

**The rationale for protein degradation  
and immunomodulation in relapsed/refractory  
multiple myeloma: Highlighting the latest data  
and available clinical trials**

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# What are the critical unmet treatment needs in patients with relapsed/refractory multiple myeloma?

## Prof. Cristina Gasparetto

Professor of Medicine  
Duke University School of Medicine  
Durham, NC, USA

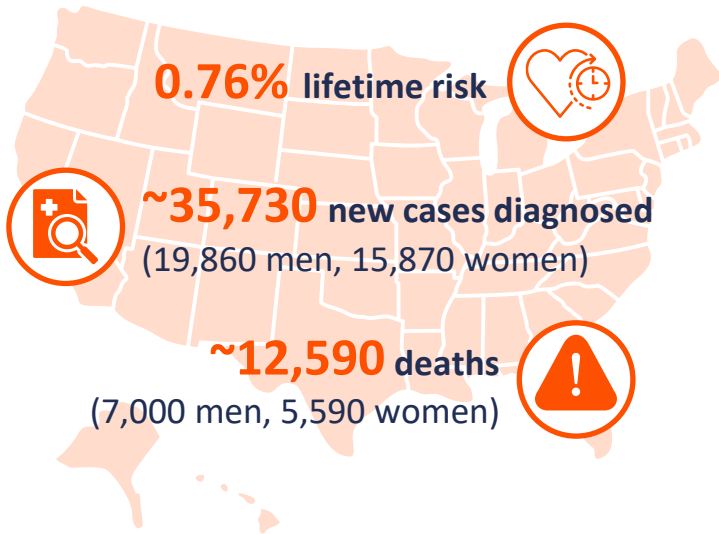




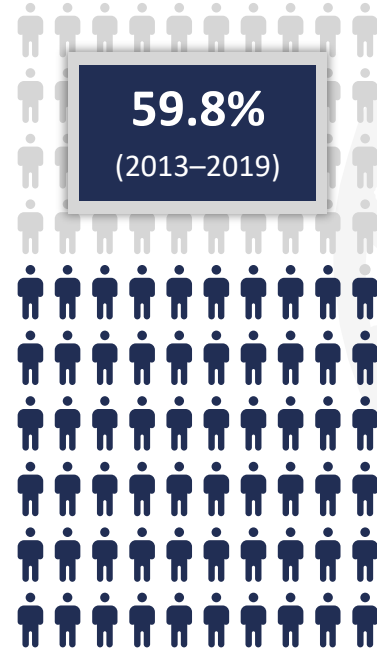
**How prevalent is multiple myeloma today, and what is the outlook for patients?**

