



## Post **IMS 2024**

# Actualités première ligne **sujets jeunes**



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# Conflits d'intérêts

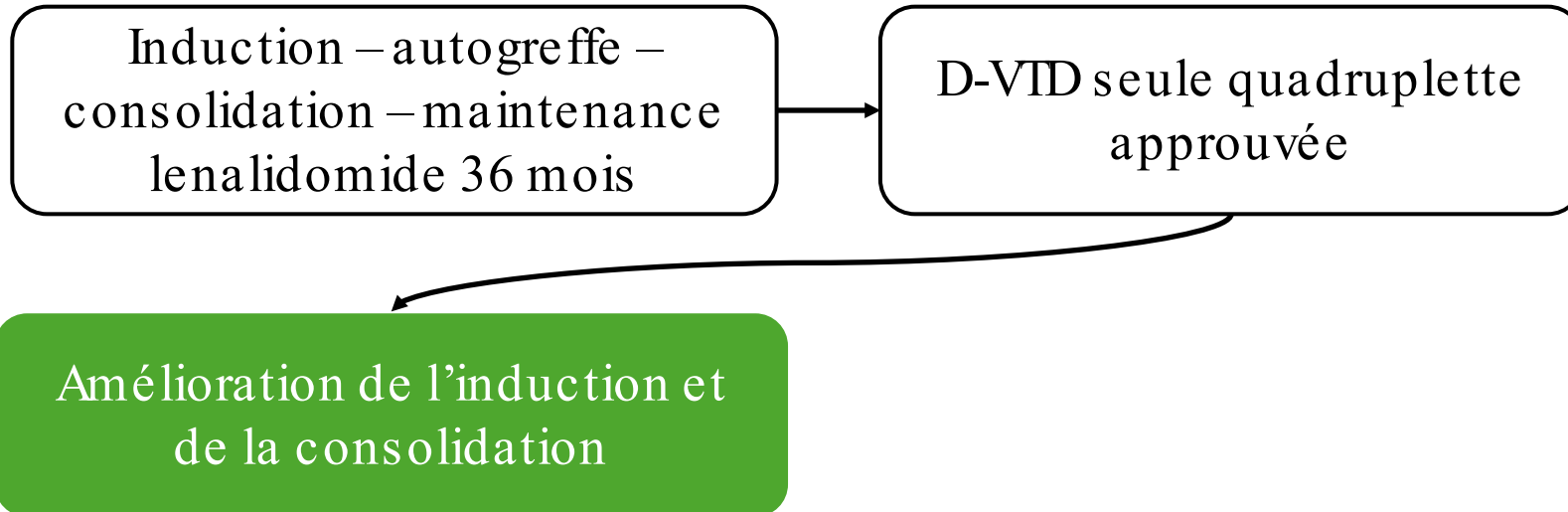


- Consulting Janssen, Pfizer, Amgen
- Cette présentation contient des données hors AMM

# L1 Sujets éligibles à l'autogreffe



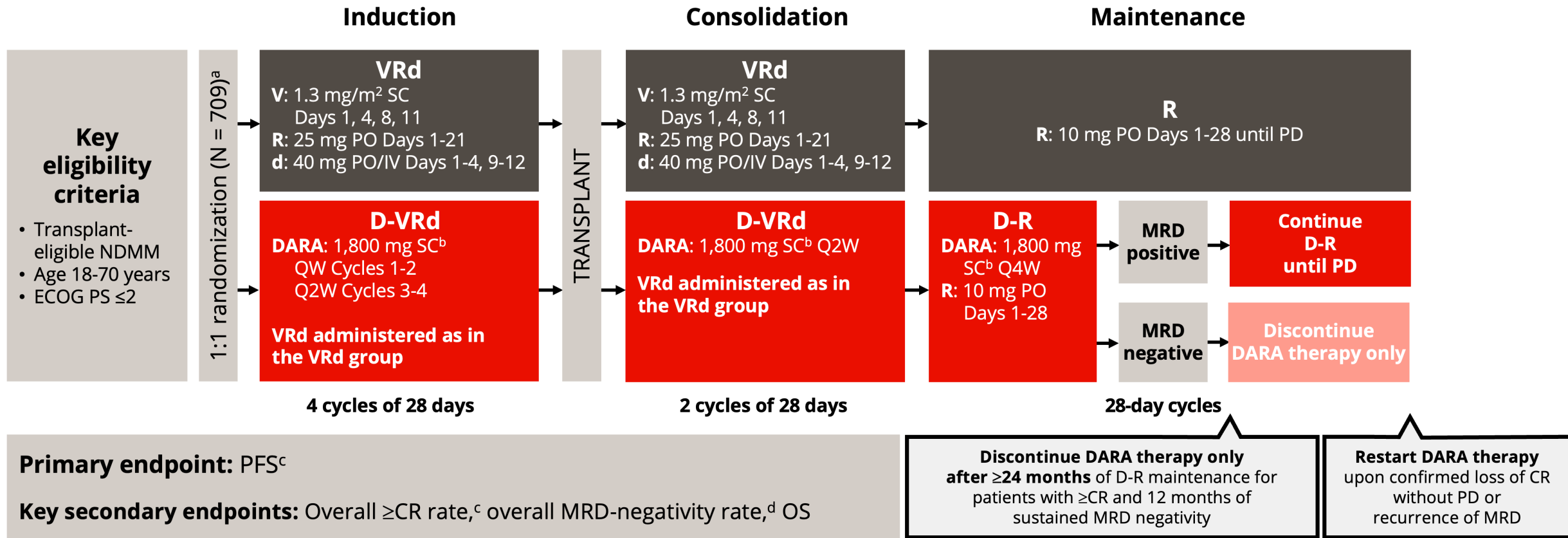
Standard actuel



# Améliorer l'induction et la consolidation ?



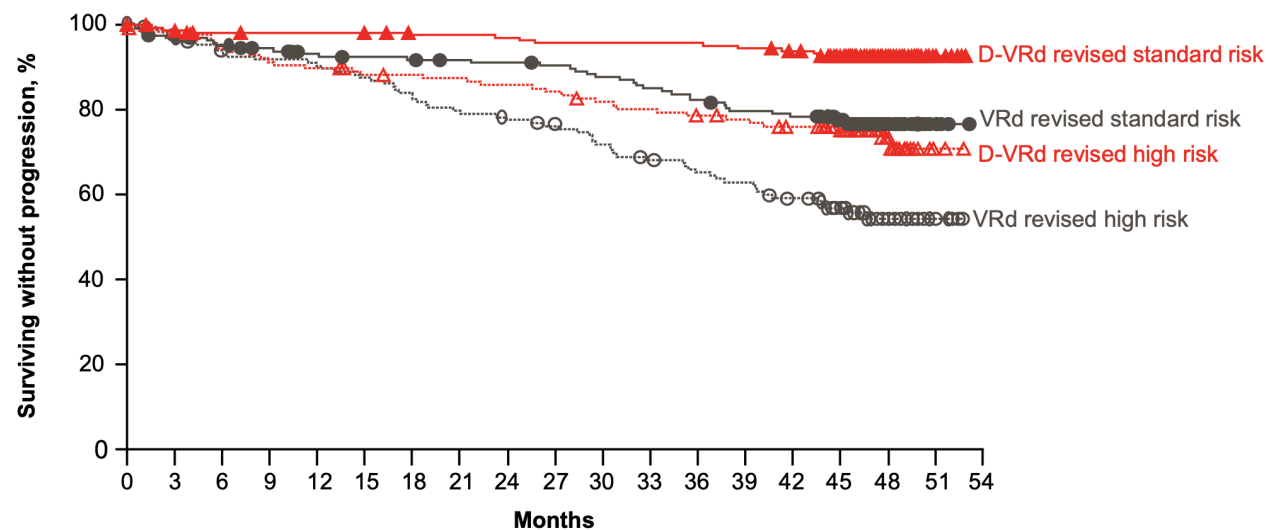
PERSEUS : phase 3, 709 patients



# PERSEUS : et pour les HR ?



Characteristic	D-VRd (n = 355)	VRd (n = 354)
<b>ISS disease stage, n/N (%)</b>		
I	186/355 (52.4)	178/353 (50.4)
II	114/355 (32.1)	125/353 (35.4)
III	55/355 (15.5)	50/353 (14.2)
<b>Cytogenetic abnormalities, n (%)</b>		
del(17p)	36 (10.1)	34 (9.6)
t(4;14)	33 (9.3)	38 (10.7)
t(14;16)	11 (3.1)	14 (4.0)
Gain(1q21) <sup>a</sup>	59 (16.6)	71 (20.1)
Amp(1q21) <sup>b</sup>	28 (7.9)	36 (10.2)
<b>Cytogenetic risk,<sup>c</sup> n (%)</b>		
Standard	264 (74.4)	266 (75.1)
High	76 (21.4)	78 (22.0)
Indeterminate	15 (4.2)	10 (2.8)
<b>Revised cytogenetic risk,<sup>d</sup> n (%)</b>		
Revised standard	174 (49.0)	167 (47.2)
Revised high	130 (36.6)	148 (41.8)
Indeterminate	51 (14.4)	39 (11.0)
<b>R2-ISS disease stage, n (%)</b>		
Low (I)	116 (32.7)	114 (32.2)
Low-intermediate (II)	111 (31.3)	106 (29.9)
Intermediate-high (III)	108 (30.4)	115 (32.5)
High (IV)	20 (5.6)	19 (5.4)



