Talquetamab + Teclistamab in Patients With Relapsed/Refractory Multiple Myeloma: Updated Phase 1b Results From RedirecTT-1 With >1 Year of Follow-Up

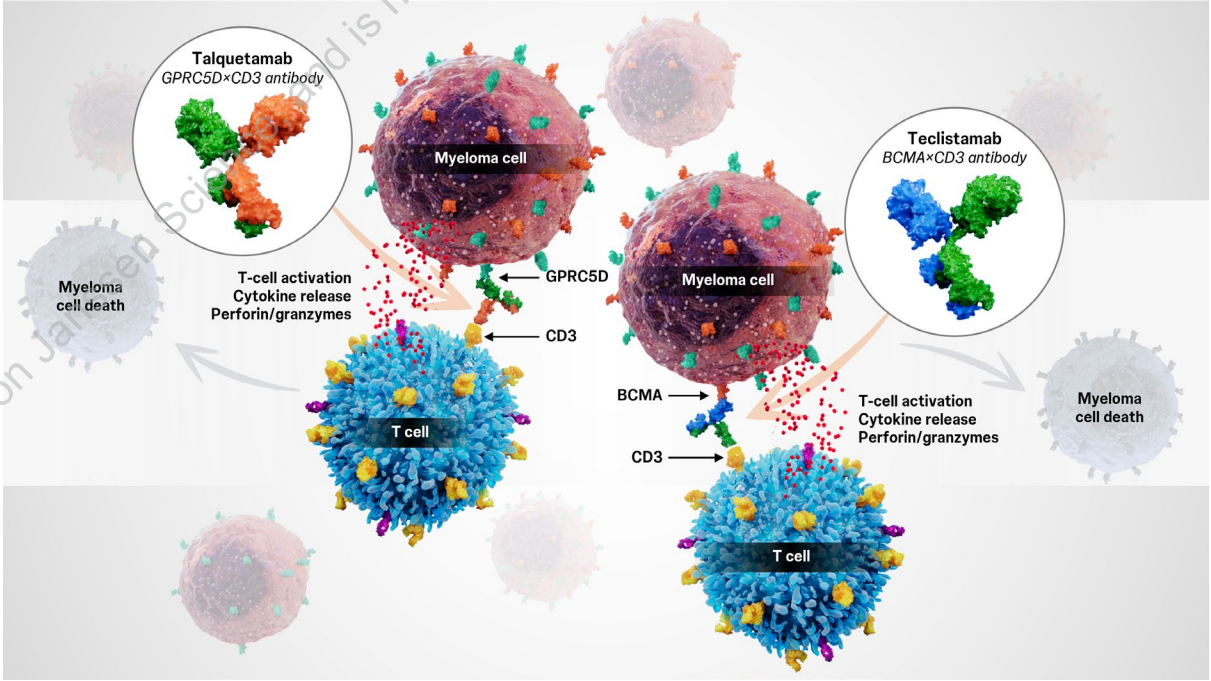
Yaël C Cohen[1], Hila Magen[2], Moshe Gatt[3], Michael Sebag[4], Kihyun Kim[5], Chang-Ki Min[6], Enrique M Ocio[7], Sung-Soo Yoon[8], Michael P Chu[9], Paula Rodríguez-Otero[10], Irit Avivi[1], Natalia A Quijano Cardé[11], Maria Krevvata[11], Michelle R Peterson[11], Emma Scott[11], Brandi W Hilder[11], Jill Vanak[11], Arnob Banerjee[11], Albert Oriol[12], Daniel Morillo[13], María-Victoria Mateos[14]

[1]Tel-Aviv Sourasky (Ichilov) Medical Center, Faculty of Medical and Health Sciences, Tel Aviv University, Tel Aviv, Israel; [2]Chaim Sheba Medical Center, Ramat-Gan, Faculty of Medical and Health Sciences, Tel Aviv University, Tel Aviv, Israel; [3]Hadassah Hebrew University Medical Center, Jerusalem, Israel; [4]McGill University and MUHC, Montreal, Quebec, Canada; [5]Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea; [6]Seoul St. Mary's Hospital, Seoul, South Korea; [7]Marqués de Valdecilla University Hospital (IDIVAL), University of Cantabria, Santander, Spain; [8]Seoul National University College of Medicine, Seoul, South Korea; [9]Alberta Health Services, Edmonton, Alberta, Canada; [10]Clínica Universidad de Navarra, CIMA, CIBERONC, IDISNA, Pamplona, Spain; [11]Janssen Research & Development, Spring House, PA, USA; [12]Institut Català d'Oncologia and Josep Carreras Research Institute, Hospital Germans Trias i Pujol, Badalona, Barcelona, Spain; [13]University Hospital Fundación Jiménez Díaz, START Madrid-FJD early phase unit, Madrid, Spain; [14]University Hospital of Salamanca/IBSAL/CIC/CIBERONC, Salamanca, Spain

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: Dual Targeting of GPRC5D and BCMA

- Talquetamab (tal), the only approved GPRC5D-targeting BsAb, showed an ORR of ≥70% with low rates of severe infections[1,2]
- Teclistamab (tec), the first approved BCMA-targeting BsAb with the longest follow-up, showed deep and durable responses (ORR, 63%; ≥CR, 46%)[3,4]
- Dual antigen targeting may overcome some resistance mechanisms to monotherapy
- Initial results of tal + tec in RedirecTT-1 showed promising efficacy in RRMM[5]
  - Safety profile of tal + tec was similar to that of each agent as monotherapy[5]
- Updated phase 1 results from RedirecTT-1 are reported, including in patients with EMD, with ~20 months of follow-up



ClinicalTrials.gov identifier: NCT04586426.
BCMA, B-cell maturation antigen; BsAb, bispecific antibody; CR, complete response; EMD, extramedullary disease; GPRC5D, G protein–coupled receptor family C group 5 member D; ORR, overall response rate; RP2R, recommended phase 2 regimen; RRMM, relapsed/refractory multiple myeloma. 1. Rasche L, et al. Presented at EHA; June 13–16, 2024; Madrid, Spain & Virtual. 2. TALVEY (talquetamab-tgvs). Prescribing information. Horsham, PA: Janssen Biotech, Inc; 2023. 3. TECVAYLI (teclistamab-cqyv). Prescribing information. Horsham, PA: Janssen Biotech, Inc; 2022. 4. Garfall AL, et al. Presented at ASCO; May 31–June 4, 2024; Chicago, IL, USA & Virtual. 5. Cohen YC, et al. Presented at ASCO; June 2–6, 2023; Chicago, IL, USA & Virtual.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: Study Design

