



65th ASH Meeting 2023
San Diego & virtuell

Lymphom
Kompetenz
KOMPAKT



KML KONGRESSE

Expert:innen berichten zu
Lymphomen & Leukämien



Prof. Dr. med. Hartmut Goldschmidt
Universitätsklinikum Heidelberg

Multiplres Myelom (MM)

Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – ASH2023 wird in Kooperation mit acht unterstützenden Firmen durchgeführt.
Meine persönlichen Disclosures betreffen:

Anstellungsverhältnis, Führungsposition	nein
Beratungs-/ Gutachtertätigkeit	Janssen, Celgene, Amgen, BMS, Sanofi
Besitz von Geschäftsanteilen, Aktien oder Fonds	nein
Patent, Urheberrecht, Verkaufslizenz	nein
Honorare	Janssen, Novartis, Chugai, BMS/Celgene, Sanofi, Pfizer, Art Tempì
Finanzierung wissenschaftlicher Untersuchungen	Janssen, Celgene/BMS, Amgen, Chugai, Takeda, Sanofi, Mundipharma, Novartis
Andere finanzielle Beziehungen	nein
Immaterielle Interessenkonflikte	nein

Kapitel 1

Dara-VRD versus VRD vor und nach Hochdosistherapie mit autologer Blutstammzelltransplantation

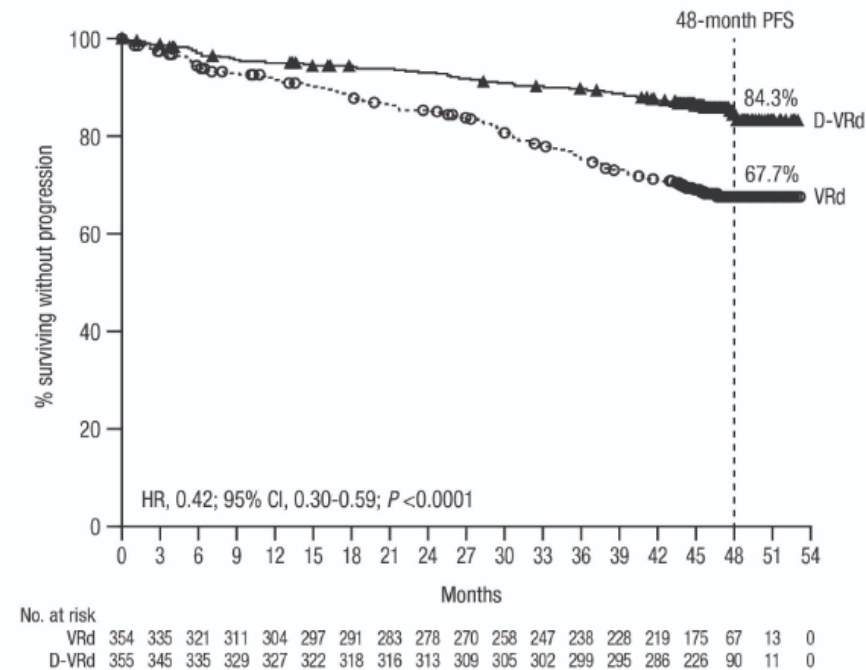
Phase 3 Randomized Study of Daratumumab (DARA) + Bortezomib, Lenalidomide, and Dexamethasone (VRd) Versus Vrd Alone in Patients (Pts) with Newly Diagnosed Multiple Myeloma (NDMM) Who Are Eligible for Autologous Stem Cell Transplantation (ASCT): Primary Results of the Perseus Trial

LB1

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Phase 3 Randomized Study of Daratumumab (DARA) + Bortezomib, Lenalidomide, and Dexamethasone (VRd) Versus Vrd Alone in Patients (Pts) with Newly Diagnosed Multiple Myeloma (NDMM) Who Are Eligible for Autologous Stem Cell Transplantation (ASCT): Primary Results of the Perseus Trial

Figure. PFS with D-VRd versus VRd in transplant-eligible NDMM.



PFS, progression-free survival; D-VRd, daratumumab plus bortezomib/lenalidomide/dexamethasone; VRd, bortezomib/lenalidomide/dexamethasone; HR, hazard ratio; CI, confidence interval.

