Patient-Reported Outcomes (PROs) of Teclistamab-Based Treatment in Relapsed/Refractory Multiple Myeloma (RRMM) After 1–3 Lines of Therapy (LOTs)

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Disclosure Statement: Katja Weisel, MD

- Received research funding from AbbVie, Amgen, Bristol Myers Squibb, BeiGene, Janssen, GSK, and Sanofi
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Introduction

- RRMM is associated with impaired HRQoL that typically worsens with each subsequent LOT[1–6]
- Teclistamab (Tec) is an SoC BCMA×CD3 BsAb with positive real-world experience in >30,700 patients[7,8]
- Tec+Dara (MajesTEC-3) and Tec-mono (MajesTEC-9) significantly improved PFS and OS vs established controls in patients with RRMM and 1–3 prior LOTs[9,10]
  - With Tec-based regimens, time to worsening of MM symptoms per the MySIm-Q total symptom score was significantly longer than with control
  - Positive patient experience with Tec-based regimens is facilitated by monthly dosing,[a] steroid-sparing regimens, and manageable safety profiles

Here, we report expanded PRO results from MajesTEC-3 and MajesTEC-9

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[a]In both studies, Tec was given at 3 mg/kg every 4 weeks from Cycle 7 onward. In MajesTEC-9, patients could switch to 3 mg/kg every 4 weeks prior to Cycle 7 if they were in confirmed very good partial response or better.

BCMA, B-cell maturation antigen; BsAb, bispecific antibody; HR, hazard ratio; HRQoL, health-related quality of life; LOT, line of therapy; MM, multiple myeloma; My-SIm-Q, Multiple Myeloma Symptom and Impact Questionnaire; OS, overall survival; PFS, progression-free survival; PRO, patient-reported outcome; RRMM, relapsed/refractory multiple myeloma; SoC, standard of care; Tec+Dara, Tec in combination with daratumumab; Tec-mono, Tec monotherapy.

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Methods

- **The following PROs were evaluated:**

Questionnaire	Scope	Scores
MySIm-Q[1] (0- to 4-point scale)	MM-specific assessment	• Total symptom score – pain, neuropathy, fatigue, digestive, and cognitive • Total impact score – activity, social, and emotional
EORTC QLQ-C30[2] (0- to 100-point scale)	Cancer-specific assessment	• GHS scale • Physical function scale • Pain symptom scale • Fatigue symptom scale
EQ-5D-5L[3] (0- to 100-point scale)	Generic measure of health status	• VAS rating of overall health

- Latest treatment cycle with adequate sample size for stable estimates: C37D1 (MajesTEC-3); C20D1 (MajesTEC-9)

C, cycle; D, day; EORTC QLQ-C30, European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire Core 30; EQ-5D-5L, EuroQoL 5-Dimension 5-Level; GHS, global health status; MM, multiple myeloma, VAS, visual analog scale.

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Results

- Patients who were PRO evaluable:
  - **MajesTEC-3:** Tec+Dara (n=291) and DPd/DVd (n=296)
  - **MajesTEC-9:** Tec-mono (n=293) and PVd/Kd (n=293)
- Compliance was >85% at baseline and >80% at most post-baseline time points in both studies
- Similar baseline values reported for all PRO measures across treatment groups in both studies

LS mean change (95% CI)	MajesTEC-3 (C37D1)[a]		MajesTEC-9 (C20D1)[b]	
	Tec+Dara	DPd/DVd	Tec-mono	PVd/Kd
MySIm-Q (0- to 4-point scale)	**n=78**	**n=35**	**n=69**	**n=31**
Symptom[c]	–0.10 (−0.20, 0.01)	0.03 (−0.11, 0.17)	−0.09 (−0.20, 0.03)	0.06 (−0.09, 0.22)
Impact[c]	−0.30 (−0.41, −0.19)	−0.14 (−0.29, 0.01)	−0.20 (−0.34, −0.05)	0.04 (−0.16, 0.23)
EORTC QLQ-C30 (0- to 100-point scale)	**n=72**	**n=32**	**n=69**	**n=30**
GHS[d]	5.4 (2.6, 8.3)	0.26 (−3.7, 4.2)	3.8 (0.03, 7.5)	−1.2 (−6.5, 4.1)
Pain[c]	−9.7 (−13.8, −5.6)	−5.1 (−11.1, 0.8)	−12.8 (−16.7, −8.8)	−5.2 (−10.5, 0.2)
Fatigue[c]	−5.0 (−9.0, −0.9)	2.1 (−3.7, 7.9)	−4.7 (−8.7, −0.7)	0.3 (−5.1, 5.8)
Physical functioning[d]	5.1 (2.5, 7.8)	−0.6 (−4.2, 3.0)	6.0 (2.7, 9.2)	1.9 (−2.5, 6.3)
EQ-5D-5L (0- to 100-point scale)	**n=72**	**n=32**	**n=69**	**n=30**
VAS[d]	5.3 (3.0, 7.5)	2.9 (–0.1, 5.9)	4.9 (1.9, 7.9)	−1.5 (−5.5, 2.6)

