia, and taste disorder. Per the Common Terminology Criteria for Adverse Events, the maximum severity for taste changes is grade 2. [c]Non-rash skin adverse events included skin exfoliation, dry skin, palmar plantar erythrodysesthesia and pruritus. [d]Nail-related adverse events included nail discoloration, nail disorder, onycholysis, onychomadesis, onychoclasis, and nail ridging. [e]Rash adverse events included rash, maculopapular rash, erythematous rash, and erythema. AE, adverse event; CRS, cytokine release syndrome; ICANS, immune effector cell–associated neurotoxicity syndrome.

1. Mina R, et al. N Engl J Med 2026; doi: 10.1056/NEJMoa2604657. Adapted with permission © The *New England Journal of Medicine* (2026). 2. Dimopoulos MA, et al. *Lancet Oncol* 2021;22:801-12. 3. Richardson PG, et al. *Lancet Oncol* 2019;20:781-94.

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MonumenTAL-3: Infections and Hypogammaglobulinemia

- Grade ≥3 infections were most common in the first 6 months, then declined
- Fatal infections: 0.7% (Tal-DP), 1.5% (Tal-D), and 1.8% (DPd)
- Hypogammaglobulinemia[a] : 81.5% (Tal-DP), 70.1% (Tal-D), 62.5% (DPd)
- Opportunistic infections[b] : 16.3% (Tal-DP), 17.9% (Tal-D), and 12.0% (DPd)

TEAE, n (%)	Tal-DP (n=276)		Tal-D (n=274)		DPd (n=283)	
	Any Grade	Grade 3/4	Any Grade	Grade 3/4	Any Grade	Grade 3/4
Patients with ≥1 treatment-emergent infections or infestations, n (%)	241 (87.3)	104 (37.7)	231 (84.3)	80 (29.2)	235 (83.0)	120 (42.4)
Most common treatment-emergent infection and infestations, n (%)						
Upper respiratory	128 (46.4)	15 (5.4)	122 (44.5)	12 (4.4)	103 (36.4)	5 (1.8)
Pneumonia	52 (18.8)	38 (13.8)	35 (12.8)	26 (9.5)	70 (24.7)	54 (19.1)
COVID-19	60 (21.7)	10 (3.6)	40 (14.6)	8 (2.9)	46 (16.3)	7 (2.5)

Rates of grade 3 or 4 infections were numerically lower with Tal-D and comparable for Tal-DP vs DPd

[a]Defined as AEs of hypogammaglobulinemia or IgG <400 mL/dL. [b]Opportunistic infections included a range of reported events. Oral candidiasis occurred in 4.0% of patients receiving Tal-DP, 3.3% receiving Tal-D, and 3.2% receiving DPd; cytomegalovirus (CMV) infection occurred in 6.5%, 4.4%, and 3.5% of patients, respectively. CMV infection was inclusive of CMV infection reactivation, CMV infection, CMV chorioretinitis, CMV viraemia and CMV pneumonia.

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MonumenTAL-3: AEs of Interest

AE, n (%)	Tal-DP (n=276)	Tal-D (n=274)	DPd (n=283)
Taste changes[a]	201 (72.8)	205 (74.8)	11 (3.9)
Grade 3 or 4	–	–	–
Leading to discontinuation of Tal	11 (4.0)	6 (2.2)	–
Events resolved[b]	131 (58.0)	129 (56.3)	4 (36.4)
Non-rash skin[c]	191 (69.2)	177 (64.6)	24 (8.5)
Grade 3[d]	6 (2.2)	7 (2.6)	0
Leading to discontinuation of Tal	5 (1.8)	2 (0.7)	–
Events resolved[b]	279 (80.2)	215 (73.9)	21 (80.8)
Nail related[e]	155 (56.2)	157 (57.3)	1 (0.4)
Grade 3[d]	1 (0.4)	1 (0.4)	0
Leading to discontinuation of Tal	3 (1.1)	0	–
Events resolved[b]	109 (54.8)	90 (43.7)	1 (100.0)

