

# DREAMM-2 Pivotal Study Primary Analysis: Single-Agent Belantamab Mafodotin (GSK2857916) in Relapsed/Refractory Multiple Myeloma (RRMM) Refractory to Proteasome Inhibitors (PIs), Immunomodulatory Agents, and Refractory and/or Intolerant to Anti-CD38 Monoclonal Antibodies (mAbs)

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# Background: Unmet Needs in RRMM



## Treatment of Patients with RRMM Remains Challenging Despite Numerous Therapeutic Advances



Analyses of long-term outcomes for patients with RRMM reveal that overall survival, median progression-free survival, and depth of response decrease with successive lines of treatment<sup>1</sup>



Patients with disease refractory to immunomodulatory agents, PIs, and anti-CD38 mAbs have a poor prognosis<sup>2</sup>

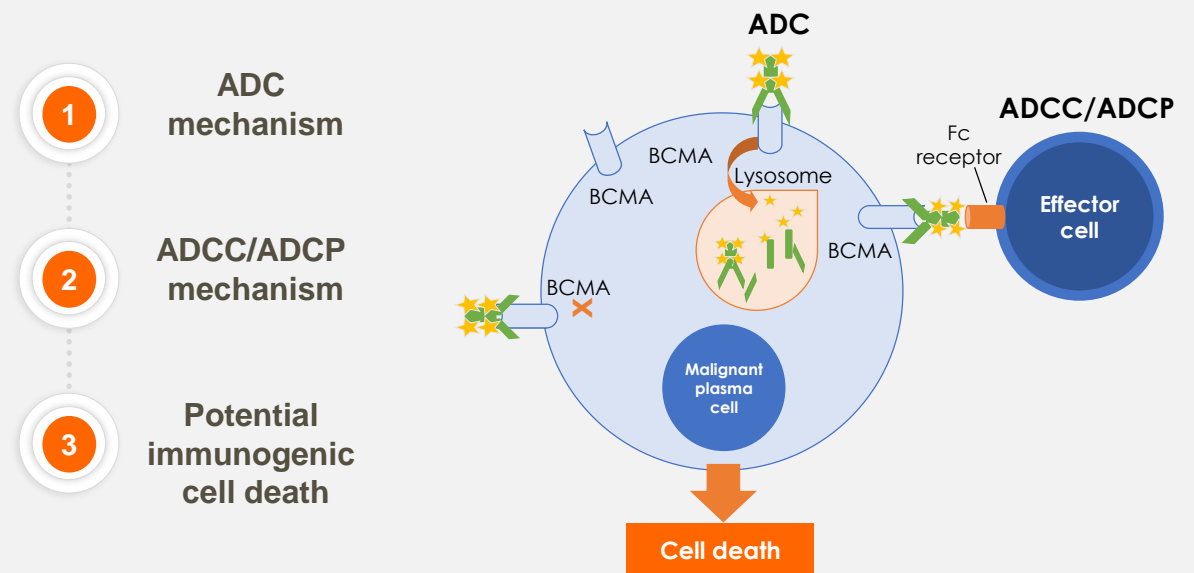
**Effective novel therapies, with acceptable safety profiles, are needed for patients with RRMM who have exhausted available treatment options**

### **Belantamab mafodotin (belamaf; GSK2857916): first-in-class anti-BCMA antibody-drug conjugate with a multimodal mechanism of action (Figure)**

Single-agent belamaf induced deep, durable responses in patients with RRMM, including patients refractory to immunomodulatory agents, PIs, and alkylators, in the Phase 1, DREAMM-1 study (NCT02064387)<sup>3,4</sup>

Here we present the primary analysis of the pivotal, ongoing, Phase II DREAMM-2 study (NCT03525678)<sup>5</sup>

### **Belamaf Mechanisms of Action<sup>6</sup>**



ADC, antibody drug conjugate; ADCC/P, antibody-dependent cellular cytotoxicity/phagocytosis; BCMA, B-cell maturation antigen; DREAMM, DRiving Excellence in Approaches to Multiple Myeloma; mAb, monoclonal antibody; PI, proteasome inhibitor; RRMM, relapsed or refractory multiple myeloma.