# The burden of multiple myeloma

## Estimates for multiple myeloma in the USA for 2023<sup>1</sup>



## 5-year relative survival\*<sup>2</sup>

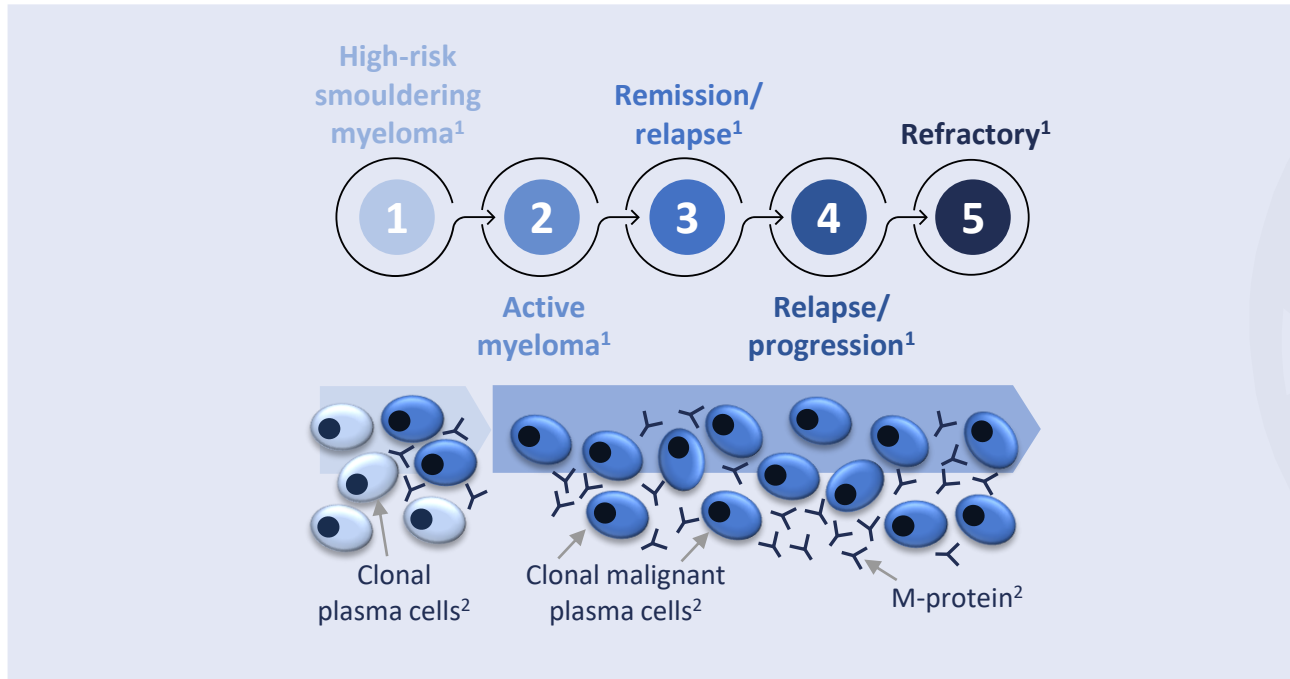


\*Based on data from SEER 22 (excluding IL/MA) 2013–2019. SEER, Surveillance, Epidemiology, and End Results Program.

1. American Cancer Society. Available at: <https://cancerstatisticscenter.cancer.org> (accessed 22 September 2023);

2. NIH National Cancer Institute. Available at: <https://seer.cancer.gov/statfacts/html/mulmy.html> (accessed 25 September 2023).

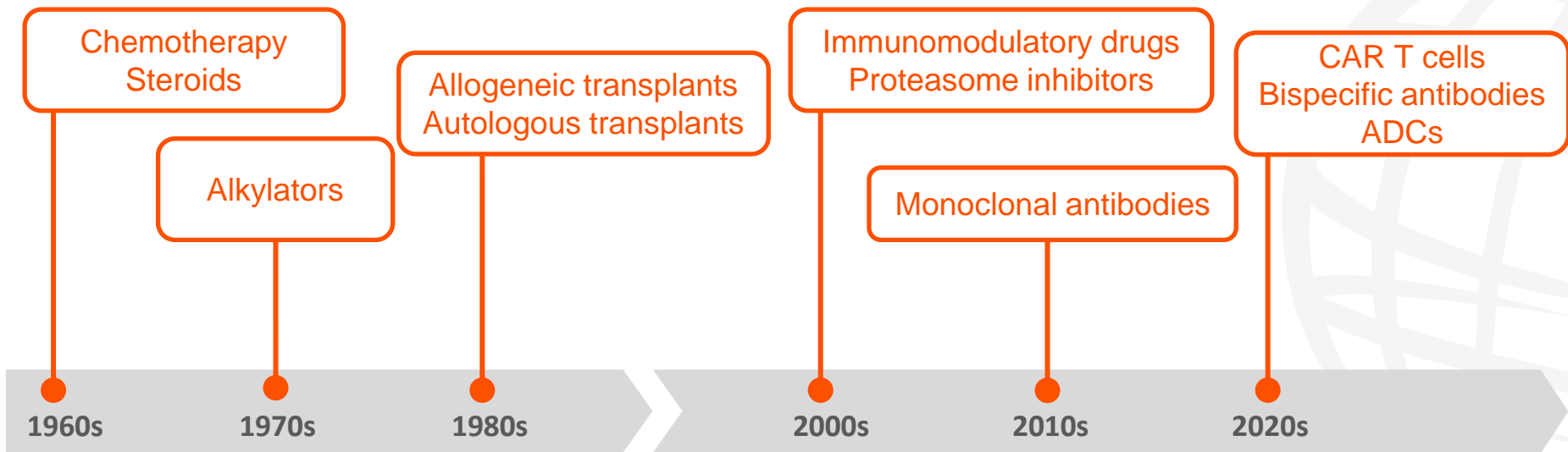
# Natural history of multiple myeloma





**How has the treatment landscape for relapsed/refractory multiple myeloma evolved over time?**


# The evolving therapy landscape in multiple myeloma<sup>1,2</sup>



ADC, antibody–drug conjugate; CAR, chimeric antigen receptor.