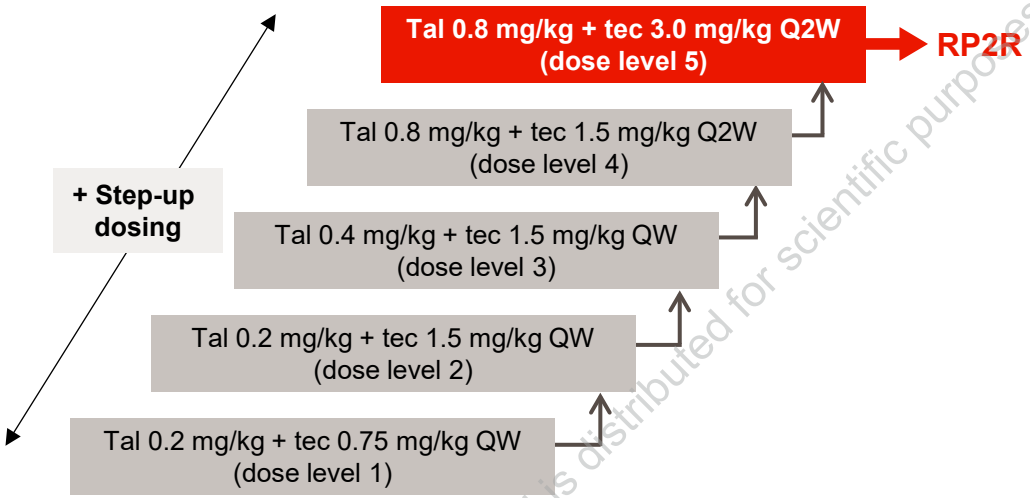
Key eligibility criteria

- Measurable MM
- EMD permitted (≥1 nonradiated, bone-independent lesion ≥2 cm)
- RR or intolerant to established therapies, including last LOT
- Triple-class exposed (prior PI, IMiD, anti-CD38)

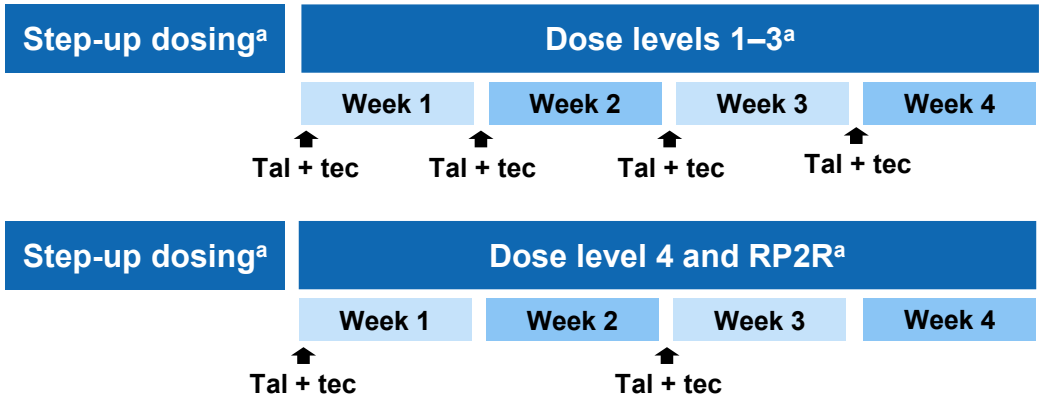
Key objectives

- Safety, including DLTs
- Identify RP2R(s)
- ORR, DOR, time to response, PK, immunogenicity
- PFS

Phase 1 dose escalation



Dosing schedule



Patients could transition from QW to Q2W and from Q2W to Q4W dosing after achieving a ≥PR after cycle 4

[a]Tal and tec administered on the same day, 30 (±10) minutes apart, for all step-up and full treatment doses. DLT, dose-limiting toxicity; DOR, duration of response; EMD, extramedullary disease; IMiD, immunomodulatory drug; LOT, line of therapy; MM, multiple myeloma; ORR, overall response rate; PFS, progression-free survival; PI, proteasome inhibitor; PK, pharmacokinetics; PR, partial response; Q4W, monthly, Q2W, every other week; QW, weekly; RP2R, recommended phase 2 regimen; RR, relapsed/refractory.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: Heavily Pretreated and a High Proportion of EMD

Characteristic	RP2R (n=44)	All doses (N=94)
Age (years), median (range)	63.0 (41–80)	64.5 (39–81)
Male, n (%)	23 (52.3)	49 (52.1)
Race, n (%)		
White	32 (72.7)	75 (79.8)
Black/African American	0 (0)	1 (1.1)
Asian	12 (27.3)	17 (18.1)
Unknown	0 (0)	1 (1.1)
Extramedullary plasmacytomas ≥1,[a] n (%)	18 (40.9)	34 (36.2)
High risk cytogenetics,[b] n (%)	8 (42.1)	21 (41.2)
ISS stage,[c] n (%)		
I	19 (46.3)	38 (44.7)
II	14 (34.1)	26 (30.6)
III	8 (19.5)	21 (24.7)
Median years since diagnosis (range)	5.5 (0.3–12.9)	6.1 (0.3–14.6)

Characteristic	RP2R (n=44)	All doses (N=94)
Median prior LOT, n (range)	4.0 (2–10)	4.0 (1–11)
Exposure status, n (%)		
Belantamab mafodotin	5 (11.4)	18 (19.1)
CAR-T therapy[d]	2 (4.5)	4 (4.3)
Bispecific antibody[e]	2 (4.5)	7 (7.4)
Any BCMA-directed therapy	9 (20.5)	27 (28.7)
Triple class	44 (100.0)	94 (100.0)
Penta drug	28 (63.6)	61 (64.9)
Refractory status, n (%)		
Proteasome inhibitor	41 (93.2)	85 (90.4)
Immunomodulatory drug	41 (93.2)	91 (96.8)
Anti-CD38	43 (97.7)	93 (98.9)
Triple class	37 (84.1)	81 (86.2)
Penta drug	13 (29.5)	31 (33.0)
To last line of therapy	39 (88.6)	87 (92.6)

