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Timing and Resolution of Talquetamab-Related Dysgeusia in Relapsed/Refractory Multiple Myeloma: Longitudinal Waterless Empirical Taste Test and Patient Reported Outcomes Profiles From TALisman

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Key Takeaway

Dysgeusia improved/resolved in 59% (10/17) of patients after 3 months as measured by the objective Waterless Empirical Taste Test (WETT®), irrespective of prophylaxis

Conclusions

Dysgeusia begins during the first month of talquetamab (Tal) treatment, based on objective and subjective tests, and while objective recovery was first detected after 3 months with WETT, patient-reported recovery was not observed until after 4 months

Across groups, the greatest declines in WETT scores were seen in the sweet and salty taste components between month 1 and 6

TALisman data support the following clinical guidance:

- Counsel patients that taste changes occur early and that gradual recovery is expected
- Avoid use of dexamethasone mouthwash, pregabalin, or clonazepam as prophylaxes to manage dysgeusia with talquetamab
- Advise on dietary alterations to manage taste imbalances with the use of alternatives for sweet and salty

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Poster

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Disclosures

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Introduction

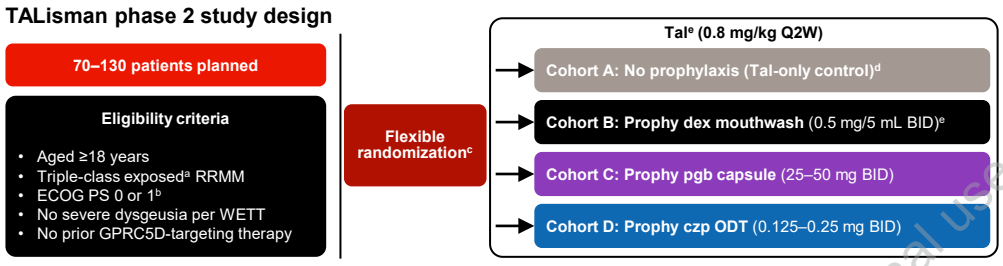
- Tal has demonstrated deep and durable responses in relapsed/refractory multiple myeloma (RRMM); however, patients treated with Tal often experience oral adverse events, including taste changes (dysgeusia)[1]
- The ongoing TALisman study (NCT06500884), which uses the innovative objective WETT score to better characterize dysgeusia, has shown that dysgeusia is detected as early as 2 weeks and resolution begins after 3 months[2,3]

Here, we present follow-up data with a more detailed characterization of dysgeusia and evaluate the following prophylactic interventions:

- Dexamethasone (dex) mouthwash
- Pregabalin (pgb) capsules
- Clonazepam (czp) oral disintegrating tablets (ODTs)

Methods

TALisman phase 2 study design



Primary endpoints[f]: Dysgeusia/severe dysgeusia incidence, time to onset of severe dysgeusia, resolution or improvement[g] (at the end of 3 and 7 months) per WETT

Secondary/exploratory endpoints: Safety and PROs (STTA, PRO-CTCAE, ETS)

Timepoints assessed

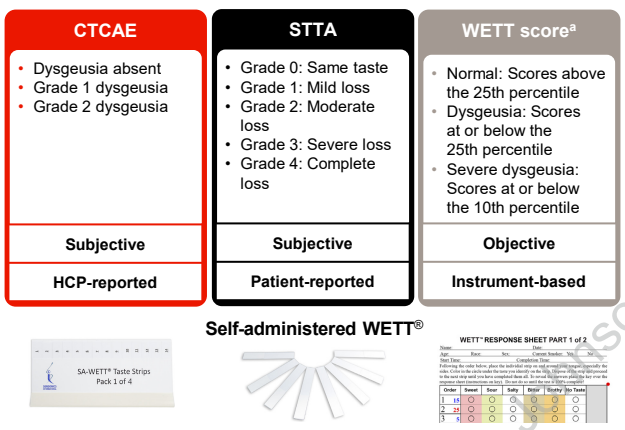
WETT: C1 (D1, 4, 8, 15); C2–C3 (D1, 8, 15); C4–C12 (D1; even cycles)

STTA and ETS: C1 (D1, 15); C2–C6 (D1); C8–C12 (D1; even cycles)

PRO-CTCAE: C1–C6 (D1); C8–C12 (D1; even cycles)