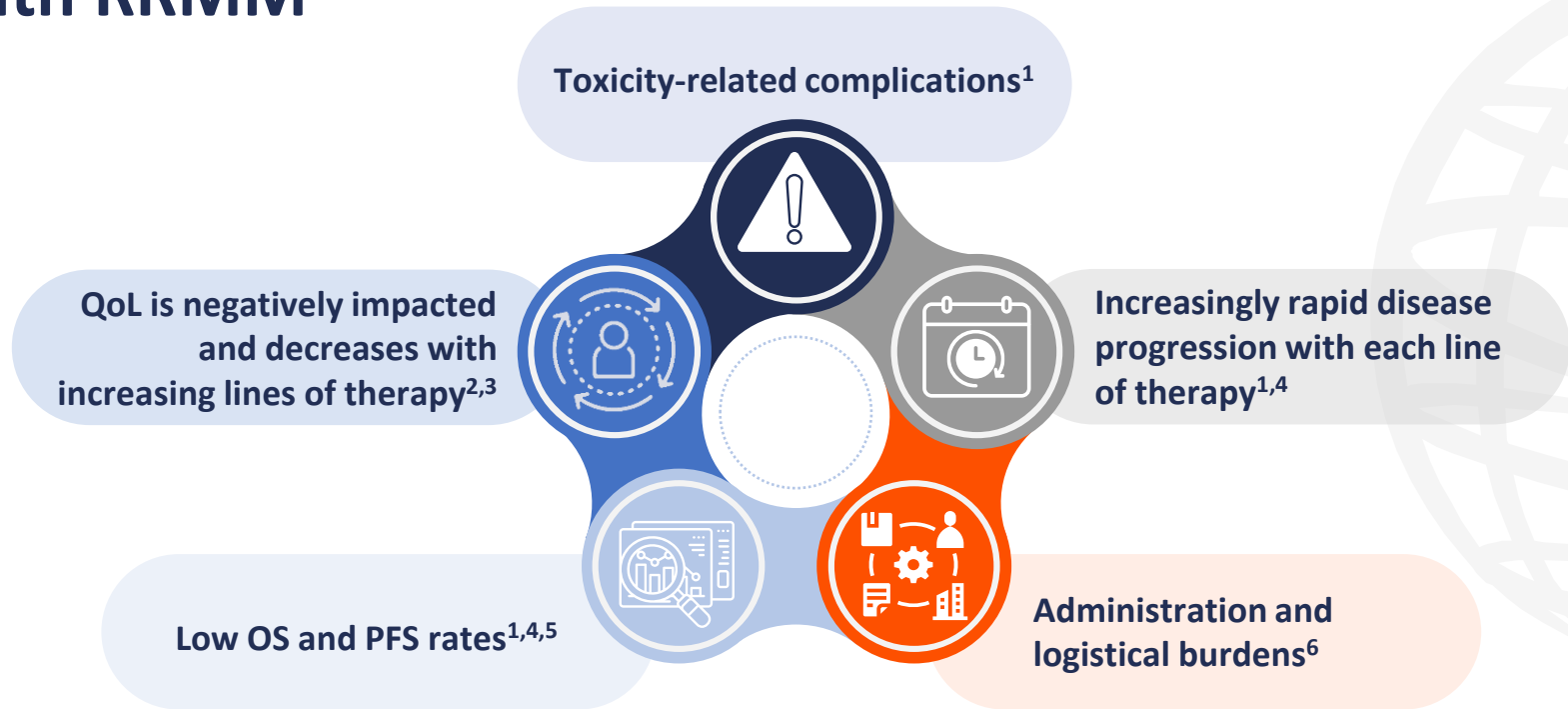
1. Shah UA, Mailankody S. *Br Med J*. 2020;370:m3176; 2. Ribatti D. *Eur J Haematol*. 2018;100:221–8.