AE, n (%)	Tal-DP (n=276)	Tal-D (n=274)	DPd (n=283)
Weight decreased	126 (45.7)	105 (38.3)	21 (7.4)
Grade 3[d]	21 (7.6)	13 (4.7)	1 (0.4)
Leading to discontinuation of Tal	6 (2.2)	5 (1.8)	–
Events resolved[b]	111 (68.5)	115 (79.9)	22 (78.6)
Rash-related[f]	105 (38.0)	107 (39.1)	43 (15.2)
Grade 3[d]	5 (1.8)	7 (2.6)	1 (0.4)
Leading to discontinuation of Tal	1 (0.4)	2 (0.7)	–
Events resolved[b]	161 (93.1)	129 (84.9)	51 (91.1)
Ataxia/balance disorders[g]	40 (14.5)	34 (12.4)	1 (0.4)
Grade 3[d]	8 (2.9)	6 (2.2)	0
Leading to discontinuation of Tal	13 (4.7)	6 (2.2)	–
Events resolved[b]	10 (10.8)	11 (16.9)	0

AEs of interest were predominantly low grade and infrequently led to Tal discontinuation

[a]Taste changes included dysgeusia, ageusia, hypogeusia, and taste disorder. Per the Common Terminology Criteria for Adverse Events, the maximum severity for taste changes is grade 2. [b]Percent of events resolved is calculated using the total number of events for the respective AE as the denominator. [c]Non-rash skin adverse events included skin exfoliation, dry skin, palmar plantar erythrodysesthesia and pruritus. [d]There were no grade ≥4 events. [e]Nail-related adverse events included nail discoloration, nail disorder, onycholysis, onychomadesis, onychoclasis, and nail ridging. [e]Rash adverse events included rash, maculopapular rash, erythematous rash, and erythema. [f]Ataxia/balance disorders included ataxia, dysarthria, balance disorder, nystagmus, cerebellar ataxia, cerebellar syndrome, dysmetria, and gait disturbance.

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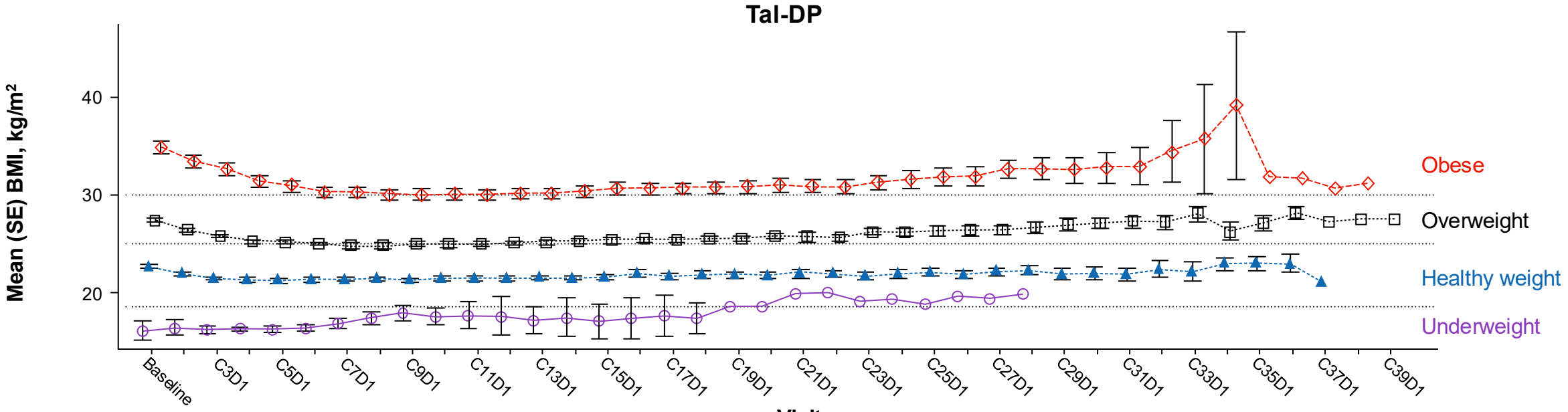
MonumenTAL-3: Weight Loss Over Time



No. of patients																																				
Underweight	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0
Healthy weight	94	90	89	85	80	80	78	74	73	68	64	61	61	58	55	54	51	49	48	46	44	43	38	36	31	27	26	20	14	12	9	7	6	5	4	3	1	0	0
Overweight	117	110	105	104	102	97	96	95	89	89	88	84	84	83	80	77	76	74	72	72	69	63	55	43	32	30	27	26	21	21	17	10	9	6	5	2	1	1	1
Obese	62	59	57	56	53	53	54	53	51	52	50	51	48	48	47	47	46	46	47	42	39	38	35	28	26	26	22	17	12	10	8	5	3	2	1	1	1	1	0

