Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

KML-Experten berichten

EHA2021 VIRTUAL

Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

Prof. Dr. med. Hartmut Goldschmidt
Klinik für Hämatologie, Onkologie, Rheumatologie | Universitätsklinikum Heidelberg

Multiples Myelom

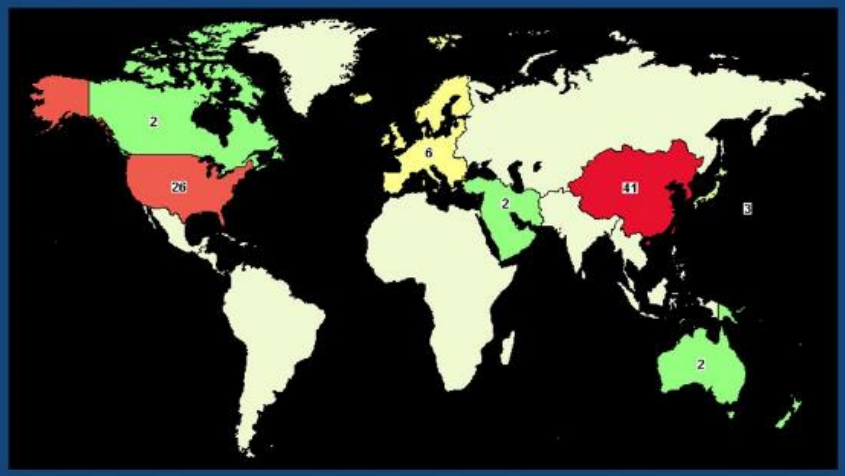
Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – EHA2021 wird in Kooperation mit sechs unterstützenden Firmen durchgeführt.
Meine persönlichen Disclosures betreffen:

Anstellungsverhältnis, Führungsposition	-
Beratungs-/ Gutachtertätigkeit	Adaptive Biotechnology, Amgen, BMS, Celgene, Millenium Pharmaceuticals Inc., Molecular Partners AG Zürich, Janssen, Sanofi, Takeda
Besitz von Geschäftsanteilen, Aktien oder Fonds	-
Patent, Urheberrecht, Verkaufslizenz	-
Honorare	Amgen, BMS, Celgene, Chugai, GSK, Janssen, Novartis, Omnia Med Deutschland, Sanofi
Finanzierung wissenschaftlicher Untersuchungen	Amgen, BMS, Celgene, Chugai, Janssen, Incyte, Merck Sharp and Dohme (MSD), Molecular Partners AG Zürich, Mundipharma, Novartis, Sanofi, Takeda
Andere finanzielle Beziehungen (Reisen,	Amgen, BMS, Celgene, Chugai, GSK, Janssen, Novartis, Takeda, Omnia Med Deutschland, Sanofi
Immaterielle Interessenkonflikte	-

Introduction: Welcome to the Jungle

- 60+ "BCMA CAR T studies for Multiple Myeloma" on clinicaltrials.org



- 3 trials presented:
  - KarMMa (idecabtagene vicleucel; ide-cel; bb2121)
  - EVOLVE (orvacabtagene autoleucel; orva-cel)
  - CARTITUDE-1 (JNJ-68284528)

PRESENTED AT: 2020 ASCO ANNUAL MEETING #ASCO20

PRESENTED BY: Krina Patel MD MSc

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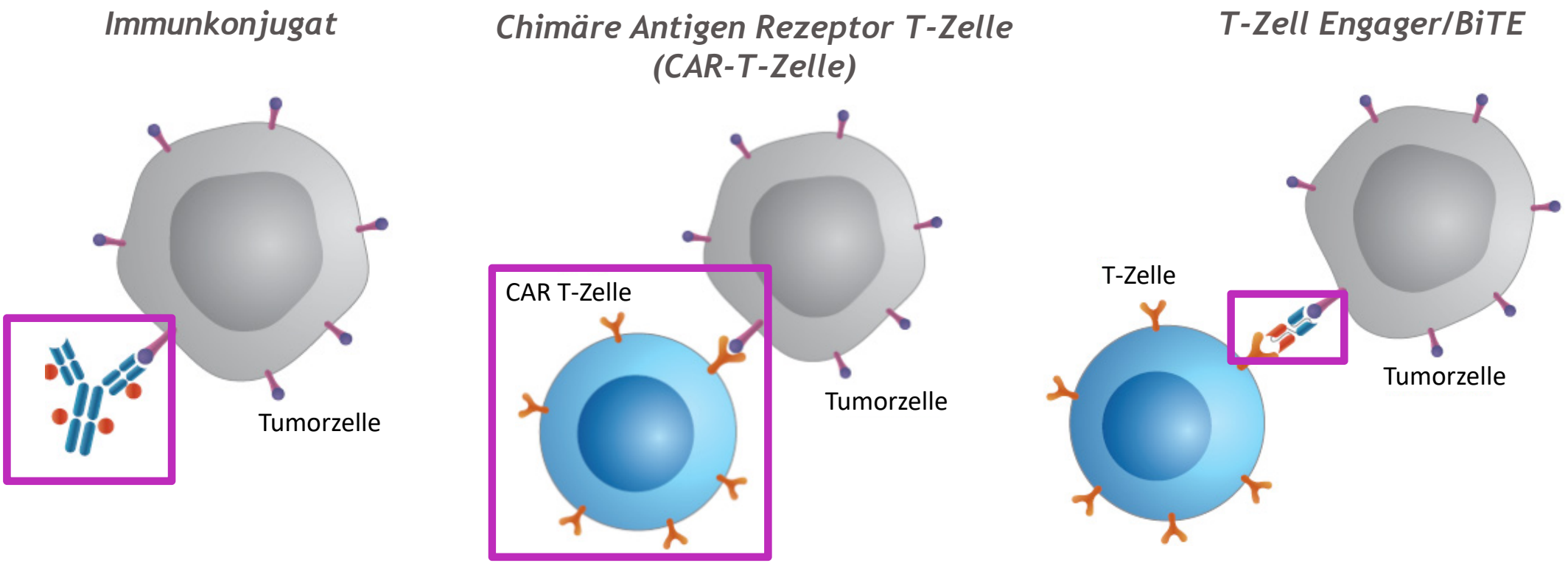
Presented By Krina Patel at TBD

BCMA: Ein Ziel, mehrere Angriffsoptionen



Batlevi CL, et al. *Nat Rev Clin Oncol*. 2016;13(1):25-40., Marin-Acevedo JA, et al. *J Hematol Oncol*. 2018;11(1):8., Thomas A, et al. *Lancet Oncol*. 2016;17(6):e254-e262., Baeuerle PA, et al. *Cancer Res*. 2009;69(12):4941-4944., Brudno JN, et al. *Blood Rev*. 2019;34:45-55., Porter DL, et al. *N Engl J Med*. 2011;365(8):725-733.