**What are the limitations of current therapies for the treatment of relapsed/refractory multiple myeloma?**

# Limitations of current treatment regimens for patients with RRMM

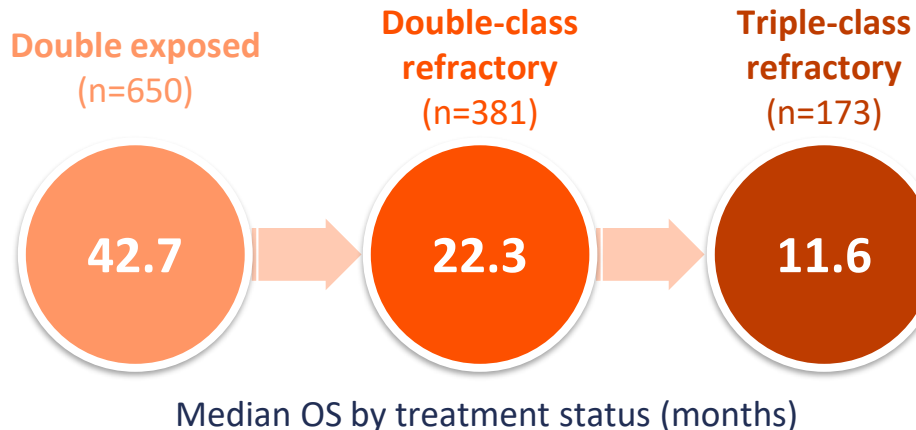


OS, overall survival; PFS, progression-free survival; QoL, quality of life; RRMM, relapsed/refractory multiple myeloma.

1. Wang PF, et al. *Leuk Lymphoma*. 2023;64:398–406; 2. Engelhardt M, et al. *Clin Lymphoma Myeloma Leuk*. 2021;21:e160–75; 3. Lee HC, et al. *Clin Lymphoma Myeloma Leuk*. 2023;23:112–22; 4. Bruno AS, et al. *Expert Rev Hematol*. 2020;13:1017–25; 5. Gandhi UH, et al. *Leukemia*. 2019;33:2266–75; 6. Shah N, et al. *Leukemia*. 2020;34:985–1005.

# Real-world survival outcomes for patients with double- and triple-class refractory RRMM

## A US electronic health record database study<sup>1</sup>



## LocoMMotion: Prospective, non-interventional, multinational study<sup>2</sup>

Outcomes in patients who were triple-class refractory at baseline treated with SOC (n=183):

