

# Highlights from IMW 2019

19-20 novembre 2019  
Bologna  
Royal Hotel Carlton

## La terapia di seconda e terza linea del paziente non refrattario a lenalidomide

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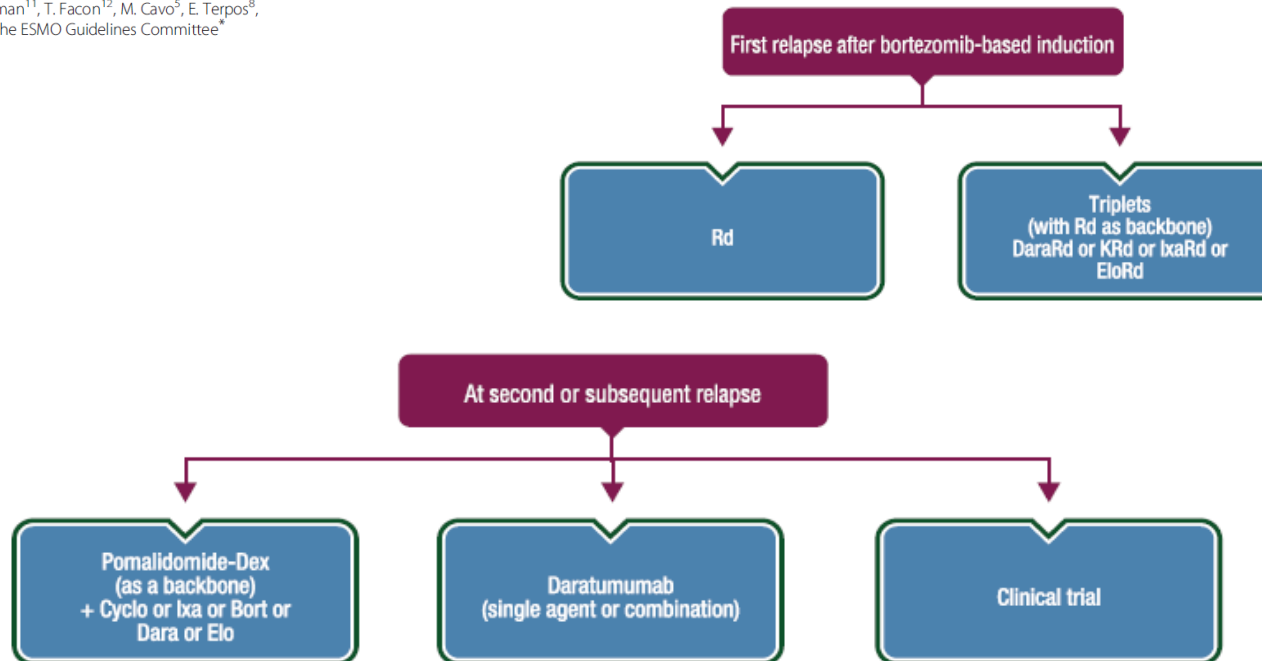
*Comitato Scientifico*  
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Michele CAVO  
Maria Teresa PETRUCCI



Nessun conflitto d'interesse da dichiarare

## Multiple myeloma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up<sup>†</sup>

P. Moreau<sup>1</sup>, J. San Miguel<sup>2</sup>, P. Sonneveld<sup>3</sup>, M. V. Mateos<sup>4</sup>, E. Zamagni<sup>5</sup>, H. Avet-Loiseau<sup>6</sup>, R. Hajek<sup>7</sup>, M. A. Dimopoulos<sup>8</sup>, H. Ludwig<sup>9</sup>, H. Einsele<sup>10</sup>, S. Zweegman<sup>11</sup>, T. Facon<sup>12</sup>, M. Cavo<sup>5</sup>, E. Terpos<sup>8</sup>, H. Goldschmidt<sup>13</sup>, M. Attal<sup>6</sup> & C. Buske<sup>14</sup>, on behalf of the ESMO Guidelines Committee<sup>\*</sup>





## Choice based upon:

- Patient characteristics
- Disease characteristics
- Frontline therapy
  - response duration
  - progression on therapy
- Drug access
- Patient choice

## ***PD While Not on Lenalidomide Maintenance***

### Triplets (with Rd as backbone)

Daratumumab + Rd

Carfilzomib + Rd

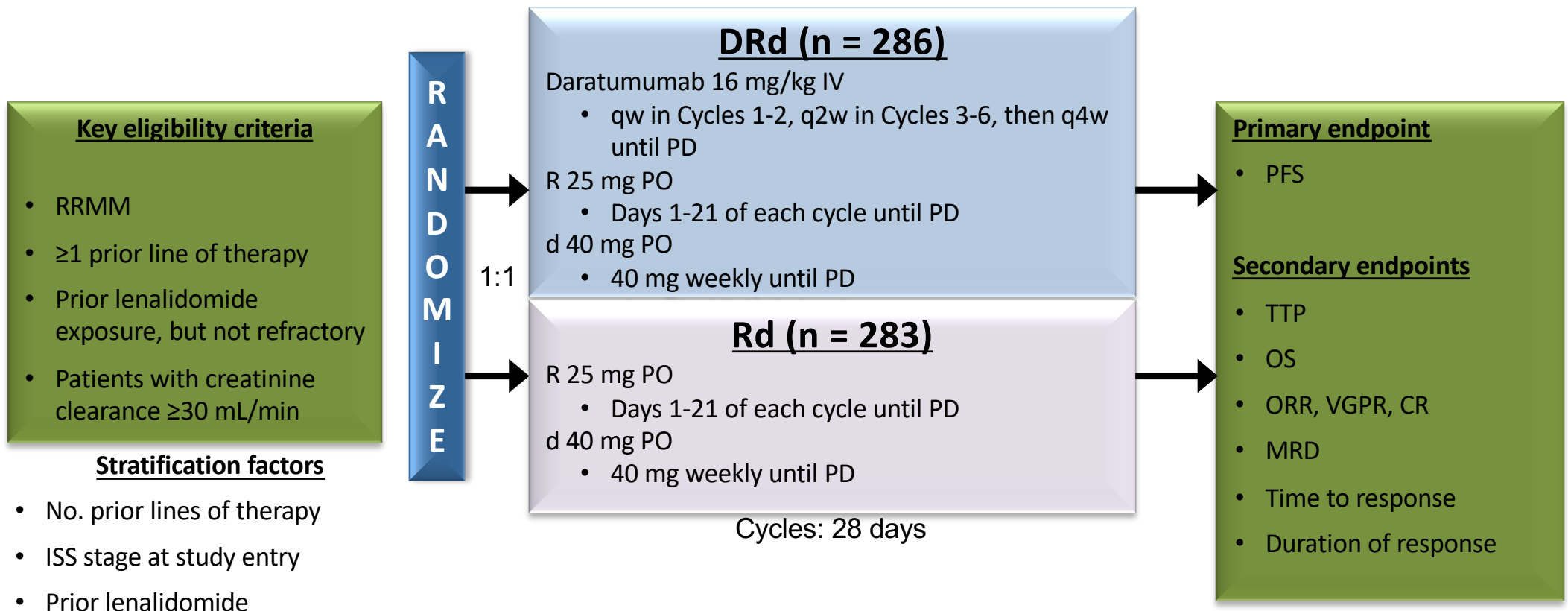
Ixazomib + Rd

Elotuzumab + Rd

# POLLUX trial



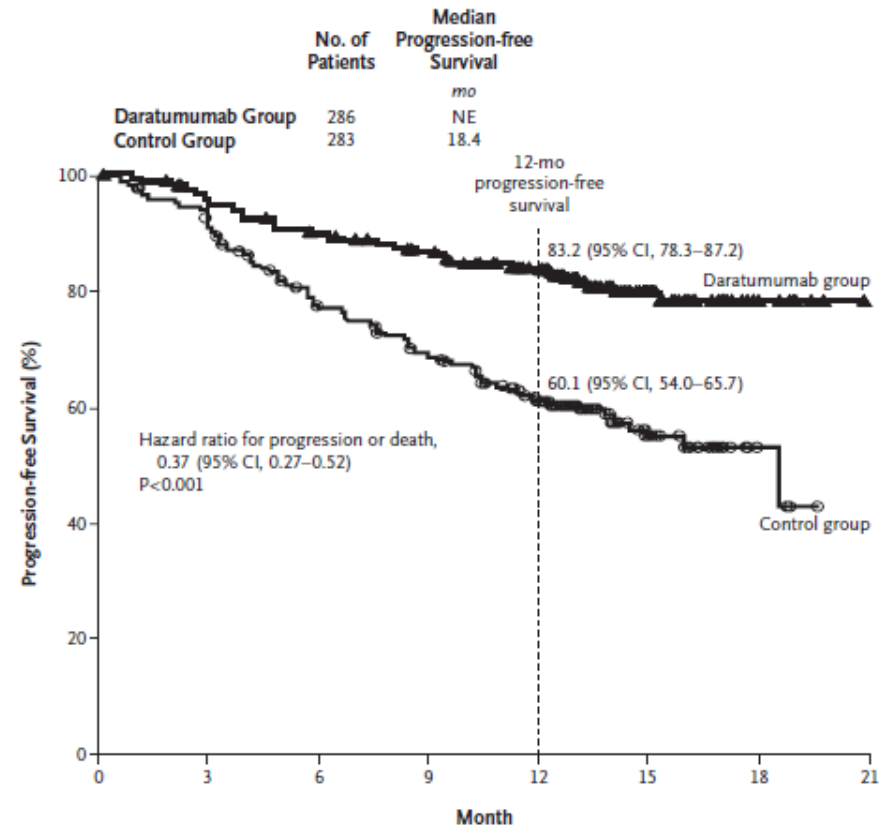
Multicenter, randomized (1:1), open-label, active-controlled, phase 3 study