Session: New treatment strategies for newly diagnosed multiple myeloma

S180: DARATUMUMAB MAINTENANCE VS OBSERVATION IN PATIENTS WITH NEWLY DIAGNOSED MULTIPLE MYELOMA TREATED WITH BORTEZOMIB, THALIDOMIDE, AND DEXAMETHASONE ± DARATUMUMAB AND ASCT: CASSIOPEIA PART 2 RESULTS

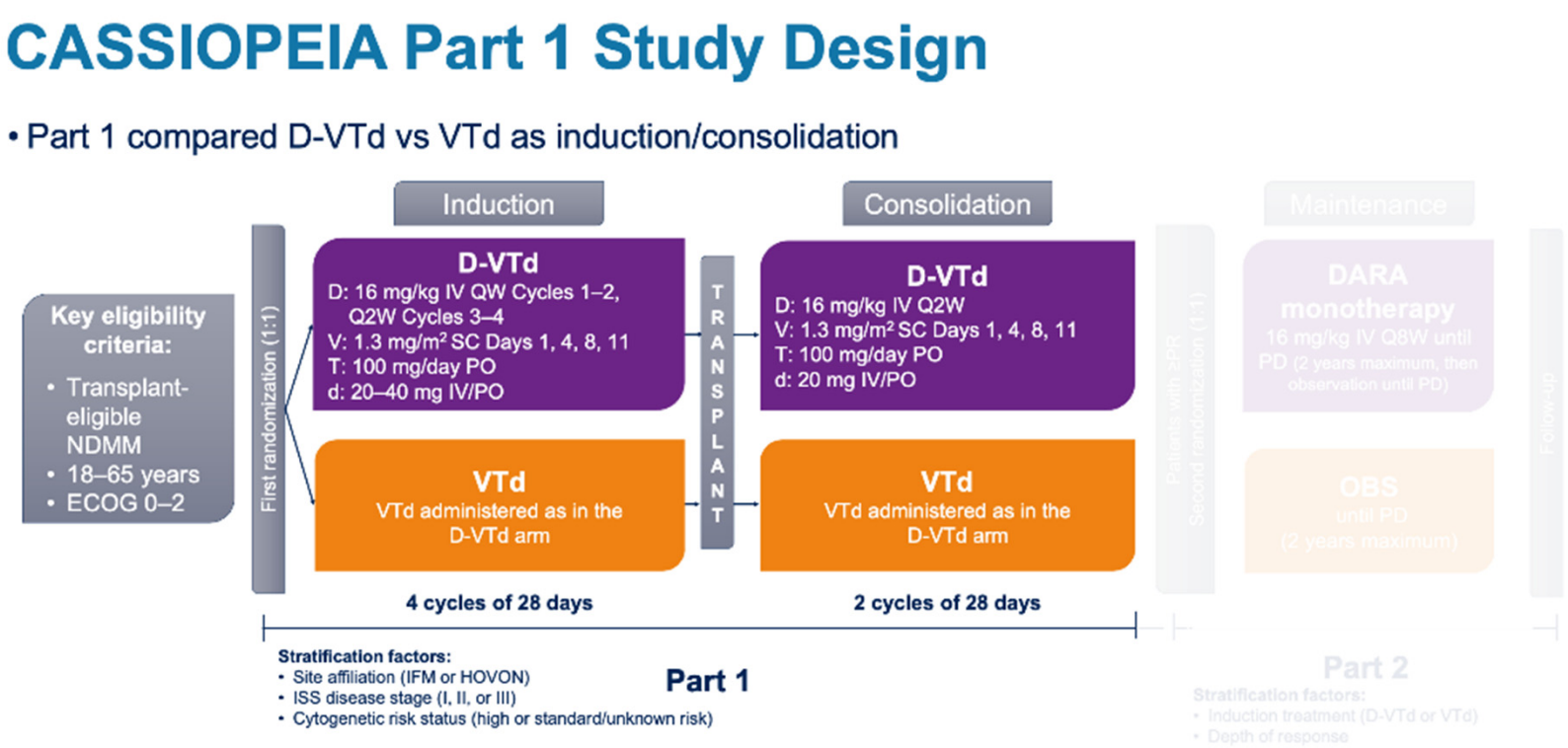
DARATUMUMAB MAINTENANCE OR OBSERVATION AFTER TREATMENT WITH BORTEZOMIB, THALIDOMIDE, AND DEXAMETHASONE ± DARATUMUMAB AND AUTOLOGOUS STEM CELL TRANSPLANT IN PATIENTS WITH NEWLY DIAGNOSED MULTIPLE MYELOMA: CASSIOPEIA PART 2

P Moreau[1], C Hulin[2], A Perrot[3], B Arnulf[4], K Belhadj[5], L Benboubker[6], M C Béné[7], S Zweegman[8], H Caillon[9], D Caillot[10], J Corre[11], M Delforge[12], T Dejoie[9], C Doyen[13], T Facon[14], C Sonntag[15], J Fontan[16], L Garderet[17], K-S Jie[18], L Karlin[19], F Kuhnowski[20], J Lambert[21], X Leleu[22], M Macro[23], F Orsini-Piocelle[24], M Roussel[3], A-M Stoppa[25], NWCJ van de Donk[8], S Wuillème[7], A Broijl[26], C Touzeau[1], M Tiab[27], Je-P Marolleau[28], N Meuleman[29], M-C Vekemans[30], M Westerman[31], SK Klein[32], M-D Levin[33], F Offner[34], M Escoffre-Barbe[35], J-R Eveillard[36], R Garidi[37], T Ahmadi[38], M Krevvata[39], K Zhang[40], C de Boer[41], S Vara[42], T Kampfenkel[41], V Vanquickelberghe[43], J Vermeulen[41], H Avet-Loiseau[11], P Sonneveld[26]