ORR: 25.1%

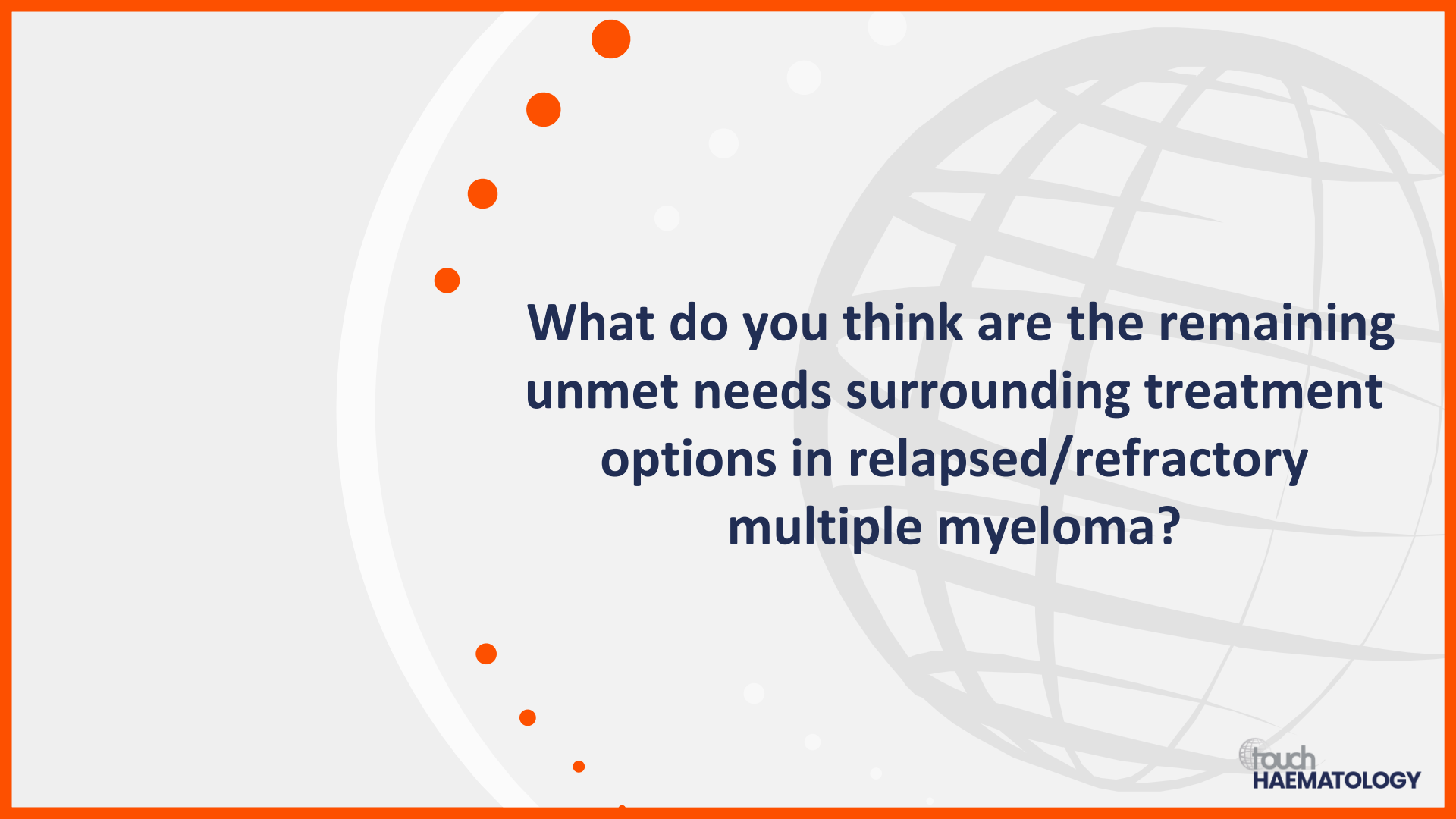
Median DOR:  
4.5 months

Median PFS:  
3.9 months

Median OS:  
11.1 months

DOR, duration of response; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; RRMM, relapsed/refractory multiple myeloma; SOC, standard of care.

1. Wang PF, et al. *Leuk Lymphoma*. 2023;64:398–406; 2. Mateos M-V, et al. *Leukemia*. 2022;36:1371–6.



**What do you think are the remaining unmet needs surrounding treatment options in relapsed/refractory multiple myeloma?**



# Why are protein degradation and immunomodulatory approaches being trialled in multiple myeloma?

## Prof. Sagar Lonial

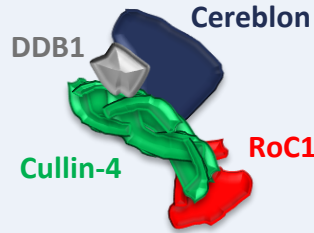
Professor and Chief Medical Officer  
Winship Cancer Institute  
Emory University  
Atlanta, GA, USA





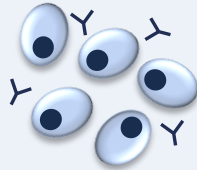
**Why are protein degradation and immunomodulatory approaches being trialled in multiple myeloma?**

# Cereblon as a treatment target

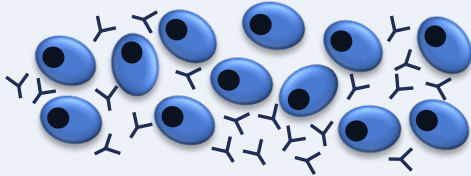


Cereblon interacts with the DDB1, Cullin-4 and RoC1 to form the functional E3 ubiquitin ligase complex<sup>1</sup>