# POLLUX trial



Characteristic	Daratumumab Group (N=286)	Control Group (N=283)
<b>Age</b>		
Median (range) — yr	65 (34–89)	65 (42–87)
Distribution — no. (%)		
<65 yr	133 (46.5)	140 (49.5)
65 to 74 yr	124 (43.4)	108 (38.2)
≥75 yr	29 (10.1)	35 (12.4)
<b>Race — no. (%)†</b>		
White	207 (72.4)	186 (65.7)
Black	5 (1.7)	11 (3.9)
Asian	54 (18.9)	46 (16.3)
Other or unreported	20 (7.0)	40 (14.1)
<b>ECOG performance-status score — no. (%)‡</b>		
0	139 (48.6)	150 (53.0)
1 or 2	147 (51.4)	133 (47.0)
<b>ISS disease stage — no. (%)§</b>		
I	137 (47.9)	140 (49.5)
II	93 (32.5)	86 (30.4)
III	56 (19.6)	57 (20.1)
<b>Cytogenetic profile — no./total no. (%)¶</b>		
Standard risk	193/228 (84.6)	176/211 (83.4)
High risk	35/228 (15.4)	35/211 (16.6)
Median time since diagnosis (range) — yr		
	3.5 (0.4–27.0)	4.0 (0.4–21.7)
Median no. of previous lines of therapy (range)		
	1 (1–11)	1 (1–8)
<b>Previous therapy — no. (%)</b>		
Autologous stem-cell transplant	180 (62.9)	180 (63.6)
Proteasome inhibitor	245 (85.7)	242 (85.5)
Immunomodulatory drug	158 (55.2)	156 (55.1)
Glucocorticoid	280 (97.9)	281 (99.3)
Alkylating agent	268 (93.7)	270 (95.4)
Proteasome inhibitor and immunomodulatory drug	125 (43.7)	125 (44.2)
Proteasome inhibitor, immunomodulatory drug, and alkylating agent	118 (41.3)	121 (42.8)
Bortezomib and lenalidomide	44 (15.4)	43 (15.2)
<b>Refractory disease — no. (%)</b>		
To last line of therapy	80 (28.0)	76 (26.9)
To proteasome inhibitor only	57 (19.9)	46 (16.3)
To immunomodulatory drug only	10 (3.5)	11 (3.9)
To proteasome inhibitor and immunomodulatory drug	7 (2.4)	14 (4.9)



NEJM 2016

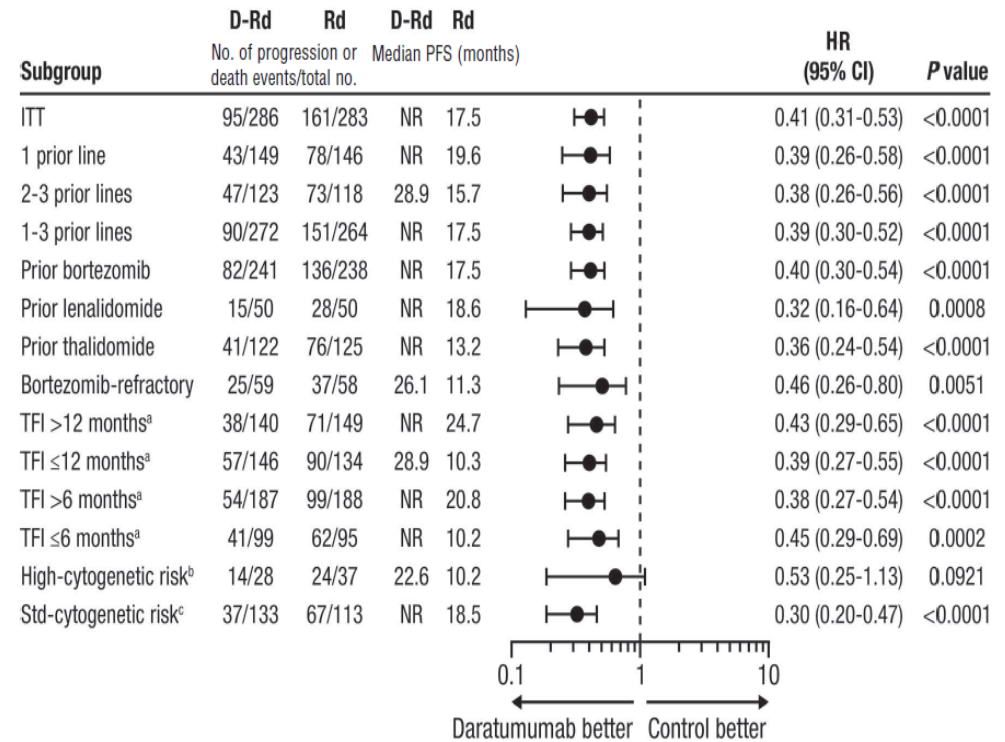
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# Update POLLUX trial

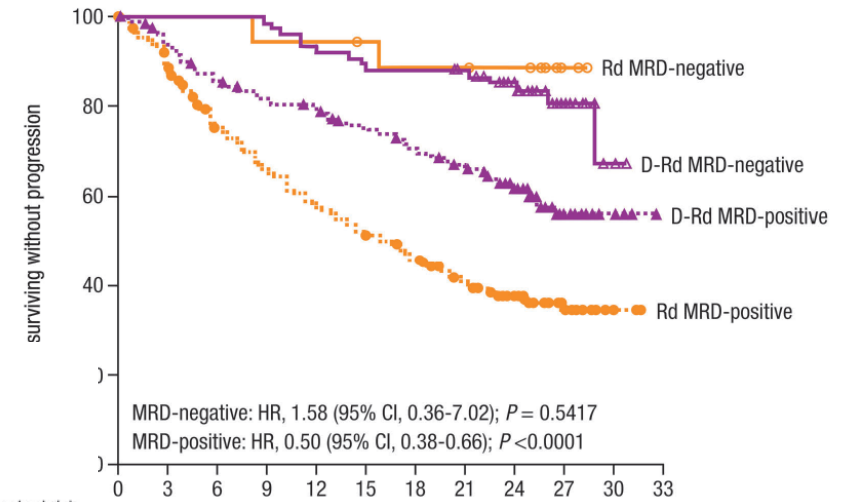
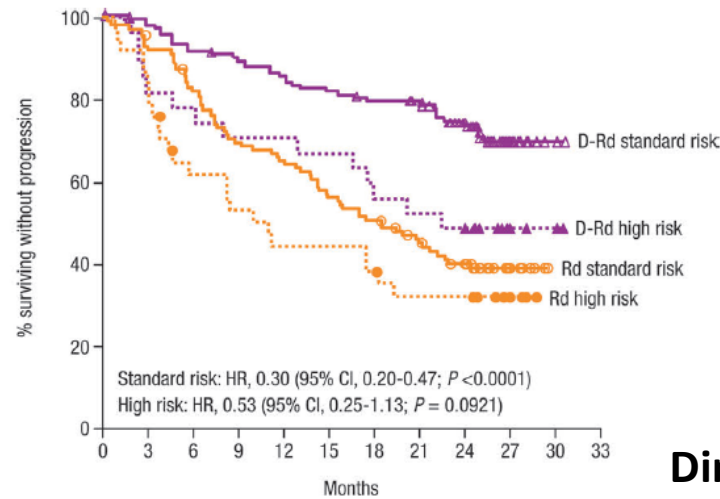
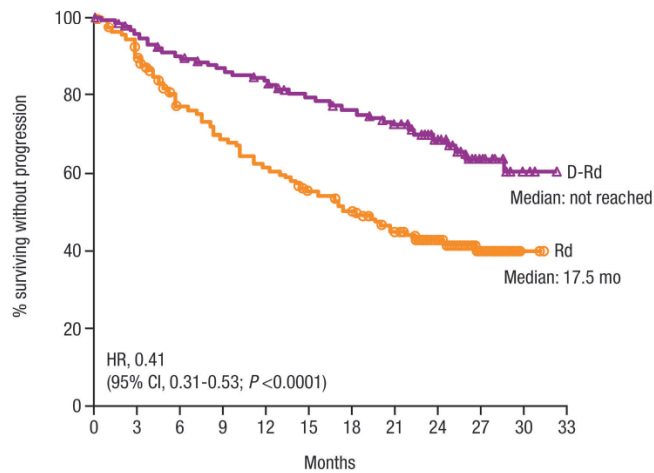


