



Multidisciplinary Approaches to Cancer Symposium

Early Relapsed Myeloma – What's Next?

Murali Janakiram, MD, MS

Associate Professor, Department of Hematology
Hematopoietic Cell Transplantation
City of Hope

Disclosures

- Consultant for BMS, Janssen, Janssen-Investigator Response Committee, Legend Biotechnology
- Grant/Research Support from BMS, Janssen, Fate Therapeutics

This presentation and/or comments will be free of any bias toward or promotion of the above referenced companies or their product(s) and/or other business interests.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

This presentation has been peer-reviewed and no conflicts were noted.

The off-label/investigational use of Elrantamab and Linvoseltamab will be addressed.



Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

This presentation is dedicated solely to research or other issues that do not contain a direct patient care component.



The Changing Landscape of Multiple Myeloma

From sequential attrition to immunotherapy-driven cure at every line of therapy

Past

Conventional sequencing — near-cylindrical attrition



Small, mostly front-loaded chance of cure

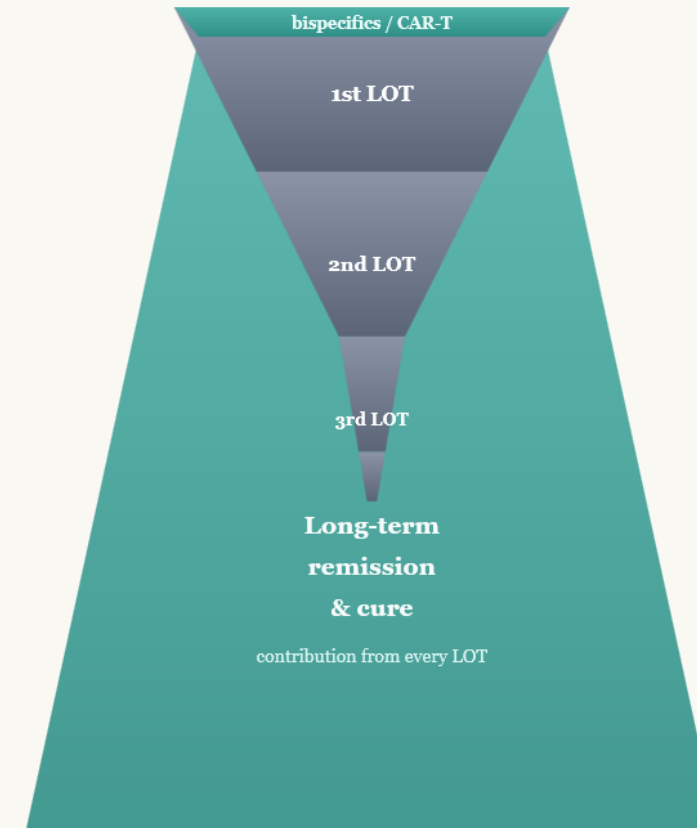
Nearly all diagnosed patients pass through every LOT

■ Relapsed/refractory population

■ Cure / long-term remission (past)

Now

Immunotherapy at every LOT — inverted triangle



Cure/LTR fraction widens at each successive LOT

Relapsing population shrinks toward the apex

■ Cure / long-term remission (immunotherapy era)



Treatment Algorithm — Reference Diagram

Reproduced as originally provided

THERAPY FOR PREVIOUSLY TREATED MULTIPLE MYELOMA ^{a-d,l-o} Relapsed/Refractory Disease After 3 Prior Lines of Therapy	
Preferred ^r	
▶ CAR T-cell Therapy^d: ◊ Ciltacabtagene autoleucel ◊ Idecabtagene vicleucel After at least four prior therapies, including an anti-CD38 monoclonal antibody, a PI, and an IMiD ▶ Bispecific Antibodies (BsAb)^g: ◊ Elranatamab-bcmm ◊ Linvoseltamab-gcpt ◊ Talquetamab-tgvs ◊ Teclistamab-cqyv	
Other Recommended	
• High-Dose or Fractionated Cyclophosphamide After at least four prior therapies and whose disease is refractory to at least two PIs, at least two immunomodulatory agents, and an anti-CD38 monoclonal antibody • Selinexor/Dexamethasone	
Useful in Certain Circumstances ^r	
• Belantamab mafodotin-blmf • Bendamustine^o • Bendamustine/Bortezomib/Dexamethasone^o • Bendamustine/Carfilzomib/Dexamethasone^o • Bendamustine/Lenalidomide/Dexamethasone^o • Talquetamab + Teclistamab^g	



Difficulty with NCCN guidelines in practice

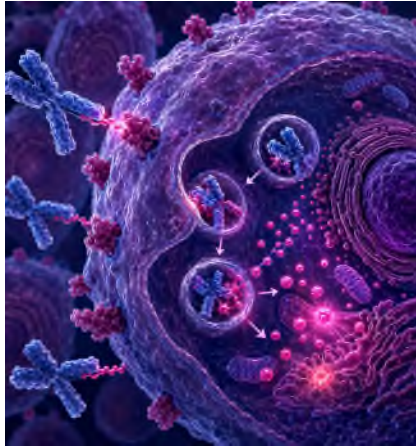
Sorts out by individual class- CD38, PI, Imid,
so which class is important