Improvement Worsening

Tec+Dara and Tec-mono yielded sustained PRO improvements from baseline, with greater improvements vs DPd/DVd and PVd/Kd, respectively, in patients reaching C37D1 and C20D1[e]

[a]Change from baseline at C37D1. [b]Change from baseline at C20D1. [c]A decrease from baseline indicates improvement in HRQoL. [d]An increase from baseline indicates improved HRQoL. [e]Latest treatment cycle with adequate sample size for stable estimates: C37D1 (MajesTEC-3); C20D1 (MajesTEC-9).
CI, confidence interval; DPd/DVd, daratumumab plus dexamethasone and pomalidomide or bortezomib; LS, least squares; PVd/Kd, pomalidomide plus bortezomib and dexamethasone or carfilzomib plus dexamethasone.

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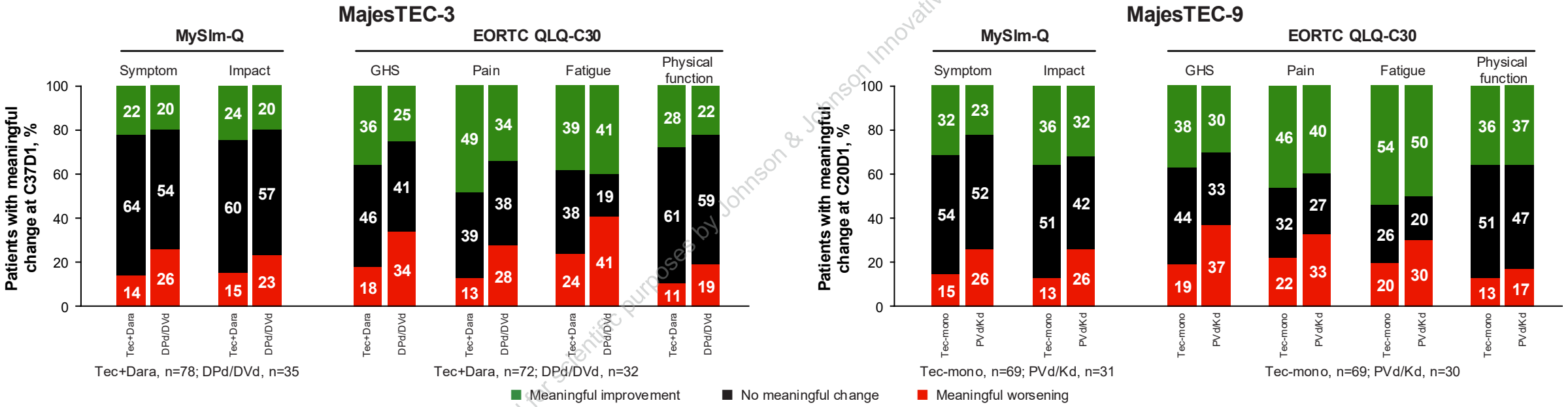
Results (*cont.*)

- Most patients reported stable or improved MySIm-Q and EORTC QLC-C30 scores over time
- Time to worsening of MySIm-Q and EORTC QLC-C30 scores was prolonged with Tec-based treatment vs control (all HR ≤0.50)



A greater proportion of patients receiving Tec-based therapy experienced meaningful improvement in scores at the latest treatment cycle[a], with more sustained HRQoL vs controls

[a]Latest treatment cycle with adequate sample size for stable estimates: C37D1 (MajesTEC-3); C20D1 (MajesTEC-9).

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Conclusions

- Tec+Dara and Tec-mono improved HRQoL in patients with RRMM and 1–3 prior LOTs compared with controls in the phase 3 MajesTEC-3 and MajesTEC-9 studies, respectively
- Tec-based therapy improved PRO scores from baseline, with more patients experiencing meaningful improvement in scores and more durable HRQoL compared with controls
- Building on transformative PFS, OS, and safety data with Tec-based regimens, PROs demonstrate patient-relevant benefits, supporting improved patient experience with monthly dosing in deep responders[a] and steroid-sparing regimens

Tec+Dara and Tec-mono led to greater and more durable HRQoL benefits vs controls, reinforcing Tec-based treatment as a new SoC in RRMM as early as first relapse

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[a]In both studies, Tec was given at 3 mg/kg every 4 weeks from Cycle 7 onward. In MajesTEC-9, patients could switch to 3 mg/kg every 4 weeks prior to Cycle 7 if they were in confirmed very good partial response or better.

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