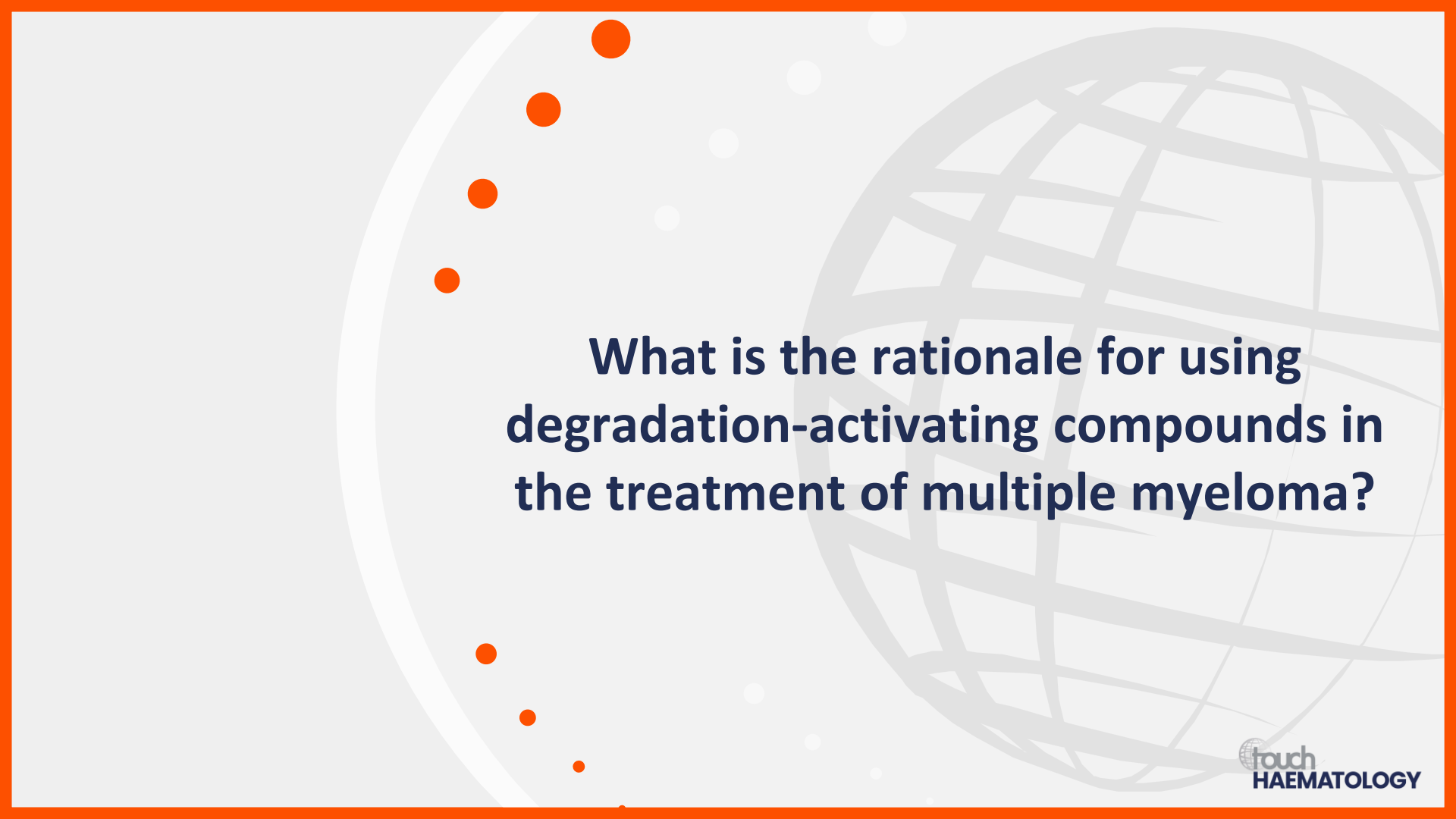
Cereblon functions as a substrate receptor and **targets proteins for degradation** through the UPS<sup>1</sup>



Neosubstrates of cereblon include **Ikaros** (IKZF1) and **Aiolos** (IKZF3), members of the B-cell transcription factors family **critical for plasma cell development and proliferation**, and activation of the immune system<sup>1,2</sup>



Ikaros and Aiolos **sustain MM growth and survival**.<sup>3</sup>



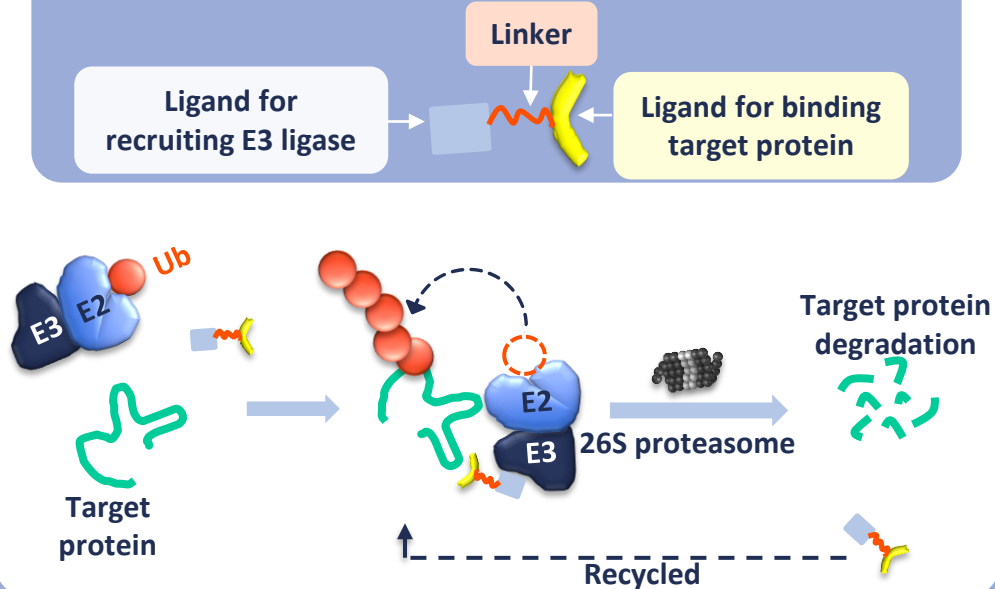
**What is the rationale for using degradation-activating compounds in the treatment of multiple myeloma?**