No. at risk	0	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54
VRd revised standard risk	167	157	152	148	143	141	140	138	137	135	131	127	123	118	116	96	36	6	0
D-VRd revised standard risk	174	167	163	162	162	162	159	158	157	155	155	155	155	153	149	124	52	7	0
VRd revised high risk	148	139	132	129	127	123	118	112	109	105	98	92	87	84	77	64	22	4	0
D-VRd revised high risk	130	127	121	117	115	111	110	109	107	105	101	99	96	94	90	76	31	2	0

# Nouveaux schémas ? Bela-VRD

## Study design GEM-Bela-VRD:

phase II, open label, multicenter, non-randomized single arm clinical trial



VRD (bortezomib 1.1 mg/m<sup>2</sup> (subcutaneous) on days 1, 4, 8, and 11 of each cycle; lenalidomide 25 mg/d on days 1 to 21; and dexamethasone 40 mg on days 1 to 4 and 9 to 12) at 4-week intervals for 6 cy.

R (Lenalidomide 10 mg/day on days 1-28 continuously (may increase up to 15 mg/day) until PD or patient withdrawal.

Belamaf 2.5 mg/kg iv every 8 wks (on day 1 of cycles 1, 3 and 5 of induction and on day 1 of cycle 1 of consolidation)

Belamaf 1.9 mg/kg iv every 8 wks until PD, patients withdrawal, death or up to two years as maintenance

\* Stem cell mobilization and collection

**Primary endpoint:** Safety (ocular events, KVA scale, AEs CTCAE v 4.0)

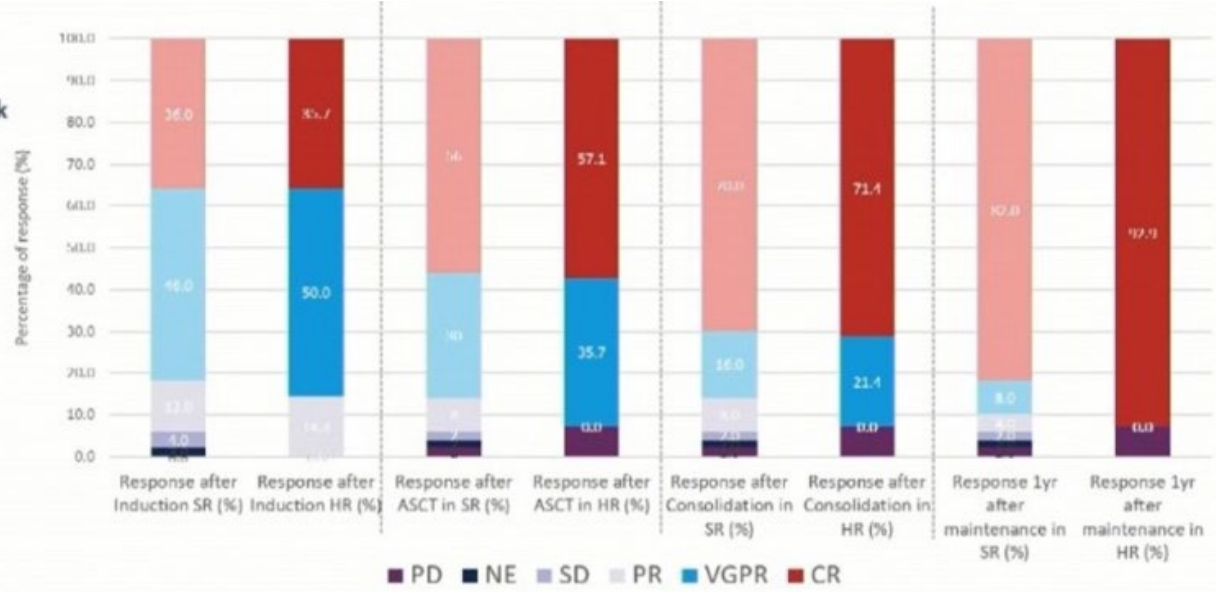
**Key secondary endpoints:** ORR, CR rate, MRD rate after induction, consolidation, maintenance, efficiency of CD34+ cells collection, PFS and OS

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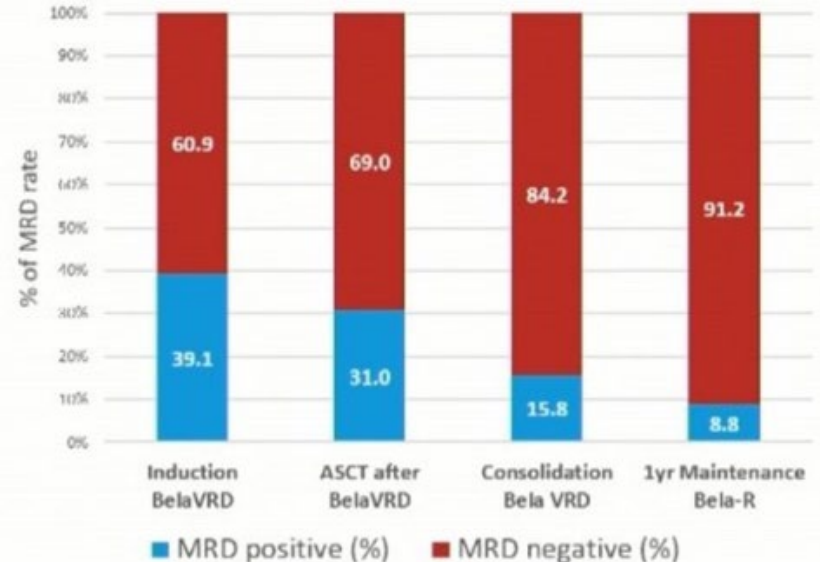
# Bela-VRD



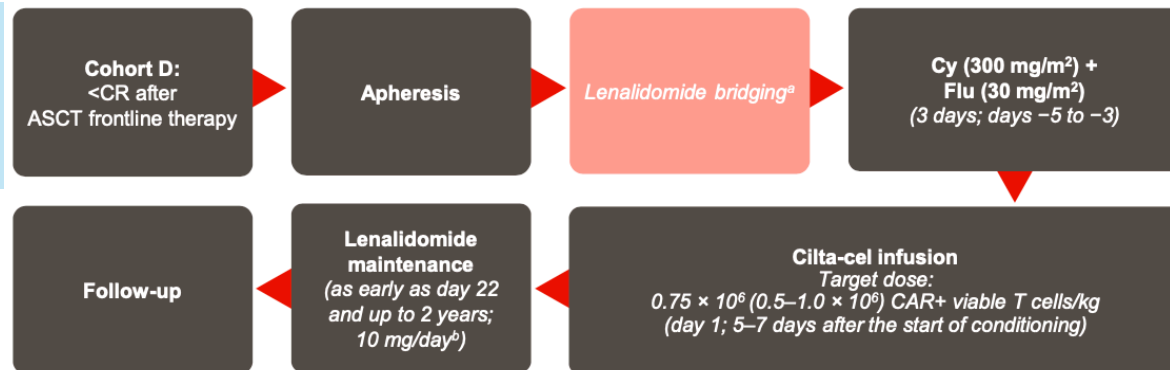
HR: high risk (dark color)  
SR: standard risk (light color)