Subgroup	# of patients in group		ORR, n (%) <sup>a</sup>		P <sup>c</sup>
	D-Rd	Rd	D-Rd	Rd	
ITT	281	276	261 (92.9)	211 (76.4)	<0.0001
Prior lines of therapy					
1	147	142	137 (93.2)	114 (80.3)	0.0003
2-3	120	115	114 (95.0)	85 (73.9)	<0.0001
1-3	267	257	251 (94.0)	199 (77.4)	<0.0001
Prior therapy					
Bortezomib	237	232	218 (92.0)	175 (75.4)	<0.0001
Lenalidomide	50	47	42 (84.0)	32 (64.0)	0.0233
Thalidomide	119	123	109 (91.6)	87 (70.7)	<0.0001
Refractory to bortezomib	57	56	50 (87.7)	38 (67.9)	0.0113
Treatment-free interval					
≤12 months	143	131	129 (90.2)	87 (66.4)	<0.0001
>12 months	138	145	132 (95.7)	124 (85.5)	0.0038
≤6 months	98	92	87 (88.8)	57 (62.0)	<0.0001
>6 months	183	184	174 (95.1)	154 (83.7)	0.0004
Cytogenetic risk <sup>e</sup>					
High <sup>f</sup>	27	36	23 (85.2)	24 (66.7)	0.0435
Standard	132	111	125 (94.7)	91 (82.0)	0.0004



Dimopoulos et al Haematologica 2018

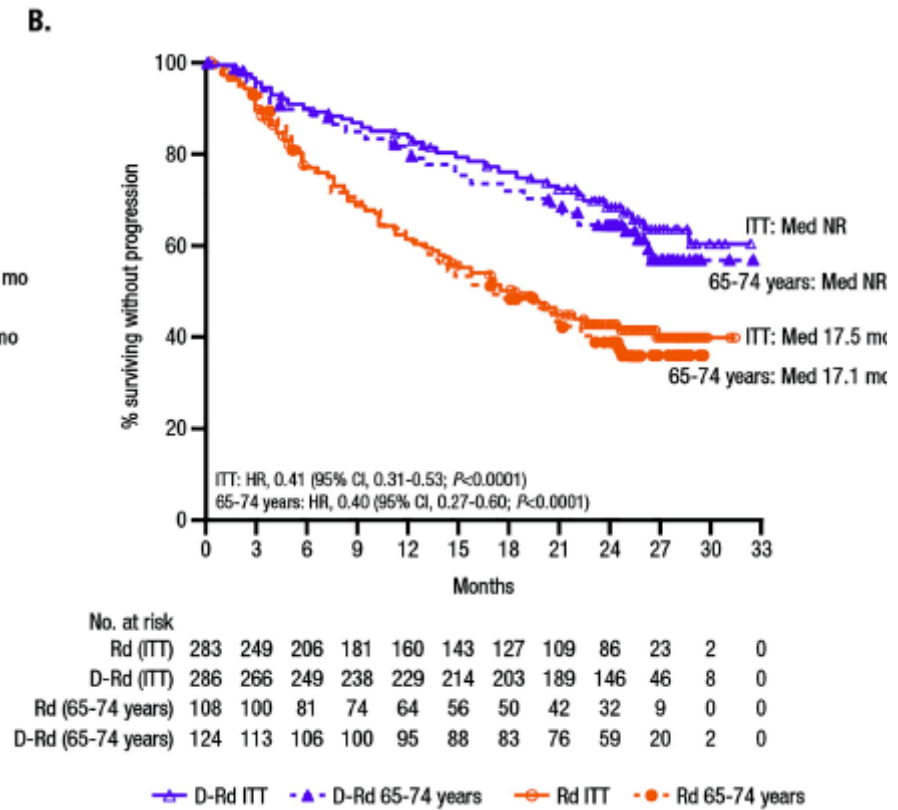
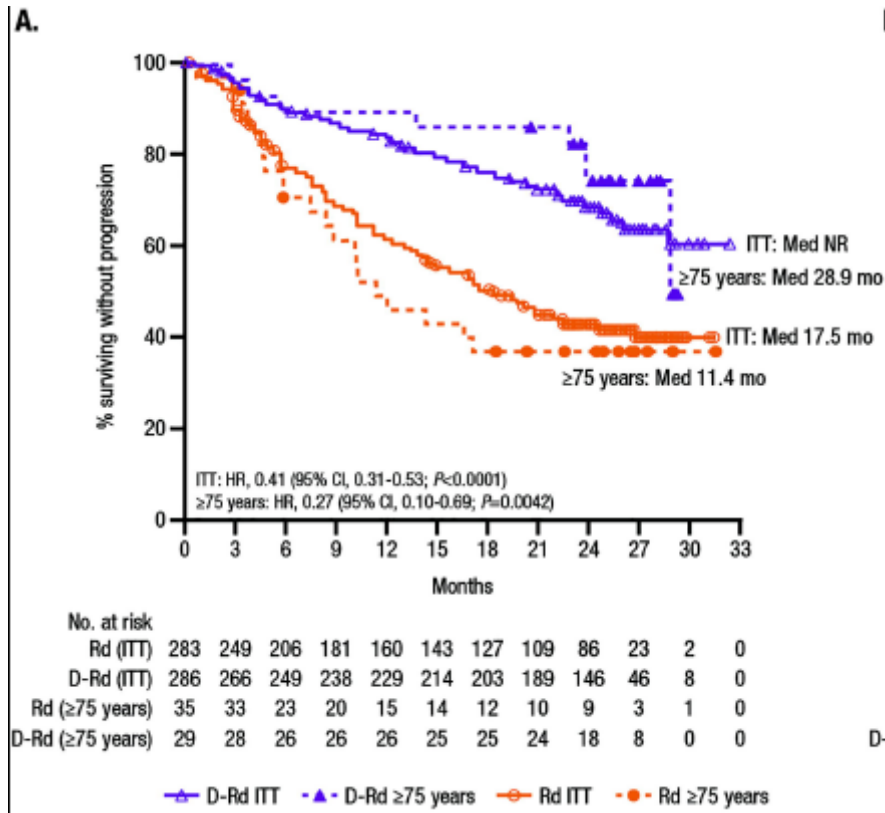
# Update POLLUX trial



Dimopoulos et al Haematologica 2018



# Update POLLUX trial



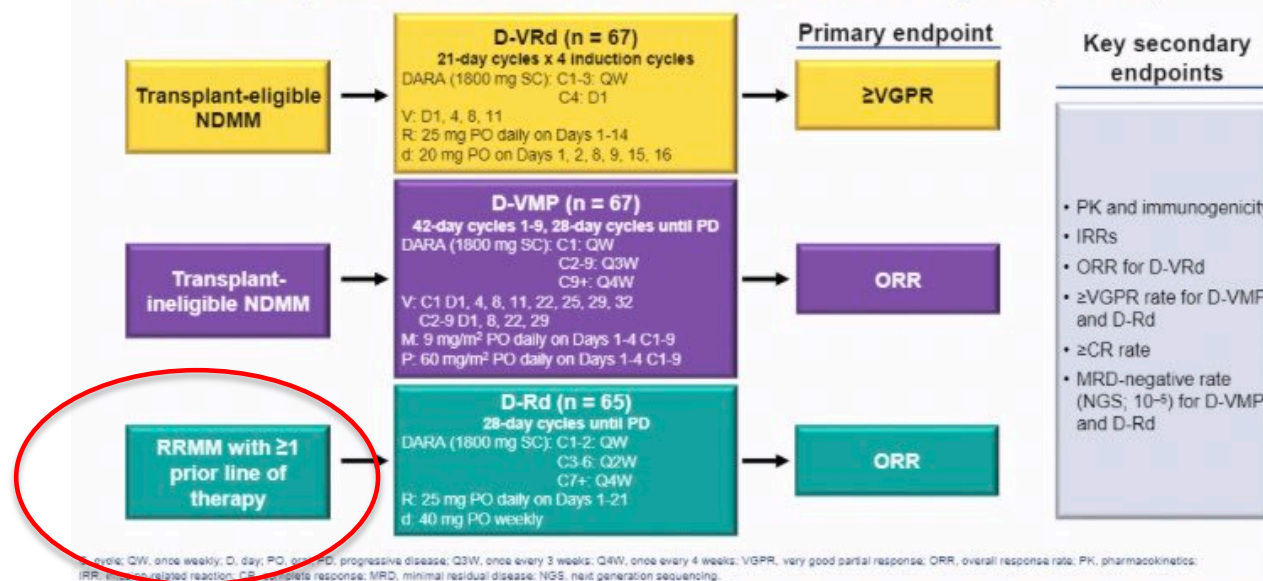
Mateos et al Haematologica 2019



65 patients  
 ORR 90.8%  
 $\geq$  VGPR 64.6%

## PLEIADES (MMY2040) Study Design

- Phase 2 study of DARA SC in combination with standard treatment regimens (N = 199)