Kapitel 2

Isa- KRD versus KRD vor und nach Hochdosistherapie mit autologer Blutstammzelltransplantation

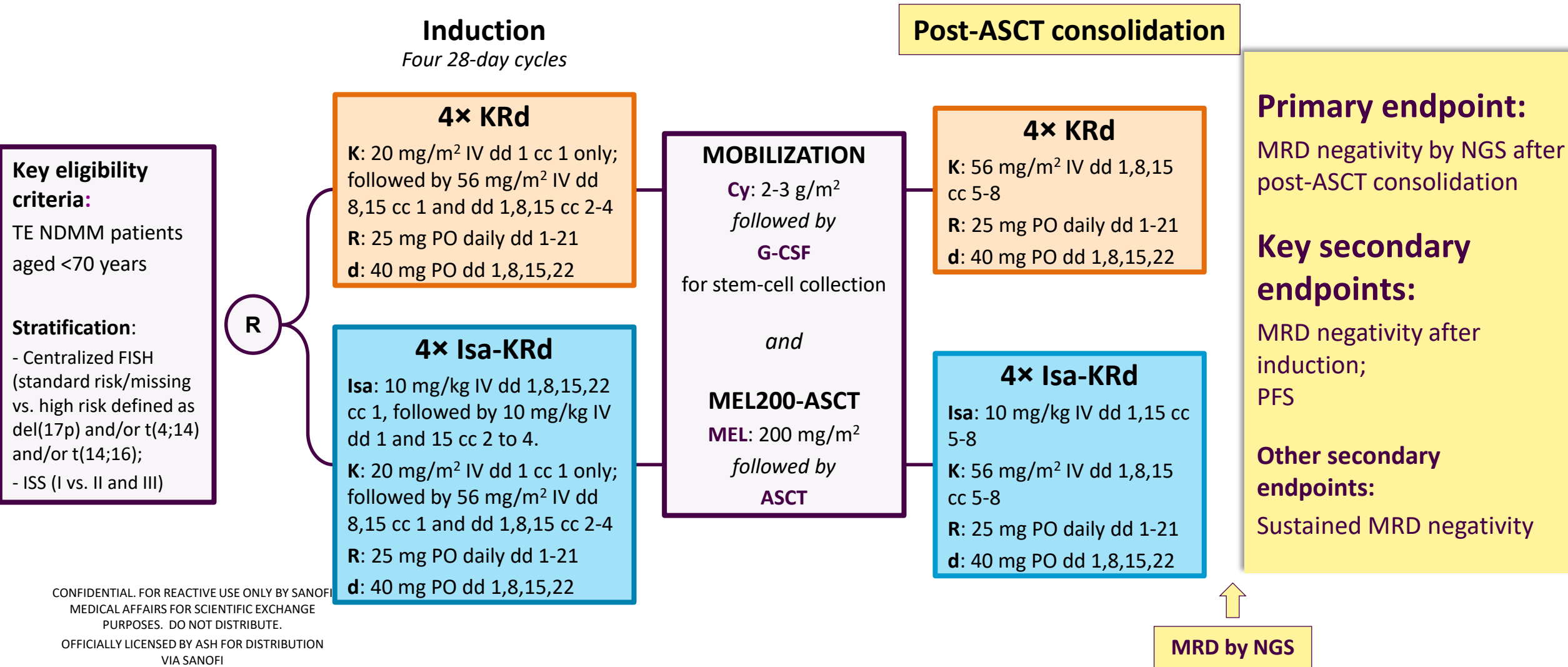
Results of the Phase III Randomized Iskia Trial: Isatuximab-Carfilzomib-Lenalidomide-Dexamethasone Vs Carfilzomib-Lenalidomide-Dexamethasone As Pre-Transplant Induction and Post-Transplant Consolidation in Newly Diagnosed Multiple Myeloma Patients