Triple-class exposed population, 36% with extramedullary plasmacytomas

Data cut-off date: March 15, 2024. Percentages were calculated with the number of patients with available data as the denominator.
[a]≥1 nonradiated, bone-independent lesion ≥2 cm. Patients with para-skeletal plasmacytomas were permitted but not counted as EMD. [b]FISH or karyotype testing in n=51 (all doses) and n=19 (RP2R). Defined as del(17p), t(4;14), or t(14;16). [c]In n=85 (all doses) and n=41 (RP2R). [d]Across all doses: BCMA-directed CAR-T (n=2) and not specified (n=2). [e]Across all doses: alnuctamab (n=4), WV-T078 (n=2), and teclistamab (n=1). BCMA, B-cell maturation antigen; CAR-T, chimeric antigen receptor T cell; EMD, extramedullary disease; ISS, International Staging System; LOT, line of therapy; RP2R, recommended phase 2 regimen.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: CRS and ICANS Mostly Low Grade

	RP2R (n = 44)	All doses (N = 94)
Patients with CRS,[a] n (%)	33 (75.0)	74 (78.7)
Grade 1	23 (52.3)	50 (53.2)
Grade 2	10 (22.7)	22 (23.4)
Grade 3	0 (0)	2 (2.1)
Median days to onset[b] (range)	2 (1–4)	2 (1–733)
Median duration in days, (range)	2 (1–5)	2 (1–8)
Supportive measures,[c] n (%)	28 (63.6)	61 (64.9)
Tocilizumab	10 (22.7)	24 (25.5)
IV fluids	8 (18.2)	11 (11.7)
Corticosteroids	1 (2.3)	3 (3.2)
Oxygen	1 (2.3)	1 (1.1)
Vasopressor	0 (0)	1 (1.1)

- Most CRS events occurred during step-up and C1D1 doses
  - All events recovered, apart from 1 event that was recovering as of data cut-off date
- ICANS occurred in 3 patients (3.2%)
  - 1 grade 3 event
  - 2 events concurrent with CRS
- All ICANS events occurred during step-up doses
  - Median time to onset: 2–2.5 days
  - Median duration: 3 days
  - All events recovered

CRS and ICANS occurred early and were low grade, consistent with tal and tec monotherapy

Data cut-off date: March 15, 2024. Median follow-up: 18.2 months (RP2R) and 20.3 months (all doses).
[a]CRS and ICANS were graded per American Society for Transplantation and Cellular Therapy criteria. [b]Relative to the most recent dose. [c]Patients could receive >1 supportive therapy. Other supportive measures received by 12 patients (RP2R) and 26 patients (all doses). C1D1, cycle 1 day 1; CRS, cytokine release syndrome; ICANS, immune effector cell–associated neurotoxicity syndrome; IV, intravenous; RP2R, recommended phase 2 regimen.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: Safety Consistent With Known Profiles of Tal and Tec

Most common AEs (≥35% overall),[a] n (%)	RP2R (n=44)		All doses (N=94)	
	Any grade	Grade 3/4	Any grade	Grade 3/4
CRS	33 (75.0)	0 (0)	74 (78.7)	2 (2.1)
Taste changes[b]	22 (50.0)	NA	61 (64.9)	NA
Nonrash skin AEs[c]	25 (56.8)	0 (0)	57 (60.6)	0 (0)
Nail-related AEs[d]	21 (47.7)	0 (0)	49 (52.1)	0 (0)
Pyrexia	14 (31.8)	1 (2.3)	48 (51.1)	2 (2.1)
Diarrhea	21 (47.7)	2 (4.5)	45 (47.9)	3 (3.2)
Cough	13 (29.5)	0 (0)	42 (44.7)	1 (1.1)
Dry mouth	18 (40.9)	0 (0)	40 (42.6)	0 (0)
COVID-19	21 (47.7)	6 (13.6)	38 (40.4)	17 (18.1)
Rash AEs[e]	14 (31.8)	1 (2.3)	37 (39.4)	1 (1.1)
Pneumonia	14 (31.8)	7 (15.9)	34 (36.2)	19 (20.2)

- 3 DLTs: oral herpes (dose level 1), elevated ALT/AST (dose level 3), and thrombocytopenia (RP2R)
- Discontinuations due to AEs:
  - 13.6% (n=6; RP2R), 16.0% (n=15; all doses)
- Grade 5 AEs:
  - 11.4% (n=5; RP2R), 14.9% (n=14; all doses)
  - Most (11/14) due to infections

Consistent safety profile between RP2R and all doses

Data cut-off date: March 15, 2024. Median follow-up: 18.2 months (RP2R) and 20.3 months (all doses).
[a]AEs graded by CTCAE v5.0; CRS per ASTCT criteria. [b]Includes dysgeusia, ageusia, hypogeusia, and taste disorder; maximum grade for taste changes is 2 per CTCAE. [c]Includes skin exfoliation, dry skin, pruritus, and palmar-plantar erythrodysesthesia syndrome. [d]Includes nail discoloration, nail disorder, onycholysis, onychomadesis, onychoclasis, nail dystrophy, nail toxicity, and nail ridging. [e]Includes rash, maculopapular rash, erythematous rash, and erythema. AE, adverse event; ALT, alanine aminotransferase; AST, aspartate aminotransferase; ASTCT, American Society for Transplantation and Cellular Therapy; CRS, cytokine release syndrome; CTCAE, Common Terminology Criteria for Adverse Events; DLT, dose-limiting toxicity; NA, not applicable; RP2R, recommended phase 2 regimen.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: Hematologic AEs Consistent With Monotherapies

Most common AEs (≥40% overall),[a] n (%)	RP2R (n=44)		All doses (N=94)	
	Any grade	Grade 3/4	Any grade	Grade 3/4
Neutropenia	30 (68.2)	25 (56.8)	69 (73.4)	64 (68.1)
Anemia	18 (40.9)	11 (25.0)	53 (56.4)	36 (38.3)
Thrombocytopenia	12 (27.3)	9 (20.5)	40 (42.6)	28 (29.8)

