Pharmacodynamic Signatures and Correlatives of Response in Patients With Relapsed/Refractory Multiple Myeloma Treated With Talquetamab or Teclistamab Plus Daratumumab and Pomalidomide

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Targeting Multiple Antigens With Tal or Tec Combination Therapies May Enhance Antimyeloma Activity

- First-in-class BsAbs talquetamab and teclistamab have shown deep, durable responses in RRMM as mono and combination therapies¹⁻⁸
- Combining Tal or Tec with Dara and an IMiD may enhance antimyeloma activity and overcome resistance mechanisms through multiple MOAs
 - Tal-Dara-Pom and Tec-Dara-Pom have shown promising efficacy and manageable safety across all lines of therapy in patients with RRMM^{7,8}
- We assess immunologic PD profiles and correlatives of response in patients from the TRIMM-2 and MajesTEC-2 studies to better understand the contributions of Tal, Tec, Dara, and Pom in combination regimens in patients with RRMM



TRIMM-2 ClinicalTrials.gov identifier: NCT04108195. MajesTEC-2 ClinicalTrials.gov identifier: NCT04722146. ADCC, antibody-dependent cellular cytotoxicity; ADCP; antibody-dependent cellular phagocytosis; BCMA, B-cell maturation antigen; BsAb, bispecific antibody; CDC, complement-dependent cytotoxicity; Dara, daratumumab; GPRC5D, G protein-coupled receptor class C group 5 member D; IMiD, immunomodulatory drug; MOA, mechanism of action; NK, natural killer; PD, pharmacodynamics; Pom, pomalidomide; RRMM, relapse d/refractory multiple myeloma; Tal, talquetamab; Tec, teclistamab. 1. TALVEY (talquetamab). Prescribing information. Horsham, PA: Janssen Biotech, Inc.; 2023. 2. TALVEY (talquetamab). Summary of product characteristics. Leiden, Netherlands: Janssen Biologics BV; 2023. 3. TECVAYLI (teclistamab-cqvv). Prescribing information. Horsham, PA: Janssen Biotech, Inc.; 2022. 4. TECVAYLI (teclistamab). Summary of product characteristics. Leiden, Netherlands: Janssen Biologics BV; 2023. 3. TECVAYLI (teclistamab-cqvv). Prescribing information. Horsham, PA: Janssen Biotech, Inc.; 2022. 4. TECVAYLI (teclistamab). Summary of product characteristics. Leiden, Netherlands: Janssen Biologics BV; 2023. 5. Rasche L, et al. Presented at IMS; September 25–28, 2024; Rio de Janeiro, Brazil. 8. D'Souza A, et al. Presented at ASH; December 7–10, 2024; San Diego, CA, USA.



PD Signatures and Correlatives of Response to Tal-Dara-Pom or Tec-Dara-Pom



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^aPrior treatment with BCMA-targeted therapy was not permitted in MajesTEC-2. ^bTal SC 0.4 mg/kg QW or 0.8 mg/kg Q2W after SUD, with approved schedules of Dara 1800 mg and Pom 2 mg. ^cTRIMM-2 (Tal-Dara-Pom) clinical cut-off: July 29, 2024. ^dTec SC 0.72 or 1.5 mg/kg QW after SUD, with approved schedules of Dara 1800 mg and Pom 2 or 4 mg. ^eMajesTEC-2 (Tec-Dara-Pom) clinical cut-off: April 15, 2024. ^fFirst full dose of Tal or Tec. BsAb, bispecific antibody; C, cycle; D, day; Dara, daratumumab; DOR, duration of response; IMiD, immunomodulatory drug; LOT, line of therapy; PD, pharmacodynamics; PI, proteasome inhibitor; Pom, pomalidomide; Q2W, every other week; QW, weekly; SC, subcutaneous; SUD, step-up dose; Tal, talquetamab; Tec, teclistamab; Treg, regulatory T cell.

Tal-Dara-Pom



Tal-Dara-Pom-mediated recovery of

Tal-Dara-Pom–mediated CD8 T_{EM} cell expansion



Tal-Dara-Pom-mediated CD8 T_{Naive} cell reduction^a



^aData points removed for visualization: top left (4), top right (10), bottom left (2), bottom middle (4). C, cycle; D, day; Dara, daratumumab; PD, pharmacodynamics; Pom, pomalidomide; Tal, talquetamab; T_{EM}, effector memory CD8 T cell.