[1]University Hospital Hôtel-Dieu, Nantes, France; [2]Bordeaux University Hospital Center, Bordeaux, France; [3]Institut Universitaire du Cancer de Toulouse-Oncopole, Toulouse, France; [4]Hôpital Saint Louis, APHP, Paris, France; [5]Hôpital Henri Mondor, Creteil, France; [6]Tours University Hospital, Hôpital de Bretonneau, Tours, France; [7]Nantes University Hospital, Nantes, France; [8]Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam, Netherlands; [9]University Hospital, Nantes, France; [10]Dijon University Hospital, Hôpital du Bocage, Dijon, France; [11]IUC-T Oncopole, Toulouse, France; [12]University Hospital Leuven, Leuven, Belgium; [13]Université Catholique de Louvain, CHU UCL Namur, Yvoir, Belgium; [14]Hôpital Claude Huriez, Lille, France; [15]University Hospital, Hôpital Hautepierre, Strasbourg, France; [16]University Hospital Jean Minjoz, Besancon, France; [17]Saint-Antoine Hospital, Sorbonne University, Paris, France; [18]Zuyderland MC, Sittard, Netherlands; [19]Lyon University Hospital, Hematology Centre Hospitalier Lyon-Sud, Pierre–Benite, France; [20]Institut Curie Paris, Paris, France; [21]Hôpital Saint-Louis, Paris, France; [22]Poitiers University Hospital, CHU la Milétrie, Poitiers, France; [23]Caen University Hospital, Caen, France; [24]Centre Hospitalier Annecy Genevois, Pringy, France; [25]Institut Paoli Calmettes, Marseille, France; [26]Erasmus MC Cancer Institute, Rotterdam, Netherlands; [27]Centre Hospitalier Départemental Vendée, La Roche sur Yon, France; [28]Amiens University Hospital, Amiens, France; [29]Institut Jules Bordet, Université Libre de Bruxelles, Brussels, Belgium; [30]Université Catholique de Louvain, Cliniques Universitaires Saint-Luc, Brussels, Belgium; [31]Northwest Clinics, Alkmaar, Netherlands; [32]Meander Medical Centre, Amersfoort, Netherlands; [33]Albert Schweitzer Ziekenhuis, Dordrecht, Netherlands; [34]University Hospital Ghent, Ghent, Belgium; [35]Rennes University Hospital, Hôpital de Pontchaillou, Rennes, France; [36]Brest University Hospital, Hôpital A Morvan, Brest, France; [37]Saint-Quentin Hospital Center, Saint Quentin, France; [38]Genmab US, Inc, Princeton, NJ, USA; [39]Janssen Research & Development, Spring House, PA, USA; [40]Janssen Research & Development, LLC, La Jolla, CA, USA; [41]Janssen Research & Development, LLC, Leiden, Netherlands; [42]Janssen Research & Development, LLC, High Wycombe, UK; [43]Janssen Research & Development, Beerse, Belgium

