# Deep responses and durable outcomes in patients treated with belantamab mafodotin plus pomalidomide and dexamethasone from long-term follow-up of the phase 3 DREAMM-8 study

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Extended follow-up results from the DREAMM-8 trial support **BPd as a new outpatient and off-the-shelf BCMA treatment as standard of care in RRMM**

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## Background

- In the phase 3, open-label, randomized DREAMM-8 trial (NCT04484623) in patients with RRMM after ≥1 prior line of therapy including lenalidomide, BPd significantly improved PFS vs PVd (data cutoff: January 29, 2024; median follow-up, 21.8 months; HR, 0.52; 95% CI, 0.37-0.73; *P*<0.001)[1]
- To better characterize the durability of BPd treatment benefit in RRMM, we report long-term follow-up from the DREAMM-8 trial (data cutoff: July 7, 2025; median follow-up, 35.8 months), including updated efficacy (PFS, MRD negativity, DOR, and PFS2) and safety

## Conclusions

**BPd led to a 5-fold increase in MRD negativity and sustained MRD negativity vs PVd in patients with RRMM**, most of whom had lenalidomide-refractory disease and a quarter of whom had disease refractory to anti-CD38 monoclonal antibodies

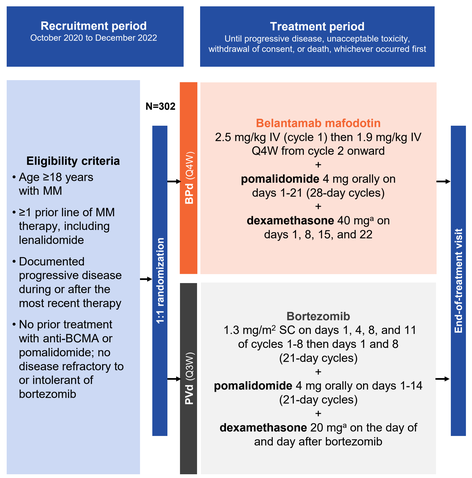
**BPd was associated with an approximately 3-fold greater median PFS vs PVd (increase of >20 months)**, with greater than double the benefit following subsequent antimyeloma therapy (median PFS2); follow-up for OS is ongoing

Long-term follow-up from the DREAMM-8 trial demonstrated that **BPd maintained superiority over PVd** across all efficacy endpoints, including **PFS**, **MRD negativity, sustained MRD negativity, and DOR.** Importantly, **benefit was maintained following subsequent antimyeloma therapy**

Collectively, findings **support BPd as a new outpatient** and **off-the-shelf BCMA treatment as standard of care in MM at first relapse**

## Methods

### DREAMM-8 is a phase 3 trial of BPd vs PVd in patients with RRMM after ≥1 prior line of therapy, including lenalidomide[1]




**Stratification[b]**
- Prior lines of treatment (1 vs 2 or 3 vs ≥4)
- Prior bortezomib (yes vs no)
- Prior anti-CD38 therapy (yes vs no)

**Primary endpoint:**
**PFS (IRC assessed per IMWG)**

**Key secondary endpoints:**
OS, MRD negativity, DOR

**Additional secondary endpoints:**
ORR, CRR, ≥ VGPR, TTBR, TTR, TTP, PFS2,[c] AEs, ocular findings, HRQOL, PROs

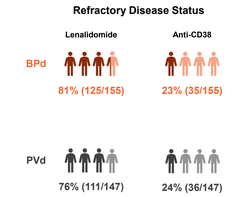
[a]Patients aged >75 years with comorbidities or intolerance of the 40-mg dose in arm A or 20-mg dose in arm B could have dose level reduced to half per investigator discretion. [b]Some patients were stratified by ISS stage (I vs II/III); the protocol was amended on April 20, 2021, to replace this randomization factor with prior anti-CD38 treatment (yes vs no). [c]PFS2 was defined as time from randomization to disease progression after initiation of new antimyeloma therapy or death from any cause, whichever was earlier.

- Efficacy assessments occurred every 4 weeks in the intention-to-treat population
- Patients achieving a confirmed ≥ VGPR per IMWG criteria and IRC assessment were tested for MRD negativity using NGS with a sensitivity of $10^{-5}$
- Descriptive statistics were used to summarize the updated results
  - HRs were estimated using the Cox model, stratified by number of lines of prior therapy (1 vs 2 or 3 vs ≥4) and prior bortezomib use (yes or no)
  - 95% CIs were calculated based on the Brookmeyer-Crowley method

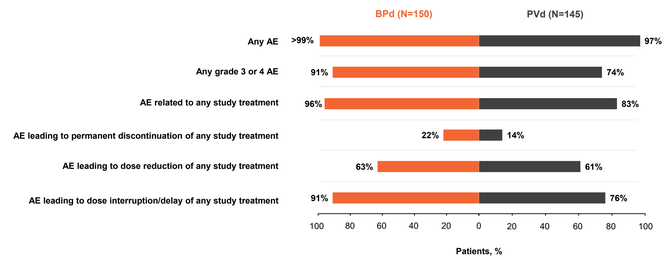
## Results

### Most patients had lenalidomide-refractory disease, and a quarter had disease refractory to anti-CD38 monoclonal antibodies[1]

