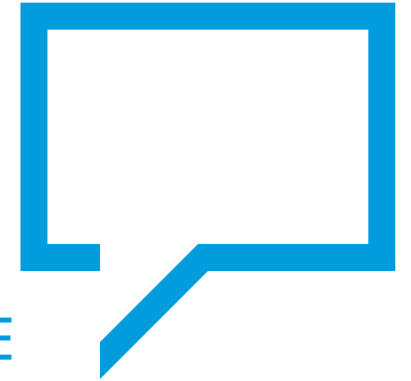




A 63-YEAR-OLD MALE WITH HIGHLY REFRACTORY MULTIPLE MYELOMA

INTEGRATION OF BISPECIFIC ANTIBODIES INTO CLINICAL PRACTICE



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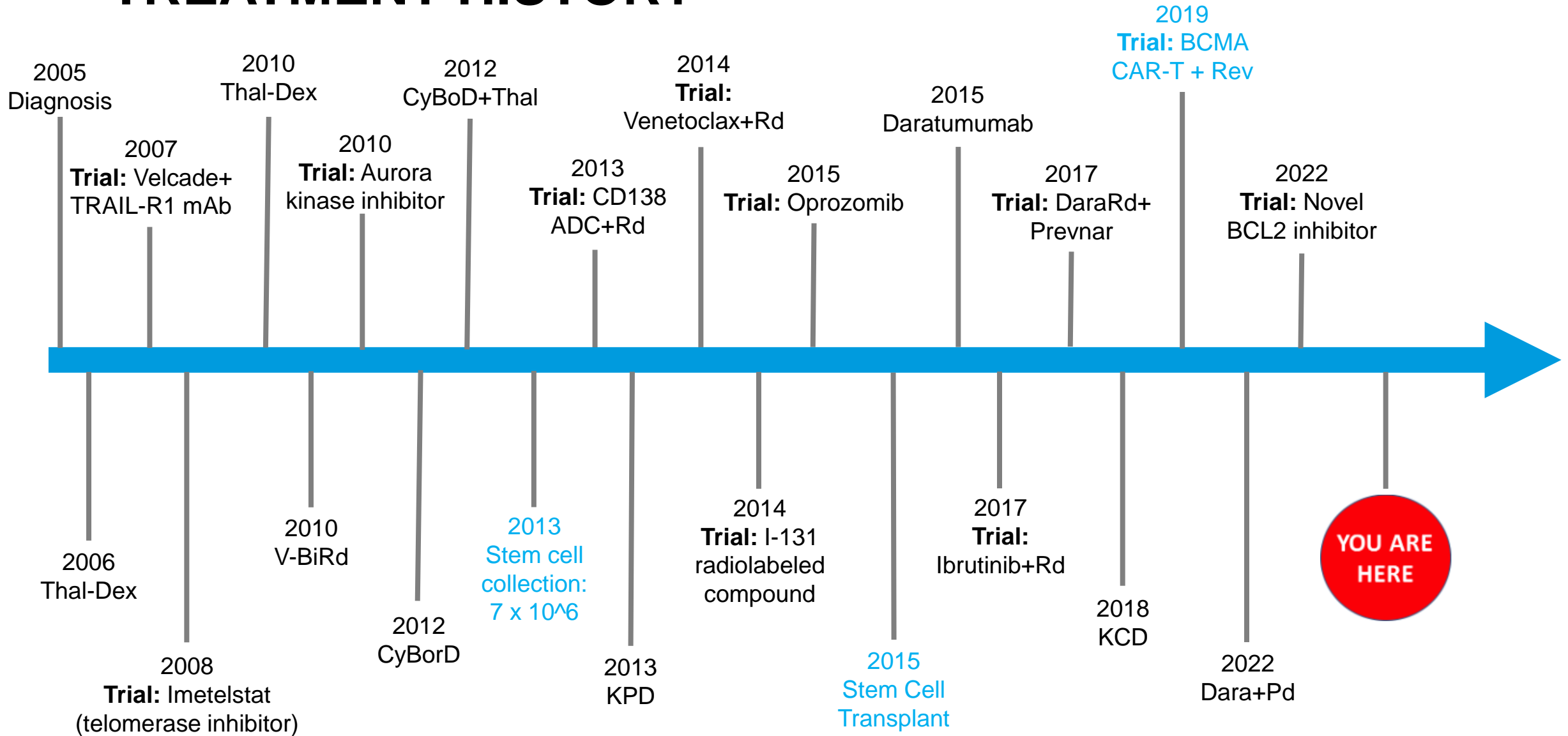
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HISTORY OF PRESENT ILLNESS

- A 63-year-old man presents to clinic for follow up of relapsed myeloma.
- He was diagnosed with oligosecretory lambda light chain multiple myeloma in 2005 characterized by bone involvement, including fracture of left humerus from lytic lesion. ISS stage III.
- PMHx: HTN, B12 deficiency.
- FHx: HTN, no cancers.
- SHx: Never smoker, no alcohol or other substance use.

TREATMENT HISTORY



MANAGEMENT

- Highly refractory MM that has progressed after 23 lines of treatment, including ASCT (2015), CAR-T (2019), 10 clinical trials over 17 years.
- Did reasonably well after BCMA-directed CAR-T, with 3 years of PFS on maintenance Revlimid.
- Maintains good PS (ECOG: 1) and desires more treatment.
- After discussion of logistics, decision made to proceed with BCMA bispecific antibody (bsAb) therapy with teclistamab-cqyv as a bridge to second (standard-of-care) BCMA CAR-T.

CLINICAL COURSE: TECLISTAMAB-CQYV

- Cells collected for second CAR-T *before* bsAb
- Active myeloma disease: Left flank plasmacytoma with nearby skin involvement
- Initiated 1/18/23 with weekly SubQ injection ramp-up schedule
 - D1 0.06 mg/kg
 - D4 0.3 mg/kg
 - D7 1.5 mg/kg
 - Subsequent weekly 1.5 mg/kg
- 2/21/23: Disease progression with increased subcutaneous nodules
- Plan for CAR-T

DISCUSSION

- Logistical consideration of bsAb versus CAR-T
- Sequence of bsAb and CAR-T
- Inpatient vs. outpatient bsAb
 - Bed availability
 - Outpatient monitoring process
 - Reimbursement
 - Patient and caregiver logistics
- Ability to rapidly admit in case outpatient workflow