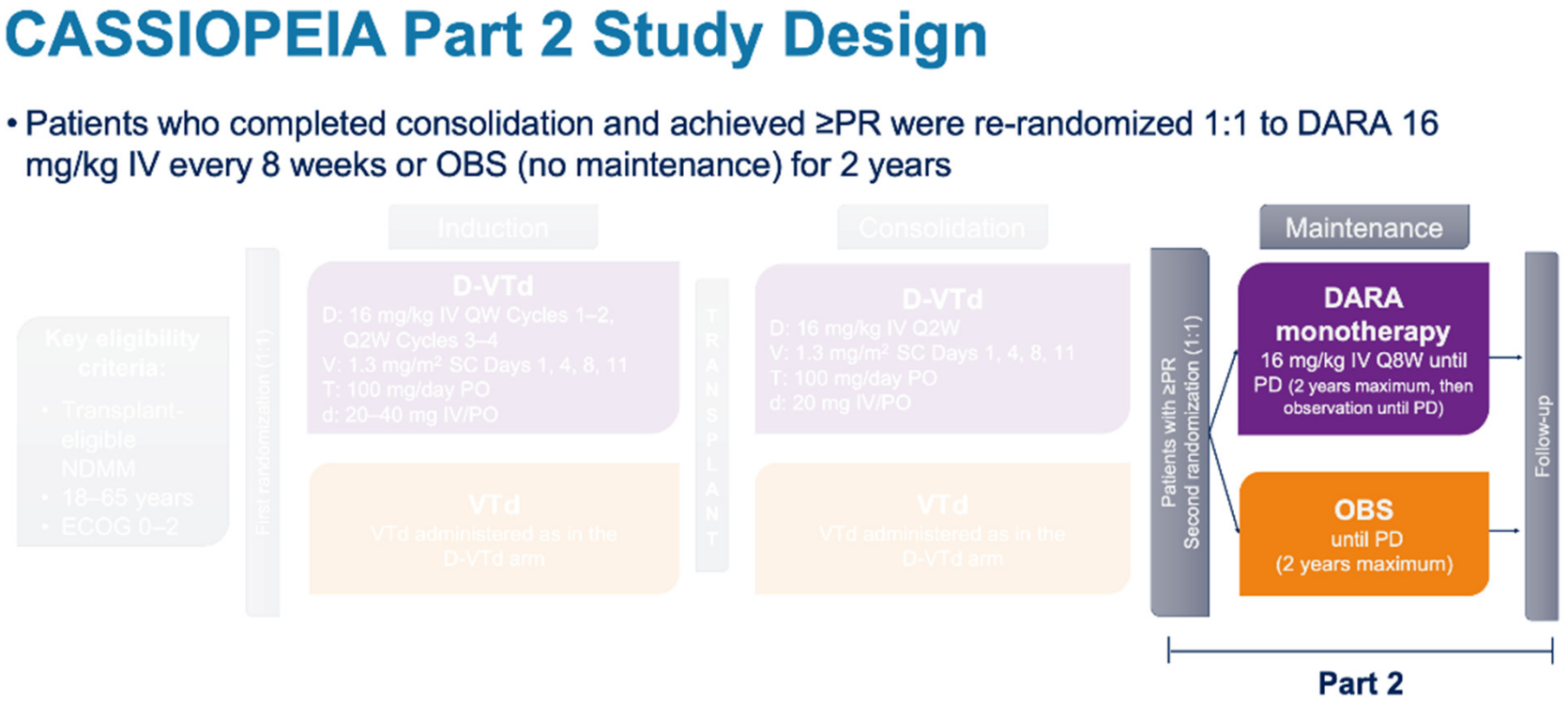
CASSIOPEIA Part 1 Study Design

Design R1



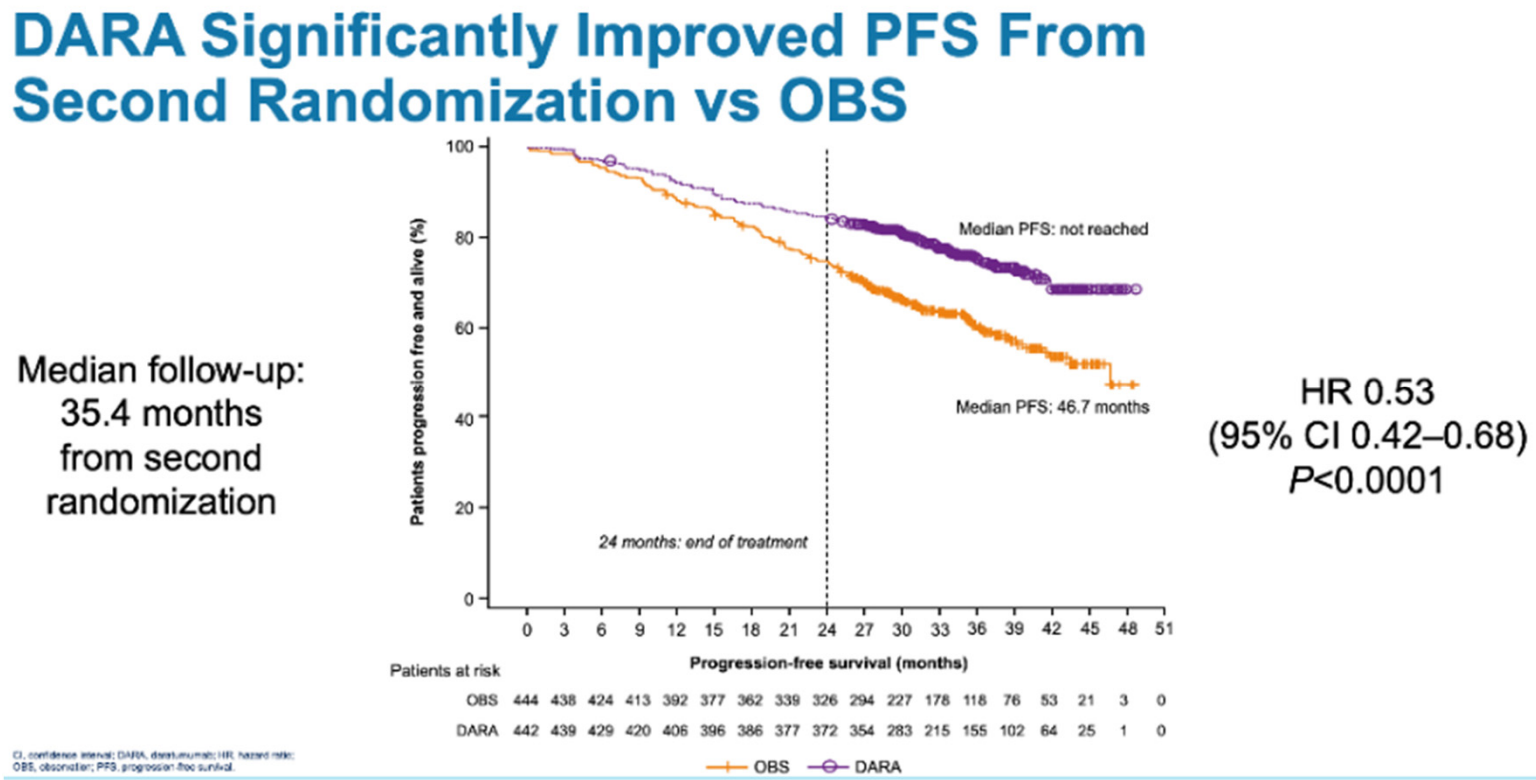
CASSIOPEIA Part 2 Study Design

Design R2



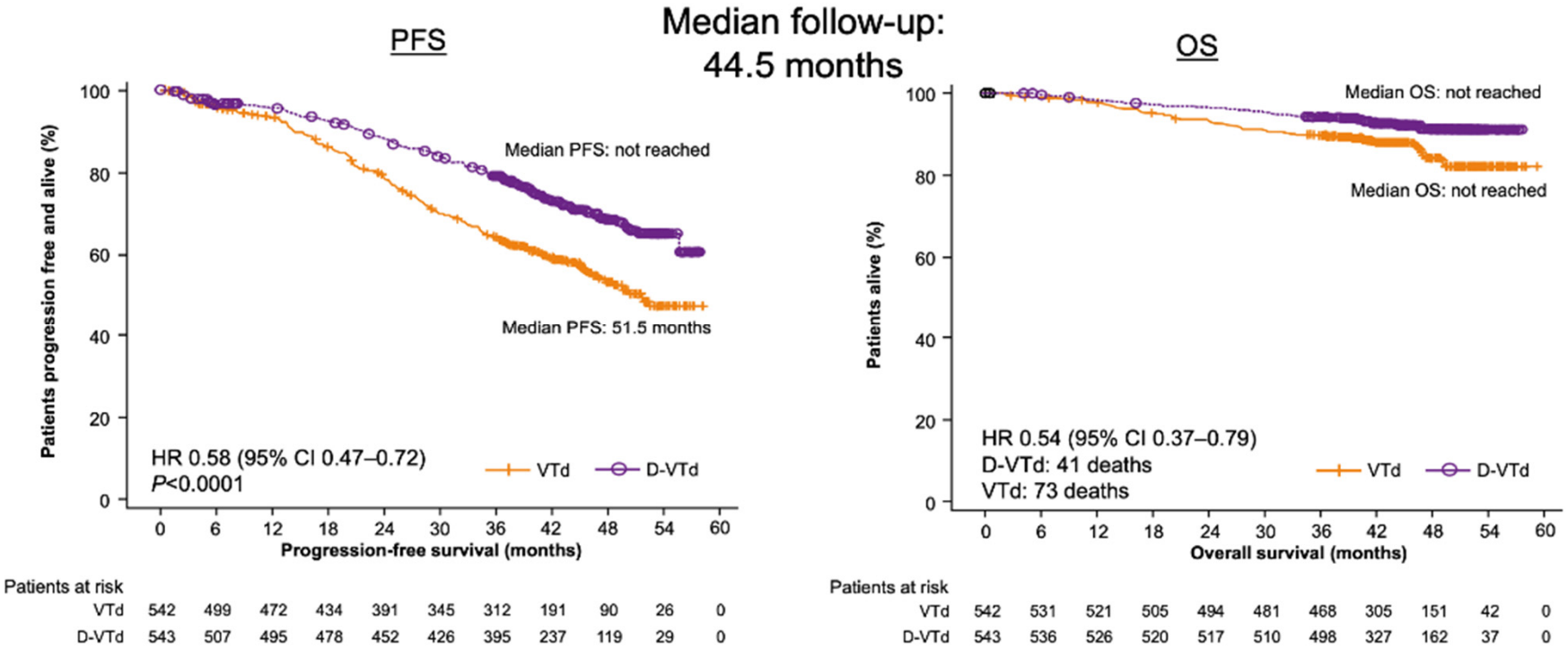
CASSIOPEIA: DARA Significantly Improved PFS From Second Randomization vs OBS

PFS



CASSIOPEIA: DARA Significantly Improved PFS and OS From First Randomization

PFS and OS



Session: New treatment strategies for newly diagnosed multiple myeloma

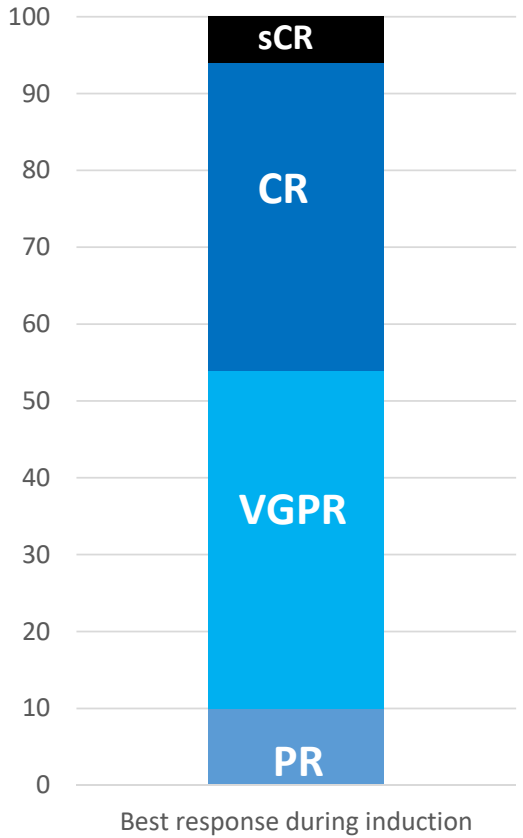
S183: UPDATED INTERIM ANALYSIS OF THE GMMG-CONCEPT TRIAL INVESTIGATING ISATUXIMAB, CARFILZOMIB, LENALIDOMIDE, AND DEXAMETHASONE (ISA-KRD) IN FRONT-LINE TREATMENT OF HIGH-RISK MULTIPLE MYELOMA

