Managing Myeloma

BB2121 in Relapsed/Refractory Multiple Myeloma:
An Analysis of High-Risk Subgroups in the KarMMa Study

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Hello and welcome to *Managing Myeloma*. My name is Noopur Raje and I'm going to provide a summary of BB2121 in relapsed/refractory multiple myeloma, an analysis of high-risk subgroups in the KarMMa Study. As you all know, the KarMMa trial was presented at ASCO as well as EHA wherein we treated 128 patients with relapsed/refractory myeloma, but the majority of these patients being penta- and quad-refractory having been exposed to both proteasome inhibitors, bortezomib and carfilzomib; both immunomodulatory drugs, lenalidomide and pomalidomide; and also been exposed to a CD38 monoclonal antibody, and the majority of them being refractory to their last line of treatment. These were patients who had been very heavily pre-treated, and what we did at this year's ASH was a subgroup analysis of the high-risk subgroups. In these high-risk patient populations, we had patients who had high- risk cytogenetics as defined by 4;14, 14;16, P53 deletion. We also included patients who had extra medullary disease because as you all know, these are patients who typically do quite badly, and we compared them to sort of the standard-risk patients. We also looked at high-risk in terms of disease burden, so the higher the disease burden, they were considered high-risk. What was reassuring to see from the KarMMa trial was the fact that even if patients had high-risk disease, they benefited from cellular CAR T-cell therapy with ide-cel or BB2121, despite their high-risk nature. This in fact suggested that CAR T-cell can transcend risk factors and even in high-risk patients you are going to see a benefit in terms of progression-free survival and overall responses with CAR T-cell therapy in the space. Thank you for viewing this activity.