- Cytopenia profile expected with combination of tal + tec
- Low incidence of febrile neutropenia (12.8%)

Data cut-off date: March 15, 2024. Median follow-up: 18.2 months (RP2R) and 20.3 months (all doses).
[a]AEs were graded by Common Terminology Criteria for Adverse Events v5.0. AEs are listed in descending order of frequency. AE, adverse event; RP2R, recommended phase 2 regimen.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: Grade 3/4 Infections Lower at RP2R

Most common AEs (≥5% overall),[a] n (%)	RP2R (n=44)		All doses (N=94)	
	Any grade	Grade 3/4	Any grade	Grade 3/4
Infections	38 (86.4)	21 (47.7)	84 (89.4)	60 (63.8)
COVID-19	21 (47.7)	6 (13.6)	38 (40.4)	17 (18.1)
Pneumonia	14 (31.8)	7 (15.9)	34 (36.2)	19 (20.2)
Upper respiratory tract infection	11 (25.0)	0 (0)	23 (24.5)	3 (3.2)
Nasopharyngitis	4 (9.1)	0 (0)	14 (14.9)	0 (0)
Sinusitis	4 (9.1)	0 (0)	12 (12.8)	1 (1.1)
Rhinovirus infection	2 (4.5)	0 (0)	10 (10.6)	3 (3.2)
Bronchitis	3 (6.8)	1 (2.3)	9 (9.6)	3 (3.2)
Respiratory tract infection	3 (6.8)	1 (2.3)	9 (9.6)	5 (5.3)
Urinary tract infection	7 (15.9)	1 (2.3)	9 (9.6)	1 (1.1)
Oral candidiasis	2 (4.5)	0 (0)	7 (7.4)	2 (2.1)
Sepsis	4 (9.1)	4 (9.1)	7 (7.4)	7 (7.4)
Septic shock	1 (2.3)	1 (2.3)	7 (7.4)	6 (6.4)

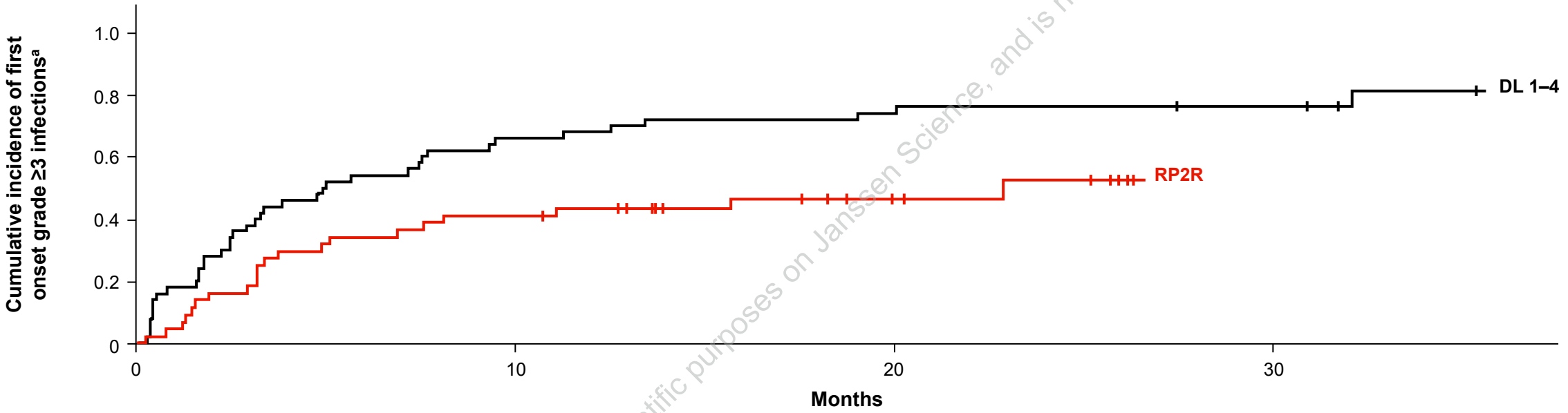
- Grade 3/4 infections:
  - 47.7% (RP2R), 63.8% (all doses)
- Grade 5 infections:
  - 6.8% (n=3; RP2R), 11.7% (n=11; all doses)
- Infection prophylaxis given per institutional guidelines
  - 81.9% received antiviral prophylaxis (all doses)
- 56.6% had hypogammaglobulinemia[b]
  - 56.6% received ≥1 dose of IVIG

Although infections were common, lower incidence of severe infections at RP2R

Data cut-off date: March 15, 2024. Median follow-up: 18.2 months (RP2R) and 20.3 months (all doses).
[a]AEs were graded by Common Terminology Criteria for Adverse Events v5.0. [b]Post-treatment IgG <400 mg/dL or hypogammaglobulinemia treatment-emergent AE; excluded patients with IgG myeloma and after IVIG replacement.
AE, adverse event; IgG, immunoglobulin G; IVIG, intravenous immunoglobulin; RP2R, recommended phase 2 regimen.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: Cumulative Incidence of Severe Infections



Patients at risk																		
DL 1–4	50	33	21	17	13	11	10	8	7	7	5	5	5	5	4	4	1	1	0
RP2R	44	34	27	25	23	22	19	14	13	12	9	7	6	3	0	0	0	0	0