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Tal-Dara-Pom



Tal-Dara-Pom-mediated CD8 T_{EM} cell expansion



Tal-Dara-Pom-mediated CD8 T_{Naive} cell reduction^a



Dara Tal + Dara Tal-Dara-Pom Tal + Dara Tal-Dara-Pom



^aData points removed for visualization: top left (4), top right (10), bottom left (2), bottom middle (4). C, cycle; D, day; Dara, daratumumab; PD, pharmacodynamics; Pom, pomalidomide; Tal, talquetamab; T_{EM}, effector memory CD8 T cell.

Tal-Dara-Pom



Tal-Dara-Pom-mediated CD8 T_{Naive} cell reduction^a



^aData points removed for visualization: top left (4), top right (10), bottom left (2), bottom middle (4). C, cycle; D, day; Dara, daratumumab; PD, pharmacodynamics; Pom, pomalidomide; Tal, talquetamab; T_{EM}, effector memory CD8 T cell.



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C2D8 C2D15 C3D1

Tal-Dara-Pom

Tal-Dara-Pom–mediated recovery of absolute counts of CD8 T cells^a

Tal-Dara-Pom-mediated CD8 T_{EM} cell expansion Tal-Dara-Pom-mediated CD8 T_{Naive} cell reduction^a

- Complementary PD effects resulted in a durable, activated immune response, a shift toward an antigen experienced memory phenotype, and a less immunosuppressed environment
 - Synergistic potential observed with Tal + Dara for an initial immune response and enhanced with the addition of Pom to extend the immune effects







Durable Recovery of CD8 T Cells Observed in Deep Responders to Tal-Dara-Pom and Correlated Significantly With Longer DOR

Tal-Dara-Pom



 Following T-cell margination, a more durable recovery of CD8 T cells was observed in deeper responders (sCR/CR vs VGPR/PR) and correlated with longer DOR

^a2 data points removed for visualization. ^bDOR % change to cut low vs high = -56.8. Low % change indicates < median, and high % change indicates > median % change in absolute counts of CD8 T cells. CR, complete response; C, cycle; D, day; Dara, daratumumab; DOR, duration of response; mDOR, median duration of response; NR, not reached; Pom, pomalidomide; PR, partial response; sCR, stringent complete response; Tal, talquetamab; VGPR, very good partial response.



CD38+ CD8 T-cell Activation Observed in Responders to Tal-Dara-Pom and Correlated Significantly With Longer DOR

Less deep responders: **Deep responders:** Comparable CD38+ CD8 T-cell Higher maxFC CD38+ CD8 T-cell induction sCR/CR^a VGPR/PR induction across all responders^b significantly correlated with DOR 100 C1D8-C3D1 maxFC C1D8–C3D1 Initial activation maintained Initial activation (Re)activation 1.00 maxFC^c I OW mDOR, mo 13.4 7.5 75 CD38+ CD8 T cells, % 0.75 2 DOR probability MaxFC CD8 T cells, ⁶ 0.50 P<0.05 2.5 0.25 C1D1 C1D2 C1D8 C1D15 C2D1 C2D8 C2D15 C3D1 C1D1 C1D2 C1D8 C1D15 C2D1 C2D8 C2D15 C3D1 15 18 sCR/CR VGPR/PR 9 12 21 24 27 Median. 2.6 1.9 DOR, months **Tal-Dara-Pom** Dara Tal + Dara Tal + Dara Tal-Dara-Pom N (range) (0.6 to 11.0) (0.7 to -8.4)

• A comparable level of CD38+ induction on CD8 T cells was observed across all responders to Tal-Dara-Pom in early treatment cycles that correlated with longer DOR

If P value is not depicted in figures, the difference is not statistically significant.

^a1 data point removed for visualization. ^b3 data points removed for visualization. ^cDOR FC to cut low vs high = 1.7. Low maxFC indicates < median, and high maxFC indicates > median maxFC in CD38+ CD8 T cells. C, cycle; CR, complete response; D, day; Dara, daratumumab; DOR, duration of response; FC, fold change; max, maximum; mDOR, median duration of response; NR, not reached; Pom, pomalidomide; PR, partial response; sCR, stringent complete response; Tal, talquetamab; VGPR, very good partial response.



Tal-Dara-Pom

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NR

Improved T-cell Signatures Observed in Patients With Prior BsAb Exposure Treated With Tal-Dara-Pom vs Talquetamab Monotherapy

Tal-Dara-Pom



• Patients with prior exposure to bispecifics exhibited increased proportions of activated T cells, T cells expressing checkpoints, and Tregs at baseline on MonumenTAL-1^{3–5}

Compared with Talquetamab monotherapy, markedly greater T-cell recovery, (re)activation of T cells, and reduction of CD38+ Tregs were observed, suggesting potential
for T-cell reinvigoration, which may contribute to improved responses in prior BsAb-exposed patients treated with Tal-Dara-Pom

If P value is not depicted in figures, the difference is not statistically significant.