However, if a patient is refractory to a
regimen, it is multiple classes

Various combinations but doesn't tell us how
to think about refractoriness

NCCN guidelines is more for approvals

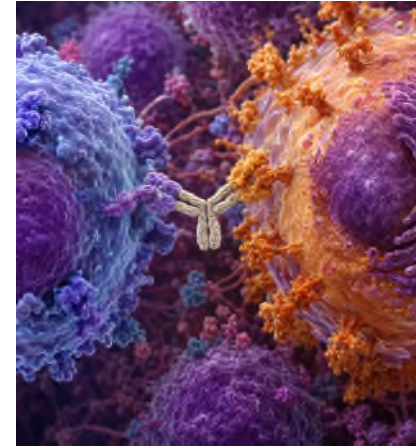
Current U.S. FDA-approved examples organized by target and modality



BCMA-targeting bispecifics

T-cell engager

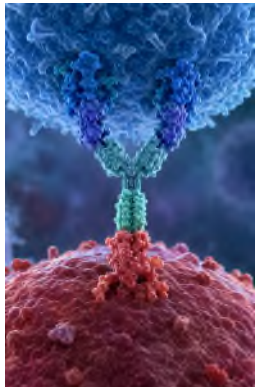
- Teclistamab (Tecvayli)
- Elranatamab (Elrexio)
- Linvoseltamab (Lynozyfic)



GPRC5D-targeting bispecific

T-cell engager

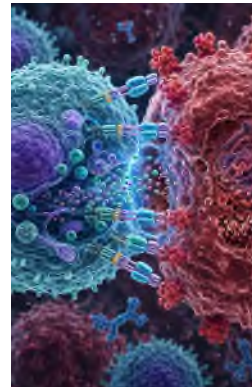
- Talquetamab (Talvey)



BCMA-targeting ADC

antibody-drug conjugate

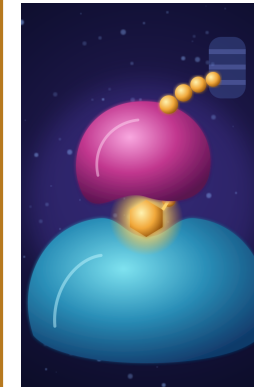
- Belantamab mafodotin (Blenrep)
- Approved with bortezomib + dexamethasone



BCMA-targeting CAR-T

autologous cellular therapy

- Idecabtagene vicleucel (Abecma)
- Ciltacabtagene autoleucel (Carvykti)



CELMoDs

cereblon E3 ligase modulator

- Ibrandomide (Zenbexus)
- Approved with daratumumab + dexamethasone
- Mezigdomide: investigational

EVIDENCE BASE

7 Trials Shaping the Future of Early-Relapse Therapy

Randomized trials enrolling patients with 1–3 (KarMMa-3: 2–4) prior lines of therapy

● BISPECIFICS

BCMA TCE + CD38 MAB

MajesTEC-3

Teclistamab + Daratumumab

vs. DPd/DVd

BCMA TCE

MajesTEC-9

Teclistamab monotherapy

vs. PVd/Kd

GPRC5D TCE ± CD38 MAB

MonumenTAL-3

Talquetamab ± Daratumumab

vs. DPd

● CAR-T

BCMA CAR-T

CARTITUDE-4

Ciltacabtagene autoleucel

vs. PVd/DPd (standard care)

BCMA CAR-T

KarMMa-3

Idecabtagene vicleucel

vs. standard 5-regimen

● ADC & CELMOD

BCMA ADC

DREAMM-7

Belantamab mafodotin + Vd or Pd

vs. DVd / PVd

CELMOD + CD38 MAB

EXCALIBER-RRMM

Iberdomide + Daratumumab + Dex

vs. DVd

Sources: MajesTEC-3, MajesTEC-9, MonumenTAL-3, CARTITUDE-4, KarMMa-3, DREAMM-7, DREAMM-8 (NEJM); EXCALIBER-RRMM (Lancet 2026).



Baseline Characteristics: MajesTEC-3, MajesTEC-9 & MonumenTAL-3

High-risk cytogenetics, prior anti-CD38 mAb exposure, and extramedullary/soft-tissue disease

Characteristic (experimental arm)	MajesTEC-3 Tec-Dara	MajesTEC-9 Teclistamab	MonumenTAL-3 Tal-DP	MonumenTAL-3 Tal-D
High-risk cytogenetics†	36.5%	35.7%	30.7%	33.8%
Prior anti-CD38 mAb exposure	5.2%	100% (85.5% refractory)	11.5% (dara)	11.8% (dara)
EMD / soft-tissue plasmacytoma‡	~14.1%	18.2%	12.9%	17.8%
Control-arm comparator	DPd/DVd	PVd or Kd	DPd	DPd

† High risk = del(17p), t(4;14), or t(14;16) by FISH. ‡ EMD defined variably by trial; MajesTEC-3 value inferred from PFS subgroup denominators (not a directly reported baseline %).