Prophylaxis is initiated 7 days before talquetamab step-up doses (C1D1) followed by talquetamab 0.8 mg/kg SC Q2W and continued throughout the prophylaxis treatment phase. The duration of the prophylaxis treatment phase for individual participants will be up to 12 months. [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–D. [e]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. [f]Futility analyses for cohorts B–D will determine termination or continuation of each prophylaxis cohort. [g]Resolution/improvement is defined as either dysgeusia downgraded to no dysgeusia or severe dysgeusia downgraded to nonsevere dysgeusia per WETT. BID, twice a day; C, cycle; D, day; ECOG PS, Eastern Cooperative Oncology Group performance status; ETS, Epstein Taste Scale; GPRC5D, G protein–coupled receptor class C group 5 member D; MM, multiple myeloma; PRO, patient-reported outcome; PRO-CTCAE, Patient-Reported Outcomes version of the Common Terminology Criteria for Adverse Events; Prophy, prophylactic; Q2W, every other week; SC, subcutaneous; STTA, Scale of Subjective Total Taste Acuity.

Figure 1: While CTCAE[4], STTA[5] and the similar ETS rely on subjective evaluations of taste acuity, WETT is an objective measure comprised of taste strips applied sequentially to the tongue to sensitively detect taste changes[6]



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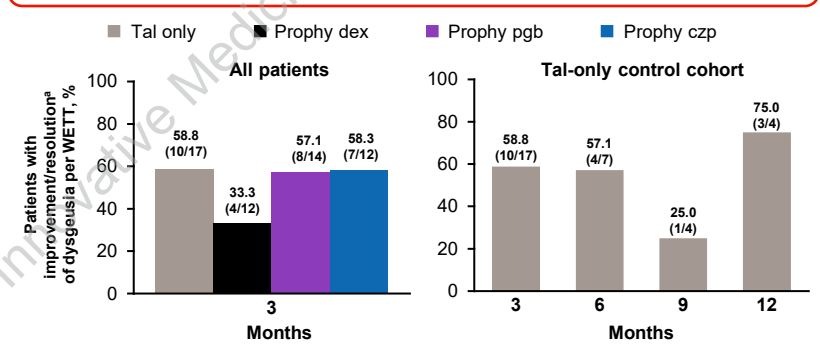
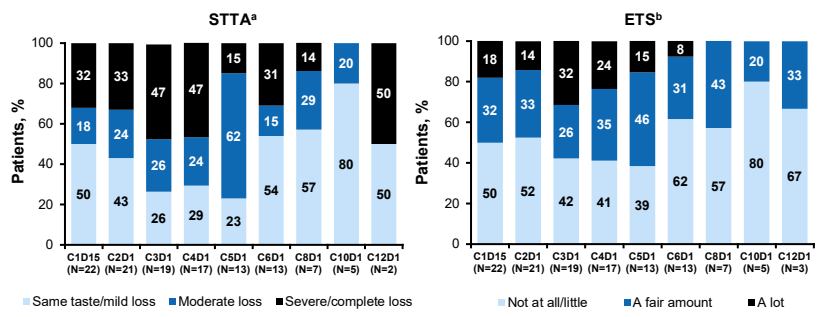
[a]Percentiles for dysgeusia used in this study. CTCAE, Common Terminology Criteria for Adverse Events; HCP, healthcare professional.

Figure 2: In the Tal-only cohort, improvement/resolution of dysgeusia, per WETT, was experienced by most patients by the end of month 3 (10 of 17) and month 6 (4 of 7), with limited numbers beyond month 6. Prophylactic interventions did not prevent dysgeusia or improve rates of resolution



Analysis of resolution/improvement stopped at C4D1 for futility in the prophylaxis cohorts.
[a]Resolution/improvement is defined as either dysgeusia downgraded to no dysgeusia, or severe dysgeusia downgraded to dysgeusia or no dysgeusia.

Figure 3: In the Tal-only arm, patients reported improvements in severe or complete loss of taste after cycle 4 and in moderate loss of taste after cycle 5, based on the STTA and ETS



[a]Participants rated their taste acuity in respect to treatment with talquetamab. [b]Participants rated their sensitivity for taste decrease.

