response or better were 62.7% vs 16.4% and 59.1% vs 31.3%, respectively. The safety population included 131 pts with prior BORT (67 PVd; 64 Vd) and 90 pts without prior BORT (44 PVd; 46 Vd). The most common hematologic grade 3/4 treatment-emergent AEs with PVd vs Vd were neutropenia (44.8% vs 10.9% prior BORT, 22.7% vs 8.7% no prior BORT) and thrombocytopenia (23.9% vs 26.6% prior BORT, 13.6% vs 13.0% no prior BORT). Grade 3/4 infections occurred in 26.9% vs 15.6% (pneumonia 7.5% vs 4.7%) in pts with prior BORT and 31.8% vs 15.2% (pneumonia 11.4% vs 6.5%) in pts without prior BORT. Grade 3/4 peripheral sensory neuropathy occurred in 10.4% vs 0% and 6.8% vs 8.7%, respectively. Conclusion: After 1 prior LOT, PVd significantly reduced the risk of progression or death by 53% vs Vd in pts previously treated with BORT. Second-line PVd also significantly improved ORR, regardless of prior BORT treatment, and led to deeper responses vs Vd. Data demonstrate that PVd is an effective second-line treatment in pts who previously received BORT and LEN. The safety of PVd was consistent with the known profiles of each agent.

Keywords: bortezomib Pomalidomide Relapsed Refractory MM

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OAB-048
Efficacy of isatuximab/pomalidomide/dexamethasone in relapsed/refractory multiple myeloma: ICARIA-MM high-risk cytogenetics subgroup analysis

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Background: High-risk cytogenetic abnormalities (HR CAs) negatively impact on the prognosis of patients (pts) with multiple myeloma (MM). ICARIA-MM was a randomized, open-label, active-controlled, multicenter phase 3 study that investigated the anti-CD38 monoclonal antibody isatuximab (Isa) in combination with pomalidomide and dexamethasone (Pd) in pts with relapsed/refractory MM (RRMM) who had received ≥2 prior lines of therapy (NCT02990338). Progression free survival (PFS) was significantly improved with Isa-Pd vs Pd (HR 0.60 [95% confidence interval (CI) 0.44–0.81]). This subgroup analysis of ICARIA-MM examined efficacy in pts with HR CAs.

Methods: 3treatment of previously treated myeloma

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Results: In the ITT population, 24/154 (15.6%) pts in the Isa-Pd group and 36/153 (23.5%) in the Pd group had ≥1 HR CA (high-risk pts). In the Isa-Pd and Pd arms, respectively, there were 14 and 23 pts with del(17p); 12 and 14 pts with t(4;14) and 1 and 4 pts with t(14;16). A similar benefit of treatment on PFS was observed for high-risk pts (Isa-Pd 7.5 vs Pd 3.7 months; HR 0.66 [95% CI, 0.33–1.28]) and standard-risk pts (Isa-Pd 11.6 [n=103] vs Pd 7.4 months [n=78]; HR 0.62 [95% CI 0.42–0.93]). Among pts with del(17p) in the Isa-Pd and Pd arms, respectively, median PFS was 9.1 and 7.4 months (HR 0.76 [95% CI 0.30–1.92]), and for pts with t(4;14), median PFS was 7.5 and 2.8 months (HR 0.49 [95% CI 0.19–1.31]). Overall response rate (ORR) in high-risk pts ( Isa-Pd 50.0% vs Pd 16.7%) had an odds ratio (OR) of 5.00 [95% CI 1.33–17.99] compared with standard-risk pts ( Isa-Pd 65.0% vs Pd 42.3%) with an OR of 2.54 (95% CI, 1.33–4.86). Very good partial response or better in high risk patients ( Isa-Pd 29.2% vs Pd 2.8%) had an odds ratio of 667.48 [95% CI, 1.57–667.48] compared with standard-risk pts ( Isa-Pd 32.0% vs Pd 9.0%) with an OR of 4.78 [95% CI, 1.90–13.57]. In the safety population, grade ≥3 treatment-emergent adverse events were reported in 22/23 (96%) and 23/34 (68%) high-risk pts, and 88/103 (85%) and 58/76 (76%) standard-risk pts, respectively. Few pts discontinued Isa-Pd treatment due to adverse events (high-risk, 9%; standard-risk, 7%). Conclusion: The addition of Isa to Pd improved PFS and ORR in pts with RRMM and benefit was maintained among pts with high-risk cytogenetics.

Keywords: CD38 High-risk cytogenetics Multiple myeloma

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