Efficacy: Progression-Free Survival

Landmark PFS estimates and hazard ratios vs. control arm

Trial (arm)	PFS landmark	Exp. arm PFS	Control PFS	PFS HR (95% CI)
MajesTEC-3 (Tec-Dara)	36-mo	83.4%	29.7% [DPD/DVD]	0.17 (0.12–0.23)
MajesTEC-9 (Tec mono)	18-mo	69.8%	26.9% [PVD/Kd]	0.29 (0.23–0.38)
MonumenTAL-3 (Tal-DP)	24-mo estimate	81.3%	51.2% [DPD]	0.28 (0.20–0.40)
MonumenTAL-3 (Tal-D)	24-mo estimate	77.6%	51.2% [DPD]	0.33 (0.24–0.46)

† MonumenTAL-3 PFS reported as HR from the primary event-driven analysis; median PFS not yet reached in either talquetamab-containing arm.



Efficacy: Overall Survival

Landmark OS estimates and hazard ratios vs. control arm

Trial (arm)	OS landmark	Exp. arm OS	Control OS	OS HR (95% CI)
MajesTEC-3 (Tec-Dara)	36-mo	83.3%	65.0%	92.2% 6 mo,84.3% 30 mo 94.5%, 69.6% DPd/ DVd
MajesTEC-9 (Tec mono)	18-mo	79.2%	68.6%	0.60 (0.43–0.83)
MonumentAL-3 (Tal-DP)	24-mo	89.2%	79.1%	0.47 (0.30–0.73)
MonumentAL-3 (Tal-D)	24-mo	87.9%	79.1%	0.51 (0.33–0.78)

** MajesTEC-3 OS trended in favor of Tec-Dara (restricted mean survival time +2.15 months) but had not crossed the significance boundary at this data cut.*



Response Depth, Duration of Response & MRD

ORR, complete response rate, DOR, and MRD negativity at the 10⁻⁵ threshold

Trial (arm)	ORR	CR or better	Median DOR	MRD-neg 10 ⁻⁵	MRD-neg 10 ⁻⁶
MajesTEC-3 (Tec-Dara vs. control)	89.0% vs 75.3%	81.8% vs 32.1%	NR vs 23.5 mo	58.4% vs 17.1%	Not reported
MajesTEC-9 (Tec vs. control)	84.5% vs 54.2%	65.9% vs 16.8%	NR vs 13.4 mo	38.5% vs 6.7%†	Not reported
MonumentAL-3 Tal-DP (vs. DPd)	88.2% vs 77.6%	71.1% vs 34.5%	NR vs NR	52.3% vs 15.9%†	Not reported
MonumentAL-3 Tal-D (vs. DPd)	88.5% vs 77.6%	69.0% vs 34.5%	NR vs NR	46.3% vs 15.9%†	Not reported

† MRD-negative rate shown is the combined "complete response + MRD-negative" end point. None of the six pivotal trials in this deck report MRD negativity at the more stringent 10⁻⁶ threshold.



Takeaways

Dara-Tec does have unprecedented responses in CD38 naïve MM in 1st relapse

Dara-Talq is also showing unprecedented responses

CD38 refractoriness is important

We don't have data yet comparing Dara-Tec vs Tec in CD38 exposed/ refractory
-? True benefit of adding dara in this situation

Baseline Characteristics: CARTITUDE-4 & KarMMa-3

Ciltacabtagene autoleucel and idecabtagene vicleucel vs. standard-care comparators

Characteristic	CARTITUDE-4 Cilta-cel	CARTITUDE-4 Control (PVd/DPd)	KarMMa-3 Ide-cel	KarMMa-3 Control (std. regimen)
High-risk cytogenetics†	35.3%	32.9%	42%	46%
Prior anti-CD38 mAb exposure	25.5% (24.0% refr.)	26.1%	95% (refractory)	94% (refractory)
EMD / soft-tissue disease	21.2%	16.6%	24%	24%
Median prior lines/regimens	2 (68% had 2–3)	—	3 (range 2–4)	—
N randomized	208	211	254	132

† High risk = del(17p), t(4;14), or t(14;16) by FISH. CARTITUDE-4 required 1–3 prior lines; KarMMa-3 required 2–4 prior lines and near-universal (~95%) anti-CD38 refractoriness.

Efficacy Outcomes: CARTITUDE-4 & KarMMa-3

Response, PFS/OS with landmark, hazard ratios vs. control, and control-arm performance

CARTITUDE-4 (Cilta-cel)	
Metric	Result
ORR	84.6%
CR or better	73.1%
PFS (landmark)	Not reached (median)
Control-arm PFS	11.8 mo
PFS HR (95% CI)	0.26 (0.18–0.38)
OS (12-mo)	84.1% vs 83.6% control
OS HR (95% CI)	0.78 (0.5–1.2), ns

KarMMa-3 (Ide-cel)	
Metric	Result
ORR	71%
CR or better	39%
PFS (12-mo)	55% vs 30% control
Control-arm PFS	~4.4 mo (median)
PFS HR (95% CI)	0.49 (0.38–0.65)
OS	Immature
OS HR (95% CI)	No HR reported

MRD-neg (10^{-5}): CARTITUDE-4 60.6% (ITT) vs. 15.6% control; KarMMa-3 not consistently reported. Median DOR: CARTITUDE-4 not reached; KarMMa-3 14.8 mo vs. 9.7 mo control.