## Improvement in the quality of the response over time



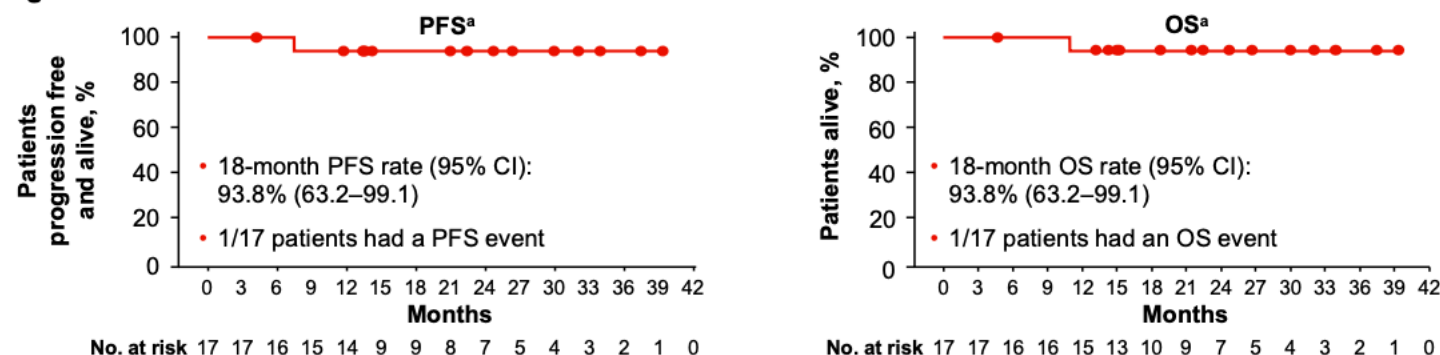
# CARTITUDE-2 Cohort D



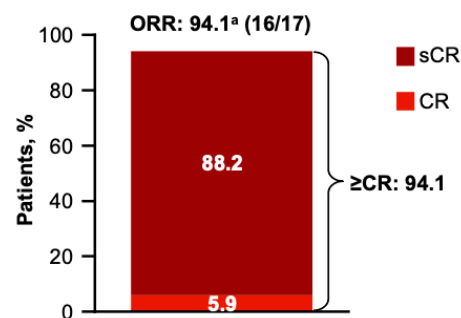
**Table 1: Baseline characteristics**

Characteristic		N=17
Age, years, median (range)		54.0 (37-69)
Male, n (%)		14 (82.4)
Race, n (%)	White	14 (82.4)
	Black/African American	1 (5.9)
	Not reported	2 (11.8)
ECOG PS at screening, n (%)	0	13 (76.5)
	1	4 (23.5)
Time from initial diagnosis to enrollment, years, median (range)		0.9 (0.6-1.4)
Myeloma type by immunofixation, n (%)	IgG	11 (64.7)
	IgA	2 (11.8)
	Light chain, kappa	2 (11.8)
	Negative immunofixation	2 (11.8)
Extramedullary plasmacytomas, n		0
High-risk cytogenetics, n (%) <sup>a</sup>		3 (17.6)
	del(17p)	1 (5.9)
	t(4;14)	2(11.8)
ISS stage I, n (%)		17 (100)
Prior ASCT, n (%) <sup>b</sup>		17 (100)
Prior PI and IMiD, n (%)		17 (100)
Prior anti-CD38 mAb, n (%)		3 (17.6)

**Figure 4: PFS and OS rates**



**Figure 2: Overall response assessed using a validated computerized algorithm**



**Table 5: AEs of special interest**

Cohort D (N=17)	Any Grade, n (%)	Grade 3/4, n (%)	Median time to onset, days	Median duration, days
CRS	14 (82.4)	0	8.0	2.5
ICANS	1 (5.9)	0	7.0	1.0
Other neurotoxicity <sup>a</sup>	6 (35.3)	1 (5.9)	21.0	111.0



# L1 Sujets éligibles à l'autogreffe

Quelle(s)  
amélioration(s) ?

Amélioration de l'induction et  
de la consolidation

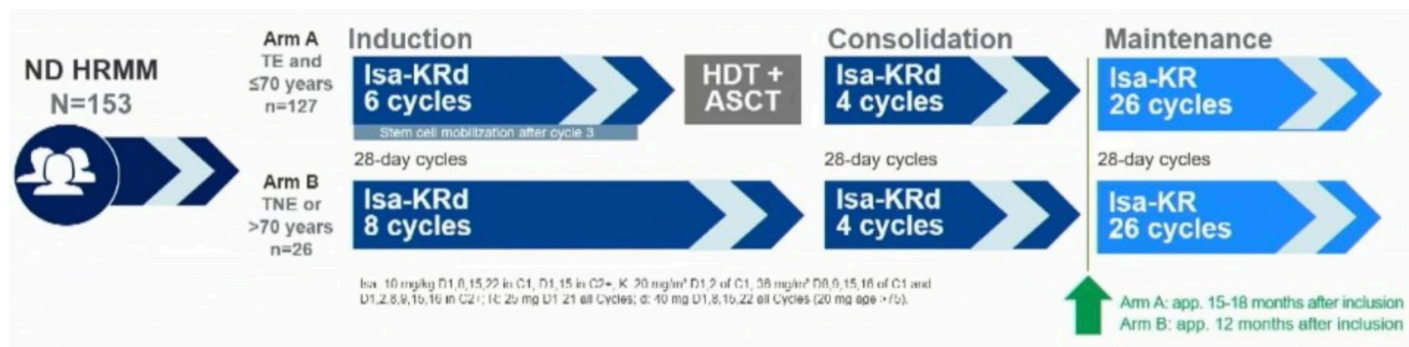
Adaptation du  
traitement

PERSEUS

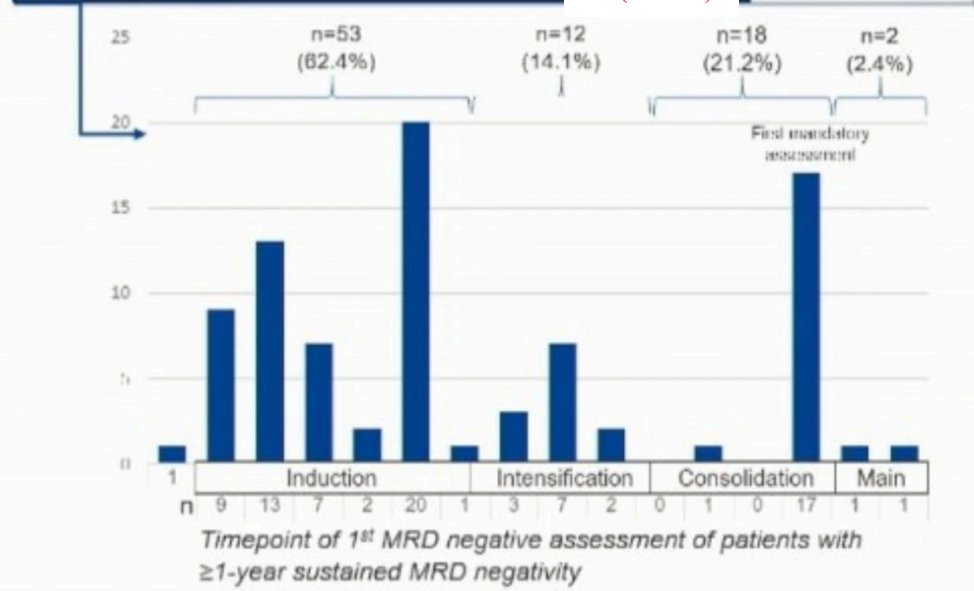
Bela-VRd

CARTITUDE  
2 - D

# CONCEPT : IsaKRD pour les HR

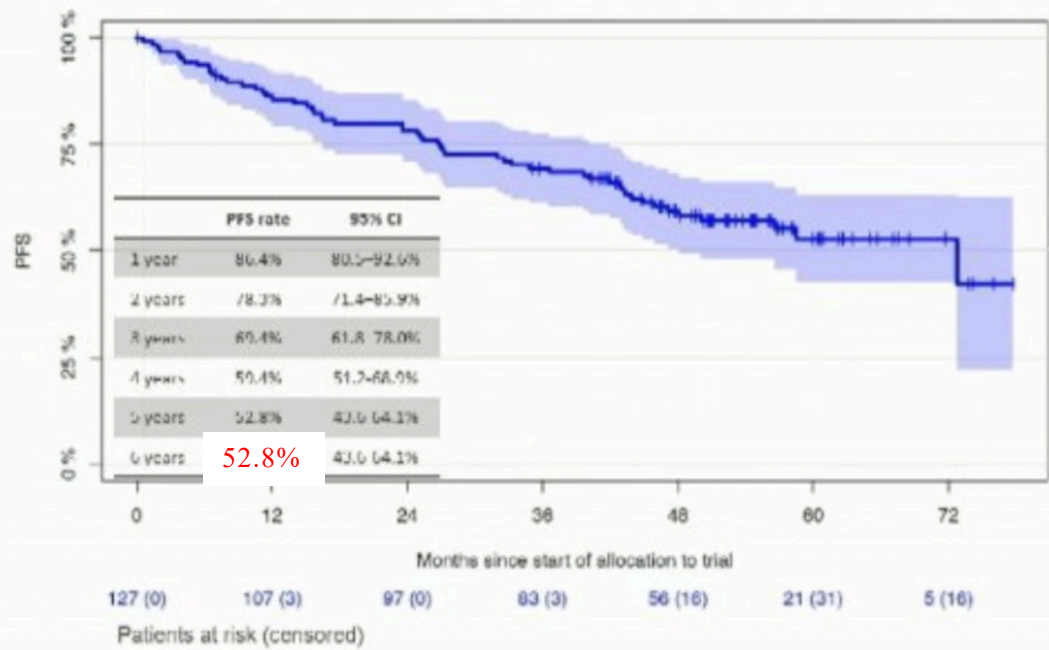


n (%)	TE patients (n=127)	TNE patients (n=26)
MRD negative (any time point)	106 (83.5%)	18 (69.2%)
Sustained MRD negativity for >6 months	93 (73.2%)	15 (57.7%)
Sustained MRD negativity for >12 months	85 (66.9%)	13 (50.0%)



## Transplant-eligible patients

Median follow-up of 54 months (range, 0-77.7)



# L1 Sujets éligibles à l'autogreffe



Quelle(s)  
amélioration(s) ?