Absract No. 4

Francesca Gay, MD, PhD^{1,2}, Wilfried Roeloffzen, MD, PhD^{3}, Meletios A. Dimopoulos, MD, PhD⁴, Laura Rosiñol, MD, PhD^{5*}, Marjolein van der Klift, MD, PhD^{6*}, Roberto Mina, MD^{1,2*}, Albert Oriol Rocafiguera, MD^{7*}, Eirini Katodritou, MD^{8*}, Ka Lung Wu, MD, PhD⁹, Paula Rodriguez Otero, MD, PhD^{10*}, Roman Hajek, MD^{11,12}, Elisabetta Antonioli, MD^{13*}, Mark van Duin, PhD^{14*}, Mattia D'Agostino, MD^{1,2*}, Joaquin Martinez-Lopez, MD, PhD^{15*}, Elena M. van Leeuwen-Segarceanu, MD, PhD^{16*}, Paola Tacchetti, MD, PhD^{17*}, Niels W.C.J. van de Donk, MD, PhD¹⁸, Katja Weisel, MD¹⁹, Luděk Pour, MD^{20*}, Jakub Radocha, MD, PhD²¹, Angelo Belotti, MD^{22*}, Fredrik Schjesvold, MD, PhD^{23,24}, Joan Bladé, MD, PhD^{25*}, Hermann Einsele, MD, PhD^{26*}, Pieter Sonneveld, MD, PhD¹⁴, Mario Boccadoro, MD²⁷ and Annemiek Broijl, MD, PhD²⁸*

IsKia EMN24 Study Design

42 active sites; enrollment: Oct 7, 2020 – Nov 15, 2021

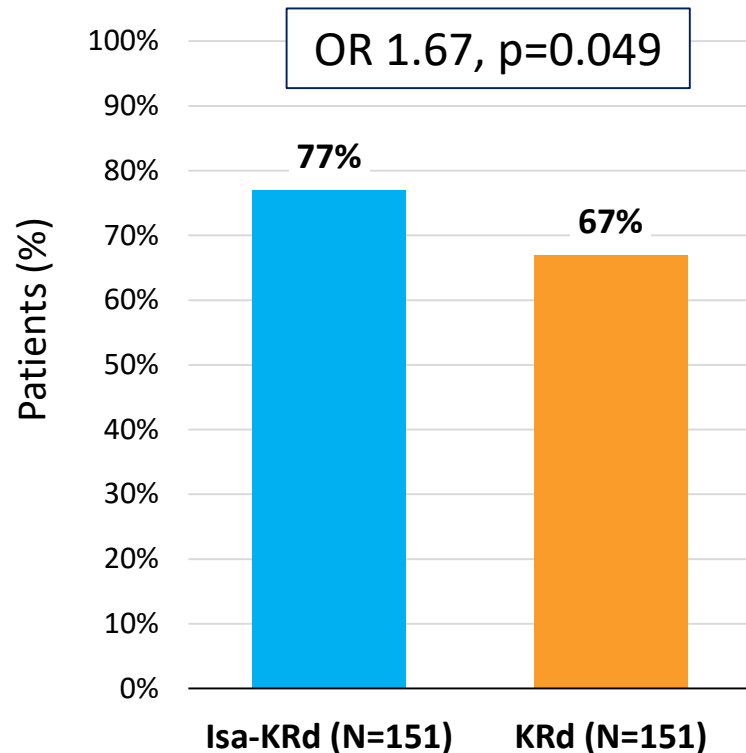


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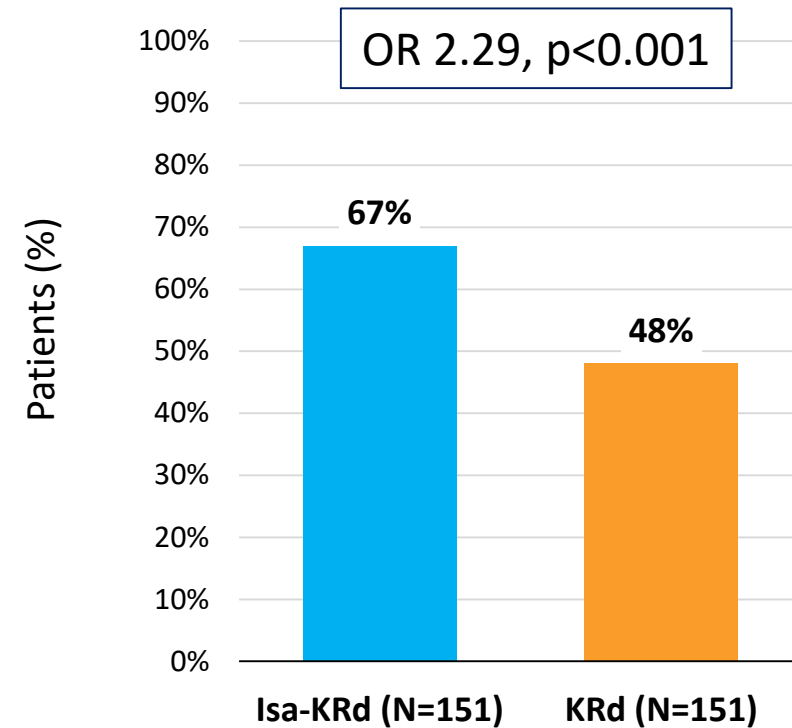