Baseline Characteristics: DREAMM-7 & DREAMM-8

Belantamab mafodotin combinations vs. standard-care comparators

Characteristic	DREAMM-7 BVd	DREAMM-7 Control (DVd)	DREAMM-8 BPd	DREAMM-8 Control (PVd)
High-risk cytogenetics†	28%	27%	34%	32%
Prior anti-CD38/dara exposure	1%	2%	25%	29%
EMD / soft-tissue disease	5%	10%	Not tabulated	Not tabulated
Median prior lines	1 prior line: 51%	1 prior line: 50%	1 (range 1–3+)	—
N randomized	243	251	155	147

† High risk = del(17p), t(4;14), or t(14;16) by FISH. DREAMM-7 permitted first relapse and allowed the control arm to add daratumumab; DREAMM-8 specifically enrolled lenalidomide-exposed patients.



Efficacy Outcomes: DREAMM-7 & DREAMM-8

Response, PFS/OS with landmark, hazard ratios vs. control, and control-arm performance

DREAMM-7 (BVd)	
Metric	Result
ORR	83%
CR or better	35%
PFS (median)	36.6 mo
Control-arm PFS	13.4 mo
PFS HR (95% CI)	0.41 (0.31–0.53)
OS	29% mature
OS HR (95% CI)	Not yet significant

DREAMM-8 (BPd)	
Metric	Result
ORR	77%
CR or better	40%
PFS (median, immature)	Not reached
Control-arm PFS	12.7 mo
PFS HR (95% CI)	0.52 (0.37–0.73)
OS	Immature
OS HR (95% CI)	0.77 (0.53–1.14), ns

MRD-neg (10^{-5}): DREAMM-7 CR+MRD-neg 25% vs. 10% control; DREAMM-8 MRD-neg CR 24% vs. 5% control. Median DOR: DREAMM-7 35.6 mo vs. 17.8 mo control; DREAMM-8 12-mo DOR 79% vs. 61% control.

Sources: DREAMM-7 (NEJM 2024;391:393-407) Table 2, Figures 1–2; DREAMM-8 (Dimopoulos et al., NEJM) Table 2 response/MRD, survival analyses.



CROSS-TRIAL COMPARISON

Baseline Characteristics Across All Trials

High-level snapshot — patient populations differ; do not cross-compare efficacy directly

Trial (arm)	N	Median prior LOT	len refractory	PI refractory	CD38 exposed	Median age
MajesTEC-3 (Dara-Tec vs DVD/DPD)	445	1-3	85%	40%	~5.2%	64 yrs
MajesTEC-9 (Tec vs PVD/Kd)	593	1-3	83%	42%	100%	70 yrs
MonumenTAL-3 (Talq-Dara vs DPD)	587	1–3	88%	46%	11.5-11.8%	65 yrs
CARTITUDE-4 (Cilta-cel vs DPD)	419	1–3	100%	25%- Bor 25%- carfil	~25%	61 yrs
KarMMa-3 (Ide-cel vs one of 5 regimens)	386	2–4	88%	74%	~95%	63 yrs
DREAMM-7 (BVd vs DVD)	494	1–3	39%	9%	~2%	65 yrs
DREAMM-8 (BPd vs PVD)	302	1–3	82%	26%	~25%	65 yrs
EXCALIBER-RRMM (Iber-Dd vs DVd)	420	1–2	44%	Bort-refr. excluded	~4%	68 yrs

Populations are not head-to-head comparable — differences in prior LOT, exposure status, and age distribution affect outcomes.

Sources: MajesTEC-3/-9, MonumenTAL-3, CARTITUDE-4, KarMMa-3, DREAMM-7/-8, EXCALIBER-RRMM trial baseline tables (published NEJM/Lancet/Blood Advances/CLML reports).



Master Efficacy Summary: Response & PFS

Response rates and progression-free survival across all eight trials

Trial (arm)	ORR	PFS landmark	Exp. arm PFS	PFS HR (95% CI)
MajesTEC-3 (Dara-Tec vs DVD/DPD)	88.9%	36 mo	83.4% vs 29.7%	0.17 (0.12–0.23)
MajesTEC-9 (Tec vs PVD/Kd)	90.6%	18-mo	79.2% vs 68.6%	0.29 (0.23–0.38)
MonumenTAL-3 (Talq-Dara vs DPD)	84.5%	24-mo	81.3% vs 51.2%	0.28 (0.20–0.40)
CARTITUDE-4 (Cilta-cel vs DPD)	84.6%	30-mo	59.4% vs 25.7%	0.26 (0.18–0.38)
KarMMa-3 (Ide-cel vs one of 5 regimens)	71%	12-mo	55% vs 30%	0.49 (0.38–0.65)
DREAMM-7 (BVd vs DVD)	83%	18-mo Median PFS	69% vs 43% 36.6 vs 13.4 mos	0.41 (0.31–0.53)
DREAMM-8 (BPd vs PVD)	77%	12-mo	71% VS 51%	0.52 (0.37–0.73)
EXCALIBER-RRMM (Iber-Dd vs DVd)	89%	Pending	Not yet reported	Not yet reported (PFS ongoing)

PFS landmark = trial's primary PFS analysis timepoint, not follow-up duration. MonumenTAL-3 PFS analysis was event-driven rather than a fixed calendar landmark.