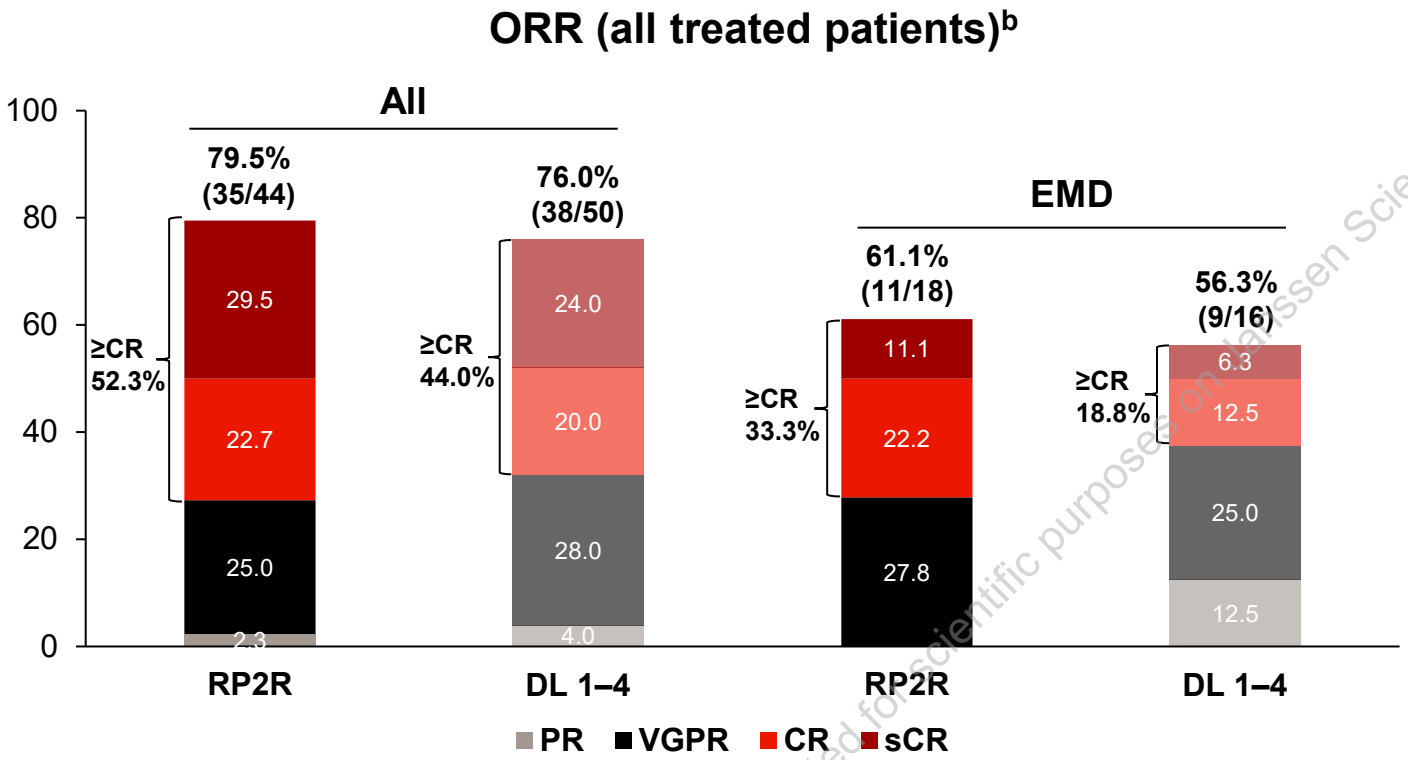
Cumulative incidence of grade ≥3 infections lowest with RP2R, leveled off at ~6 months

Data cut-off date: March 15, 2024. Median follow-up: 18.2 months (RP2R) and 29.0 months (dose levels 1–4).

[a]Data shown are system organ class infections and infestations and graded by Common Terminology Criteria for Adverse Events v5.0. DL, dose level; RP2R, recommended phase 2 regimen.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: High ORR and Deep Responses, Including in EMD[a]



All patients	RP2R (n=44)	DL 1–4 (n=50)
Median (range) follow-up, mos	18.2 (0.7–27.0)	29.0 (0.5[c]–37.1)
Median (range) time to first response, mos	1.4 (0.3–5.1)	2.1 (1.1–7.7)
Median (range) time to best response, mos	4.9 (1.4–19.8)	4.9 (1.1–30.6)

Patients with EMD	RP2R (n=18)	DL 1–4 (n=16)
Median (range) follow-up, mos	13.6 (0.7–25.9)	18.7 (0.5[c]–33.8)
Median (range) time to first response, mos	3.0 (1.4–5.1)	2.6 (2.1–3.8)
Median (range) time to best response, mos	6.3 (3.0–10.7)	3.9 (2.1–10.7)

ORR 79.5% (61.1% in EMD) at RP2R with rapid and deep responses

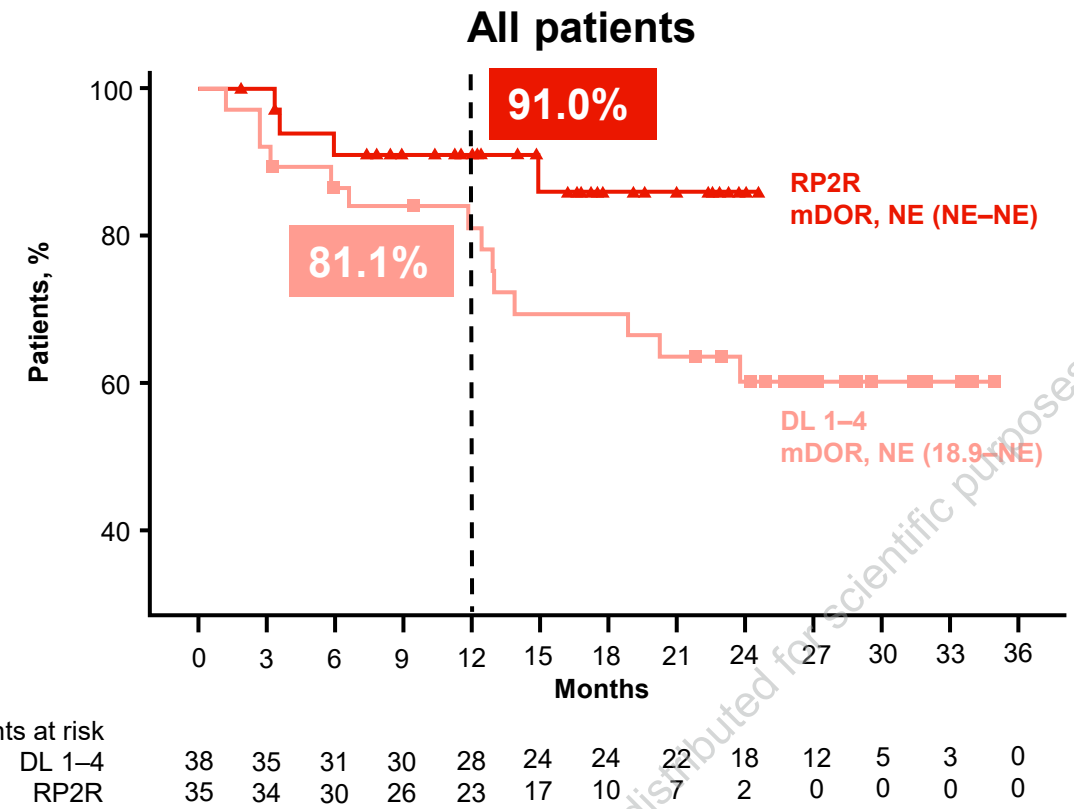
Data cut-off date: March 15, 2024.