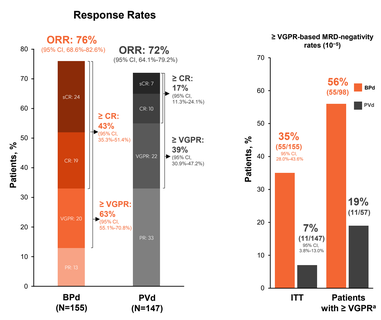
- Overall, 159 patients (53%) had received 1 prior line of therapy, 102 (34%) had received 2 or 3, and 41 (14%) had received ≥4
- All patients had previously received lenalidomide; 25% (38/155) in the BPd arm had previously received anti-CD38 antibodies vs 29% (42/147) in the PVd arm
- Approximately one-quarter of patients in each arm were triple-class exposed: 22% (34/155) in the BPd arm and 27% (39/147) in the PVd arm

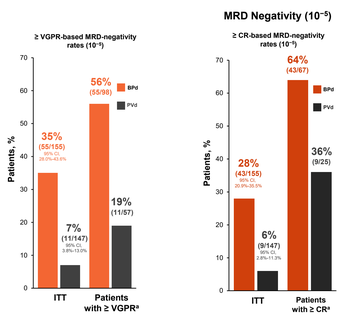



### The updated safety profile of BPd was broadly consistent with the primary analysis

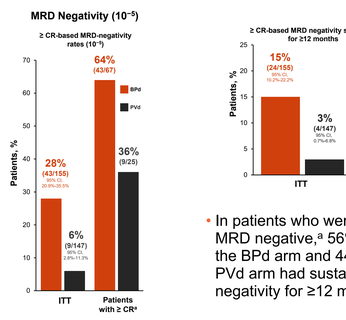


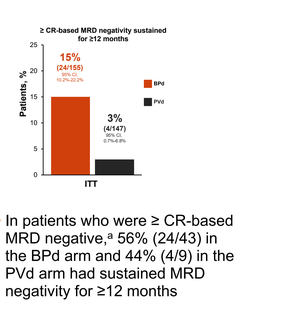

### Treatment with BPd led to higher rates of deep and durable responses compared with PVd



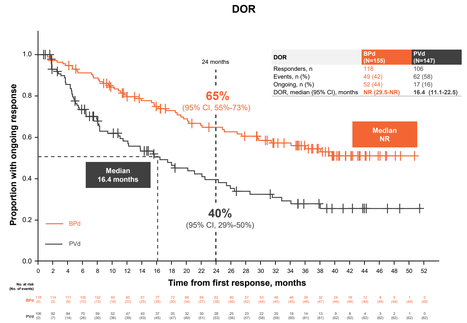




* Post hoc analyses.

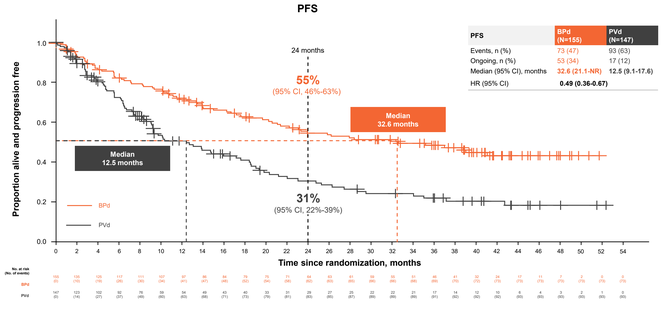


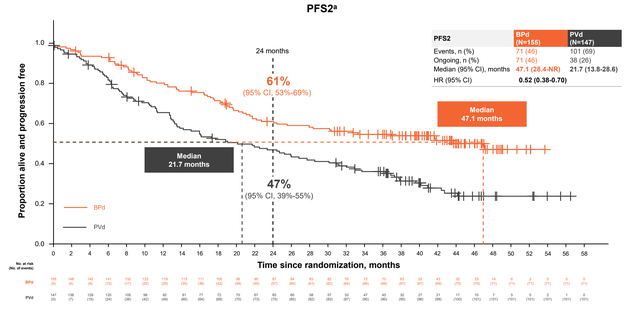




- In patients who were ≥ CR-based MRD negative,[a] 56% (24/43) in the BPd arm and 44% (4/9) in the PVd arm had sustained MRD negativity for ≥12 months




### Deep and durable responses with BPd were associated with substantial PFS benefit that was maintained following subsequent antimyeloma therapy




[a]PFS2 is defined as the time from randomization to disease progression after initiation of new antimyeloma therapy or death from any cause, whichever is earlier. If disease progression after new antimyeloma therapy cannot be measured, a PFS event is defined as the date of discontinuation of new antimyeloma therapy or death from any cause, whichever is earlier.

## Abbreviations

AE, adverse event; BCMA, B-cell maturation antigen; BPd, belantamab mafodotin, pomalidomide, and dexamethasone; CD, cluster of differentiation; CR, complete response; CRR, complete response rate; DOR, duration of response; HR, hazard ratio; HRQOL, health-related quality of life; IMWG, International Myeloma Working Group; IRC, independent review committee; ISS, International Staging System; ITT, intention to treat; IV, intravenous; MM, multiple myeloma; MRD, minimal residual disease; NGS, next-generation sequencing; NR, not reached; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PR, partial response; PRO, patient-reported outcome; PVd, pomalidomide, bortezomib, and dexamethasone; Q3W, every 3 weeks; Q4W, every 4 weeks; RRMM, relapsed/refractory multiple myeloma; SC, subcutaneous; sCR, stringent complete response; TTBR, time to best response; TTP, time to progression; TTR, time to response; VGPR, very good partial response.

## Reference

1. Dimopoulos MA, et al. *N Engl J Med.* 2024;391(5):408-421.

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