CROSS-TRIAL COMPARISON

Master Efficacy Summary: OS, MRD & Control Arm

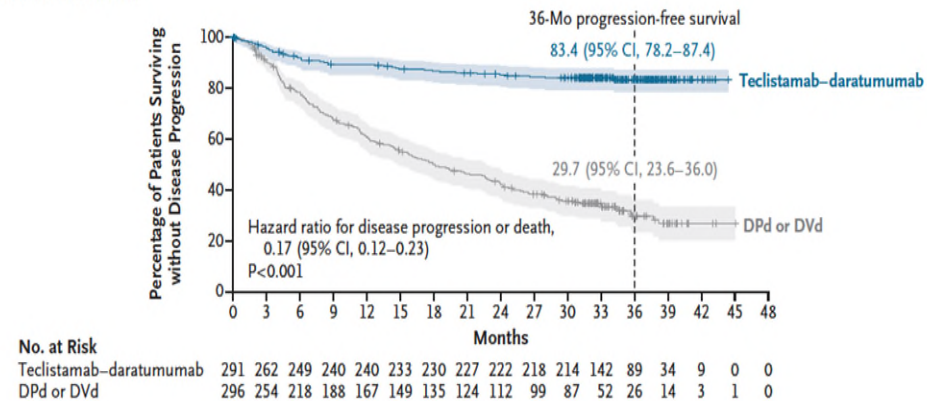
Overall survival, MRD-negativity, and control-arm performance across all eight trials

Trial (arm)	OS mo. cutoff	OS	OS HR (95% CI)	MRD-neg (10 ⁻⁵)†
MajesTEC-3 (Dara-Tec vs DVD/DPD)	36 ml	83.3% vs 65%	0.73 (RMST, ns)*	56.4% vs. 21.1%
MajesTEC-9 (Tec vs PVD/Kd)	18 mo	79.2% vs. 68.6%	0.60 [0.43 to 0.83]	38.5% vs. 6.7%
MonumenTAL-3 (Talq-Dara vs DPD)	24 mo	89.2%-Tal-DP, 87.9% -Tal-D, and 79.1% -DPd	Tal-DP vs. DPd, 0.47 [95% CI, 0.30 to 0.73], Tal-D vs. DPd, 0.51 [95% CI, 0.33 to 0.78])	36% vs. 12%
CARTITUDE-4 (Cilta-cel vs DPD)	30 mo	76.4% vs 63.8%	0.55 (0.39–0.79)	60.2% vs. 15.4%
KarMMa-3 (Ide-cel vs one of 5 regimens)	Median OS	41.4 months vs 37.9	1.01; 95% CI, 0.73-1.40;	29% vs. 5%
DREAMM-7 (BVd vs DVD)	36 mos	74% vs 60%	0.58; [95% CI 0.43–0.79]	25% vs. 10%
DREAMM-8 (BPd vs PVD)	12 mos	83% vs 76%	0.77 (0.53–1.14), not mature	24% vs. 5%
EXCALIBER-RRMM (Iber-Dd vs DVd)	—	Not yet reported	Not yet reported	41% vs. 21%

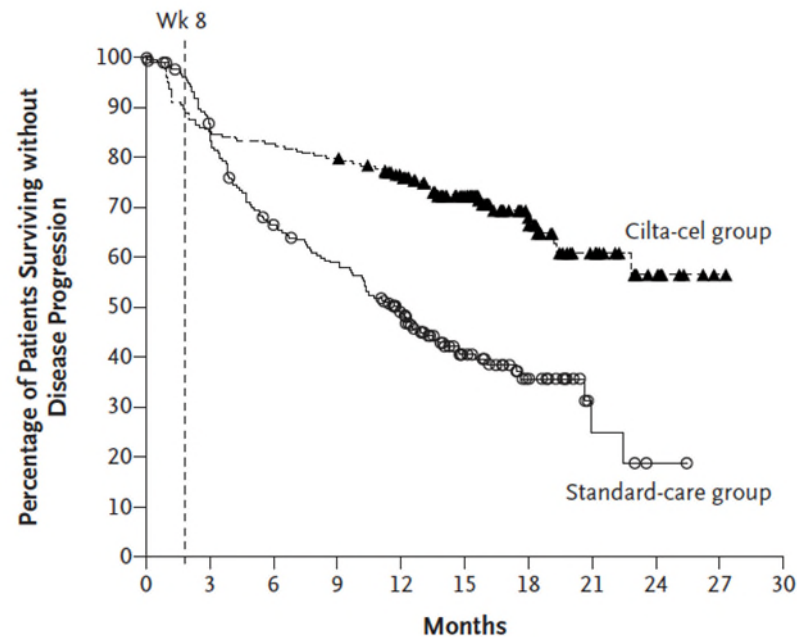
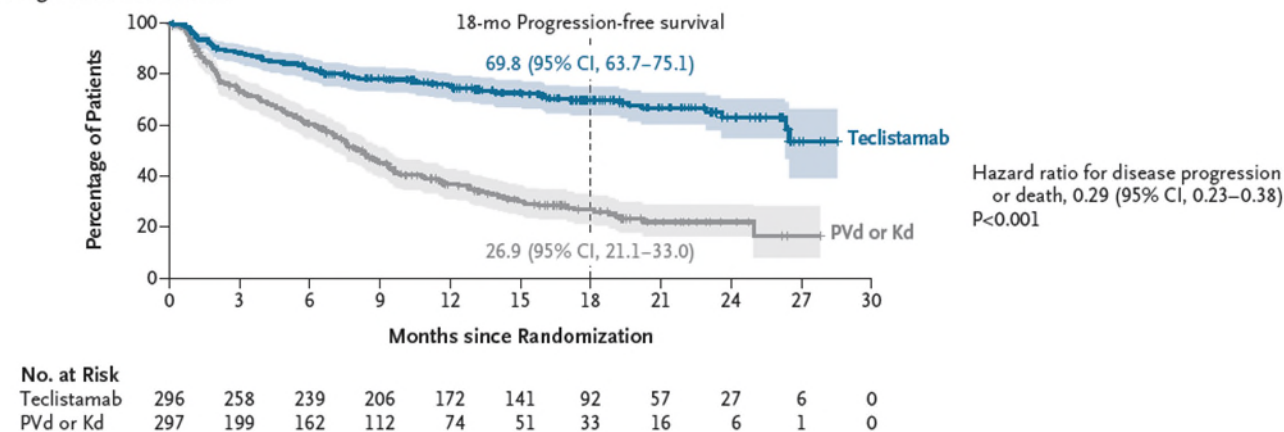
*MajesTEC-3 OS analysis used restricted mean survival time (RMST) due to crossover; not yet formally significant. †MRD-negative at the 10⁻⁵ sensitivity threshold, among evaluable/CR patients per trial definition.