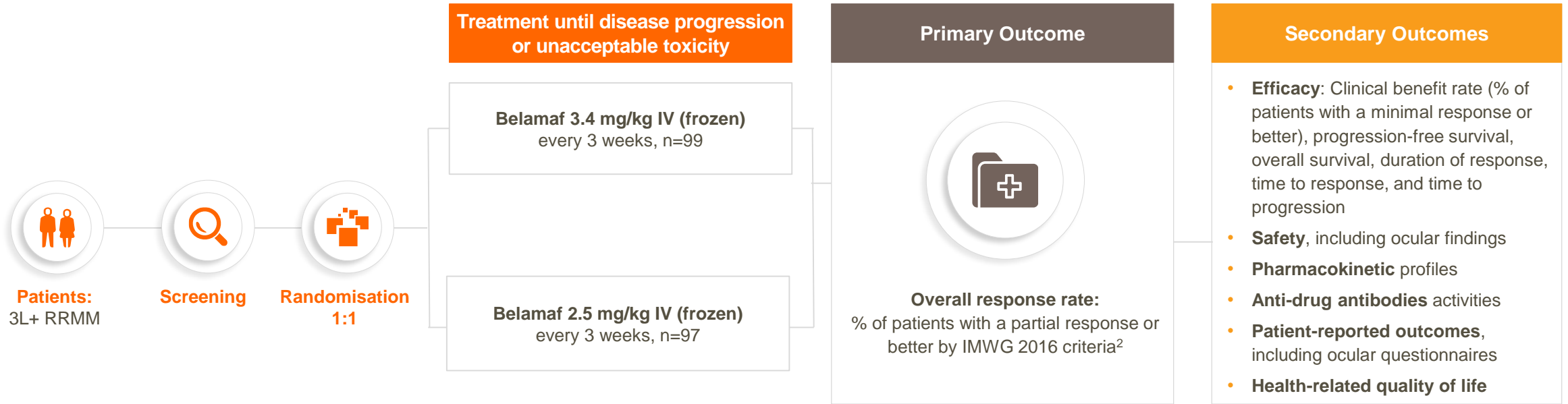
1. Verelst SGR et al. *Hemasphere* 2018;2:e45. 2. Gandhi UH, et al. *Leukemia* 2019;33:2266. 3. Trudel S et al. *Lancet Oncol* 2018;19:1641. 4. Trudel S et al. *Blood Cancer J* 2019;9:37. 5. Lonial S et al. *Lancet Oncology* 2020;21:207. 6. Richardson P et al. ASH 2019; Poster 1857.

# DREAMM-2 Study Design



## Pivotal, Registrational, Phase 2 Study of Two Doses of Belamaf in Heavily Pre-treated RRMM<sup>1</sup>

A phase 2, open-label, randomised, 2-dose study of belamaf in patients with RRMM refractory to immunomodulatory agents and PIs and refractory/intolerant to an anti-CD38 mAb (NCT03525678 and EudraCT: 2017-004810-25)



### Eligibility Criteria

- ✓ Measurable disease\*
- ✓ Refractory to immunomodulatory agents and PIs, and refractory/intolerant to an anti-CD38 mAb
- ✓ European Cooperative Oncology Group Performance Status of 0–2
- ✓ Not exposed to a prior BCMA-targeted therapy
- ✓ ≥3 prior lines of therapy
- ✓ Prior autologous-stem cell transplant allowed; allogeneic-stem cell transplant excluded

A separate cohort of patients were enrolled who received the lyophilized presentation of the 3.4 mg/kg every 3 week dose. \*Measurable disease defined as serum myeloma protein (M-protein) ≥0.5 g/dL; urine M-protein ≥200 mg/24h; serum free-light chain (FLC) assay: Involved FLC level ≥10 mg/dL and an abnormal serum FLC ratio (<0.26 or >1.65). 3L+, third and later lines; BCMA, B-cell maturation antigen; DREAMM, Driving Excellence in Approaches to Multiple Myeloma; IMWG, International Myeloma Working Group; IV, intravenous; mAb, monoclonal antibody; PI, proteasome inhibitor; RRMM, relapsed or refractory multiple myeloma.