# Degradation-activating compounds

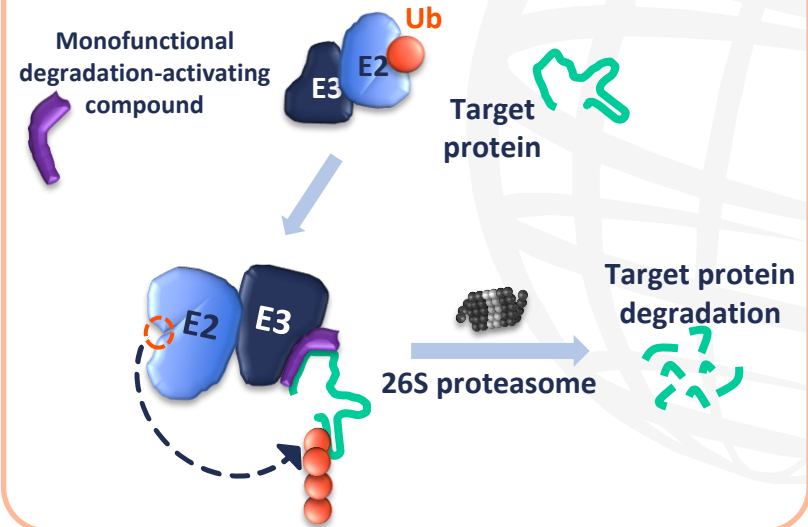
## Proteolysis-targeting chimera<sup>1</sup>

Acts as a bridge between the E3 ligase and target protein to induce its polyubiquitination and proteasome-mediated degradation



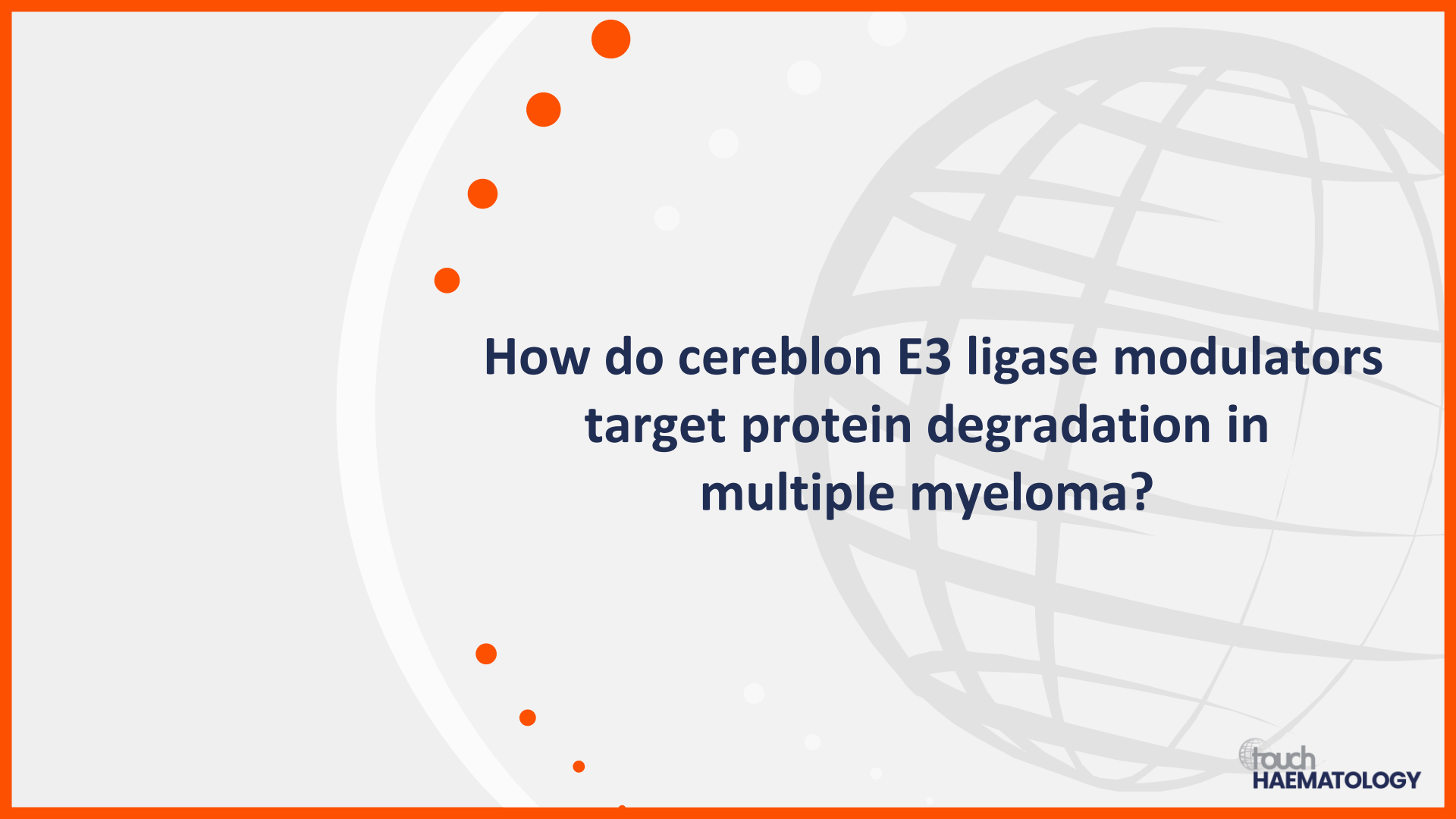
## Monofunctional degrader (“molecular glue”)<sup>2,3</sup>