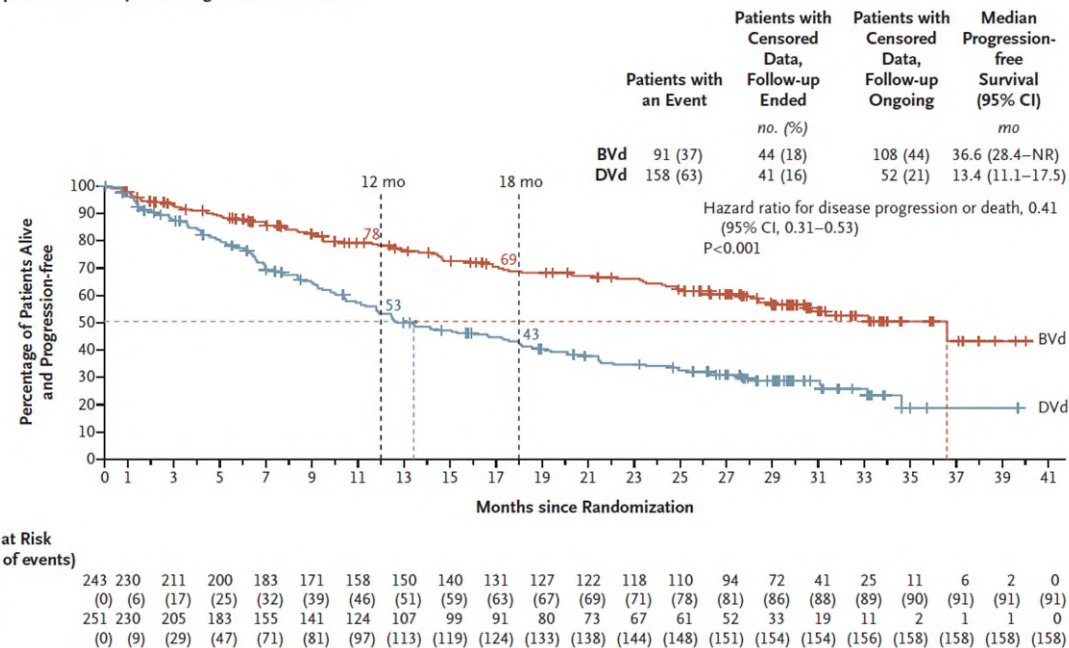
A Progression-free Survival



A Progression-free Survival



A Kaplan-Meier Analysis of Progression-free Survival



Takeaways

All trials have demonstrated a clinically important and significant improvement in responses and PFS compared to standard regimens

5 trials have shown an improvement in OS which is the gold standard

Immunotherapy should be the SOC in 1-3 LOT

Unanswered q are optimal sequencing

MagnetisMM-5: Elranatamab vs. DPd After ≥ 1 Prior Line

Topline interim analysis announced April 29, 2026 — numeric results not yet presented

STUDY DESIGN

- **Trial:** Phase 3, open-label, randomized (NCT05020236); N = 497 across 26 countries
- **Population:** RRMM after ≥ 1 prior line, including lenalidomide and a PI (double-class exposed); prior BCMA-directed therapy excluded
- **Randomization:** Part 2, 1:1:1 — elranatamab SC monotherapy vs. elranatamab + daratumumab vs. DPd
- **Primary endpoint:** PFS by blinded independent central review
- **Key secondary:** Overall survival

TOPLINE RESULT · ELRANATAMAB MONO vs. DPd

Primary PFS endpoint met

Interim analysis crossed the prespecified efficacy boundary (BICR)