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PERSEUS

Bela-VRd

CARTITUDE  
2 - D

Adaptation du  
traitement

CONCEPT

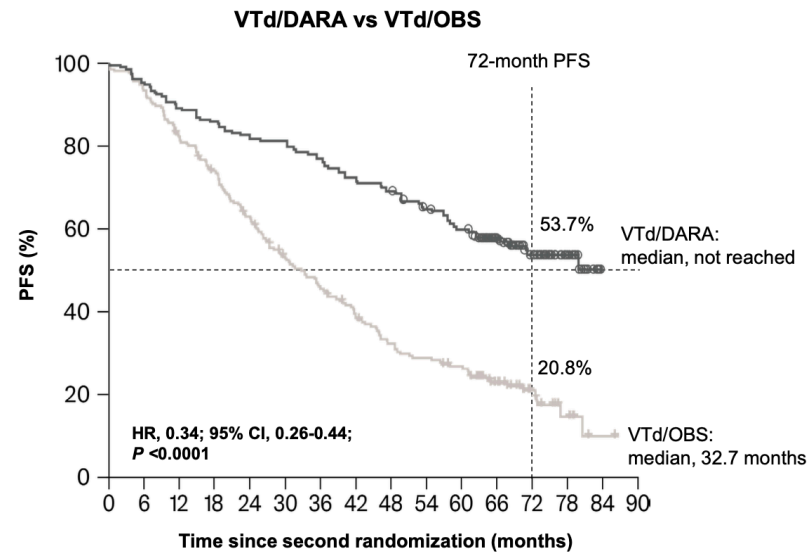
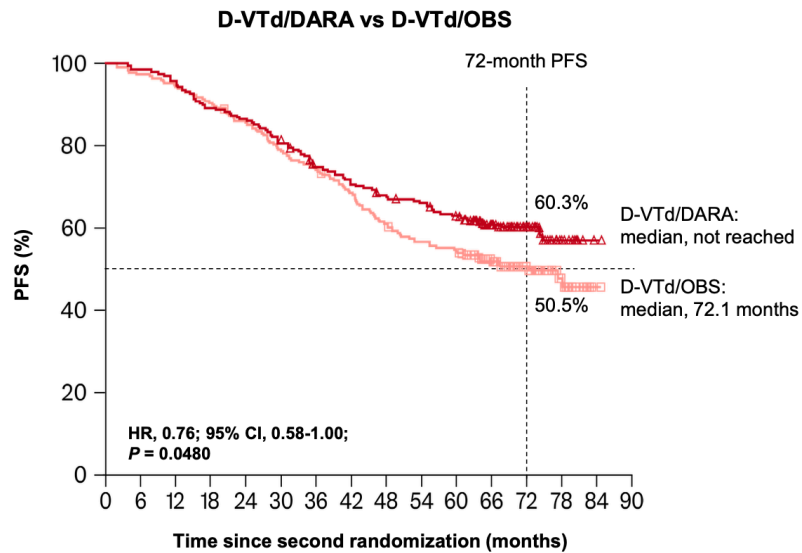
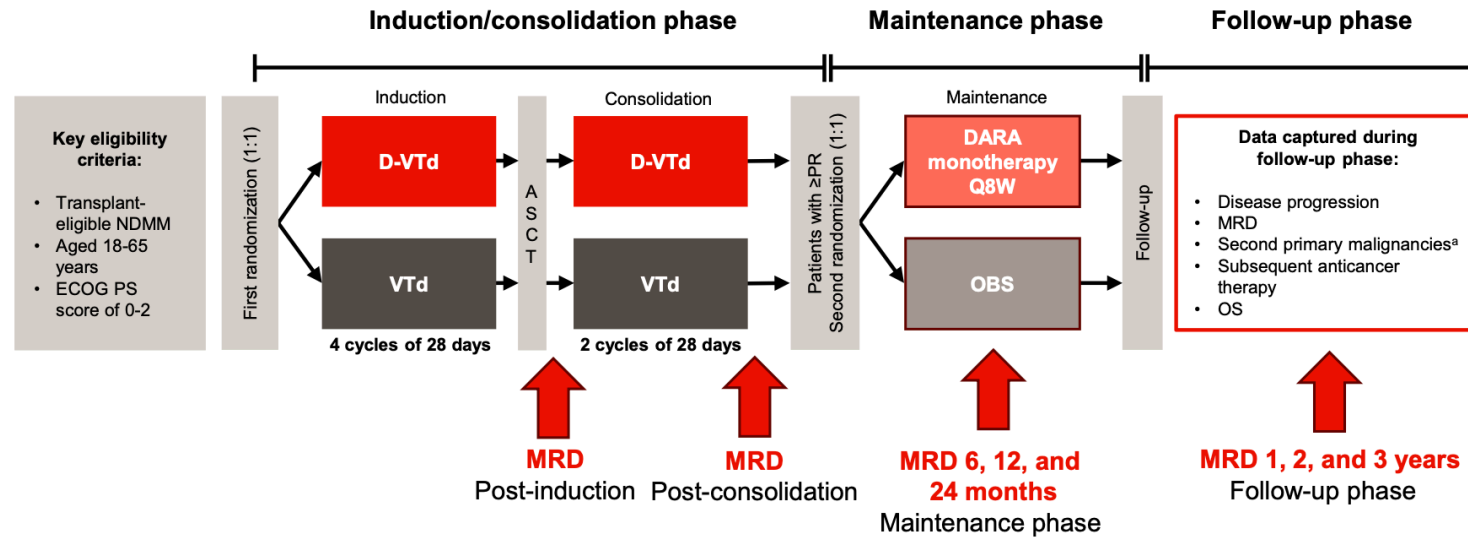
Risque initial