1. Lonial S et al. *Lancet Oncology* 2020;21:207. 2. Kumar S et al. *Lancet Oncol* 2016; 17: e328.

# Baseline Characteristics and Treatment Exposure



Similar baseline demographics and disease characteristics were observed in the two dose groups



Patients with ISS stage III disease, extramedullary disease, and high-risk cytogenetic features were well represented in both dose groups

Characteristic	Belamaf 2.5 mg/kg (N=97)	Belamaf 3.4 mg/kg (N=99)
Age, median (IQR), years	65 (60–70)	67 (61–72)
Male, n (%)	51 (53)	56 (57)
ISS stage at screening, n (%)*		
I	21 (22)	18 (18)
II	33 (34)	51 (52)
III	42 (43)	30 (30)
High-risk cytogenetics, n (%)†	41 (42)	47 (47)
Extramedullary disease, n (%)	22 (23)	18 (18)
Number of prior lines of therapy, median (range)	7 (3–21)	6 (3–21)
Refractory to prior immunomodulatory agents and PIs, n (%)	97 (100)	99 (100)



Both dose groups received a median of 3 treatment cycles (range 1–11 in the 2.5 mg/kg group and 1–10 in the 3.4 mg/kg group)  
Median dose intensity was 2.47 mg/kg (IQR 1.56–2.50) for the 2.5 mg/kg group; due to the higher incidence of dose modifications, dose intensity was lower than the intended dose for the 3.4 mg/kg dose group (median 2.95 mg/kg; IQR 1.85–3.40)

\* 1 patient in the belamaf 2.5 mg/kg group had unknown disease stage at screening. †High-risk cytogenetics defined as having any of the following cytogenetic features: t(4;14), t(14;16), 17p13del, or 1q21+.  
IQR, interquartile range; ISS, International Staging System; PI, proteasome inhibitor.  
Lonial S et al. *Lancet Oncology* 2020;21:207.