Chari et al, IMW 2019

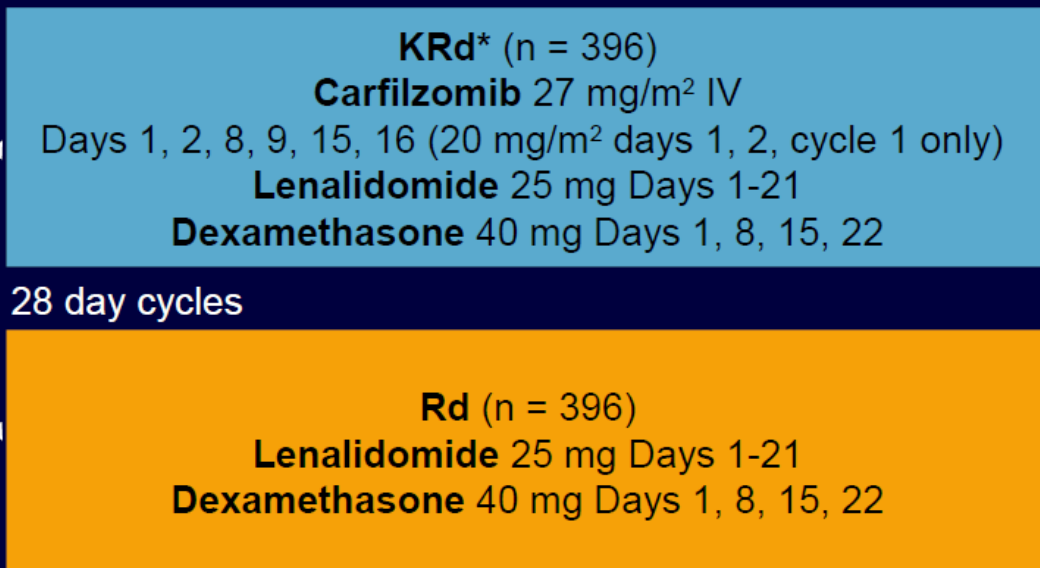
# ASPIRE trial



- Randomized, open-label, multicenter phase III trial

*Stratified by  $\beta_2$ -microglobulin, prior bortezomib, and prior lenalidomide*

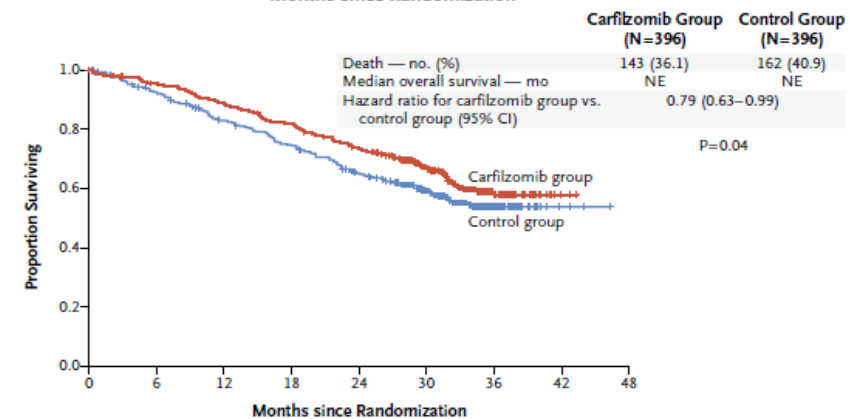
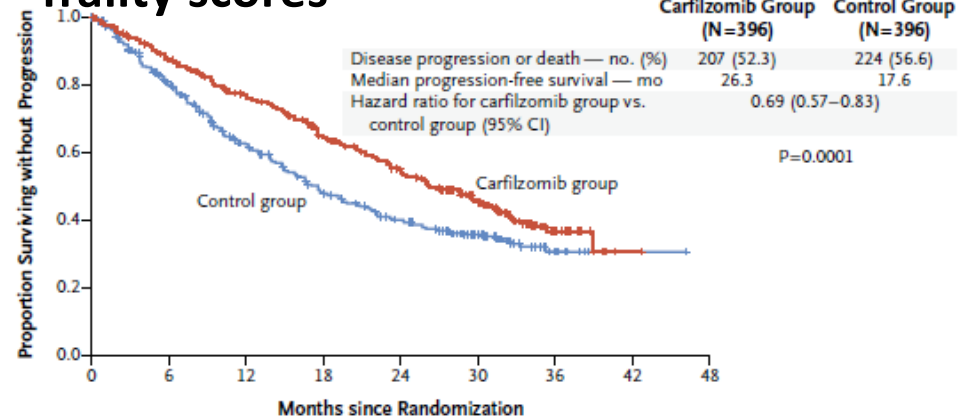
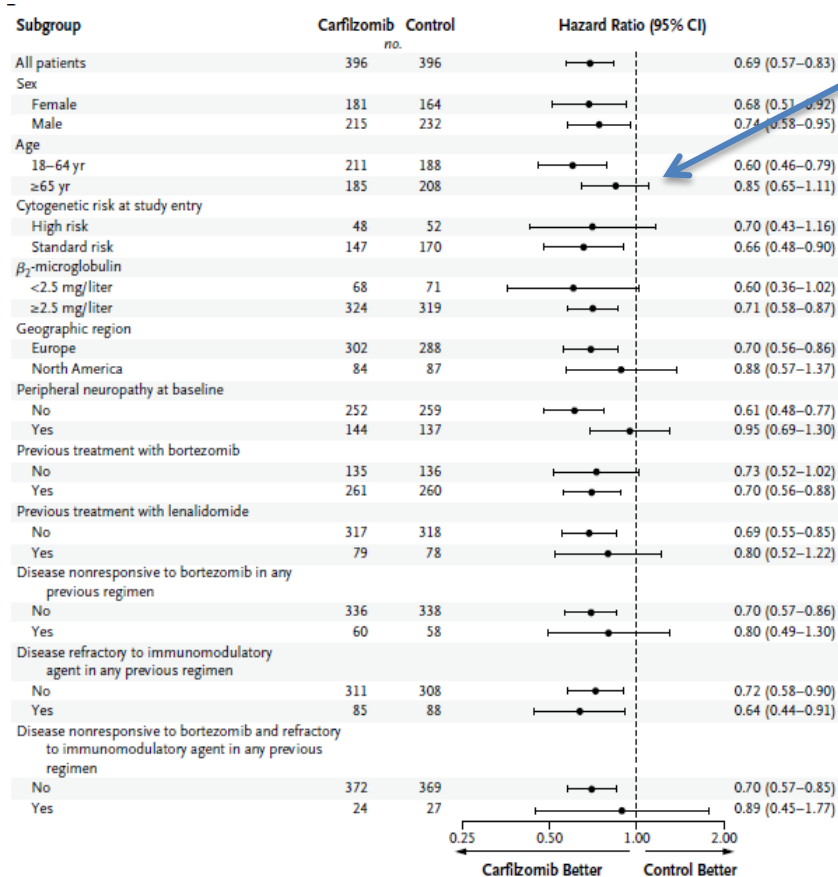
Pts with symptomatic R/R MM after 1-3 prior treatments with  $\geq$  PR to  $\geq$  1 prior regimen (N = 792)



\*After cycle 12, carfilzomib given on Days 1, 2, 15, 16. After cycle 18, carfilzomib discontinued.