Primary Endpoint: Post-consolidation MRD negativity (ITT analysis)

NGS, 10^{-5}



NGS, 10^{-6}



\geq VGPR after consolidation was 94% in both arms; \geq CR 74% vs 72% and sCR 64% vs 67% in the IsaKRd vs KRd arms.

Consistent MRD results were detected by next-generation flow

In the logistic regression analysis, ORs, 95% CIs, and p-values were adjusted for stratification factor.

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Kapitel 3

Minimal Residual Disease KM/Blut: Daten der Präsentationen der spanischen Gruppe um Bruno Paiva

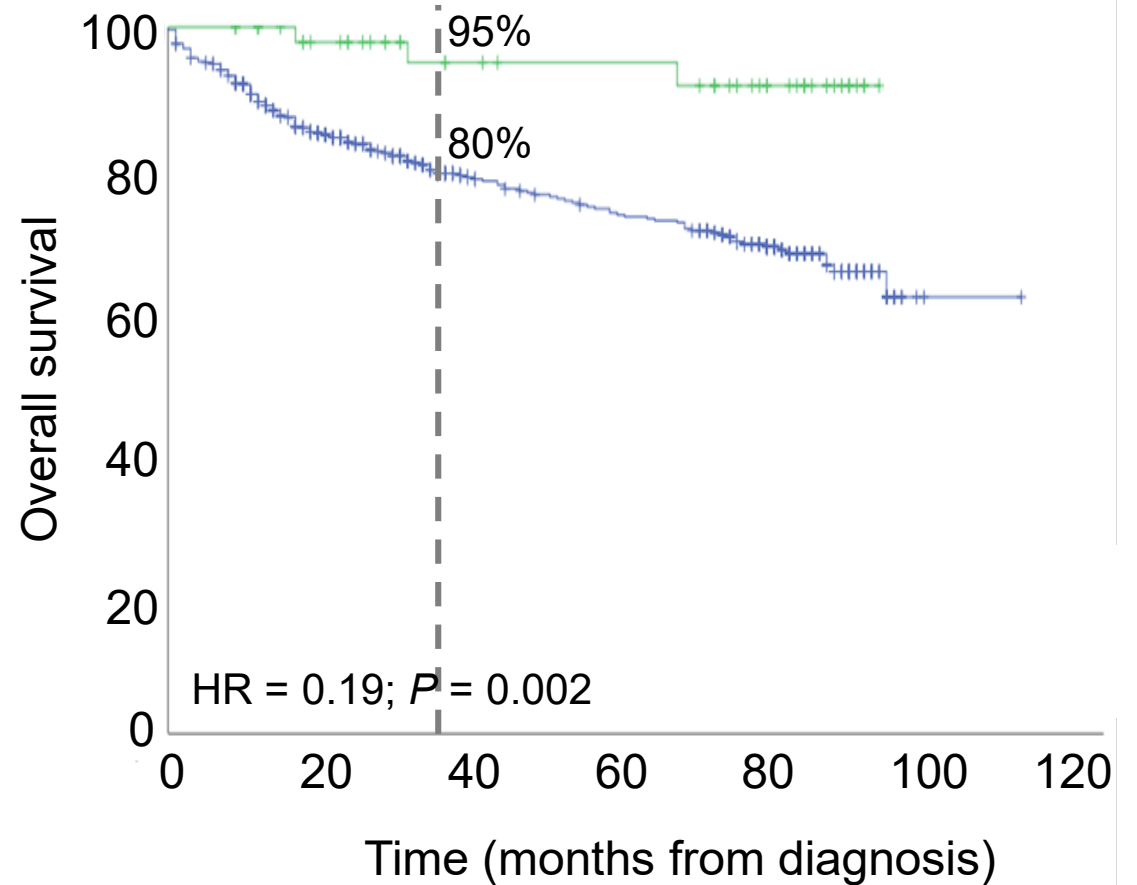
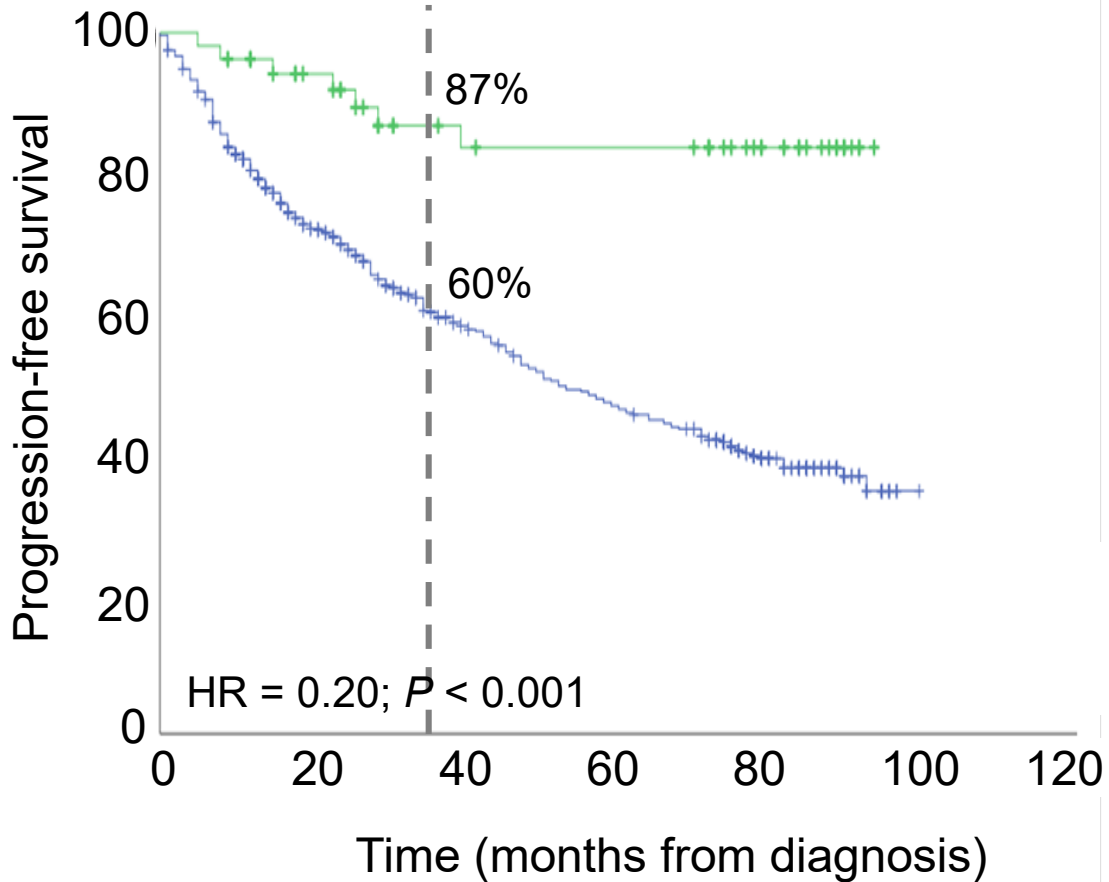
Kinetics and Biology of Circulating Tumor Cells (CTCs) and Measurable Residual Disease (MRD): Two Dynamic High-Risk Clones in Multiple Myeloma (MM)

651, 339

Camila Guerrero, MSc1*, Rosalinda Termini2*, Juan-José Garcés, PhD3*, Maria Jose Calasanz, PhD4*, Rafael Ríos, MD, PhD5*, Elena Cabezudo6*, Laura Rosiñol, MD, PhD7*, Bargay Joan8*, Albert Pérez-Montaña, MD9*, Albert Oriol Rocafiguera, MD10*, Valentin Cabanas Perianes, MD11*, Maria-Josefa Najera12*, Esther Gonzalez Garcia, MD13*, Enrique M Ocio, MD, PhD14, Anna Maria Sureda Balari, MD, PhD15, Felipe De Arriba, MD, PhD16*, Miguel Teodoro Hernández Garcia, MD, PhD17*, Antonio Garcia18*, Joaquin Martinez-Lopez, MD, PhD19*, María-Jesús Blanchard20*, Marta Sonia Gonzalez Perez21*, Rebeca Iglesias22*, Alberto Orfao, MD, PhD23*, Maria Victoria Mateos, MD, PhD24, Juan Jose Lahuerta Palacios25*, Joan Bladé, MD, PhD26*, Jesus San-Miguel, MD, PhD27, María T Cedena28*, Noemi Puig, MD, PhD29 and Bruno Paiva30*