MIDAS

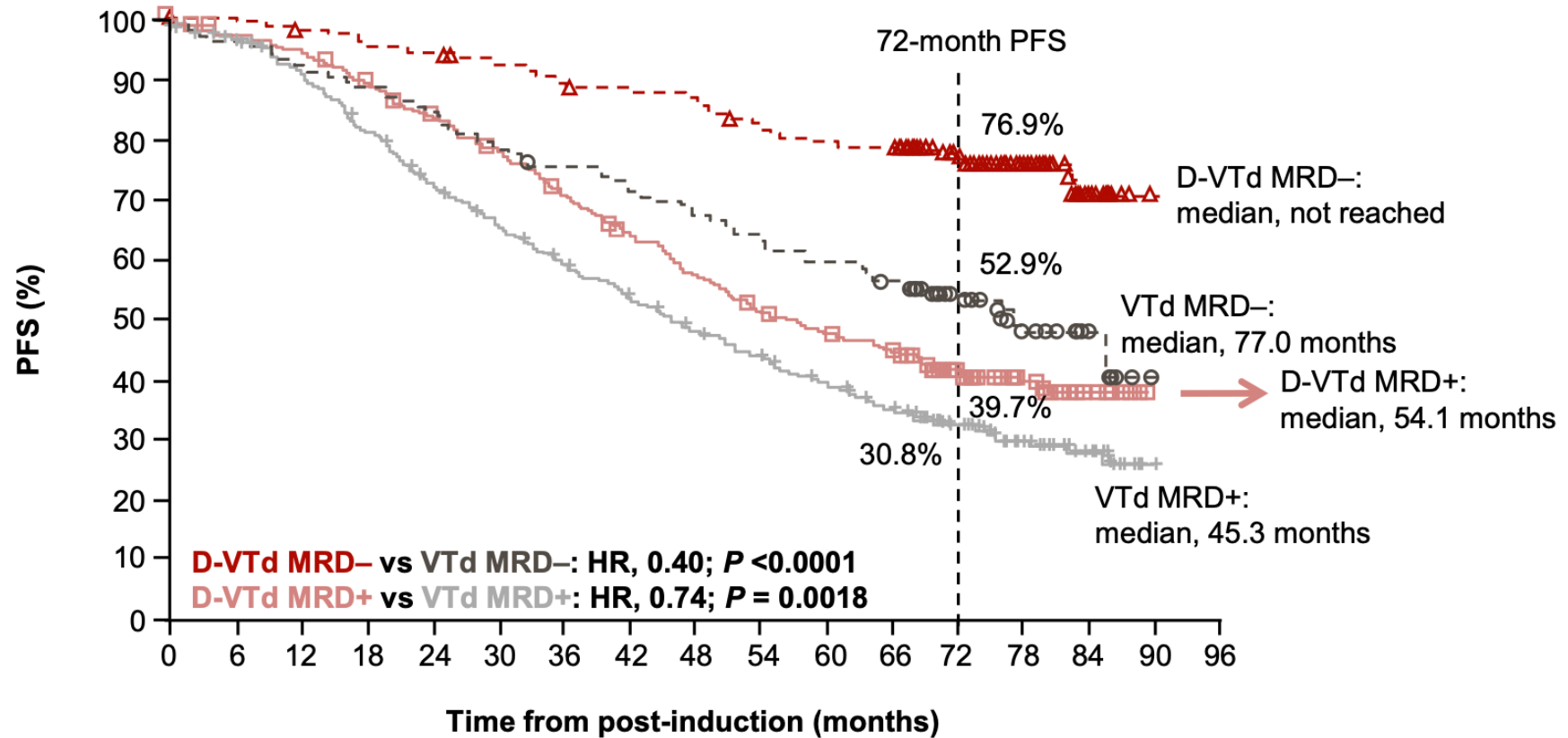
MRD

Amélioration de la  
maintenance

# CASSIOPEA

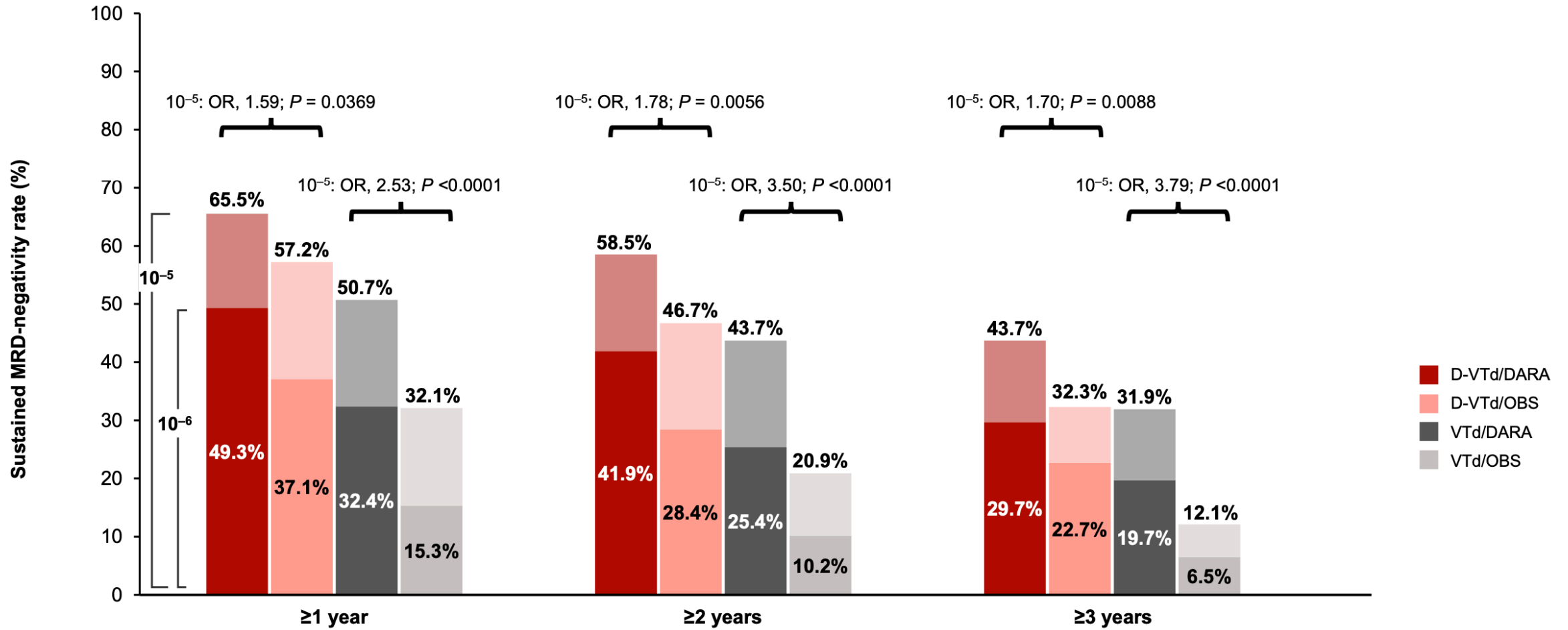


# CASSIOPEA : MRD



No. at risk	0	6	12	18	24	30	36	42	48	54	60	66	72	78	84	90	96
VTd MRD+	393	366	340	303	266	240	213	191	166	150	132	114	77	42	18	0	0
VTd MRD-	125	120	115	110	105	97	92	88	82	78	72	68	52	23	13	1	0
D-VTd MRD+	334	317	308	290	270	249	225	199	177	157	144	133	95	53	20	1	0
D-VTd MRD-	188	186	182	178	174	168	163	160	157	148	143	141	106	55	25	1	0

# CASSIOPEA : MRD



- Objective: To determine the impact of adding DARA to R maintenance on MRD-negative conversion

### Key eligibility criteria

- 18-79 years of age
- NDMM with  $\geq 4$  cycles of induction therapy and underwent ASCT within 12 months of the start of induction
- $\geq$ VGPR at screening<sup>a</sup>
- MRD<sup>b</sup> positive ( $10^{-5}$ ) post-ASCT
- No prior anti-CD38
- Randomization within 6 months of ASCT date

### Stratification factor

- Cytogenetic risk<sup>c</sup> (standard risk/unknown vs high risk)

1:1 RANDOMIZATION (N = 200)

Maintenance: up to 36 cycles<sup>d</sup> (28-day cycles)

**D-R**

**D: 1,800 mg SC<sup>e</sup> QW Cycles 1-2,  
Q2W Cycles 3-6, Q4W Cycles 7+  
R: 10 mg PO daily Days 1-28  
(after Cycle 3, 15 mg PO daily if tolerated)**

**R**

**R: 10 mg PO daily Days 1-28  
(after Cycle 3, 15 mg PO daily if tolerated)**

MRD<sup>b</sup> obtained after 12, 18, 24, and 36 cycles

### Primary endpoint

- MRD-negative ( $10^{-5}$ ) conversion rate from baseline to 12 months after maintenance treatment
- N = 214 planned to achieve  $\geq 85\%$  power to detect 20% improvement

### Secondary endpoints

- PFS, overall MRD-negative conversion rate, sustained MRD-negative rate, response rates, duration of  $\geq$ CR, OS, safety