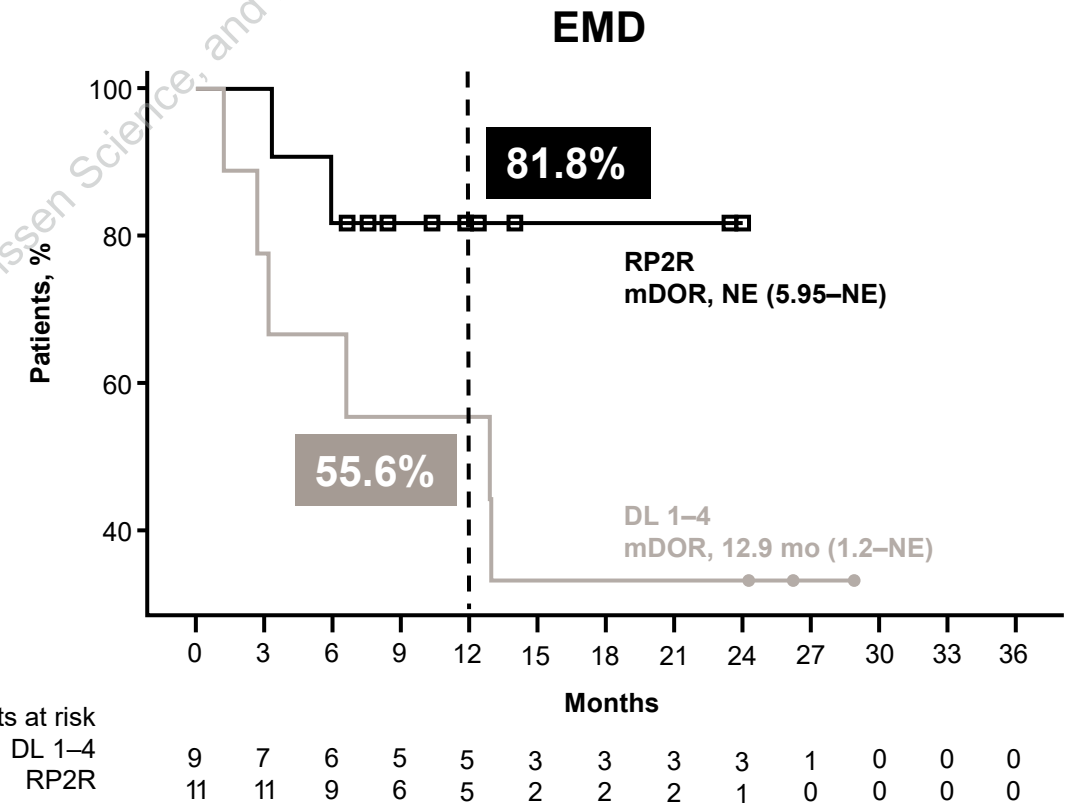
[a]EMD defined as ≥1 nonradiated, bone-independent lesion ≥2 cm. [b]Responses were investigator-assessed per IMWG 2016 criteria. Data shown are confirmed responses and calculated in all treated patients. [c]Denotes patients who died. CR, complete response; DL, dose level; EMD, extramedullary disease; IMWG, International Myeloma Working Group; mos, months; ORR, overall response rate; PR, partial response; RP2R, recommended phase 2 regime; sCR, stringent complete response; VGPR, very good partial response.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: Highly Durable Responses, Including in EMD[a]

Duration of response (DOR)





12-mo DOR of 91.0% better at RP2R (81.8% 12-mo rate in EMD)

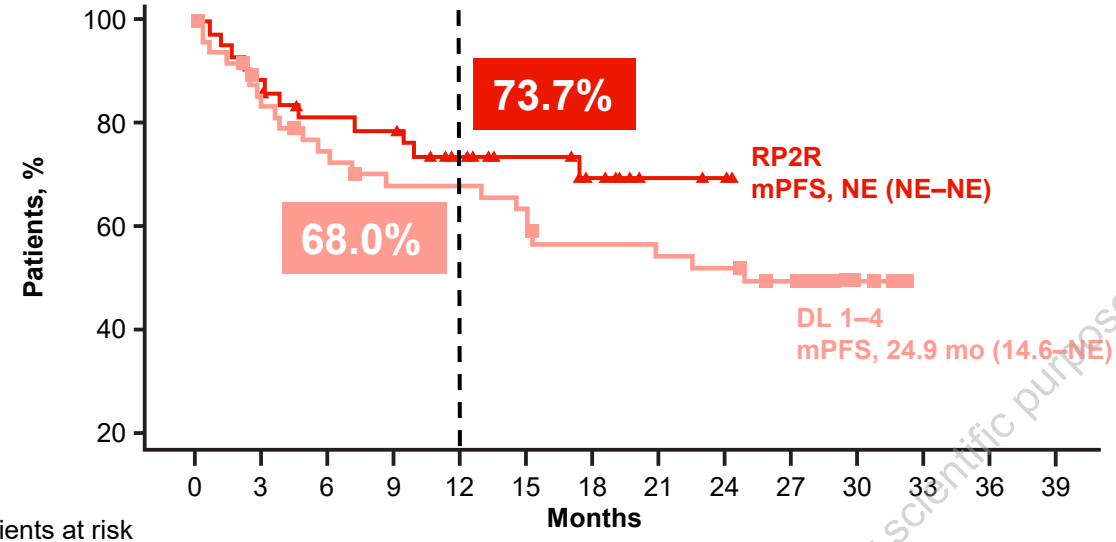
Data cut-off date: March 15, 2024. Median follow-up: 18.2 months (RP2R) and 29.0 months (dose levels 1–4). **Eighteen-month DOR rates at the RP2R were 85.9% (all patients) and 81.8% (EMD patients).**
[a]EMD defined as ≥1 nonradiated, bone-independent lesion ≥2 cm. DL, dose level; EMD, extramedullary disease; mDOR, median duration of response; NE, not evaluable; RP2R, recommended phase 2 regimen.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: Promising Early PFS, Including in EMD[a]