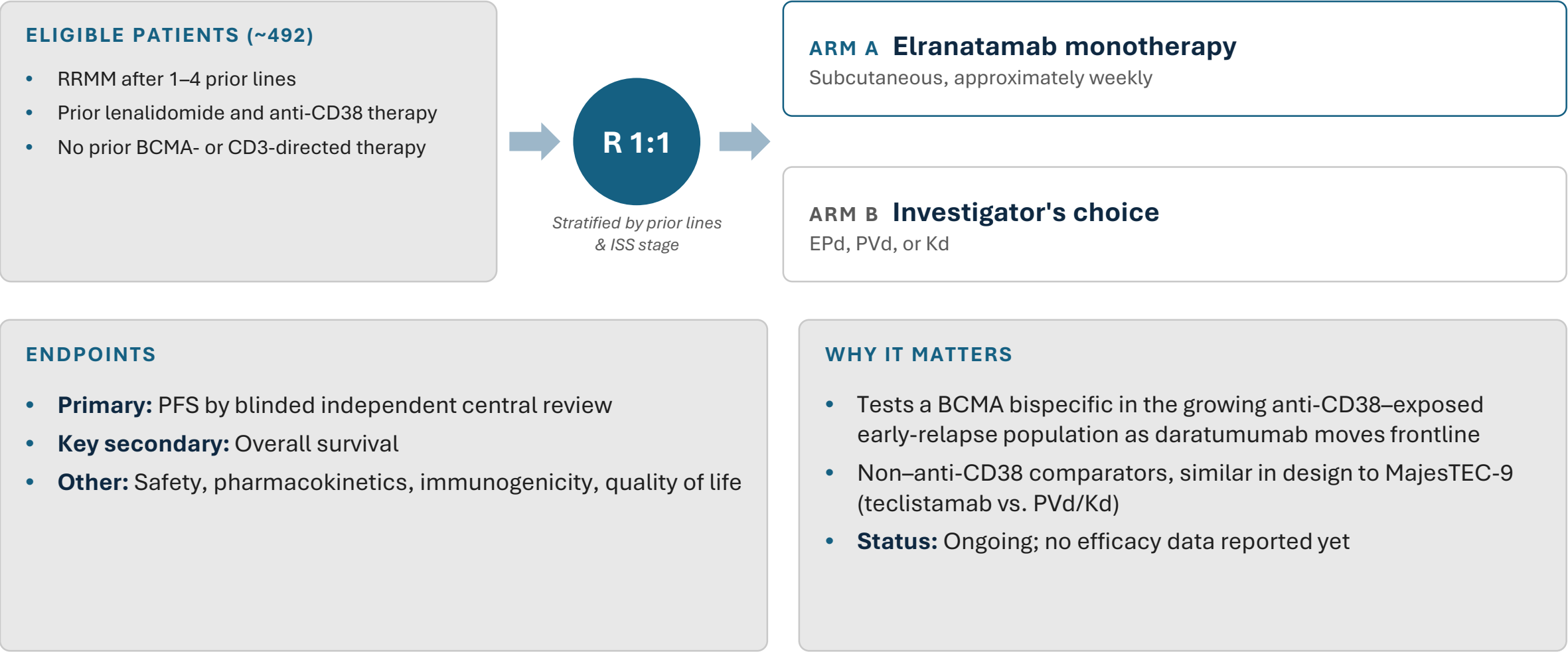
- Most elranatamab-treated patients remained progression-free at the data cut
- Hazard ratio, median PFS and response rates not yet disclosed; OS immature
- Safety consistent with the known profile; no new signals
- Elranatamab + daratumumab arm not yet reported

Context: the current US label is after ≥ 4 prior lines. Full data will be presented at a future congress.



MagnetisMM-32: Elranatamab After Anti-CD38

Phase 3, open-label, randomized 1:1 (NCT06152575) — results pending



CERVINO: Etentamig in Triple-Class–Exposed RRMM

Phase 3 vs. standard therapies · IMS 2026 plenary (LBA-01) · median follow-up 11.4 mo

74.0% vs 45.7%

ORR (IRC)
p<0.0001

0.40

PFS hazard ratio
95% CI 0.29–0.54

62.1% vs 28.4%

12-month PFS
Median NR vs 6.2 mo

40% vs 7%

CR or better
VGPR+ 63% vs 20%

STUDY DESIGN

- **Trial:** N = 393 randomized 1:1, open-label (NCT06158841)
- **Population:** ≥2 prior lines; PI, IMiD and anti-CD38 exposed; no prior BCMA therapy. Median 3 prior lines; ~52% triple-class refractory; ~1/3 aged ≥75
- **Experimental:** Etentamig 60 mg IV every 4 weeks after a single 2-mg step-up dose
- **Control (SAT):** Kd (47%), EPd (33%), or SVd (18%)

DEPTH, SURVIVAL & SAFETY

- **OS:** 12-mo OS 87.9% vs 72.0% (HR 0.48); OS efficacy boundary not yet crossed
- **CRS:** 39.5% overall (grade 3: 1.0%); 28.3% with single step-up dose, none grade ≥3
- **ICANS:** 3.6% overall
- **MRD-neg (10^{-5}):** 89.1% vs 25.0% among patients with ≥CR; median DOR NR vs 10.2 mo
- **Infections:** grade 3/4 27.7% vs 19.2%; grade 3/4 neutropenia 38.5%