Results

Table 1: Baseline characteristics were generally similar across cohorts

	Tal only (N=25)	Prophy dex (N=15)	Prophy pgb (N=16)	Prophy czp (N=14)
Median follow up, months	6.9	7.4	5.9	4.9
Median age, years	63.0	62.0	68.5	65.5
Male, n (%)	16 (64.0)	7 (46.7)	12 (75.0)	7 (50)
Race, n (%)				
American Indian or Alaska Native	1 (4)	0	0	0
Asian	5 (20)	3 (20)	2 (12.5)	0
Black or African American	2 (8)	2 (13.3)	2 (12.5)	0
White	16 (64.0)	10 (66.7)	12 (75.0)	12 (85.7)
Median prior LOT	4	4	4	3

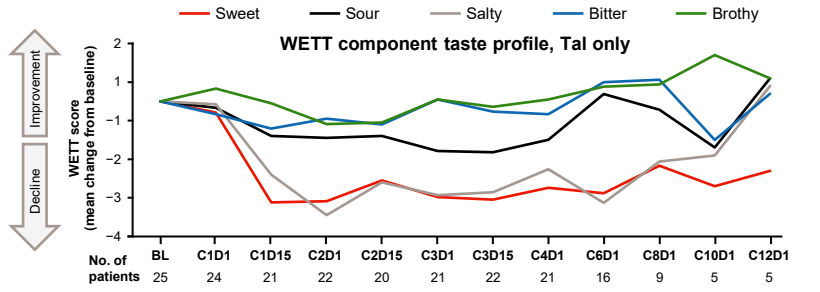
Clinical cut-off date: April 16, 2026. LOT, line of therapy.

Table 2: Dysgeusia rates were not reduced by any prophylactic intervention

	Tal only (N=25)	Prophy dex (N=15)	Prophy pgb (N=16)	Prophy czp (N=14)
Patients with dysgeusia, n (%)	20 (80.0)	13 (86.7)	16 (100.0)	13 (92.9)
Patients with severe dysgeusia, n (%)	14 (56.0)	13 (86.7)	16 (100.0)	12 (85.7%)
Median time to dysgeusia, days (95% CI)	8.0 (3.0–28.0)	8.0 (3.0–24.0)	10.0 (4.0–22.0)	4.0 (1.0–8.0)
Median time to severe dysgeusia, days (95% CI)	75.0[a] (8.0–NE)	9.0 (5.0–29.0)	16.5 (8.0–33.0)	8.0 (4.0–28.0)

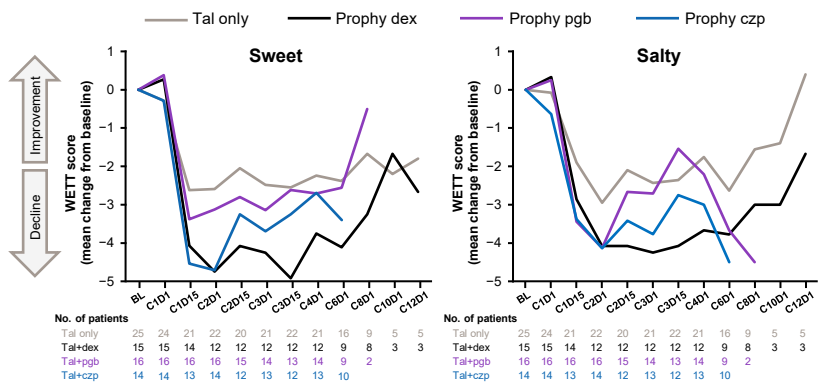
[a]3 patients in the Tal-only cohort had onset of severe dysgeusia during cycle 3 (median time to severe dysgeusia, 75 days [range, 68–99]). 1 of 3 patients received repeat step-up dosing. NE, not estimable.

Figure 4: In the Tal-only control arm, the greatest declines in taste acuity were observed in the sweet and salty WETT taste components, while bitter and brothy were least affected



Higher scores mean better taste acuity. WETT taste components (sweet, salty, sour, bitter, and brothy) are scored from 0 to 8. Correct identification of the blank "no taste" strip, scored from 0 to 13, is not shown but also appears to decline early and recover after 6 months. BL, baseline.

Figure 5: Across all arms, the largest declines in taste scores were seen for the sweet and salty components



WETT taste components (sweet, salty, sour, bitter, and brothy) are scored from 0 to 8.

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Multiple Myeloma

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