Absence of CTCs in NDMM is associated with longer survival

80% reduction in the risk of progression and/or death



Kapitel 4

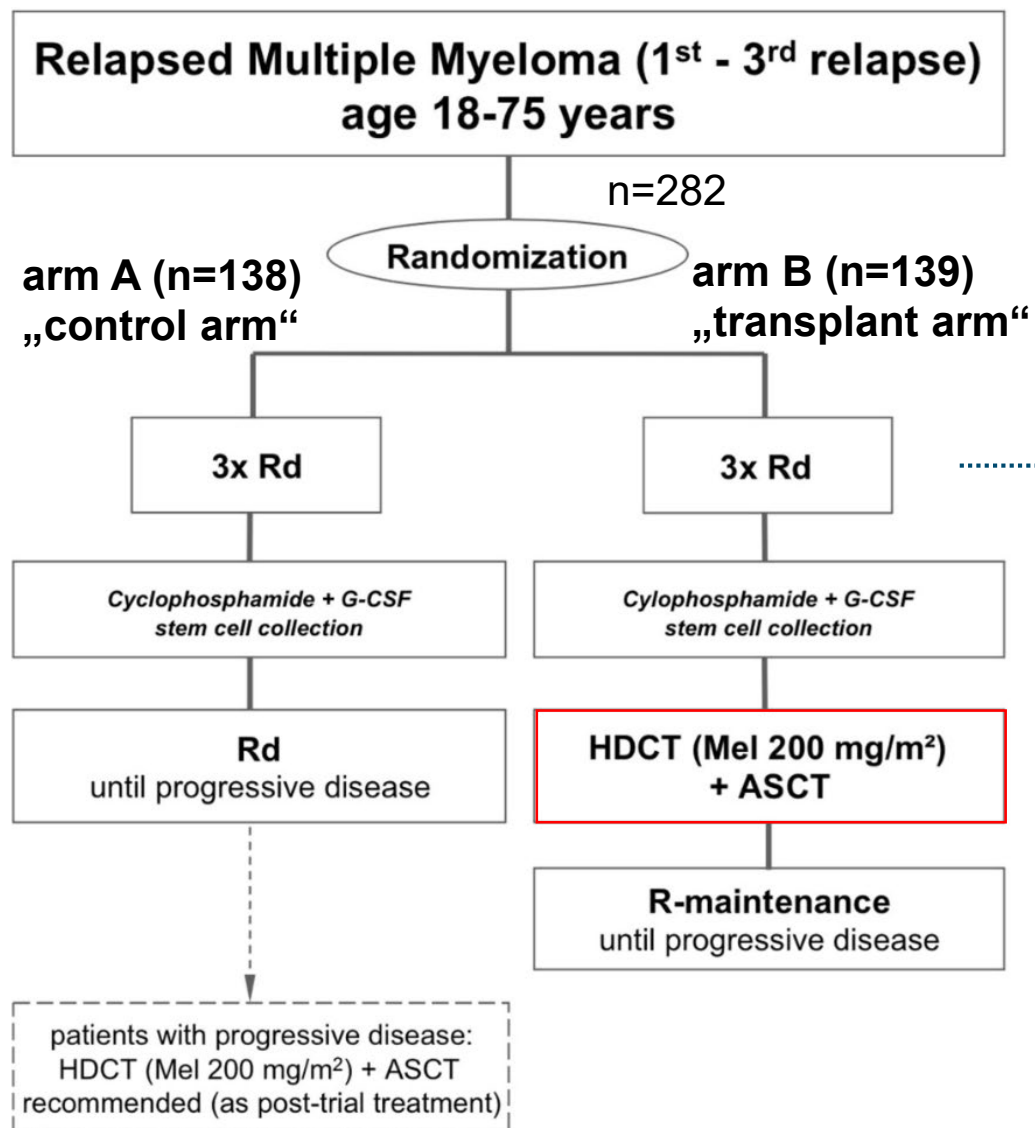
Rolle der Autologen Transplantation beim Rezidivierten Multiplen Myelom