# AURIGA : population

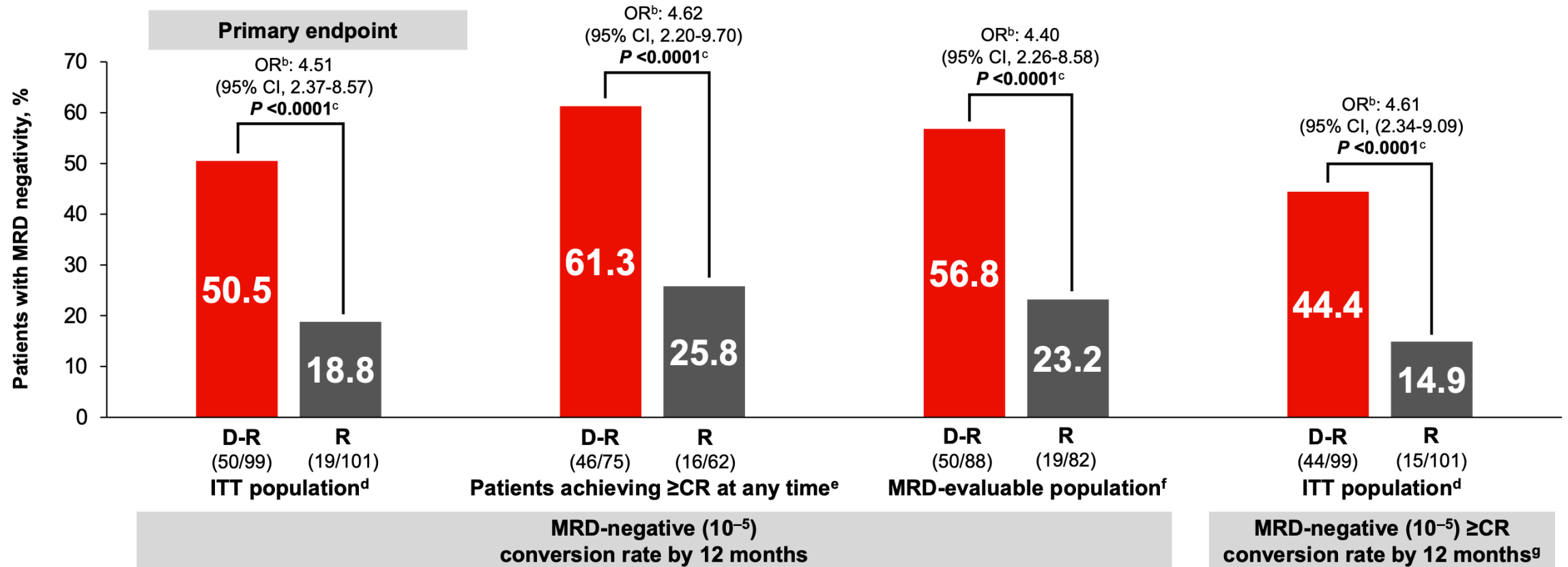


Characteristic	D-R (n = 99)	R (n = 101)
<b>Age, years, n (%)</b>		
Median (range)	63 (35-77)	62 (35-78)
<65	61 (61.6)	61 (60.4)
65-70	23 (23.2)	21 (20.8)
≥70	15 (15.2)	19 (18.8)
<b>Sex, n (%)</b>		
Male	61 (61.6)	58 (57.4)
<b>Race, n (%)</b>		
White	67 (67.7)	68 (67.3)
Black	20 (20.2)	24 (23.8)
Asian	5 (5.1)	1 (1.0)
American Indian or Alaska Native	0	1 (1.0)
Other <sup>a</sup>	5 (5.1)	5 (5.0)
Not reported	2 (2.0)	2 (2.0)
<b>ECOG PS score, n (%)</b>		
0	45 (45.5)	55 (54.5)
1	52 (52.5)	44 (43.6)
2	2 (2.0)	2 (2.0)
<b>ISS disease stage at diagnosis, n (%)</b>		
n	91	98
I	40 (44.0)	38 (38.8)
II	28 (30.8)	37 (37.8)
III	23 (25.3)	23 (23.5)

Characteristic	D-R (n = 99)	R (n = 101)
<b>Cytogenetic risk at diagnosis,<sup>b</sup> n (%)</b>		
n	92	89
Standard risk	63 (68.5)	66 (74.2)
High risk <sup>c</sup>	22 (23.9)	15 (16.9)
del[17p]	13 (14.1)	3 (3.4)
t[4;14]	10 (10.9)	12 (13.5)
t[14;16]	6 (6.5)	7 (7.9)
Unknown	7 (7.6)	8 (9.0)
<b>Revised cytogenetic risk at diagnosis,<sup>b</sup> n (%)</b>		
n	93	89
Standard risk	52 (55.9)	53 (59.6)
High risk <sup>d</sup>	32 (34.4)	30 (33.7)
Unknown	9 (9.7)	6 (6.7)
<b>Induction cycles</b>		
Median (range) <sup>e</sup>	5.0 (4.0-8.0)	5.0 (4.0-8.0)
≥2 induction cycles with V and R included, n (%)	78 (78.8)	84 (83.2)
<b>Patient response category at baseline,<sup>f</sup> n (%)</b>		
sCR	14 (14.1)	13 (12.9)
CR	14 (14.1)	17 (16.8)
VGPR	71 (71.7)	71 (70.3)

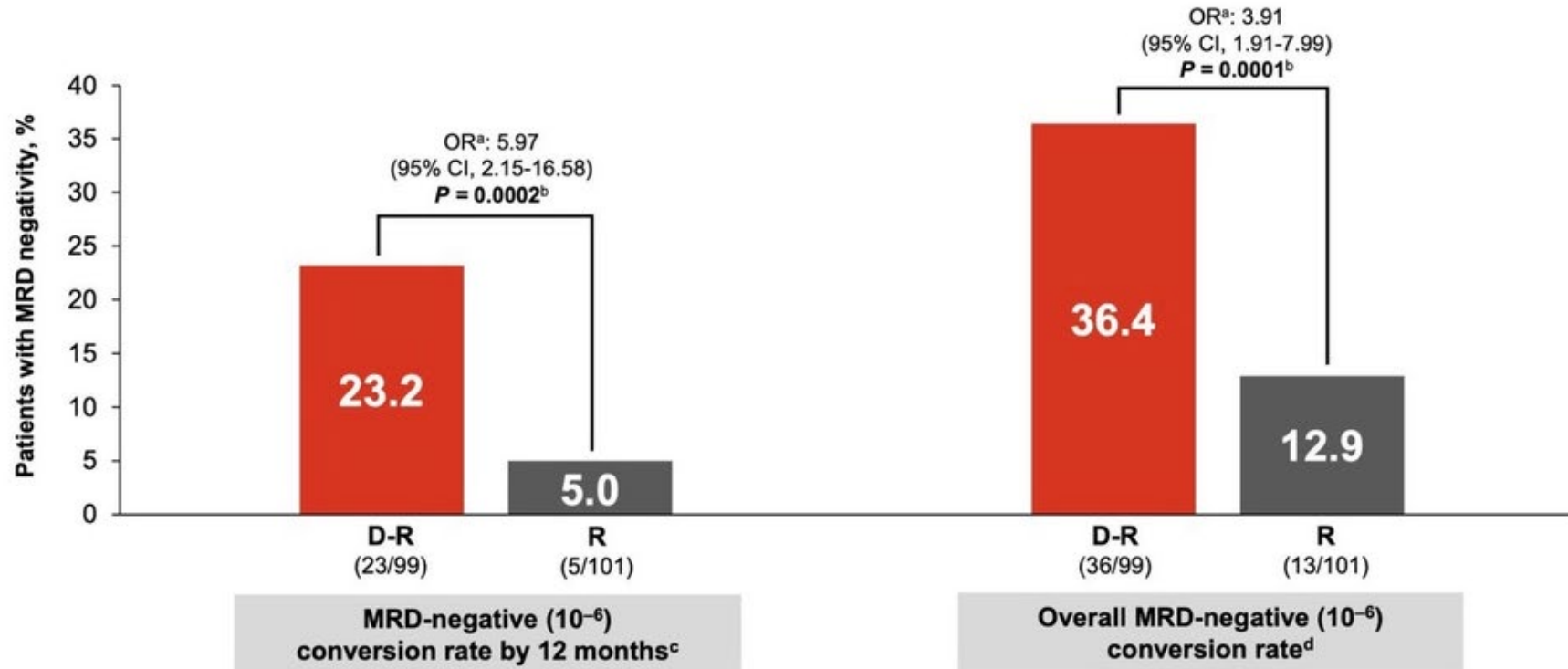


# AURIGA : taux de MRD



- The addition of DARA to R more than doubled the MRD-negative conversion rate by 12 months
  - Similar benefits were seen in supplemental MRD analyses

## AURIGA: MRD Analyses at the $10^{-6}$ Threshold



- D-R maintenance quadrupled the rate of MRD-negative ( $10^{-6}$ ) conversion by 12 months
  - D-R nearly tripled the rate of overall MRD-negative ( $10^{-6}$ ) conversion

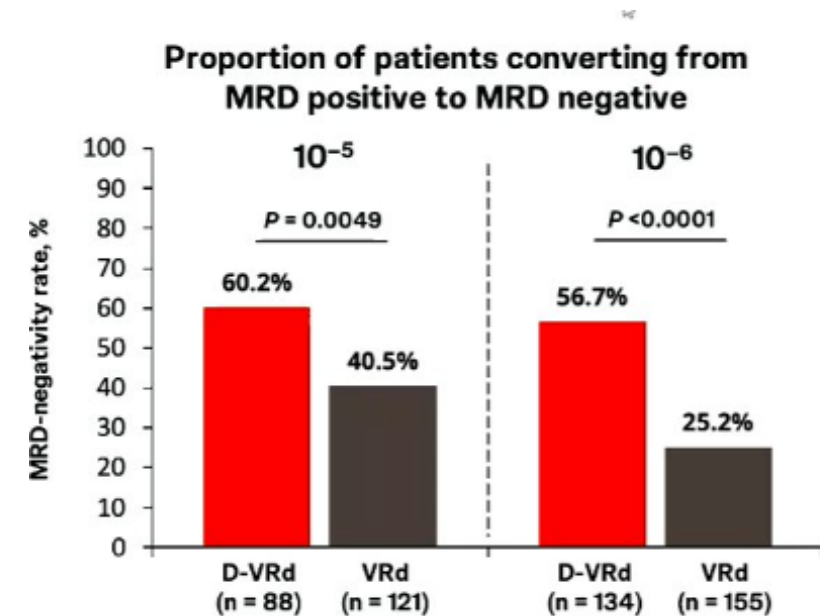
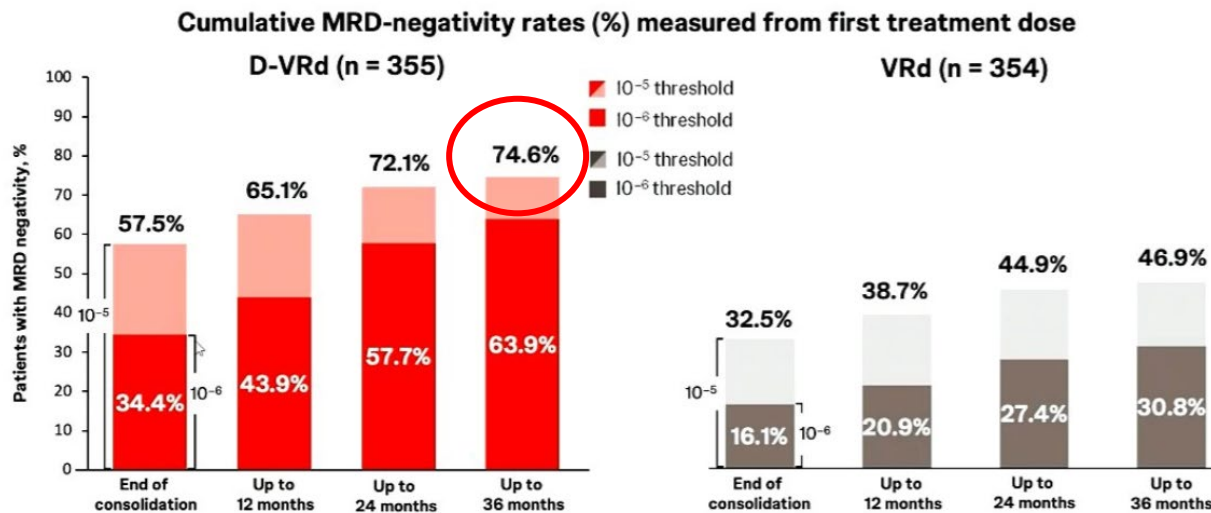
# AURIGA : tolérance



