ELOTUZUMAB PLUS POMALIDOMIDE AND DEXAMETHASONE FOR RELAPSED/REFRACTORY MULTIPLE MYELOMA: EFFICACY RESULTS AFTER ADDITIONAL FOLLOW-UP OF THE PHASE 2, RANDOMIZED ELOQUENT-3 STUDY

Author(s): Meletios Dimopoulos , Dominik Dytfeld , Sebastian Grosicki , Philippe Moreau , Naoki Takezako , Mitsuo Hori , Xavier Leleu , Richard LeBlanc , Kenshi Suzuki , Marc S. Raab , Paul G. Richardson , Mihaela Popa McKiver , Ying-Ming Jou , Suresh G. Shelat , Michael Robbins , Brian Rafferty , Jesús San Miguel EHA Library. Richardson P.

Jun 15, 2019; 266987

Abstract: PS1370

Type: Poster Presentation

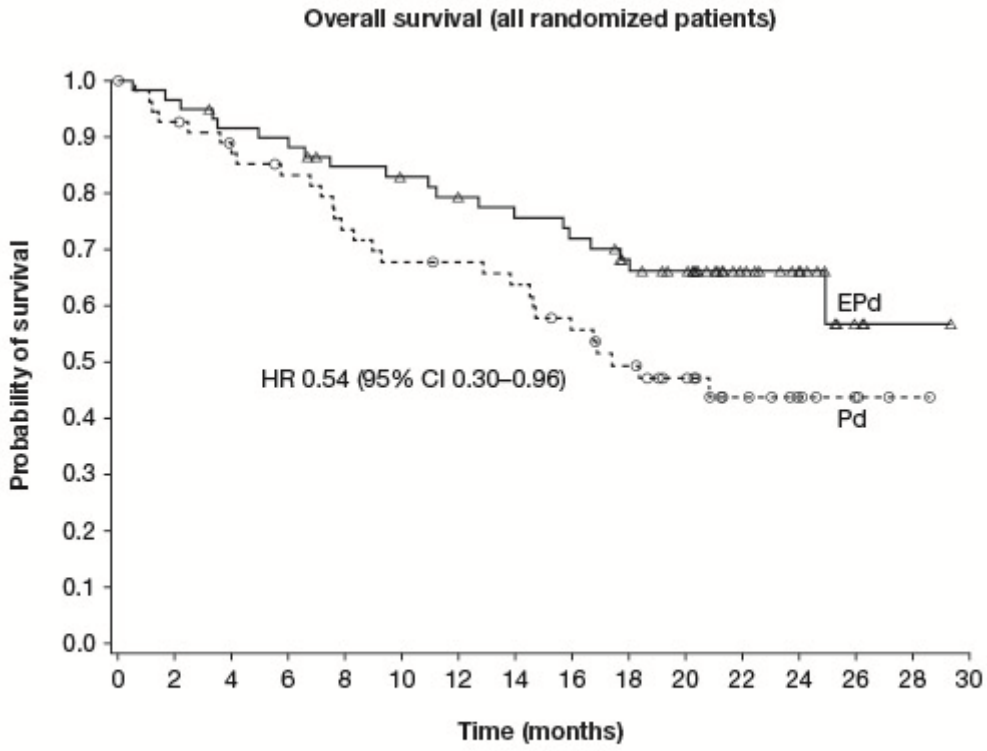
Presentation during EHA24: On Saturday, June 15, 2019 from 17:30 - 19:00

Background
Despite multiple therapeutic options for multiple myeloma (MM), duration of disease control decreases with each line of therapy and overall survival (OS) remains poor after treatment failure with proteasome inhibitors (PIs) and immunomodulatory drugs (Kumar SK et al. *Leukemia* 2017). Elotuzumab, an immunostimulatory monoclonal antibody targeting SLAMF7, enables selective killing of MM cells through multiple mechanisms of action and synergizes with the immunomodulatory drug pomalidomide (pom). The primary analysis (minimum follow-up [FU]: 9.1 months) of the open-label, randomized, ELOQUENT-3 study (NCT02654132) demonstrated a median progression-free survival (PFS) of 10.3 months for elotuzumab plus pom and dexamethasone (EPd) vs 4.7 mo for pom and dex (Pd) alone (HR 0.54, p=0.008). Preliminary analysis of OS suggested a trend in favor of EPd (Dimopoulos MA et al. *N Engl J Med* 2018). On the basis of these data, EPd was approved in the United States for the treatment of adult patients (pts) with MM and ≥2 prior therapies including lenalidomide (len) and a PI.

Aims
This non-prespecified analysis was conducted to provide a descriptive assessment of OS with EPd vs Pd in ELOQUENT-3 after extended FU. PFS and safety were also assessed.

Methods
Eligible pts were adults with ≥2 prior lines of therapy (LoTs), including len and a PI (prior pom not permitted), who had MM that was refractory to last therapy and either refractory or relapsed and refractory to len and a PI. Pts were randomized 1:1 (stratified by prior LoTs [2–3 vs ≥4] and ISS stage at study entry [I–II vs III]) to receive EPd or Pd in 28-day cycles until disease progression or unacceptable toxicity. Elotuzumab: 10 mg/kg IV weekly in cycles 1–2 and 20 mg/kg IV every 4 weeks in cycles 3+. Pom: 4 mg orally on days 1–21 of each cycle. Dexamethasone: 40 mg (pts ≤75 years) or 20 mg (pts >75 years) weekly in each cycle. Primary endpoint was PFS per investigator assessment; secondary endpoints were overall response rate per investigator and OS. All pts provided written informed consent.

Results
In total, 60 pts were randomized to the EPd group and 57 to the Pd group. Clinically relevant baseline characteristics were balanced between treatment groups; median (range) age was 67 (36–81) years. Median (range) number of prior LoTs was 3 (2–8), and 68% (EPd) and 72% (Pd) of pts had MM that was refractory to both len and a PI. As of clinical data cut-off (29 Nov 2018, minimum FU 18.3 mo), there were a total of 90 PFS events (EPd: 40/60; Pd: 50/57). PFS rates (EPd vs Pd) were 43% vs 20% (12 mo) and 34% vs 11% (18 mo). In this updated assessment after 48 (EPd: 20/60; Pd: 28/57) of the 78 (62%) deaths required for the final analysis, OS curves continued to diverge, with a 46% reduction in the risk of death with EPd vs Pd (HR 0.54, 95% CI 0.30–0.96; **Figure**). Median (95% CI) OS was not reached (24.9–not estimable [NE]) with EPd and was 17.4 mo (13.8–NE) with Pd. OS rates (EPd vs Pd) were 79% vs 68% (12 mo) and 68% vs 49% (18 mo). Safety results were consistent with the primary analysis.



Patients at risk

EPd	60	58	54	53	48	46	43	41	39	34	30	17	11	3	1	0
Pd	57	51	47	43	38	35	34	32	27	23	18	10	6	3	1	0

Conclusion

In this extended FU of ELOQUENT-3, EPd demonstrated sustained and clinically relevant PFS and OS benefits vs Pd, with no new safety signals. These data support the long-term favorable efficacy–safety profile of EPd and suggest this regimen could be considered as a standard of care for pts with relapsed/refractory MM after failure of len and a PI.