Decreases in mean BMI with Tal-DP were greatest in the first 6 months and then stabilized; magnitude of decreases were smallest in patients with a healthy weight or underweight BMI at baseline

BMI categories were calculated using the weight and height values at baseline. Patients with a BMI <18.5 kg/m² are categorized as underweight, between 18.5 and 25 kg/m² as healthy weight, between 25 and 30 kg/m² as overweight, and >30 kg/m² as having obesity. Dashed horizontal lines indicate the boundaries of BMI categories. Patients are no longer included in the plot after discontinuing talquetamab for any reason.
BMI, body mass index.
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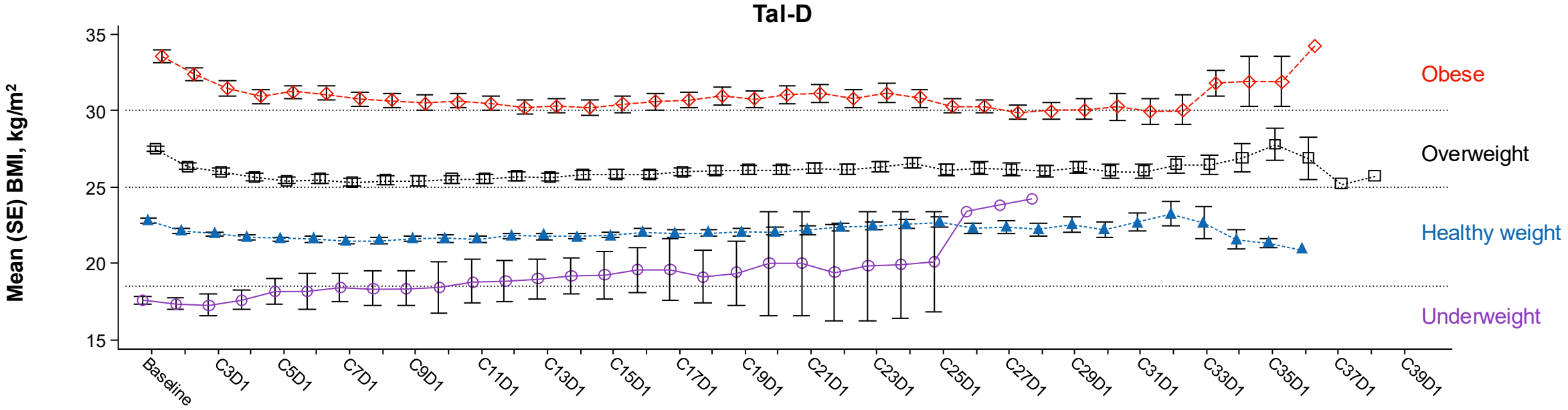
MonumenTAL-3: Weight Loss Over Time



No. of patients																																				
Underweight	6	5	5	5	5	4	4	4	4	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	1	1	1	0	0	0	0	0	0	0	0
Healthy weight	111	104	103	102	101	98	96	94	92	87	87	86	86	84	83	80	79	77	71	69	65	59	53	50	43	38	33	28	22	19	14	9	6	4	2	1	0	0	0
Overweight	92	87	85	84	83	80	81	81	80	77	72	70	66	64	64	62	61	59	57	53	50	47	41	37	30	25	23	23	21	19	17	14	11	5	4	2	1	1	0
Obese	65	61	58	58	59	58	57	58	57	57	55	51	51	50	49	49	49	49	47	46	43	39	33	28	27	24	20	18	12	10	9	8	5	3	3	1	0	0	0

Decreases in mean BMI with Tal-D were greatest in the first 6 months and then stabilized; magnitude of decreases were smallest in patients with a healthy weight or underweight BMI at baseline

BMI categories were calculated using the weight and height values at baseline. Patients with a BMI <18.5 kg/m² are categorized as underweight, between 18.5 and 25 kg/m² as healthy weight, between 25 and 30 kg/m² as overweight, and >30 kg/m² as having obesity. Dashed horizontal lines indicate the boundaries of BMI categories. Patients are no longer included in the plot after discontinuing talquetamab for any reason.