Progression-free survival (PFS)

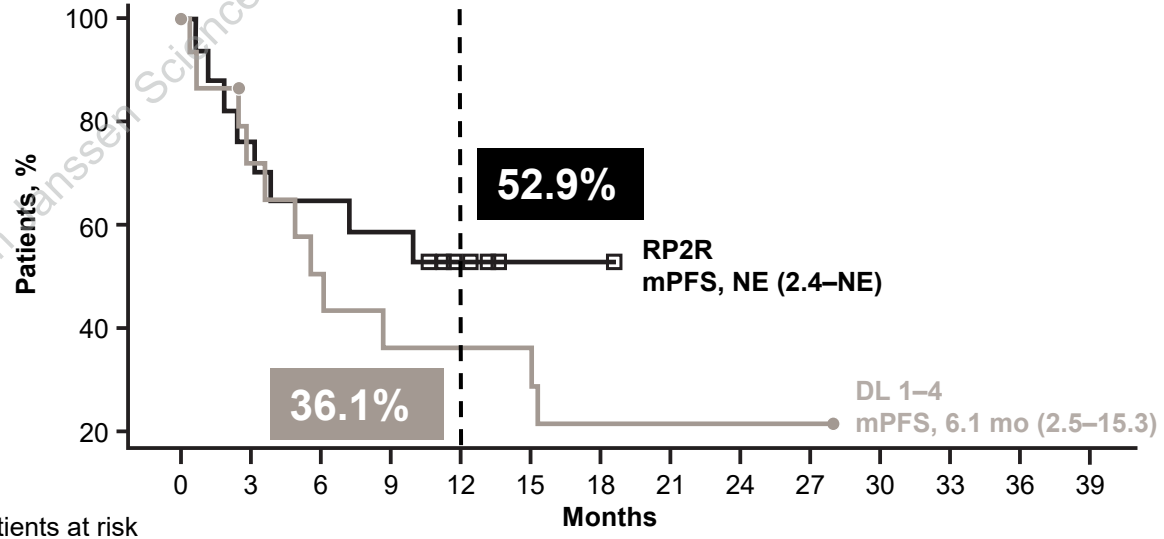
All patients



Patients at risk

DL 1–4	50	39	34	30	30	28	24	23	22	19	10	4	1	0
RP2R	44	38	33	32	26	20	16	8	7	0	0	0	0	0

EMD



Patients at risk

DL 1–4	16	10	7	5	5	5	3	3	3	3	1	0	0	0
RP2R	18	13	11	10	6	3	3	2	2	0	0	0	0	0

12-mo PFS of 73.7% better at RP2R (52.9% 12-mo rate in EMD)

Data cut-off date: March 15, 2024. Median follow-up: 18.2 months (RP2R) and 29.0 months (dose levels 1–4). **Eighteen-month PFS rates at the RP2R were 69.8% (all patients) and 52.9% (EMD patients).**
[a]EMD defined as ≥1 nonradiated, bone-independent lesion ≥2 cm. DL, dose level; EMD, extramedullary disease; mPFS, median progression-free survival; NE, not evaluable; RP2R, recommended phase 2 regimen.

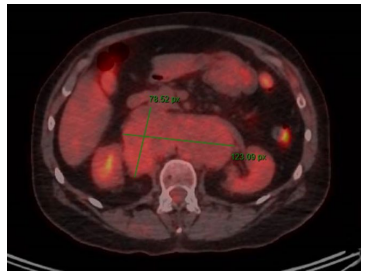
Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: Case Study

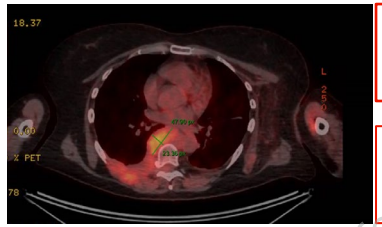
- 62-year-old female treated at the RP2R with 3 prior LOT (TCE). Patient in CR and ongoing treatment (C21)

Patient with EMD treated at the RP2R

Baseline

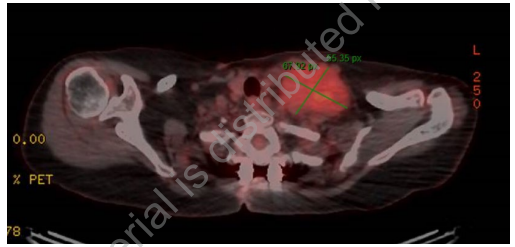


Peritoneum
12 cm × 8 cm



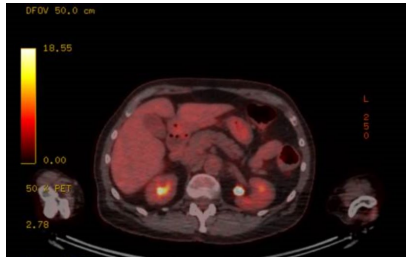
Paravertebral
4.4 cm × 2.3 cm

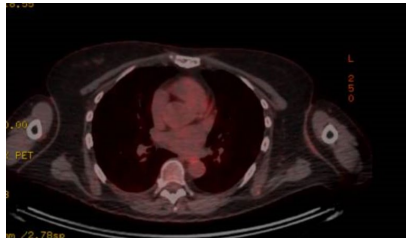
Supraclavicular
7 cm× 5.5 cm

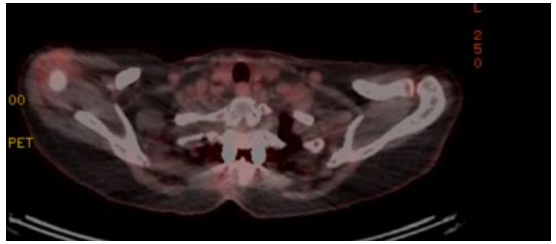


After 7 months

Complete PET CT response







C, cycle; CR, complete response; CT, computed tomography; EMD, extramedullary disease; LOT, line of therapy, PET, positron emission tomography; RP2R, recommended phase 2 regimen; TCE, triple-class exposed.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