# ASPIRE trial

## Confirmed across various frailty scores

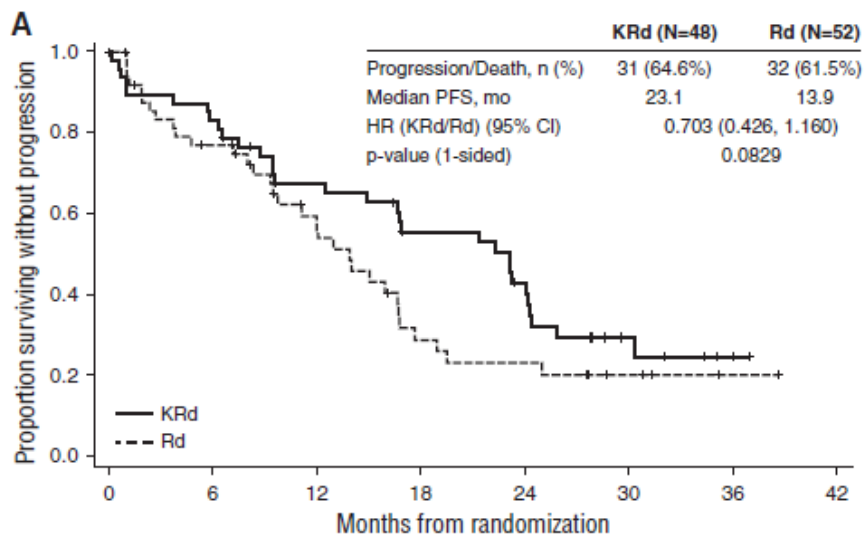


Stewart et al NEJM 2015

# Update ASPIRE trial

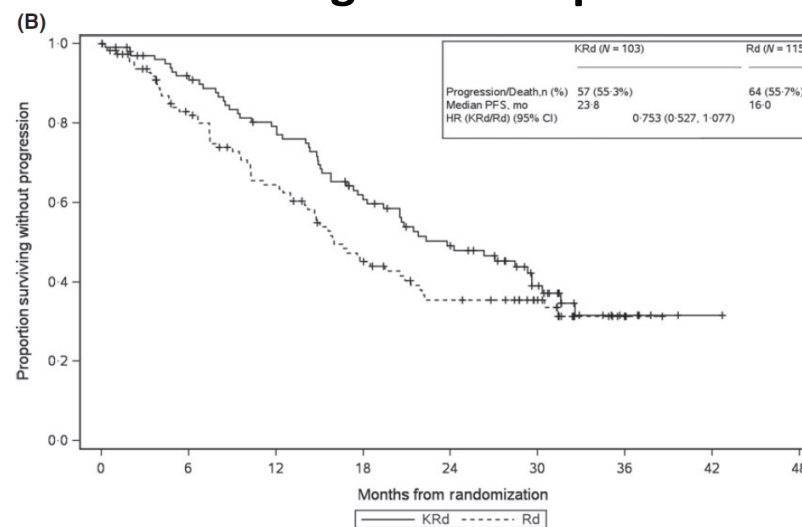


## Increased PFS in high-risk



Avet Loiseau et al, Blood 2016

## PFS advantage even in patients > 70yrs

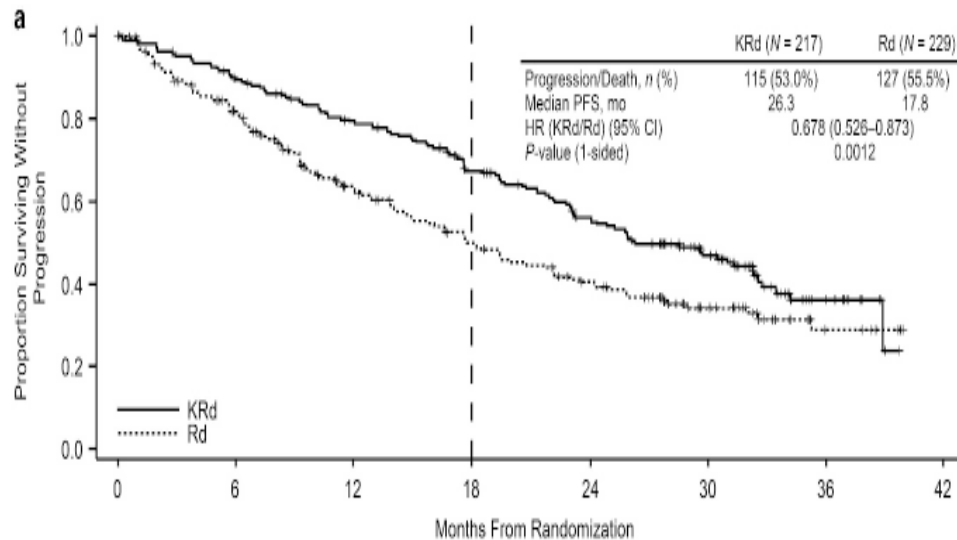


Dimopoulos et al, Br J Haematol 2017

# Update ASPIRE trial

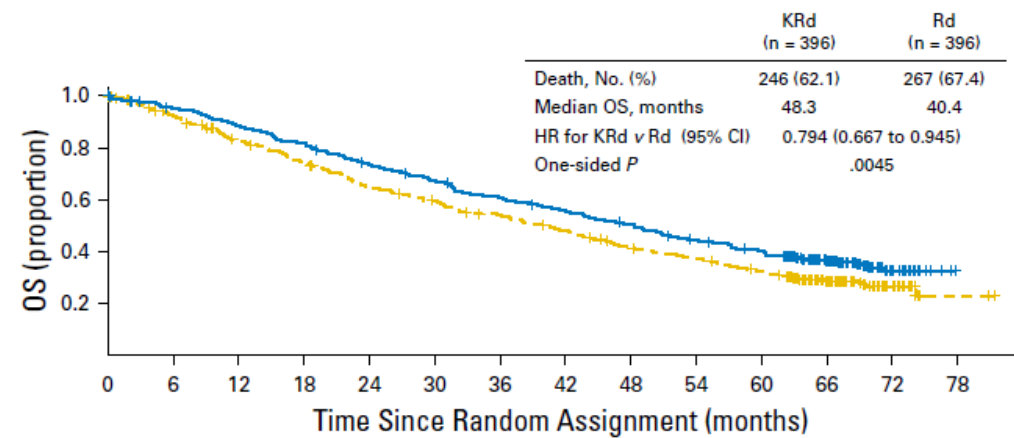


## Increased PFS after ASCT



Hari et al, Leukemia 2017

## Increase in OS

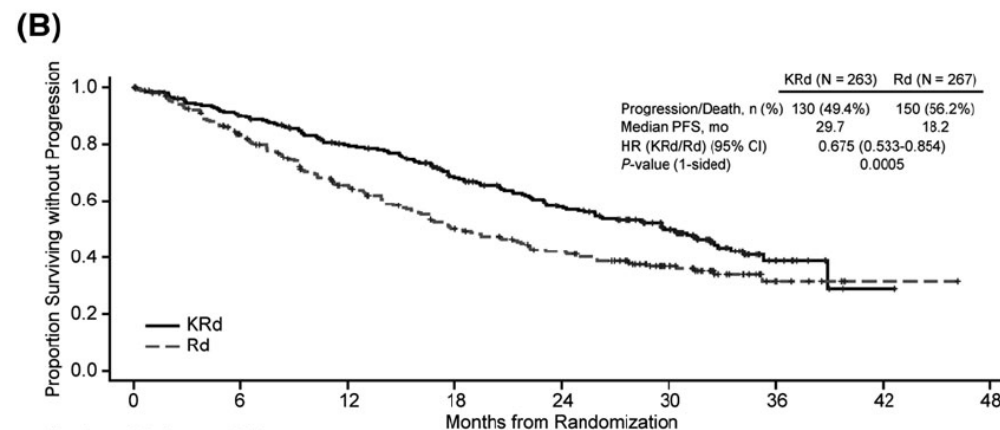
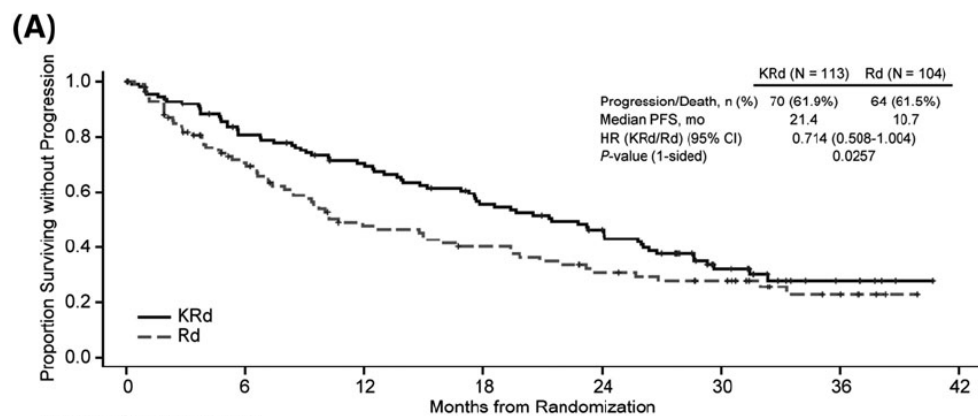


Siegel et al JCO 2018

# Update ASPIRE trial



## Early vs late relapse



Mateos et al Hematol Oncol 2018

# TOURMALINE 1 trial



- Randomized, double-blind, placebo-controlled phase III trial<sup>[1]</sup>

*Stratified by prior therapy (1 vs 2-3),  
ISS stage (I-II vs III), and prior PI  
exposure (yes vs no)*

R/R MM pts with  
measurable disease;  
1-3 prior treatments;  
CrCl  $\geq$  30 mL/min;  
not refractory to PIs or  
lenalidomide  
(N = 722)

Ixazomib 4 mg PO D1,8,15 +  
Lenalidomide 25 mg\* D1-21 +  
Dexamethasone 40 mg D1,8,15,22  
(n = 360)