Lisa B. Leypoldt, Britta Besemer, Anne Marie Asemissen, Mathias Hänel, Igor Wolfgang Blau, Martin Görner, Yon-Dschun Ko, Hans Christian Reinhardt, Peter Staib, Christoph Mann, Raphael Lutz, Markus Munder, Ullrich Graeven, Rudolf Peceny, Hans Salwender, Anna Jauch, Manola Zago, Axel Benner, Diana Tichy, Carsten Bokemeyer, Hartmut Goldschmidt and Katja C. Weisel

Results: Best response to therapy, 6 induction cycles ISA-KRD GMMG-CONCEPT-Studie

All evaluable patients: n = 50

- Overall response rate (ORR, ≥ PR): 100%
- ≥ VGPR : 90%; CR/sCR: 46%
  - Arm A: 41/46 ≥ VGPR
  - Arm B: all (n = 4) VGPR
- Arm A: MRD-assessment in 33 patients during induction
  - 20 patients MRD negative
  - 11 patients MRD positive
  - 2 not assessable

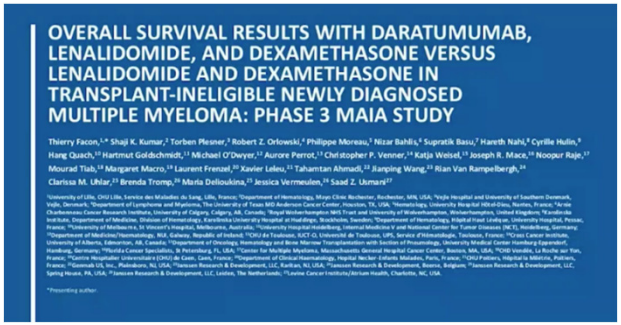


Results of MRD assessments after induction treatment are not reported and available yet