Salvage Autologous Transplant and Lenalidomide Maintenance Versus Continuous Lenalidomide/Dexamethasone for Relapsed Multiple Myeloma: Long term follow Up results of the Randomized GMMG Phase III Multicenter Trial ReLapsE

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GMMG ReLApsE trial - Flow chart



Rd (arm A+B)

- **Lenalidomide** 25 mg, d1-21
- **Dexamethasone** 40 mg, d1,8,15,22
- 4 week cycles

R-maintenance (arm B)

- **Lenalidomide** 10 mg daily



ReLApsE - Baseline characteristics

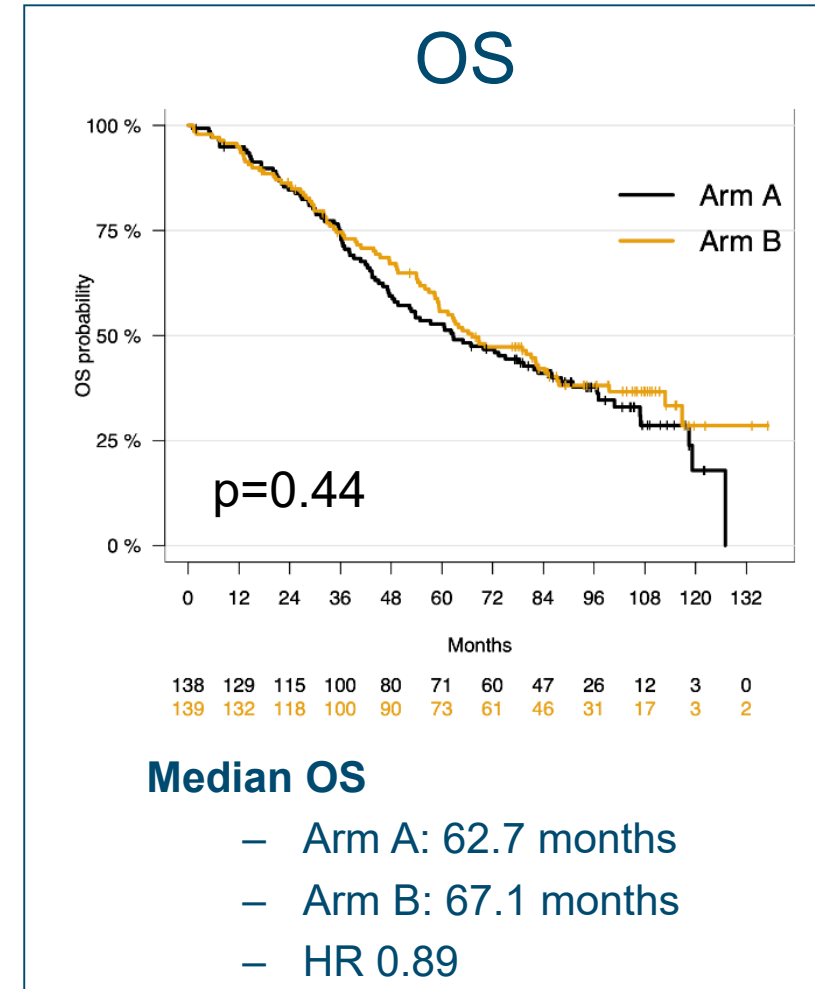
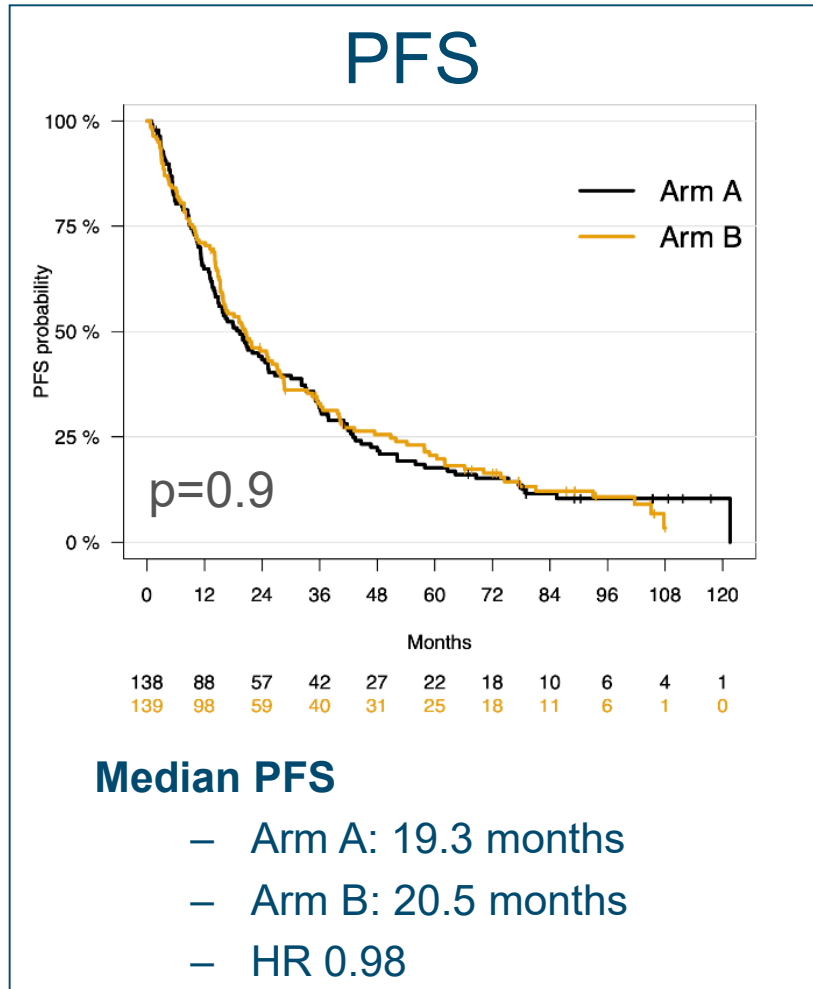
	arm A (n=138) n (%)	arm B (n=139) n (%)
Age [years]	62.2 (41.9; 74.5)	61.3 (29.9; 74.7)
Sex		
Female	54 (39)	60 (43)
WHO PS		
0	105 (76)	96 (69)
1	32 (23)	43 (31)
2	1 (1)	0
ISS stage		
I	77/129 (60)	82/131 (63)
II	40/129 (31)	32/131 (24)
III	12/129 (9)	17/131 (13)
Cytogenetics		
t(4;14)	10/99 (10)	19/94 (20)
t(14;16)	0/97 (0)	2/90 (2)
del13q14	45/104 (43)	59/97 (61)
del17p13	15/107 (14)	14/98 (14)
gain1q (>3 copies)	12/105 (11)	11/97 (11)
High risk*	31/98 (32)	39/91 (43)