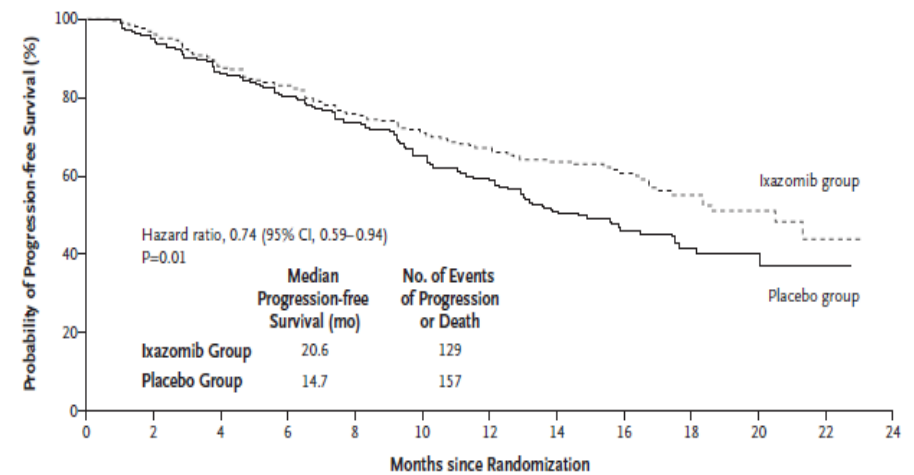
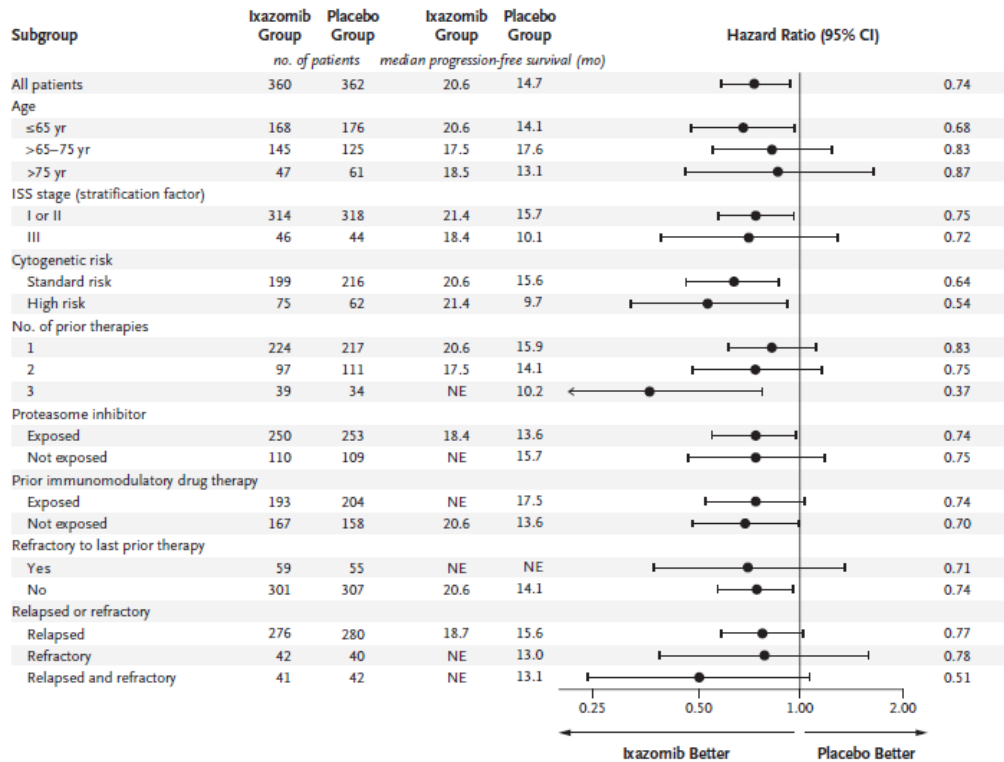
Placebo D1,8,15 +  
Lenalidomide 25 mg\* D1-21 +  
Dexamethasone 40 mg D1,8,15,22  
(n = 362)

*28-day cycles  
until PD or  
unacceptable  
toxicity*

- Primary endpoint: PFS by IRC per IMWG criteria<sup>[2]</sup>



# TOURMALINE 1 trial



Moreau et al NEJM 2016

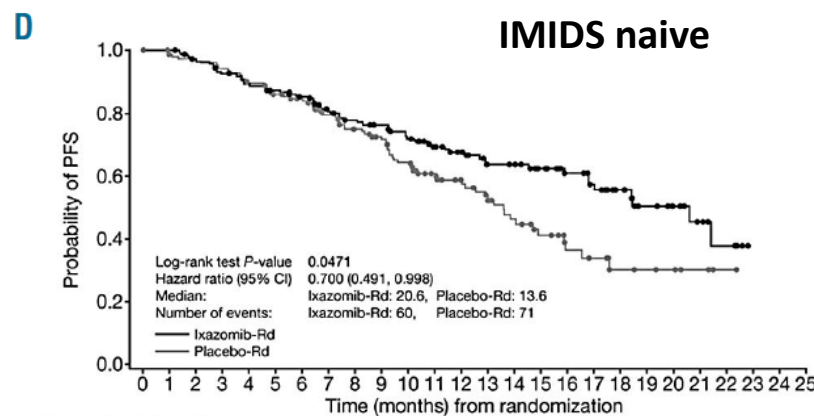
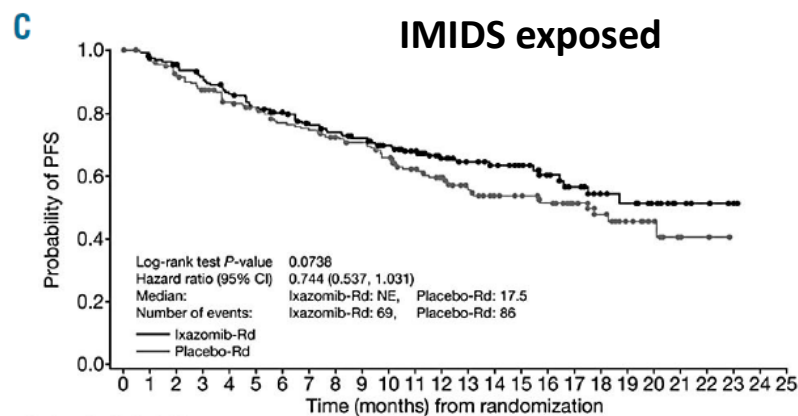
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# Update TOURMALINE 1 trial

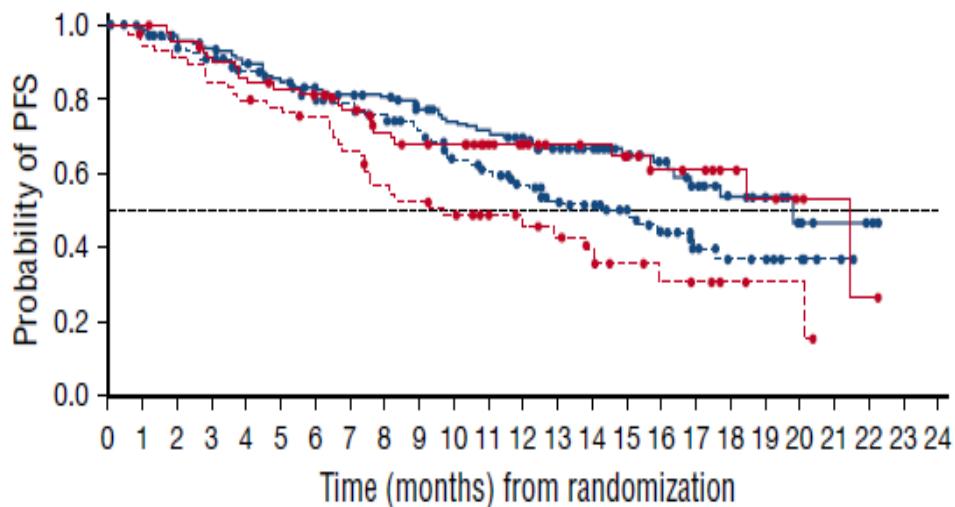


Variable	Subgroup	Median PFS, months (events/n)		HR	95% CI
		Ixazomib-Rd	Placebo-Rd		
Overall population	All (N=722)	20.6 (129/360)	14.7 (157/362)	0.742	(0.587, 0.939)
Prior PI	Exposed (n=503)	18.4 (93/250)	13.6 (114/253)	0.739	(0.561, 0.974)
	Naïve (n=219)	NE (36/110)	15.7 (43/109)	0.749	(0.479, 1.171)
Prior bortezomib	Exposed (n=498)	18.5 (93/248)	13.6 (112/250)	0.746	(0.564, 0.985)
	Naïve (n=224)	NE (36/112)	15.9 (45/112)	0.747	(0.474, 1.178)
Prior immunomodulatory drug	Exposed (n=397)	NE (69/193)	17.5 (86/204)	0.744	(0.537, 1.031)
	Naïve (n=325)	20.6 (60/167)	13.6 (71/158)	0.700	(0.491, 0.998)
Prior thalidomide	Exposed (n=327)	NE (57/157)	15.7 (69/170)	0.750	(0.523, 1.077)
	Naïve (n=395)	20.6 (72/203)	13.6 (88/192)	0.695	(0.505, 0.956)
Prior lenalidomide	Exposed (n=88)	NE (13/44)	17.5 (21/44)	0.582	(0.275, 1.234)
	Naïve (n=634)	20.6 (116/316)	13.9 (136/318)	0.766	(0.596, 0.985)
Thalidomide refractory	Yes (n=89)	16.6 (14/40)	13.0 (23/49)	0.726	(0.366, 1.441)
	No (n=633)	20.6 (115/320)	15.6 (134/313)	0.754	(0.586, 1.970)
Prior therapies	1 (n=425)	20.6 (80/212)	16.6 (88/213)	0.882	(0.650, 1.197)
	2 or 3 (n=297)	NE (49/148)	12.9 (69/149)	0.580	(0.401, 0.838)



Mateos et al Haematologica 2017

# Update TOURMALINE 1 trial



Variable	Subgroup	n/N (events/pts)		Median PFS (months)		HR (95% CI)
		Ixazomib-Rd	Placebo-Rd	Ixazomib-Rd	Placebo-Rd	
All patients	ALL	129/360	157/362	20.6	14.7	0.742 (0.587–0.939)
Cytogenetic risk	High-risk	26/75	35/62	21.4	9.7	0.543 (0.321–0.918)
	Expanded high-risk	62/155	83/154	17.5	11.1	0.664 (0.474–0.928)
	Standard-risk	61/199	91/216	20.6	15.6	0.640 (0.462–0.888)
del(17p)*	Positive (5%)	14/36	20/33	21.4	9.7	0.596 (0.286–1.243)
	Positive (20%)	13/29	19/30	21.4	6.7	0.611 (0.286–1.308)
	Positive (60%)	10/19	8/14	15.7	5.1	0.490 (0.146–1.644)
t(4;14)*	Positive (3%)	11/36	11/25	18.5	12.0	0.645 (0.250–1.663)
	Positive (20%)	11/36	10/22	18.5	12.0	0.685 (0.259–1.811)
	Positive (60%)	8/25	8/15	18.5	9.3	0.518 (0.166–1.615)
Amp 1q21*	Positive (3%)	36/80	48/92	15.4	11.3	0.781 (0.492–1.240)
	Positive (20%)	31/73	41/79	16.4	11.3	0.682 (0.413–1.123)
	Positive (60%)	25/50	31/55	11.9	11.1	0.683 (0.381–1.224)