RedirecTT-1 Tal + Tec: Findings From >1 Year Follow-up

- **Tal + tec had a safety profile generally consistent with each agent as monotherapy**
  - Infections were common but new onset grade ≥3 infections declined at 6 months
  - RP2R safety profile consistent with safety profile observed at all other dose levels
- **Deep and durable responses at the RP2R**
  - ORR of 79.5% (≥CR 52.3%)
  - 12-month DOR rate of 91.0%, 12-month PFS rate of 73.7%
- **In EMD, best reported ORR and DOR for BsAb-based treatment at the RP2R**
  - ORR of 61.1% (≥CR 33.3%)
  - 12-month DOR rate of 81.8%, 12-month PFS rate of 52.9%
- **Dual targeting of GPRC5D and BCMA may avoid antigen escape and clonal resistance**

RedirecTT-1, the first study combining 2 BsAbs to achieve dual antigen targeting, demonstrated deep and durable responses in RRMM, with impressive efficacy in hard-to-treat patients with EMD

BCMA, B-cell maturation antigen; BsAb, bispecific antibody; CR, complete response; DOR, duration of response; EMD, extramedullary disease; GPRC5D, G protein–coupled receptor family C group 5 member D; ORR, overall response rate; PFS, progression-free survival; RP2R, recommended phase 2 regimen; RRMM, relapsed/refractory multiple myeloma.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

Future Directions
Phase 2 of RedirecTT-1 at RP2R: Tal + Tec in EMD

RedirecTT-1 Phase 2 Study Design

Key eligibility criteria

- EMD (≥1 nonradiated, bone-independent lesion ≥2 cm)
- RRMM
- Triple-class exposed
- ECOG PS ≤2

→

Talquetamab (0.8 mg/kg)
+
Teclistamab (3.0 mg/kg)

Both Q2W C1–6 → Q4W[a] C7 until PD

→

Primary endpoint
- ORR

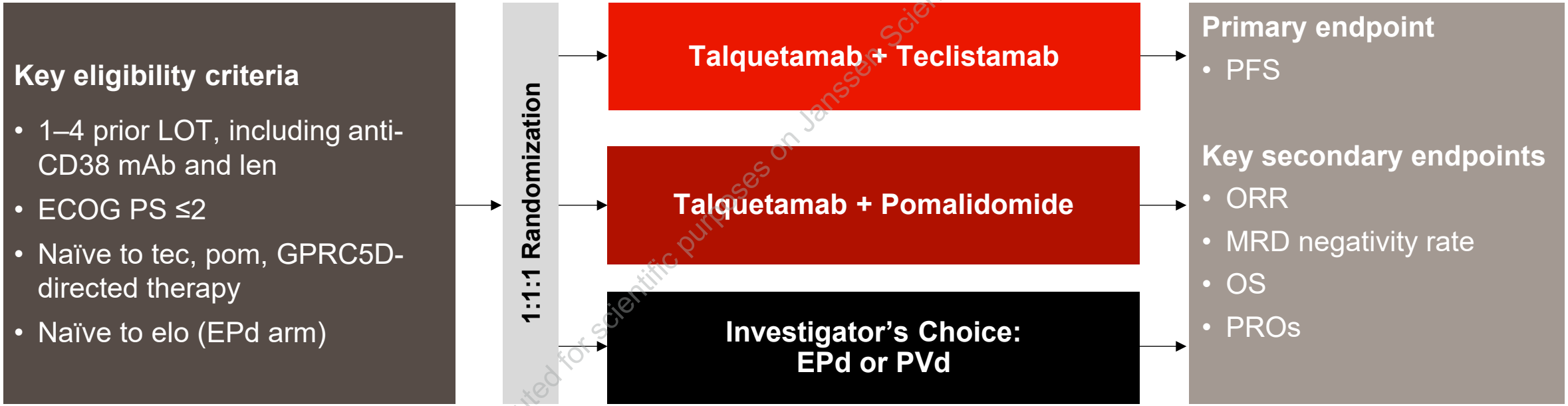
Key secondary endpoints
- DOR
- PFS
- OS
- Safety

[a]**Optional switch to Q4W dosing from C5+ if response is ≥VGPR and for any response C7+.**
C, cycle; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; EMD, extramedullary disease; ORR, overall response rate; OS, overall survival; PD, progressive disease; PFS, progression-free survival; Q4W, monthly; Q2W, every other week; RRMM, relapsed/refractory multiple myeloma; VGPR, very good partial response.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

Future Directions
MonumenTAL-6: Tal + Tec in Earlier Lines

MonumenTAL-6 Study Design



ECOG PS, Eastern Cooperative Oncology Group performance status; elo, elotuzumab; EPd, elotuzumab, pomalidomide, dexamethasone; GPRC5D, G protein–coupled receptor family C group 5 member D; len, lenalidomide; LOT, line of therapy; mAb, monoclonal antibody; MRD, minimal residual disease; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; pom, pomalidomide; PRO, patient-reported outcome; PVd, pomalidomide, bortezomib, dexamethasone; tec, teclistamab.

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

Acknowledgments

- We thank the patients who are participating in this study and their caregivers, the physicians and nurses who care for them, the staff at study sites, and the staff involved in data collection and analyses
- This study was funded by Janssen Research & Development, LLC
- Medical writing support was provided by Craig Turner, MSc, and Rachael Smith, PhD, of Eloquent Scientific Solutions, and funded by Janssen Global Services, LLC

Presented by YC Cohen at 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

https://www.congresshub.com/Oncology/IMS2024/Talquetamab/Cohen

The QR code is intended to provide scientific information for individual reference, and the information should not be altered or reproduced in any way.