TEAE, n (%)	D-R (n = 96)		R (n = 98)	
	Any grade	Grade 3/4	Any grade	Grade 3/4
<b>Hematologic</b>				
Neutropenia	62 (64.6)	45 (46.9)	60 (61.2)	41 (41.8)
Leukopenia	25 (26.0)	9 (9.4)	29 (29.6)	6 (6.1)
Thrombocytopenia	23 (24.0)	3 (3.1)	28 (28.6)	2 (2.0)
Lymphopenia	23 (24.0)	10 (10.4)	13 (13.3)	5 (5.1)
Anemia	22 (22.9)	4 (4.2)	17 (17.3)	3 (3.1)
<b>Nonhematologic</b>				
Diarrhea	59 (61.5)	3 (3.1)	54 (55.1)	5 (5.1)
Fatigue	44 (45.8)	2 (2.1)	46 (46.9)	3 (3.1)
URTI	40 (41.7)	0	26 (26.5)	0
Cough	37 (38.5)	0	36 (36.7)	0
Hypokalemia	33 (34.4)	7 (7.3)	36 (36.7)	6 (6.1)
Arthralgia	32 (33.3)	1 (1.0)	36 (36.7)	1 (1.0)

TEAE, n (%)	D-R (n = 96)		R (n = 98)	
	Any grade	Grade 3/4	Any grade	Grade 3/4
<b>Nonhematologic (cont)</b>				
Back pain	31 (32.3)	0	20 (20.4)	1 (1.0)
COVID-19	28 (29.2)	1 (1.0)	29 (29.6)	3 (3.1)
Nausea	26 (27.1)	0	26 (26.5)	0
Nasal congestion	25 (26.0)	0	19 (19.4)	0
Headache	24 (25.0)	1 (1.0)	17 (17.3)	0
Constipation	22 (22.9)	0	26 (26.5)	0
Muscle spasms	22 (22.9)	0	21 (21.4)	0
Pain in extremity	22 (22.9)	1 (1.0)	17 (17.3)	0
Rash maculo-papular	21 (21.9)	1 (1.0)	17 (17.3)	2 (2.0)
Hypertension	14 (14.6)	7 (7.3)	10 (10.2)	4 (4.1)
Pneumonia	10 (10.4)	5 (5.2)	14 (14.3)	4 (4.1)
<b>Infusion-related reactions</b>	13 (13.5)	0	–	–

## L'impact de DR en maintenance vs R seul



- La maintenance par DR permet d'approfondir le taux de MRD négative par rapport au Rev seul
- Plus de patients passent d'une MRD positive à négative au cours de la maintenance dans le bras DR

# EMN26 : Iberdomide



## Key inclusion criteria:

- Initiation of induction within 12 mos of registration
- No prior progression after initial therapy
- In a continued PR or better at day 80-110 post-ASCT

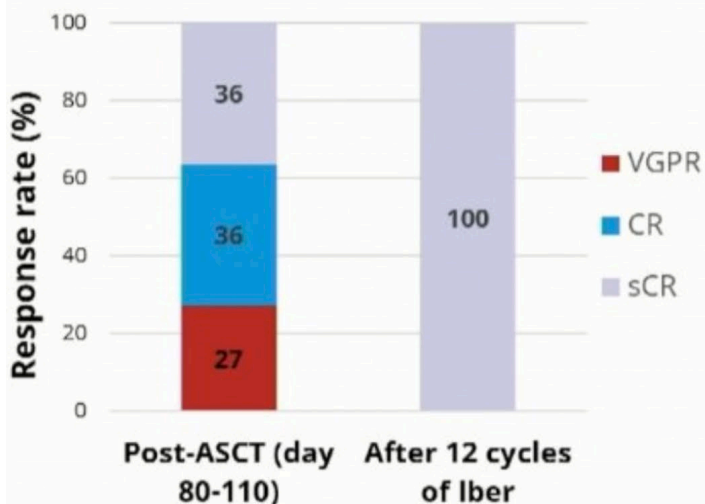
## Objectives:

- Primary:** 1-yr completion rate
- Secondary:** Safety, PFS, OS, MRD-negativity
- Exploratory:** changes in peripheral blood immunophenotype



MRD analysis (NGF,  $10^{-5}$ ) at screening, one- and two-years post initiation of maintenance

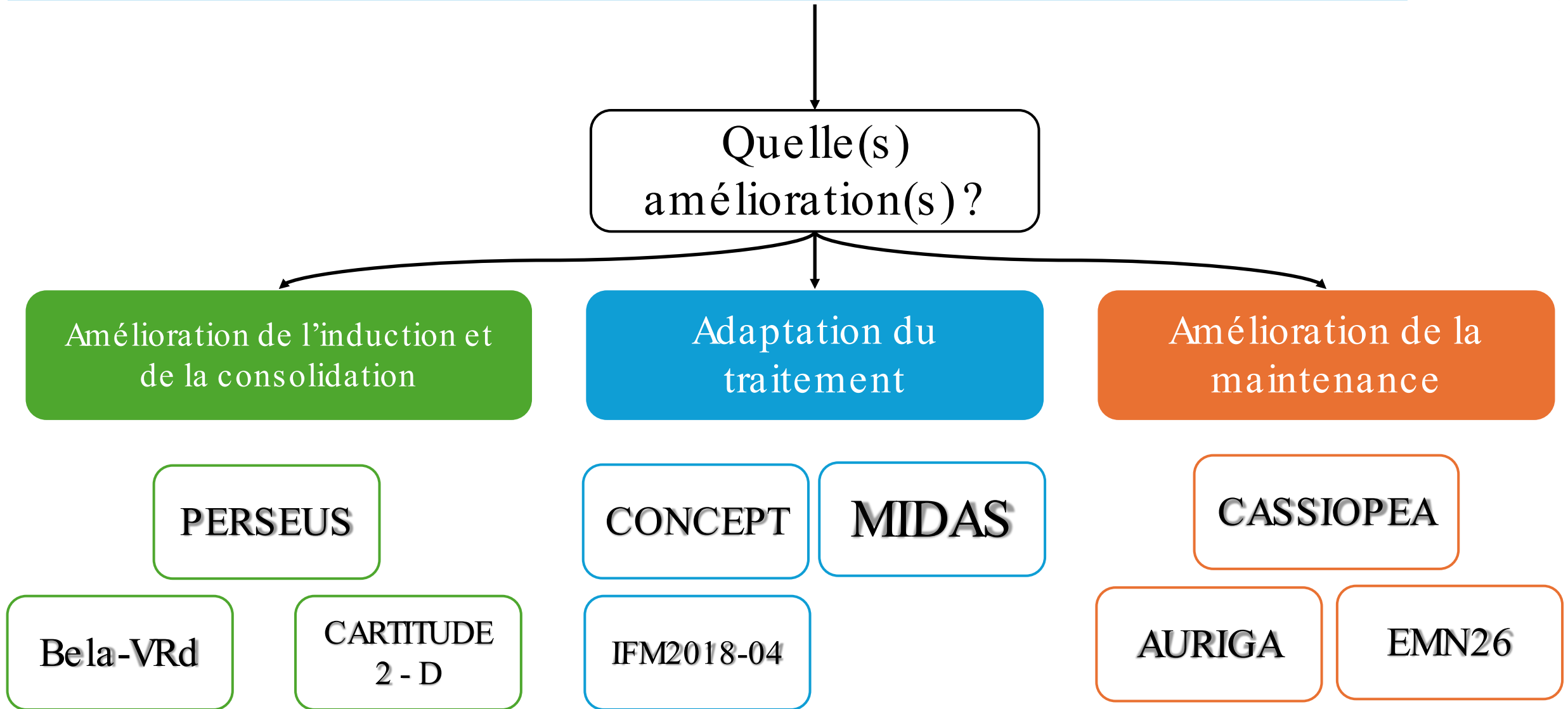
	Grade 2 n (%)	Grade 3 n (%)
<b>Infection</b>	5 (45%)**	0
COVID-19	1 (9%)	0
Gastrointestinal	1 (9%)	0
Pneumonia	1 (9%)	0
Upper respiratory	5 (45%)	0
<b>Diarrhea</b>	1 (9%)	0
<b>Rash</b>	0	1 (9%)
<b>Thromboembolic event</b>	1 (9%)	0