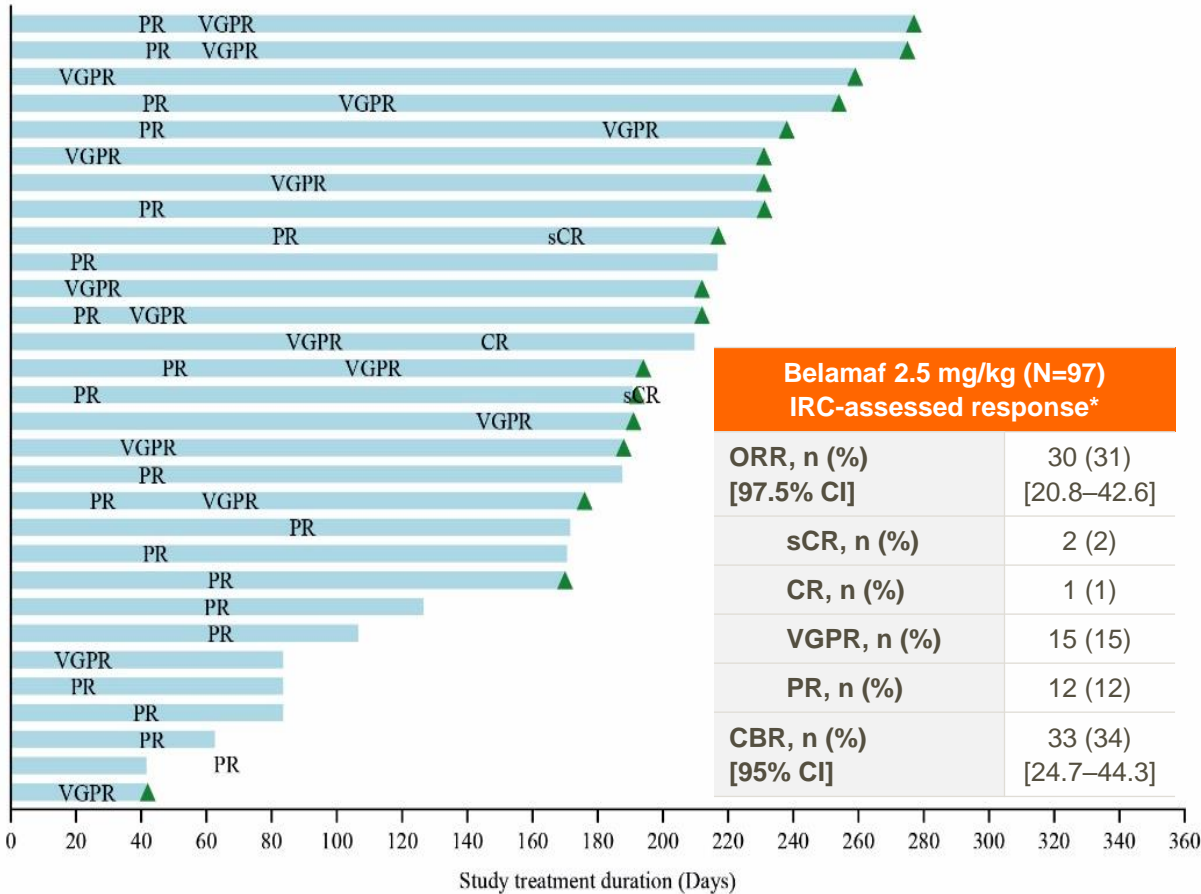
# Overall Response Rate

## Meaningful Overall Response Rate With Deep Responses in Both Dose Groups

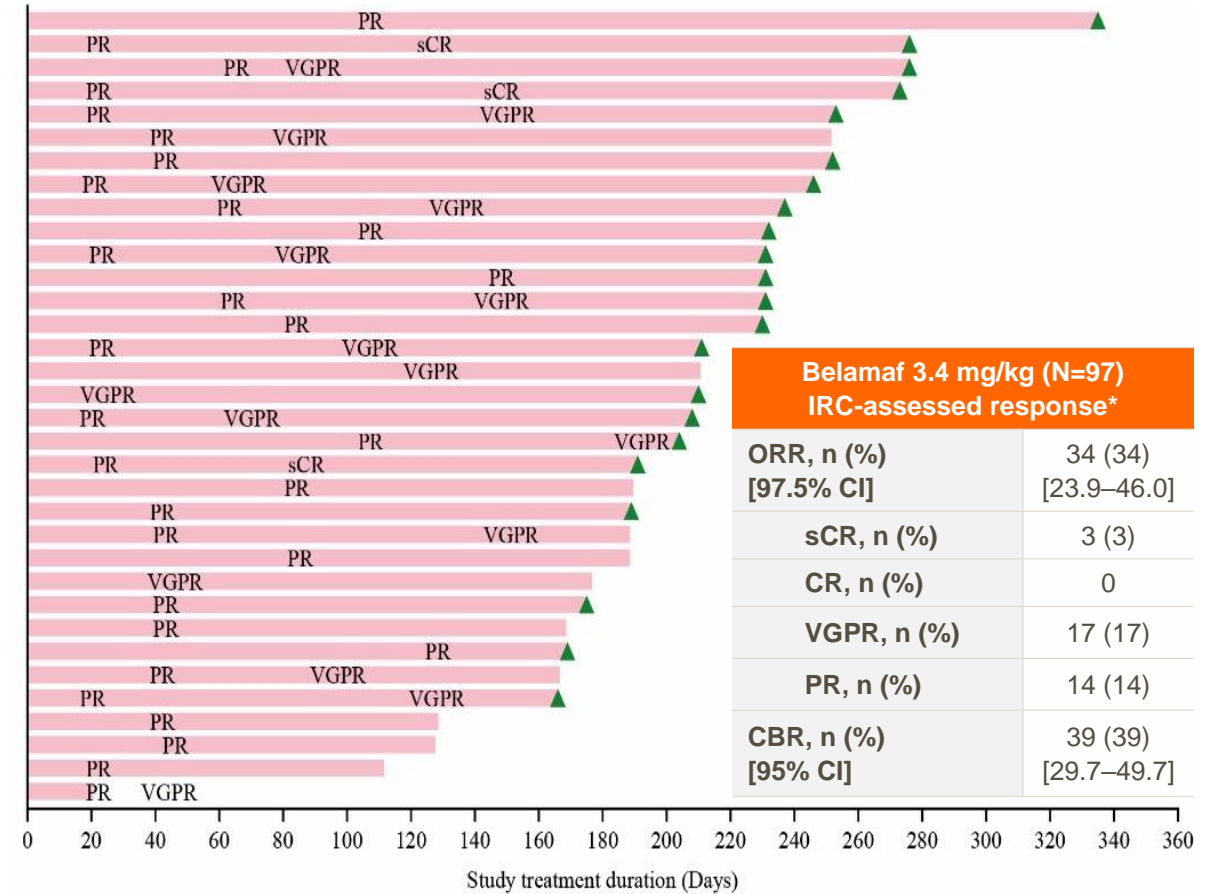


Time from first dose to best confirmed response in patients with an overall response (green triangles: patients with study treatment ongoing)

### Belamaf 2.5 mg/kg (N=97)



### Belamaf 3.4 mg/kg (N=97)



Intent-to-treat population. \*Assessed using 2016 IMWG criteria (Kumar S et al. *Lancet Oncol* 2016; 17: e328).

CBR, clinical benefit rate; CI, confidence interval; CR, complete response; IMWG, International Myeloma Working Group; ORR, overall response rate; PR, partial response; sCR, stringent CR; VGPR, very good partial response. Lonial S et al. *Lancet Oncology* 2020;21:207.

# Median Duration of Response, Progression-free Survival and Overall Survival



Follow-up is Ongoing and Should Confirm Durability

## Duration of Response

**Median duration of response was not reached** in either dose group

**Estimated probability of having a duration of response of  $\geq 4$  months**

Belamaf 2.5 mg/kg: 78% (95% CI 57–89)

Belamaf 3.4 mg/kg: 87% (95% CI 69–95)

18 patients in 2.5 mg/kg group and 25 in the 3.4 mg/kg group had a duration of response  $\geq 4$  months and continued to be on treatment

## Progression-free Survival

**Median (95% CI) progression-free survival**

Belamaf 2.5 mg/kg: 2.9 (2.1–3.7) months

Belamaf 3.4 mg/kg: 4.9 (2.3–6.2) months

In patients with a minimal response or better, median progression-free survival was not reached in either dose group