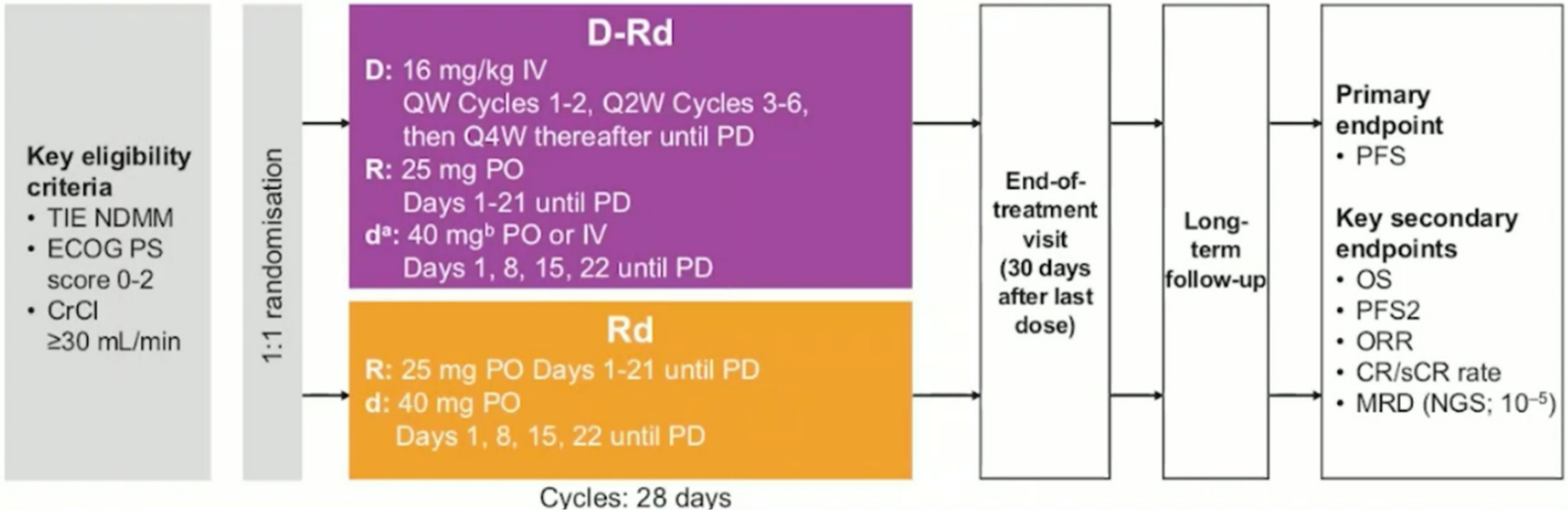
Session: Late-Breaking Oral Session

LB1901: OVERALL SURVIVAL RESULTS WITH DARATUMUMAB, LENALIDOMIDE, AND DEXAMETHASONE VERSUS LENALIDOMIDE AND DEXAMETHASONE IN TRANSPLANT-INELIGIBLE NEWLY DIAGNOSED MULTIPLE MYELOMA: PHASE 3 MAIA STUDY

Thierry Facon, Shaji K. Kumar, Torben Plesner, Robert Z. Orlowski, Philippe Moreau, Nizar Bahlis, Supratik Basu, Hareth Nahi, Cyrille Hulin, Hang Quach, Hartmut Goldschmidt, Michael O'Dwyer, Aurore Perrot, Christopher P. Venner, Katja Weisel, Joseph R. Mace, Noopur Raje, Mourad Tiab, Margaret Macro, Laurent Frenzel, Xavier Leleu, Tahamtan Ahmadi, Jianping Wang, Rian Van Rampelbergh, Clarissa M. Uhlar, Brenda Tromp, Maria Delioukina, Jessica Vermeulen, Saad Z. Usmani