	arm A (n=138) n (%)	arm B (n=139) n (%)
Interval diagnosis to randomization [years]	4.1 (0.7-16.5)	3.9 (0.2-19.4)
Prior lines of therapy		
1	129 (94)	131 (94)
2	8 (6)	5 (4)
3	1 (1)	3 (2)
Frontline HDCT/ASCT	130 (94)	129 (93)
Single	71 (55)	83 (64)
Tandem	59 (45)	46 (36)
Prior therapy		
Bortezomib	106 (77)	107 (77)
Thalidomide	25 (18)	31 (22)
Lenalidomide	18 (13)	12 (9)
Interferone	9 (7)	9 (6)
Chemoth. only	10 (7)	14 (10)

*High risk cytogenetic aberrations: t(4;14), t(14;16), del17p13, gain1q (>3 copies)



ReLApsE - Survival - LTFU analysis



No survival benefit in long term follow up analysis from randomization

Zusammenfassung | Take-Home-Messages

- Vierer Kombinationen (CD38 Antikörper, Proteasominhibitor, Imlid und Dexamtason) sind der neue Standard vor und nach Hochdosistherapie
- Dauer der Therapie unklar
- MRD Knochenmark weiter gefestigt
- MRD Blut wichtiger in der Zukunft
- MassSpect Daten zeigen prognostische Bedeutung
- Auto-TPX im Rezidiv des MM Wirkung?
- Viele Präsentationen Bispez. AK und CART-Zelltherapie

Die Kurzpräsentationen sind online unter

www.lymphome.de/ash2023

Für den Inhalt verantwortlich:

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