0.250    0.500    1.000    2.000  
 Favors ← Ixazomib-Rd      Placebo-Rd → Favors

**Avet Loiseau Blood 2017**

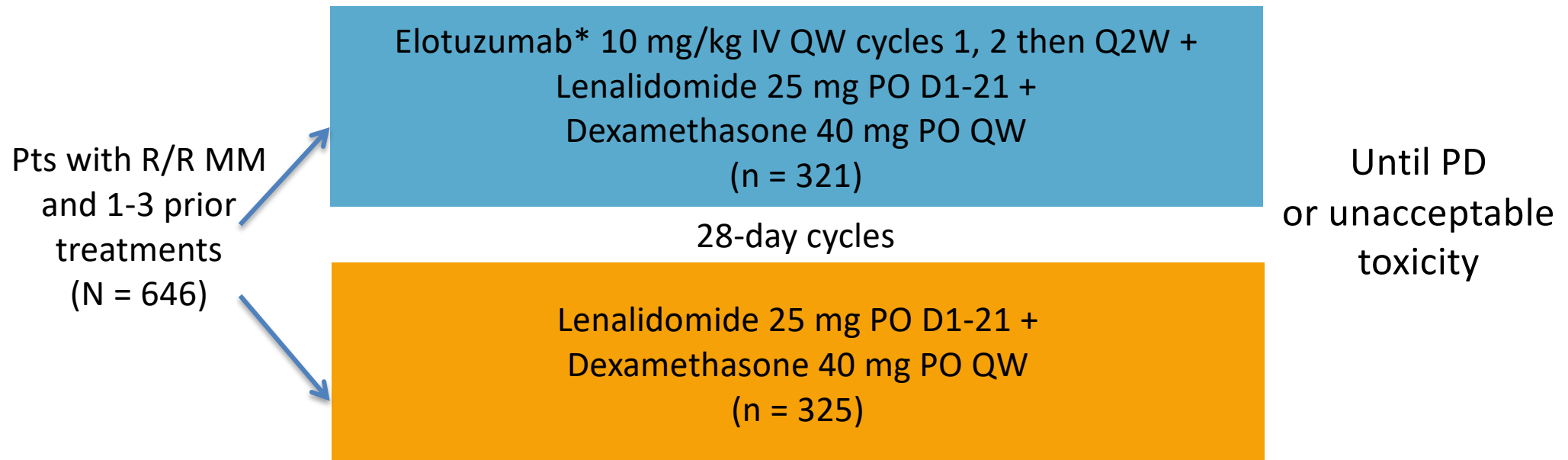
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## ELOQUENT – 2 trial



- Randomized, open-label, multicenter phase III trial



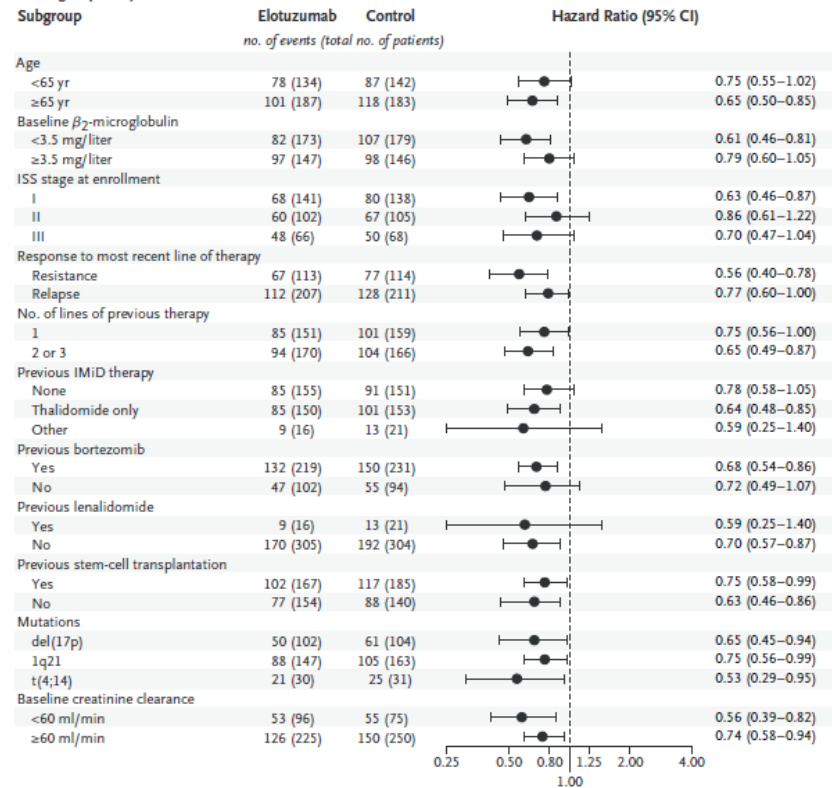
*\*Prophylactic medication administered prior to elotuzumab to mitigate infusion-related reactions.*