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MonumenTAL-3: Conclusions

- Synergistic[1] Tal-Dara based immunotherapy combinations significantly improved PFS (HR: Tal-DP, 0.28; Tal-D, 0.33), clear benefit across clinically relevant subgroups
  - Substantial efficacy with Tal-D alone
- Clinically meaningful improvements in OS
- Safety consistent with individual agents
  - Favorable infection profile with Tal-D
  - AEs of interest for Tal infrequently led to treatment discontinuation
  - Rates of severe neutropenia and severe infections higher in Pom-containing arms

Tal plus Dara ± Pom showed substantial efficacy, supporting new 2L+ SOCs with broad potential for use across diverse practice settings

2L+, second line and beyond; SOC, standard of care.

1. Vishwamitra D, et al. Presented at ASH; December 7–10, 2024; San Diego, CA, USA.

Presented by P Voorhees at the European Hematology Association (EHA) 2026 Congress; June 11–14, 2026; Stockholm, Sweden

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Talquetamab–Daratumumab in Relapsed or Refractory Myeloma

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Full text of the manuscript available for free with the below QR code

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- Medical writing support was provided by Abbey Magill, MSc, of Envision Ignite, an Envision Medical Communications agency, a part of Envision Pharma Group, and funded by Johnson & Johnson

https://www.congresshub.com/EHA2026/Oncology/Talquetamab/Voorhees

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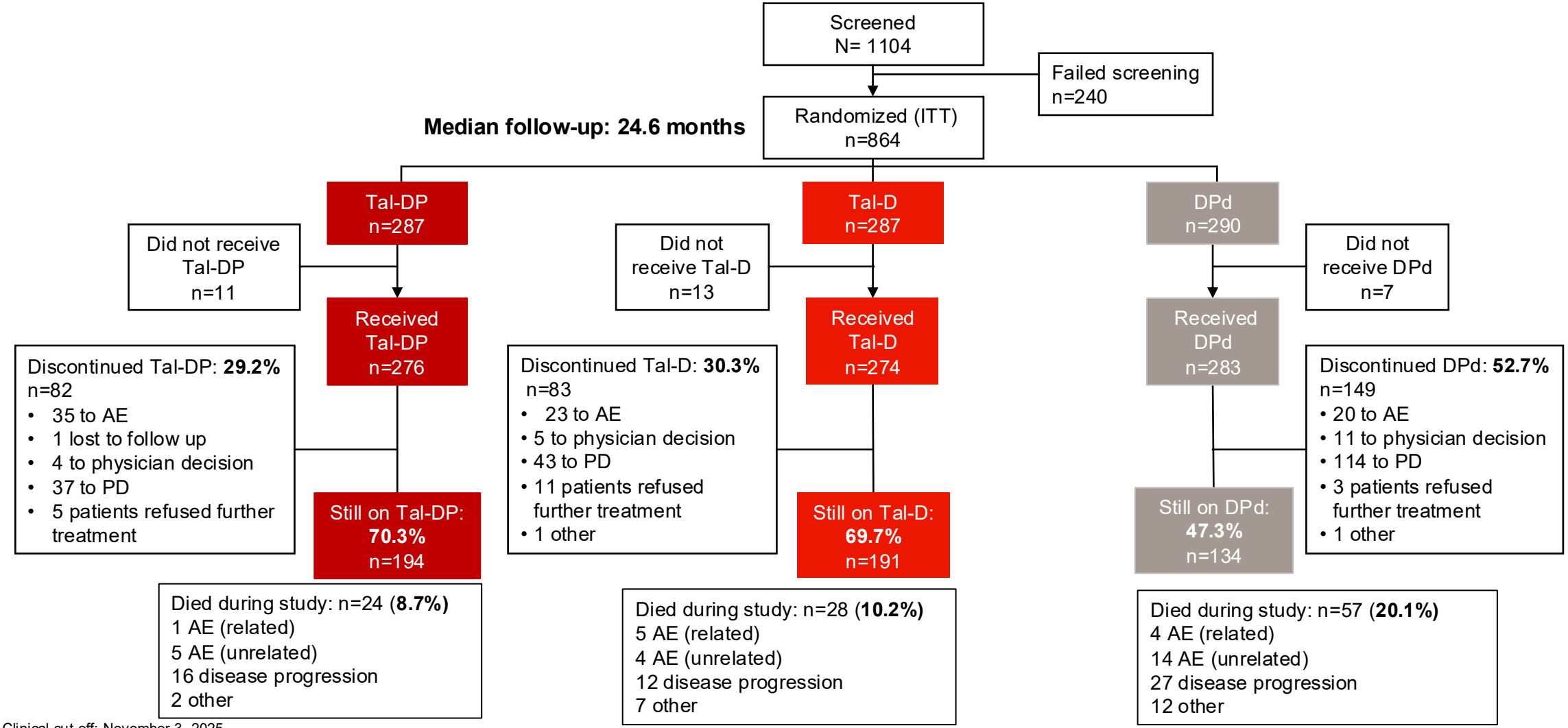
MonumenTAL-3: Patient Disposition and Exposure



Clinical cut-off: November 3, 2025.

