Results

Patient demographics

Patient demographics and baseline disease characteristics for the overall population and for the subgroup of patients with RR and HR cytogenetics have been previously reported. At screening, approximately half of the patients in DREAMM-2 had RR (2.5 mg/kg; 46% [95% CI]: 3.4 mg/kg; 53% [95% CI]; approximately one quarter had moderate (1.5 mg/kg; 25% [94% CI]: 3.4 mg/kg; 25% [95% CI]).

The most common cytogenetic risk factors in patients with HR cytogenetics were trisomy 12 (15.5% [95% CI]) and del(17p) (13.1% [95% CI]). Patients with RR cytogenetics were more likely to have the following cytogenetic abnormalities compared with those with HR cytogenetics: del(17p) (25% [95% CI] vs 6.2% [95% CI]), trisomy 12 (15.5% [95% CI] vs 4.2% [95% CI]), del(1p) (3.7% [95% CI] vs 0% [95% CI]), and del(19) (2.8% [95% CI] vs 0% [95% CI]).

Safety in patients with RR or HR cytogenetics

Overall, grade 3-4 AEs were comparable across all groups (Table 4). Across both cohorts, karyotyping (M0C); an eye examination finding; thrombocytopenia, and anemia were the most frequent grade 3-4 AEs (Table 4). Few patients had available postbaseline laboratory values, developed signs of active renal conditions (albuminuria/creatinine ratio [857 mg/kg]).

Details of dose modifications in DREAMM-2 are presented in Figure S10 and Table S20.

Key findings

Belamaf 3.4 mg/kg

Belamaf 3.4 mg/kg was associated with increased ORR, n (%), over placebo (n=41) (12/29), regardless of cytogenetics. The median time to onset of response was 2.14 (95% CI) 1.20–1.92 months for the 3.4 mg/kg cohort.

Efficacy outcomes were similar for patients with HR or RR cytogenetics (Table 5; consistent with these observations, grade 3–4 AEs were comparable across these subgroups). Overall survival at 17 months was 35% (95% CI) in patients with RR cytogenetics and 33% (95% CI) in patients with HR cytogenetics.

Safety in patients receiving belamaf 3.4 mg/kg

Overall, safety data showed a manageable safety profile for belamaf 3.4 mg/kg across all groups (Table 6). In the overall population, the most common grade 3–4 AEs were neutropenia (19% [95% CI]) and anemia (15% [95% CI]). Thrombocytopenia and fatigue were the most common grade 3–4 AEs (8% [95% CI] and 4% [95% CI], respectively). Considering the overall population, grade 3–4 neutropenia was observed in 30% (95% CI) of patients (median time to onset 2.14 [95% CI] 1.20–1.92 months).

In the overall population, neutropenia and anemia were more frequent in patients with RR cytogenetics compared with HR cytogenetics (grade 3–4 neutropenia: 37% [95% CI] vs 22% [95% CI]; grade 3–4 anemia: 31% [95% CI] vs 16% [95% CI]). Thrombocytopenia and fatigue were more common in patients with RR cytogenetics compared with HR cytogenetics (grade 3–4 thrombocytopenia: 11% [95% CI] vs 2% [95% CI]; grade 3–4 fatigue: 11% [95% CI] vs 2% [95% CI]).

In the overall population, neutropenia and anemia were observed in 30% (95% CI) of patients (median time to onset 2.14 [95% CI] 1.20–1.92 months).