^aData points removed for visualization: top middle (7), top right (5), bottom middle (1), bottom right (4). BsAb, bispecific antibody; C, cycle; D, day; Dara, daratumumab; mono, monotherapy; ORR, overall response rate; Pom, pomalidomide; SUD1, stepup dose 1; SUD1 24h, 24 hours after first step-up dose; Tal, talquetamab; Treg, regulatory T cells. 1. Rasche L, et al. Presented at EHA; June 13–16, 2024; Madrid, Spain. 2. Bahlis N, et al. Presented at IMS; September 25–28, 2024; Rio de Janeiro, Brazil. 3. Chari A, et al. *N Engl J Med* 2022;387:2232-44. 4. Vishwamitra D, et al. Presented at ASH; December 9–12, 2023; San Diego, CA, USA. Poster #1933. 5. Jakubowiak A, et al. Presented at ASH; December 9–12, 2023; San Diego, CA, USA. Poster #3377. Presented by D Vishwamitra at the 66th American Society of Hematology (ASH) Annual Meeting: December 7–10, 2024; San Diego, CA, USA



Complementary PD Effects of Tec + Dara Were Enhanced by Pom, Supporting Clinical Findings in 1–3 Prior LOT

Tec-Dara-Pom



Tec-Dara-Pom-mediated T_{EM} cell expansion



Dara-mediated CD38+ Treg reduction^a

Tec-Dara-Pom-mediated CD8 T_{Naive} cell reduction



cells,

CD8

 Complementary PD effects resulted in a durable activated immune response, a shift toward an antigen experienced memory phenotype, and a less immunosuppressed environment with Tec + Dara that was enhanced with Pom and supports the high ORR observed clinically in these less heavily pretreated patients



^aData points removed for visualization: top left (1), bottom left (4), bottom middle (1).

-cell dynamics

CD38+ populations

C, cycle; D, day; Dara, daratumumab; LOT, line of therapy; PD, pharmacodynamics; Pom, pomalidomide; Tec, teclistamab; T_{EM}, effector memory CD8 T cells.

Summary and Conclusions

Synergistic, immunomodulatory MOAs of Tal-Dara-Pom and Tec-Dara-Pom regimens contribute to deep responses and beneficial long-term outcomes in patients with RRMM

- PD effects that significantly correlated with DOR for Tal-Dara-Pom contributed to long-term efficacy
- Tal-Dara-Pom showed improved T-cell signatures longitudinally in patients with prior BsAb exposure vs talquetamab monotherapy
- PD effects observed with Tec-Dara-Pom in 1–3 prior lines supported the improved ORR in earlier lines of therapy
- These data underline the promising efficacy of these regimens in a broad RRMM population and support further evaluation^{1,2}

Tec-Dara-Pom clinical data (oral #495) in RRMM presented at ASH on Sunday, Dec 8, 2024, at 10:00 AM



Correlated with longer DOR for Tal-Dara-Pom



BsAb, bispecific antibody; Dara, daratumumab; DOR, duration of response; MOA, mechanism of action; ORR, overall response rate; PD, pharmacodynamics; Pom, pomalidomide; RRMM, relapsed/refractory multiple myeloma; Tal, talquetamab; Tec, teclistamab; T_{EM}, effector memory CD8 T cells; Treg, regulatory T cell. 1. Bahlis N, et al; Presented at IMS; September 25–28, 2024; Rio de Janeiro, Brazil. 2. D'Souza, et al; Presented at ASH 2024; December 7–10, 2024; San Diego, CA, USA.

Ongoing Efforts

- Translational correlatives for Tal- and Tec-Dara-IMiD combinations will be explored further in larger datasets from phase 3 registrational studies
 - Tal + Dara and Tal-Dara-Pom in MonumenTAL-3
 - Tec + Dara in MajesTEC-3
 - Tal-Dara-Len and Tec-Dara-Len in MajesTEC-7



MonumenTAL-3 ClinicalTrials.gov identifier: NCT05455320. MajesTEC-3 ClinicalTrials.gov identifier: NCT05083169. MajesTEC-7 ClinicalTrials.gov identifier: NCT05552222. Dara, daratumumab; IMiD, immunomodulatory drug; Len, lenalidomide; Pom, pomalidomide; Tal, talquetamab; Tec, teclistamab.

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