## Overall Survival

Overall survival data were not mature for either dose group

# Summary of Adverse Events



## Belamaf Demonstrated a Manageable Safety Profile With No New Safety Concerns Identified

Number of patients with event (safety population), n (%) <sup>*</sup>	Belamaf 2.5 mg/kg (N=95)				Belamaf 3.4 mg/kg (N=99)			
	Grade 1-2	Grade 3	Grade 4	Grade 5	Grade 1-2	Grade 3	Grade 4	Grade 5
Keratopathy or corneal epithelium changes <sup>†</sup>	41 (43)	26 (27)	0	0	53 (54)	20 (20)	1 (1)	0
Thrombocytopenia <sup>‡</sup>	14 (15)	8 (8)	11 (12)	0	24 (24)	11 (11)	22 (22)	1 (1)
Anaemia	4 (4)	19 (20)	0	0	12 (12)	22 (22)	3 (3)	0
Nausea	23 (24)	0	0	0	31 (31)	1 (1)	0	0
Pyrexia	18 (19)	2 (2)	1 (1)	0	21 (21)	4 (4)	0	0
Blurred vision <sup>§</sup>	17 (18)	4 (4)	0	0	28 (28)	2 (2)	0	0
Infusion-related reactions <sup>¶</sup>	17 (18)	3 (3)	0	0	15 (15)	1 (1)	0	0
Increased aspartate aminotransferase	17 (18)	2 (2)	0	0	18 (18)	6 (6)	0	0
Fatigue	13 (14)	2 (2)	0	0	21 (21)	5 (5)	0	0
Dry eye <sup>**</sup>	12 (13)	1 (1)	0	0	23 (23)	0	0	0
Neutropenia <sup>††</sup>	4 (4)	5 (5)	4 (4)	0	12 (12)	12 (12)	3 (3)	0

The most common Grade 1-2 adverse event was keratopathy; the most common Grade 3–4 adverse events were keratopathy, thrombocytopenia, and anaemia

Listed in order of decreasing frequency of Any Grade events in the 2.5-mg/kg cohort. <sup>\*</sup>Events reported based on Common Terminology Criteria for Adverse Events criteria v4.03 in the safety population (including all patients who received at least one dose of trial treatment). <sup>†</sup>Keratopathy or corneal epithelium changes (considered an adverse event of special interest [AESI]) were observed by ophthalmic examination. <sup>‡</sup>Thrombocytopenia (considered an AESI) includes preferred terms thrombocytopenia, decreased platelet count, and cerebral haemorrhage. <sup>§</sup>Blurred vision includes preferred terms vision blurred, diplopia, visual acuity reduced and visual impairment. <sup>¶</sup>Infusion-related reactions (considered an AESI) includes preferred terms infusion-related reaction, pyrexia, chills, diarrhoea, nausea, asthenia, hypertension, lethargy, tachycardia, vomiting, cough and hypotension occurring within 24 hours of infusion. <sup>\*\*</sup>Dry eye includes preferred terms dry eye, ocular discomfort, eye pruritus and foreign body sensation in eye. <sup>††</sup>Neutropenia includes neutropenia, febrile neutropenia and neutrophil count decreased. Lonial S et al. *Lancet Oncology* 2020;21:207.



## AEs Were Managed with Dose Delays and Reductions; AE-led Discontinuations Were Uncommon

Number of patients with event (safety population), n (%)	Belamaf 2.5 mg/kg (N=95)	Belamaf 3.4 mg/kg (N=99)
Any adverse event	93 (98)	99 (100)
Adverse events leading to permanent treatment discontinuation	8 (8)	10 (10)
Adverse events leading to dose reduction	28 (29)	41 (41)
Adverse events leading to dose delay	51 (54)	61 (62)
Any serious adverse events	38 (40)	47 (47)
Fatal serious adverse events related to study treatment	1 (1)	1 (1)
Sepsis	1 (1)	0
Hemophagocytic lymphohistiocytosis*	0	1 (1)

Dose reductions and delays were most frequently due to keratopathy:

- Reductions in 23% and 27% of patients in the 2.5 mg/kg and 3.4 mg/kg groups, respectively
- Delays in 47% and 48% of patients in the 2.5 mg/kg and 3.4 mg/kg groups, respectively

Only 4 patients permanently discontinued due to keratopathy (1 in the 2.5 mg/kg group and 3 in the 3.4 mg/kg group)

Events reported based on Common Terminology Criteria for Adverse Events criteria v4.03 in the safety population (including all patients who received at least one dose of trial treatment).

\*Associated with viral/bacterial infection.

AE, adverse event.

Lonial S et al. *Lancet Oncology* 2020;21:207.