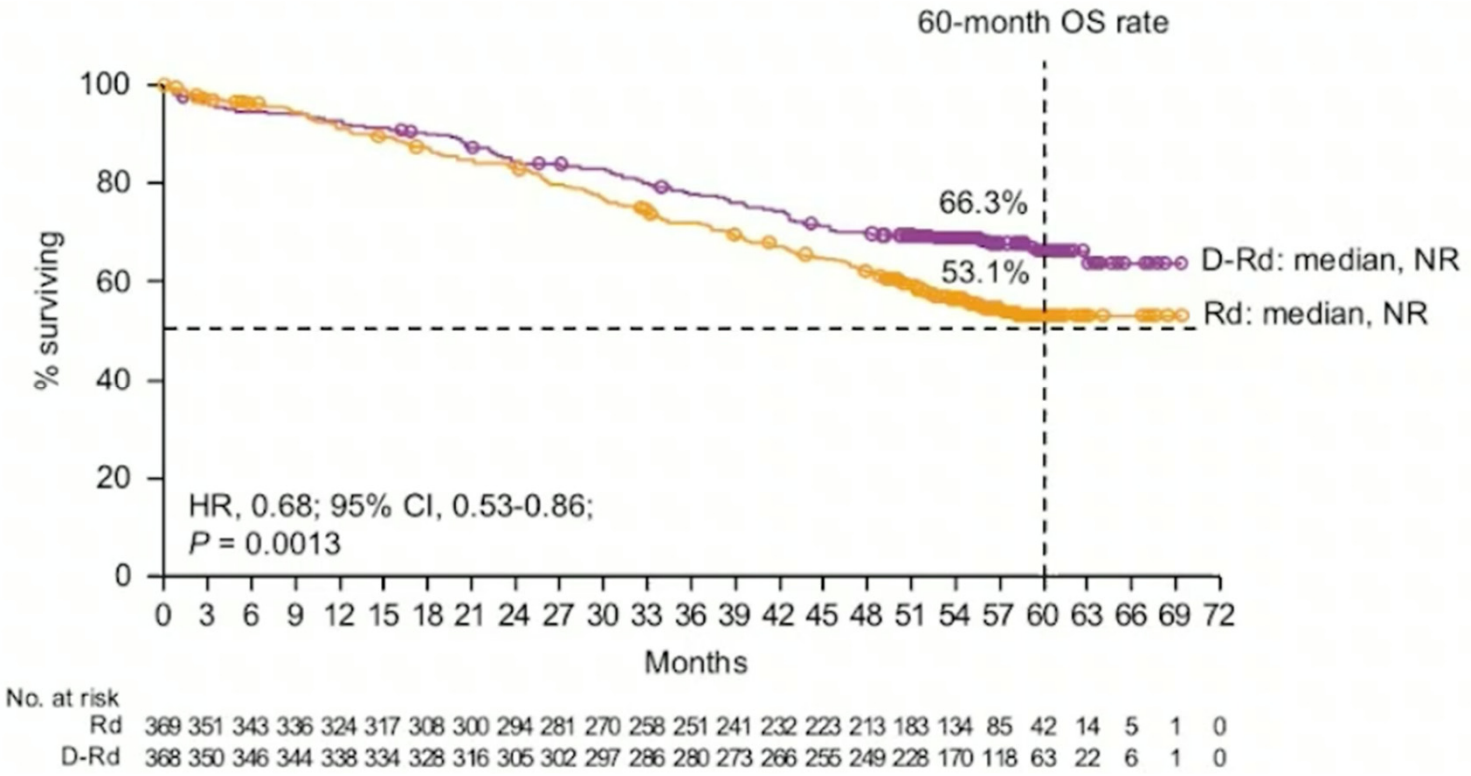

OVERALL SURVIVAL RESULTS WITH DARATUMUMAB, LENALIDOMIDE, AND DEXAMETHASONE VERSUS LENALIDOMIDE AND DEXAMETHASONE IN TRANSPLANT-INELIGIBLE NEWLY DIAGNOSED MULTIPLE MYELOMA: PHASE 3 MAIA STUDY

Design PHASE 3 MAIA STUDY



Gesamtüberleben: PHASE 3 MAIA STUDY

OS



Session: Myeloma and other monoclonal gammopathies - Clinical

EP1009

Idecabtagene vicleucel (ide-cel, bb2121), a BCMA-directed CAR T cell therapy, in relapsed and refractory multiple myeloma: updated KarMMa results

Larry D. Anderson, Jr,[1] Nikhil C. Munshi,[2] Nina Shah,[3] Sundar Jagannath,[4] Jesus Berdeja,[5] Sagar Lonial,[6] Noopur Raje,[7] David Siegel,[8] Yi Lin,[9] Albert Oriol,[10] Philippe Moreau,[11] Ibrahim Yakoub-Agha,[12] Michel Delforge,[13] Fabio Petrocca,[14] Payal Patel,[15] Liping Huang,[15] Timothy B. Campbell,[15] Kristen Hege,[15] and Jesus San-Miguel,[16] on behalf of the KarMMa study investigators

[1]Simmons Comprehensive Cancer Center, UT Southwestern Medical Center, Dallas, TX, USA; [2]The LeBow Institute for Myeloma Therapeutics and Jerome Lipper Multiple Myeloma Center, Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA, USA; [3]University of California San Francisco, San Francisco, CA, USA; [4]Mount Sinai Hospital, New York, NY, USA; [5]Sarah Cannon Research Institute and Tennessee Oncology, Nashville, TN, USA; [6]Emory School of Medicine, Atlanta, GA, USA; [7]Massachusetts General Hospital, Boston, MA, USA; [8]Hackensack University Medical Center, Hackensack, NJ, USA; [9]Mayo Clinic, Rochester, MN, USA; [10]Institut Josep Carreras and Institut Català d'Oncologia, Hospital Germans Trias i Pujol, Badalona, Spain; [11]Centre Hospitalier Universitaire de Nantes, Nantes, France; [12]Centre Hospitalier Regional Universitaire de Lille, Lille, France; [13]University Hospital Leuven, Leuven, Belgium; [14,a] bluebird bio, Cambridge, MA, USA; [15]Bristol Myers Squibb, Princeton, NJ, USA; [16]Clínica Universidad de Navarra, CIMA, CIBERONC, IDISNA, Pamplona, Spain
[a]Affiliation at the time the research was conducted.

EP964

CILTACABTAGENE AUTOLEUCEL, A B-CELL MATURATION ANTIGEN–DIRECTED CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY, IN RELAPSED/REFRACTORY MULTIPLE MYELOMA: UPDATED RESULTS FROM CARTITUDE-1

Saad Z Usmani[1], Jesus G Berdeja[2], Deepu Madduri[3], Andrzej Jakubowiak[4], Mounzer Agha[5], Adam D Cohen[6], Parameswaran Hari[7], Tzu-Min Yeh[8], Yunsi Olyslager[9], Amob Banerjee[10], Carolyn C Jackson[8], Alicia Allred[10], Enrique Zudaire[10], William Deraedt[8], Xiaoling Wu[11], Marlene J Carrasco-Alfonso[11], Muhammad Akram[11], Yi Lin[12], Thomas Martin[13], Sundar Jagannath[3]

[1]Levine Cancer Institute-Atrium Health, Charlotte, NC, USA; [2]Sarah Cannon Research Institute, Nashville, TN, USA; [3]Mount Sinai Medical Center, New York, NY, USA; [4]University of Chicago, Chicago, IL, USA; [5]UPMC Hillman Cancer Center, Pittsburgh, PA, USA; [6]Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA, USA; [7]Medical College of Wisconsin, Milwaukee, WI, USA; [8]Janssen R&D, Raritan, NJ, USA; [9]Janssen R&D, Beerse, Belgium; [10]Janssen R&D, Spring House, PA, USA; [11]Legend Biotech USA, Inc, Piscataway, NJ, USA; [12]Mayo Clinic, Rochester, MN, USA; [13]UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco, CA, USA

Charakteristika der CAR-T-Zell Studien Die-cel und Cilta-cel

	Ide-cel	Cilta-cel
Hersteller	Celgene/BMS	Janssen
Vortherapien	> 2 Linien	> 2 Linien
Substanzen	PI, IMiD, CD38	PI, IMiD, CD38
Behandelt / Randomisiert	128 / 140	97 / 113
Medianes follow-up (Monate)	24.8	18.0
Lymphodepletion	Flu / Cy 30 / 300 mg/m^2	Flu / Cy 30 / 300 mg/m^2

Session: Myeloma and other monoclonal gammopathies - Clinical

EP972: Adjusted comparison of outcomes between patients from CARTITUDE-1 versus multiple myeloma patients with prior exposure to PI, IMiD and anti-CD-38 from a German registry

Hartmut Goldschmidt[1], Maximillian Merz[1], Parameswaran Hari[2], Mounzer Agha[3], Joris Diels[4], Francesca Ghilotti[5], Benjamin Haefliger[6], Caline Sakabedoyan[7], Trevor Bacon[8], Jordan M. Schecter[9], Carolyn C. Jackson[9], Yunsi Olyslager[4], Marlene J. Carrasco-Alfonso[10], Tonia Nesheiwat[10], Lenka Kellermann[11], Sundar Jagannath[12]