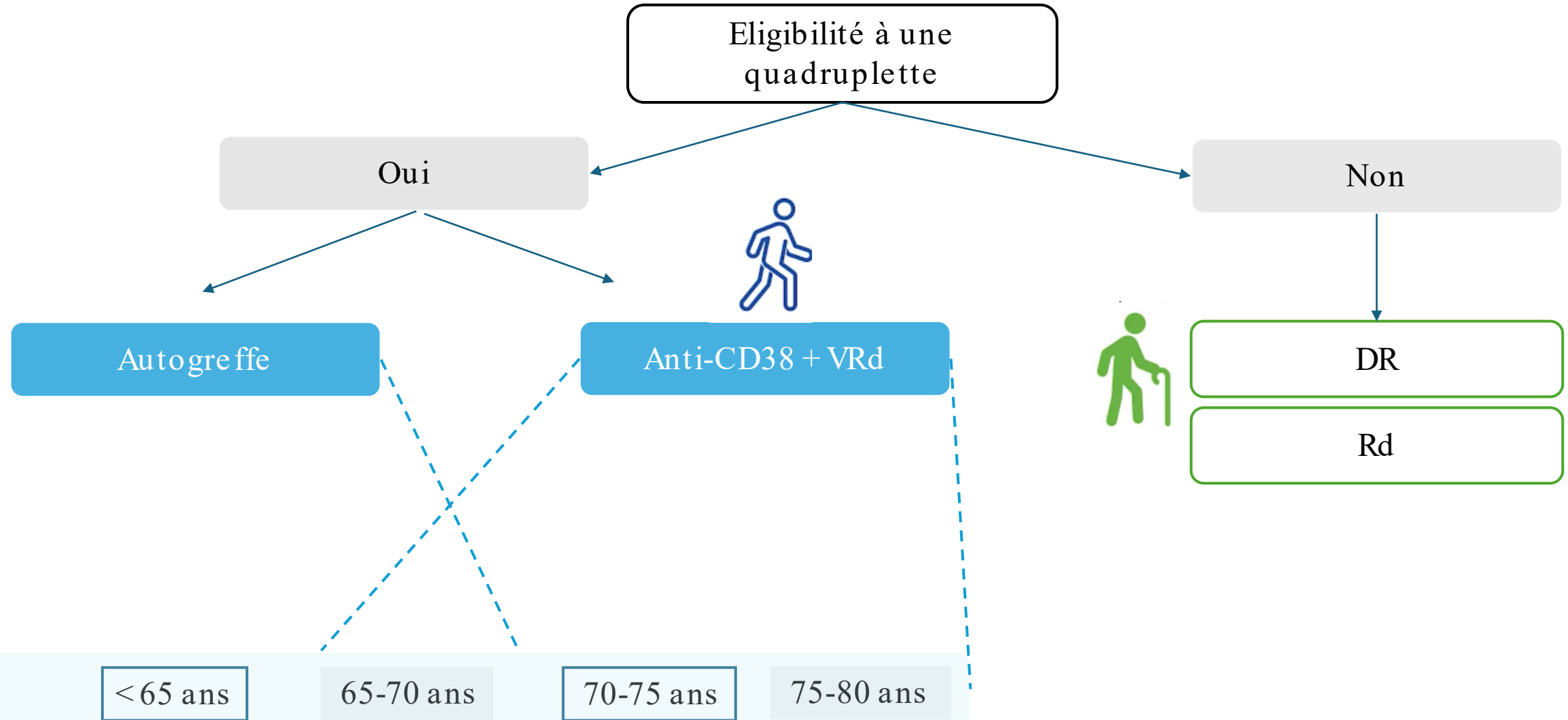
	N (%)
<b>MRD-neg post-ASCT (day 80-110)</b>	9/11 (82%)
<b>MRD-neg after 1 yr of maintenance</b>	10/11 (91%)
<b>Sustained MRD-neg x 1 yr</b>	8/9 (89%)
<b>Conversion from MRD-pos to MRD-neg</b>	2/2 (100%)

	Grade 2 n (%)	Grade 3 n (%)
<b>Neutrophil count decrease</b>	1 (9%)	5 (45%)
<b>Febrile neutropenia</b>	0	1 (9%)
<b>Anemia</b>	1 (9%)	0
<b>White blood cell count decrease</b>	4 (36%)	2 (18%)

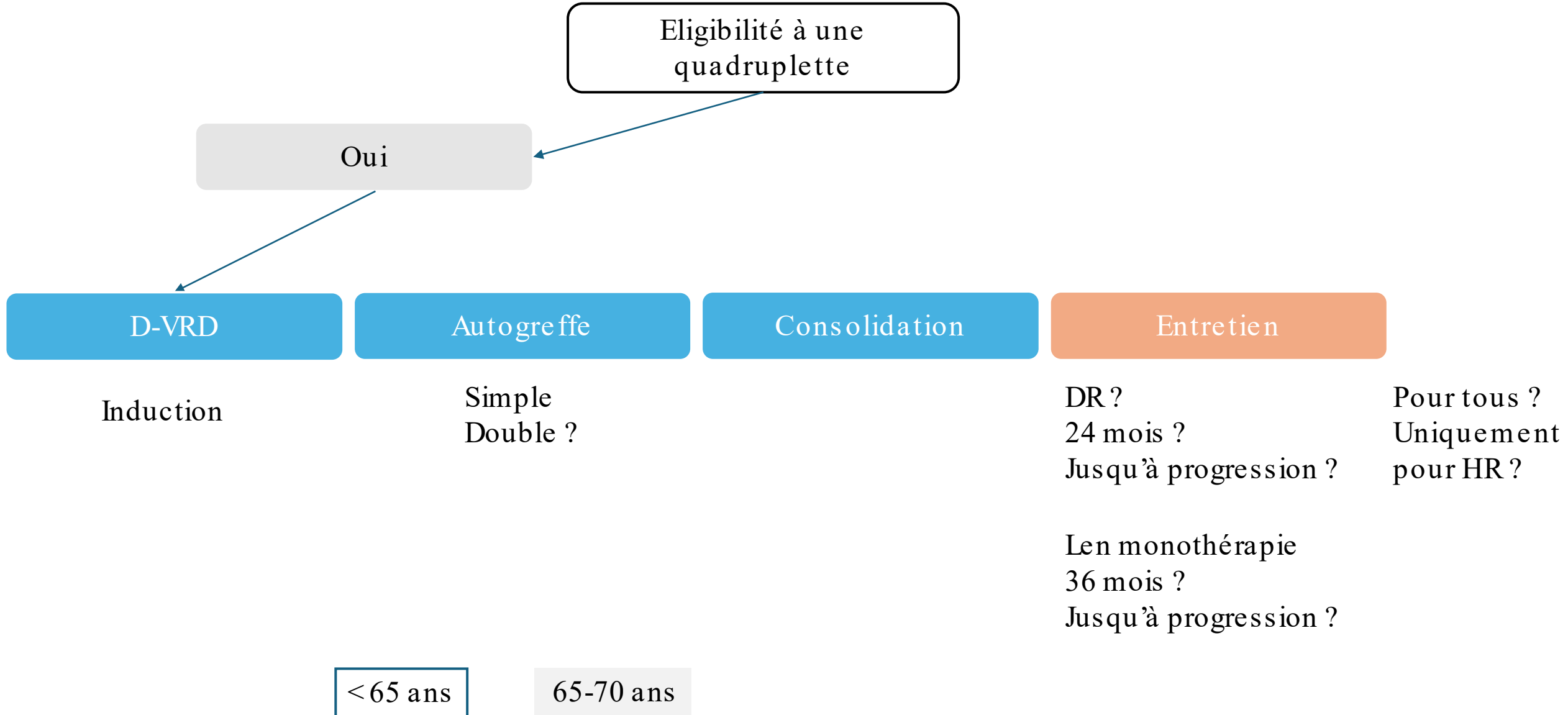
# L1 Sujets éligibles à l'autogreffe



# L1: en pratique ?



# L1: en pratique ?





# Merci pour votre attention