# Adverse Event of Special Interest: Keratopathy



## Corneal Events, a Known Effect of Mafodotin,<sup>1,2</sup> Occurred in Patients Treated With Belamaf in DREAMM-2<sup>2</sup>

The nature of corneal events reported in DREAMM-2 is not uncommon for ADCs that use MMAF or other microtubule-targeting cytotoxins<sup>1</sup>  
 The exact mechanism for onset of these events is unknown, and keratopathy could occur with or without symptoms<sup>1</sup>  
 Initial results of the ocular sub-study suggest corticosteroid eye drops were an ineffective prophylaxis for changes to the corneal epithelium<sup>1</sup>

Number of patients with event (safety population), n (%)	Belamaf 2.5 mg/kg (N=95)				Belamaf 3.4 mg/kg (N=99)			
	Grade 1-2	Grade 3	Grade 4	Grade 5	Grade 1-2	Grade 3	Grade 4	Grade 5
<b>Keratopathy or corneal epithelium changes*</b>	41 (43)	26 (27)	0	0	53 (54)	20 (20)	1 (1)	0
<b>Most common corneal symptoms</b>								
Blurred vision	17 (18)	4 (4)	0	0	28 (28)	2 (2)	0	0
Dry eye	12 (13)	1 (1)	0	0	23 (23)	0	0	0

### Keratopathy: Time to Resolution

Among patients with keratopathy worse than baseline at the end of treatment, median (IQR) time to resolution was:  
 Belamaf 2.5 mg/kg: 71 (57–99) days  
 Belamaf 3.4 mg/kg: 96 (70–127) days

### Transient Worsening Of Vision

Three patients experienced transient worsening of vision ( $\geq 20/200$ ) in both eyes: One patient in the 2.5 mg/kg group and two patients in the 3.4 mg/kg group  
 All three patients saw an improvement in best-corrected visual acuity (i.e., returned to baseline during follow-up) and keratopathy resolution

### Definite Worsening Of Vision

#### 2.5 mg/kg group

Among 22 patients with definite worsening of vision at end of treatment, 15 (68%) recovered and 7 (32%) were no longer in follow-up<sup>†</sup>  
 Median time to resolution post-treatment exposure: 21.0 days (IQR 14–36)

#### 3.4 mg/kg group

Among 22 patients with definite worsening of vision at the end of treatment, 10 (45%) recovered and 6 (27%) were no longer in follow-up<sup>†</sup>  
 Median time to resolution after treatment exposure: 63.5 days (23.0–127.0)

**Permanent loss of vision was not reported in either dose group**

\*Keratopathy (corneal epithelium changes) was considered an adverse event of special interest and was observed by ophthalmic examination. † Due to sickness or unwillingness to come back for further examination.  
 ADC, antibody-drug conjugate; IQR, interquartile range; MMAF, monomethyl auristatin F; IQR, interquartile range.  
 1. Eaton JS, et al. *J Ocul Pharmacol Ther.* 2015;31:589. 2. Lonial S et al. *Lancet Oncology* 2020;21:207.



Single-agent belamaf (2.5 mg/kg or 3.4 mg/kg) every 3 weeks showed clinically meaningful, deep and durable responses in patients with heavily pre-treated RRMM<sup>1</sup>

- Overall responses were achieved in >30% of patients in each dose group and ~20% achieved a VGPR or better



Belamaf appears to have a manageable safety profile with no new safety concerns identified<sup>1</sup>

- Corneal changes were common; however, they were mostly restricted to the epithelium and few patients permanently discontinued treatment due to these events
- The nature of corneal events reported for DREAMM-2 is not uncommon in antibody-drug conjugates that use MMAF or other microtubule-targeting cytotoxins<sup>2</sup>



Belamaf is easy to administer via a short, in-office, off-the-shelf infusion with no mandatory premedication for infusion-related reactions<sup>1,3</sup>

**Belamaf shows anti-myeloma activity in patients with RRMM, particularly those with heavily pre-treated disease refractory to a PI and immunomodulatory agent, and refractory/intolerant to an anti-CD38 mAb**



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These findings have been previously published<sup>1</sup> and are presented with permission and on behalf of the original authors

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