[1]University Clinic Heidelberg, Internal Medicine V and National Center for Tumor Diseases, Heidelberg, Germany; [2]Medical College of Wisconsin, Milwaukee, WI, USA; [3]University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; [4]Janssen Pharmaceutica NV, Beerse, Belgium; [5]Janssen-Cilag SpA, Cologno Monzese, Italy; [6]Cilag GmbH International, Zug, Switzerland; [7]Janssen EMEA Medical Affairs, Beirut, Lebanon; [8]Janssen Sciences Ireland UC, Dublin, Ireland; [9]Janssen R&D, Raritan, NJ, USA; [10]Legend Biotech USA, Inc, Piscataway, NJ, USA; [11]OncologyInformationService O.I.s., Freiburg, Germany; [12]Mount Sinai Medical Center, New York, NY, USA

Results

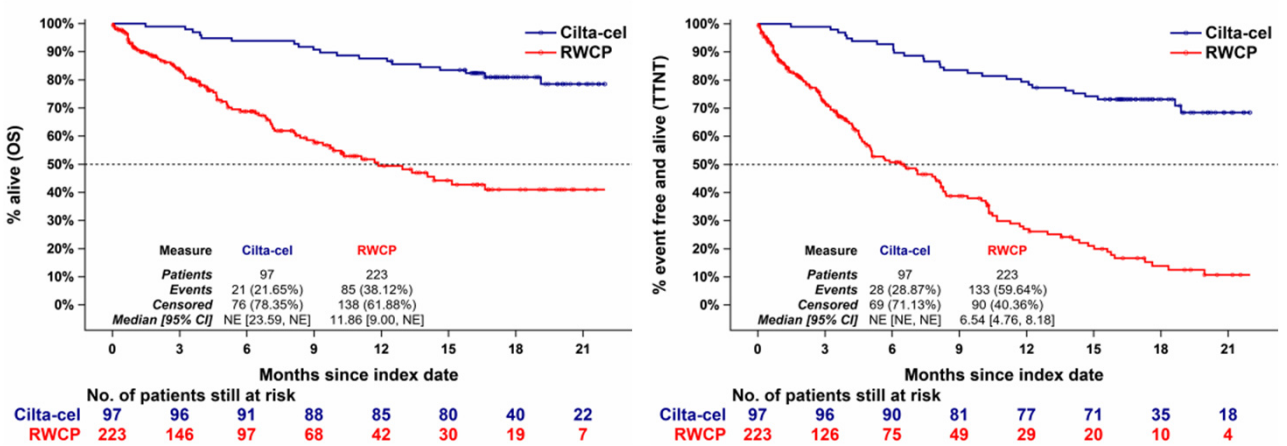
Naive Comparison of OS and TTNT

- Strong advantages favouring cilta-cel compared to RWCP were observed
  - OS: HR 0.25 (95% CI 0.16–0.40)
  - TTNT: HR 0.17 (95% CI 0.11–0.26)

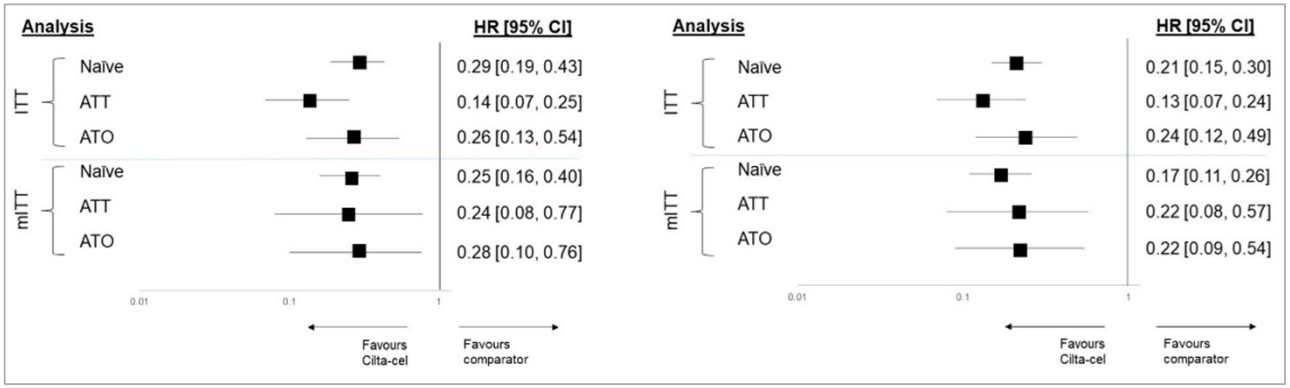
Adjusted Comparisons of OS and TTNT

- Following adjustments with IPW, comparisons of cilta-cel vs RWCP showed consistently better outcomes for cilta-cel, for both endpoints (OS, TTNT), both analysis methods (ATT and ATO populations), as well as both compared populations (ITT and mITT)
- OS
  - ITT HR: 0.14 and 0.26 for ATT and ATO
  - mITT HR: 0.24 and 0.28 for ATT and ATO
- TTNT
  - ITT HR: 0.13 and 0.24 for ATT and ATO
  - mITT HR: 0.22 and 0.22 for ATT and ATO

Naïve Comparison: OS and TTNT by Intervention Group (mITT)



Adjusted Comparison: OS and TTNT by Intervention Group



ATO, average treatment effect in the overlap; ATT, average treatment effect in the treated; CI, confidence interval; HR, hazard ratio; IPW, inverse probability weighting; ITT, intent-to-treat; KM, Kaplan-Meier; mITT, modified intent-to-treat; OS, overall survival; RWCP, real-world clinical practice; TTNT, time to next treatment.

Haben Sie Fragen zu diesem Thema?

Schreiben Sie uns!

eha2021@lymphome.de

Die Kurzpräsentationen sind online unter

www.lymphome.de/eha2021

Für den Inhalt verantwortlich:

Prof. Dr. med. Hartmut Goldschmidt

Klinik für Hämatologie, Onkologie, Rheumatologie | Universitätsklinikum Heidelberg

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