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MonumenTAL-3: Time to Response and Response Duration

Characteristic	Tal-DP (n=287)	Tal-D (n=287)	DPd (n=290)
Median time to first response, months (range)	1.18 (0.5–11.0)	1.18 (0.7–17.1)	1.15 (0.9–15.3)
Median time to first ≥CR, months (range)	7.0 (11–18.6)	7.7 (1.1–25.1)	6.6 (1.1–20.5)
Median (95% CI) DOR, months	NR (NR–NR)	NR (NR–NR)	NR (24.84–NR)
24-month DOR, % (95% CI)	86.0 (80.6–89.9)	79.8 (73.4–84.8)	59.6 (52.1–66.3)

DOR, duration of response.

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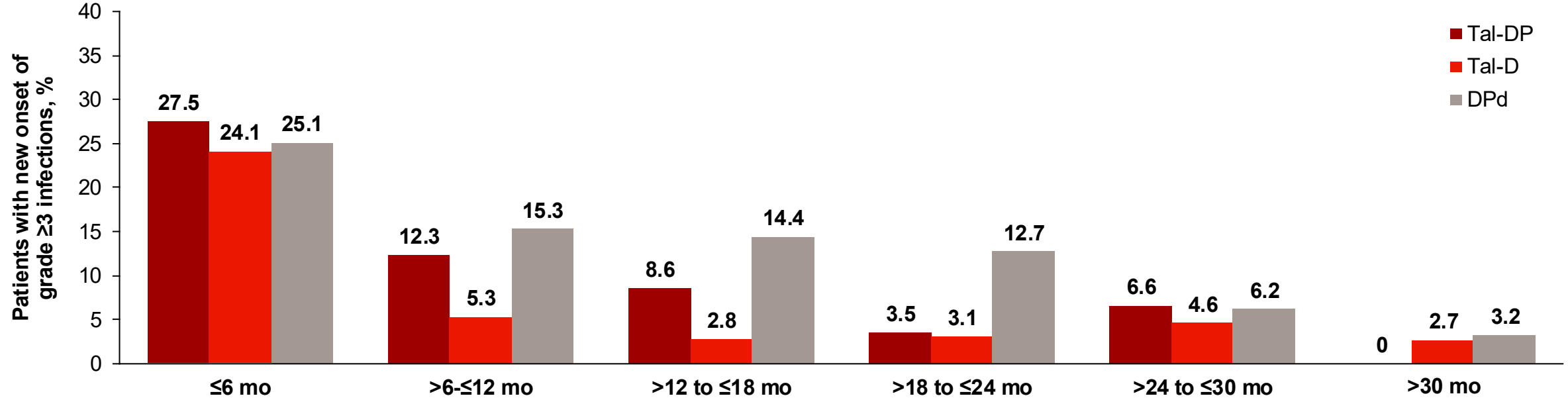
MonumenTAL-3: Grade ≥3 Infections Over Time[a]



	≤6 mo	>6-≤12 mo	>12 to ≤18 mo	>18 to ≤24 mo	>24 to ≤30 mo	>30 mo
Tal-DP (n/N)	76/276	31/252	19/221	7/201	8/121	0/39
Tal-D (n/N)	66/274	13/247	6/216	6/195	5/108	1/37
DPd (n/N)	71/283	35/229	26/180	19/149	6/97	1/31

Grade ≥3 infections were most common in the first 6 months, then declined

[a]Includes patients who are in the treatment-emergent adverse event reporting period for the specific window. Percentages calculated with the number of patients within each window as denominator. Patients were counted only once in a window for any given event, regardless of the number of times they actually experienced the event within the specific time window.

Mina R, et al. N Engl J Med 2026; doi: 10.1056/NEJMoa2604657.

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