- Primary endpoints: PFS, ORR

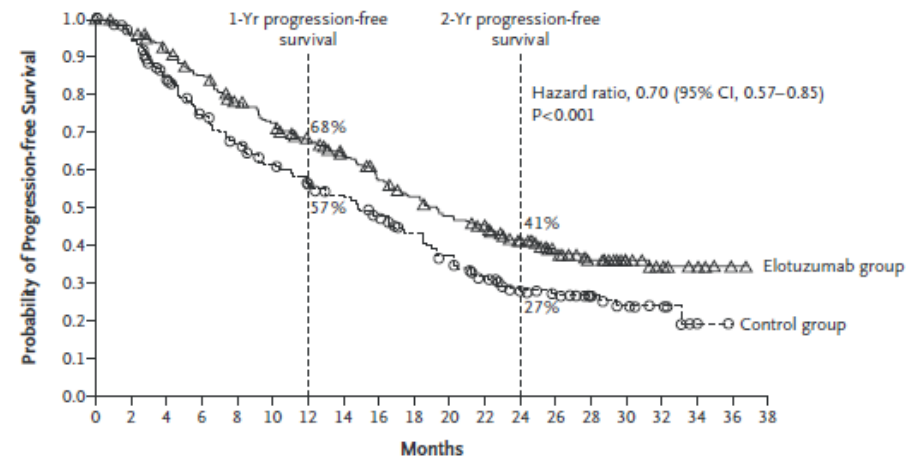
# ELOQUENT – 2 trial



## B Subgroup Analyses



## A Progression-free Survival

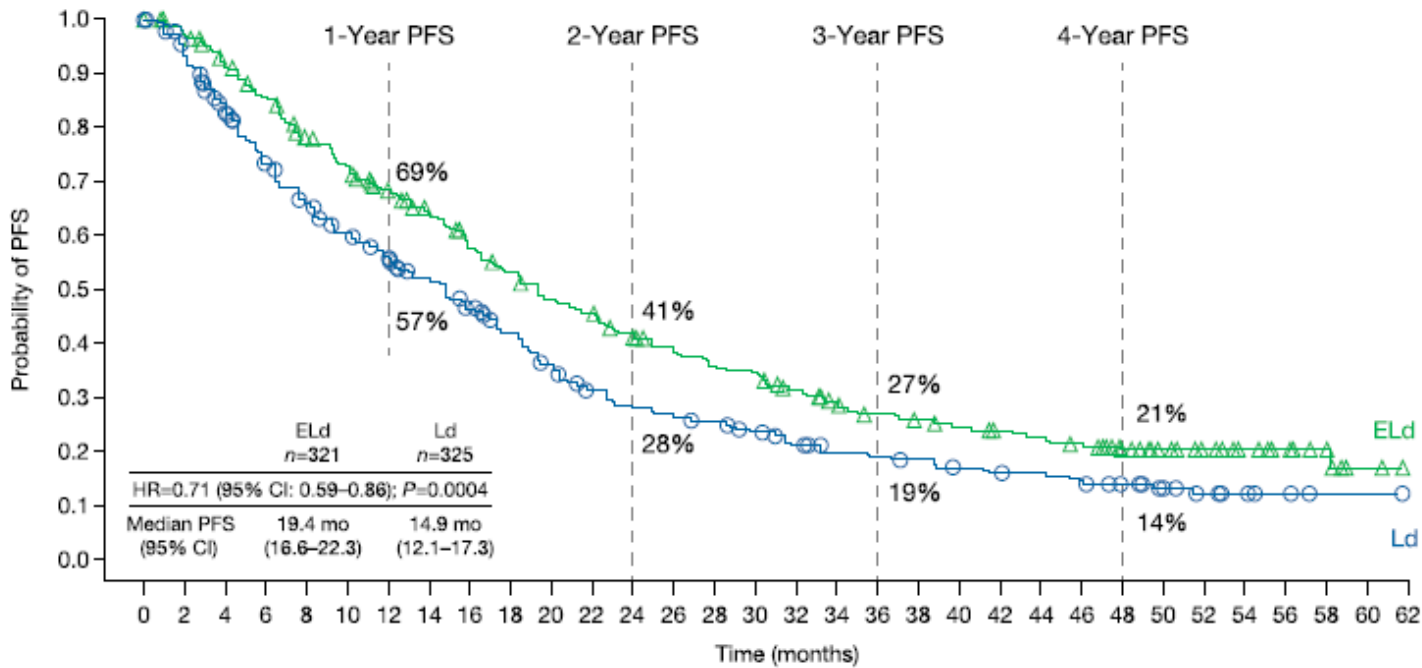


Lonial al NEJM 2015

Highlights from IMW 2019

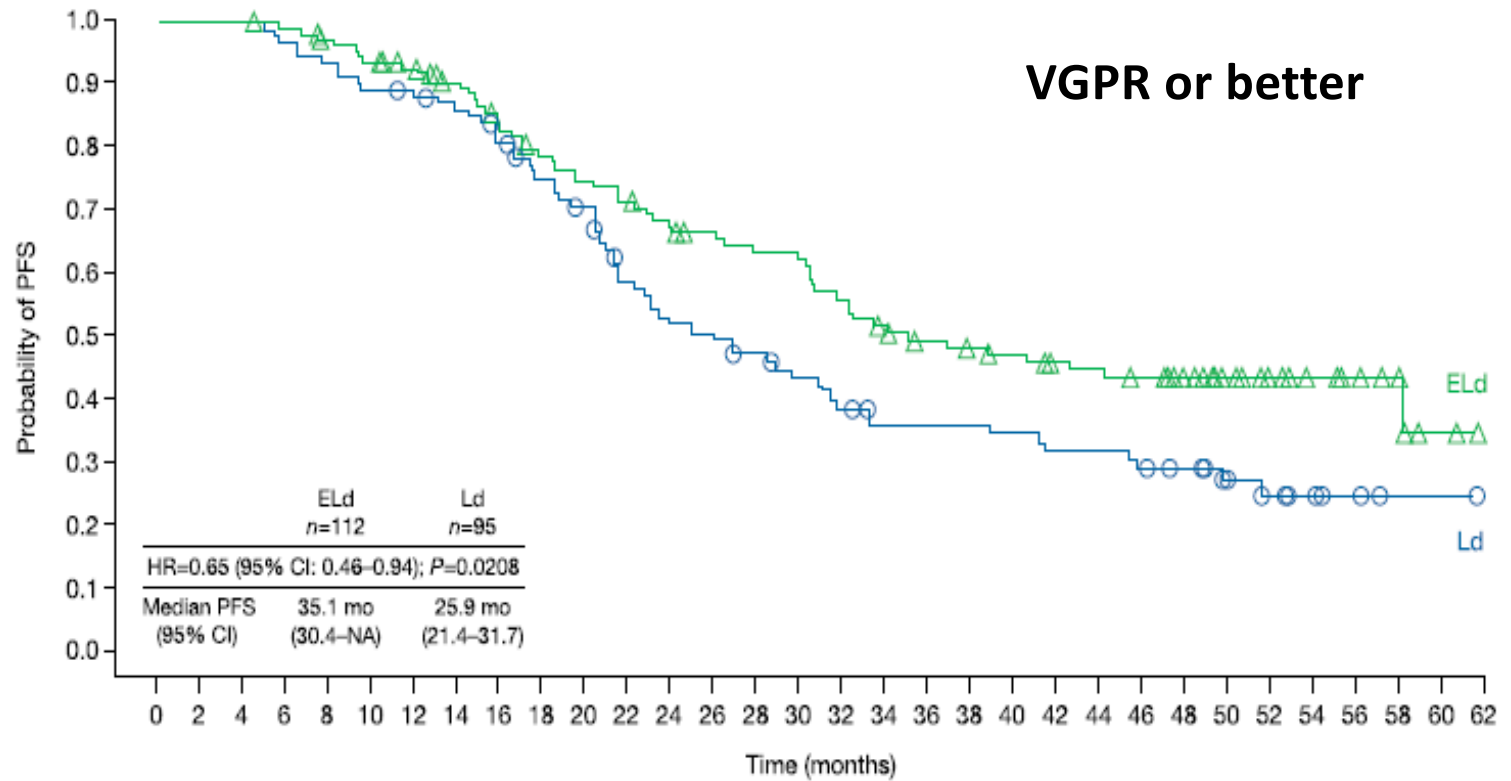
19-20 novembre 2019 Bologna

# Update ELOQUENT – 2 trial



Dimopoulos et al, Cancer 2018

# Update ELOQUENT – 2 trial



Dimopoulos et al, Cancer 2018

## ELOQUENT-2 final survival analysis



	<b>ERd (n= 321, %)</b>	<b>Rd (n= 325, %)</b>
Median OS (months, 95% CI)	<b>48.3 (40.3-51.9)</b>	<b>39.6 (33.3-45.3)</b>
1-year OS	<b>91%</b>	<b>83%</b>
2-year OS	<b>73%</b>	<b>69%</b>
3-year OS	<b>60%</b>	<b>53%</b>
4-year OS	<b>50%</b>	<b>43%</b>
5-year OS	<b>40%</b>	<b>33%</b>

Dimopoulos et al IMW 2019



## SUMMARY of trial results



Trial	ORR, %	≥ CR, %	≥ VGPR, %	Median PFS, Mos	Median OS, Mos
<b>ASPIRE:</b> KRd vs Rd <sup>[1]</sup>	87 vs 67	32 vs 9	70 vs 40	26.3 vs 16.6 HR: 0.69	48.3 vs 40.4 HR: 0.79
<b>TOURMALINE-MM1:</b> IxaRd vs Rd <sup>[2]</sup>	78 vs 72	14 vs 7	48 vs 39	20.6 vs 14.7 HR: 0.74	NR
<b>POLLUX:</b> DRd vs Rd <sup>[3-5]</sup>	93 vs 76	57 vs 23	80 vs 49	44.5 vs 17.5 HR: 0.44	NR vs NR HR: 0.63
<b>ELOQUENT-2:</b> ERd vs Rd <sup>[6,7]</sup>	79 vs 66	5 vs 9	36 vs 30	19.4 vs 14.9 HR: 0.73	48.3 vs 39.6 HR: 0.78



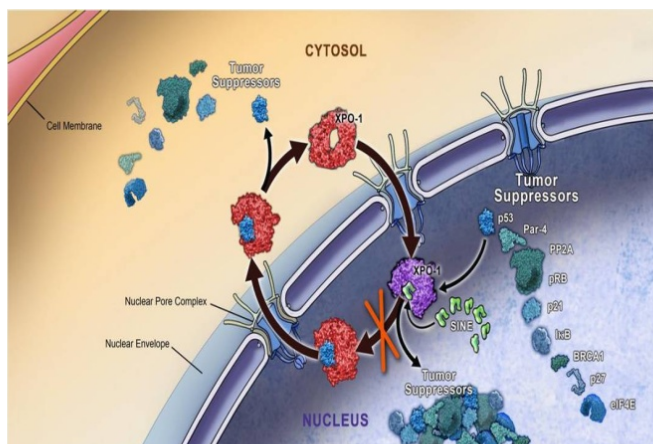
## Safety and Efficacy of the Combination of Selinexor, Lenalidomide and Dexamethasone (SRd) in Patients with Relapsed/Refractory Multiple Myeloma (RRMM)

Multicenter dose escalation study  
20 evaluable patients

**LEN untreated**

ORR 92%

PFS not reached (> 1 yr)



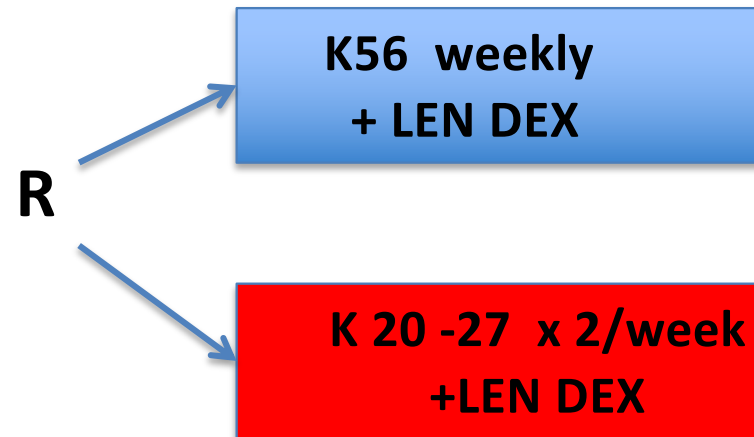
**White et al, IMW 2019**

# ARROW 2 trial



460 patients  
1-3 prior line therapy  
**Non Lena non PI refractory**

Primary endpoint  
ORR



Leleu IMW 2019



## CONFIRM trial (IFM)

430 patients  
One prior line therapy  
**Non Lena non Dara refractory**

Primary endpoint OS at 4 years  
Hypothesis: non inferior