FDA APPROVED

IMMUNOTHERAPY

s/p 1 LOT

- Ciltacel [s/p Imid + PI+ Len ref]
- Dara-Teclistamab [s/p Imid +PI]

s/p 2 LOT

- Belantamab/velcade/dex
- Idelcel [s/p Imid + PI+ CD38]

s/p 4 LOT

- Teclistamab
- Talquetamab
- Elrantamab
- Linvoseltamab

NON- IMMUNOTHERAPY

s/p 1 LOT

- Dara-Iber-Dex
- DPD
- KPD
- IsaKD
- PVD

s/p 2 LOT

- Elo PD
- SeliVD

NON-FDA APPROVED/ NCCN recommendations

USEFUL UNDER CERTAIN CIRCUMSTANCES

s/p 1-3 LOT

- Venetoclax + Dara/Kyprolis/Dex
T(11;14)

s/p 4 LOT

Tec+Talq



1-3 LOT

FHR <36 months of
relapse s/p DVRD +DR

Progressing on Dara
maintenance or
within 90 days of
Dara exposure



Ciltacel

Alternative- Dara-
Teclistamab

T(11;14)

Dara/Venetoclax/Dex
Venetoclax/Carfilzomi
b/Dex
Ciltacel
Dara-Tec

Slow relapse

Dara-Iber-Dex
Dara-Tec
Ciltacel

Alternative- DPD/DKD

EMD

Ciltacel
Dara-Tec



FUTURE 1-3 LOT

FHR <36 months of relapse s/p DVRD +DR

Dara exposure >3 months

Progressing on Dara maintenance or within 90 days of Dara exposure

-Prioritizes QOL
-Availability of good bridging regimens

-Elderly
-Significant co-morbidities
-Rapidly progressive disease

Prior BCMA
Recurrent Infections
Plasma cell leukemia

Elderly
Cannot monitor CRS/ICANS
Access to ophthalmology
Comorbidities

Ciltacel

Ciltacel

Dara-Tec
Dara-Iber-Dex

Dara-Talquetamab

Belantamab-
velcade-dex
Dara-Iber-dex

Alternative-
Teclistamab



The Changing Landscape of Multiple Myeloma

From sequential attrition to immunotherapy-driven cure at every line of therapy

Past

Conventional sequencing — near-cylindrical attrition



Small, mostly front-loaded chance of cure

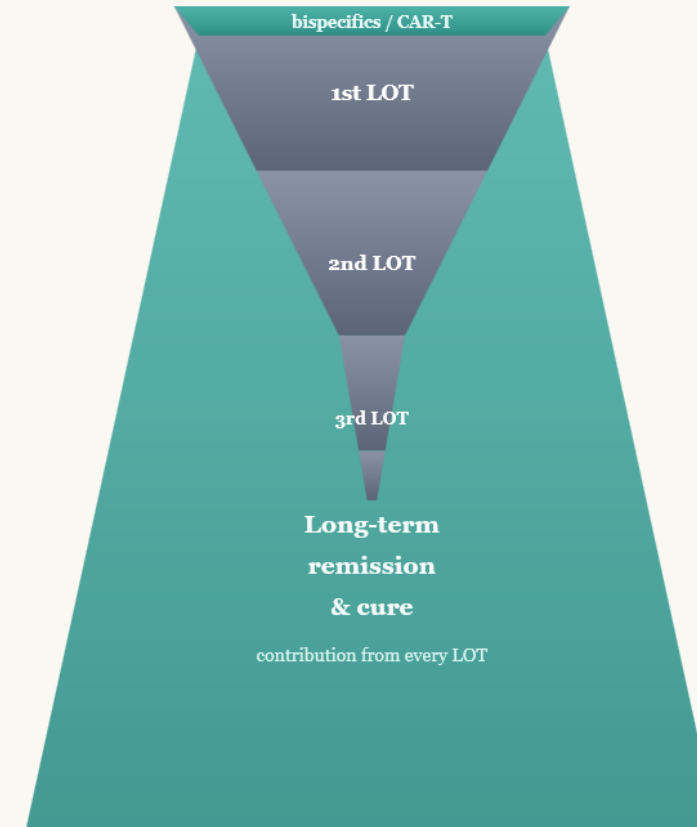
Nearly all diagnosed patients pass through every LOT

■ Relapsed/refractory population

■ Cure / long-term remission (past)

Now

Immunotherapy at every LOT — inverted triangle



Cure/LTR fraction widens at each successive LOT

Relapsing population shrinks toward the apex

■ Cure / long-term remission (immunotherapy era)



Clinical trials 1-3 LOT

CEVOLUTION – Cevostamab [FCRH5 bispecific] vs DPD/ Elo-Pom/Dex

Entetamig [BCMA Bispecific] combination trials – Entetamig + Carfilzomib,
Entetamig + Pom

GPRC5D ADC + Elrantamab or Pomalidomide

Dual CART- BCMA+GPRC5D CART (temporarily closed to accrual)

ECOG- Tec-Pom vs KPD (will open)

TRILOGY 5 – Remantamig + Toci vs Remantamig

EAP – Mezi/velcade/Dex



Clinical trials > 3 LOT

TRILOGY 4- Remantamig (Trispecific) vs Teclistamab

CD38-Steroid ADC

Cemisdomid – (4th gen celmod)

AZD CART- CD19-BCMA CART (open to accrual only to BCMA exposed)

Talq + RT for EMD disease

Trispecific IBI3003 – BCMA+GPRC5D trispecific

Allogeneic BCMA CART



REFERENCES

Key Sources

Full citations for the clinical literature underlying this presentation

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All figures in this presentation are drawn directly from the primary publications and expert consensus documents listed above.



Thank You

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