Binds to cereblon E3 ligase and modulates the surface to increase interaction with target protein of interest<sup>2</sup> (e.g. CFT7455 with transcription factors IKZF1/3<sup>4</sup>)



E2, ubiquitin-conjugating enzyme; IKZF1/3, IKAROS family zinc finger 1/3; Ub, ubiquitin.

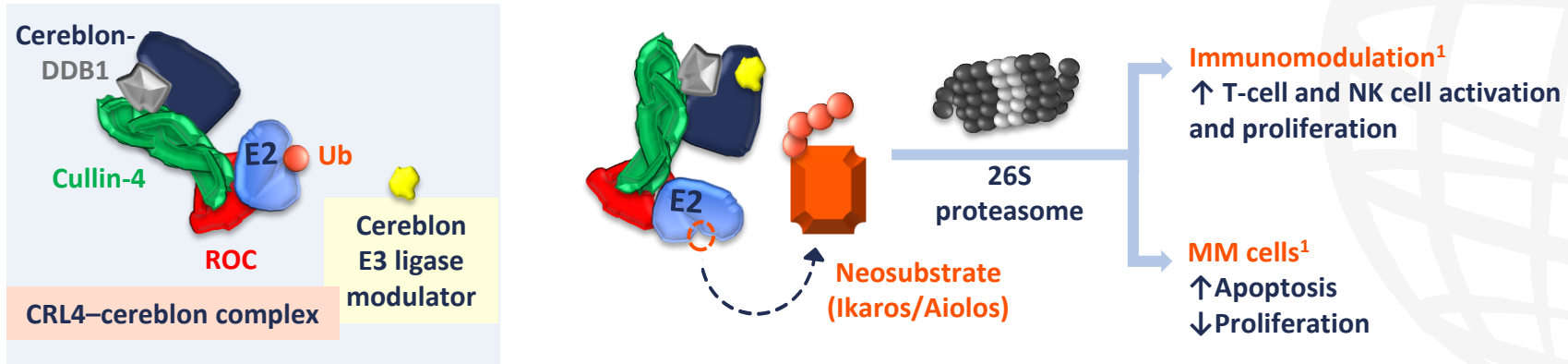
1. Fang Y, et al. *Trends Pharmacol Sci.* 2023;44:303–17; 2. Berdeja JG, et al. Presented at: 63rd ASH Annual Meeting and Exposition, Atlanta, GA, USA. 11–14 December 2021. Poster 1675; 3. Sasso JM, et al. *Biochemistry.* 2023;62:601–23; 4. Lonial S, et al. Presented at: AACR Annual Meeting 2022, New Orleans, LA, USA. 8–13 April 2022. Poster CT186.



**How do cereblon E3 ligase modulators  
target protein degradation in  
multiple myeloma?**

# Cereblon E3 ligase modulators

- Work in a similar way to current immunomodulatory drugs, but are more potent<sup>1</sup> and include Ikaros family of zinc finger transcription factors as substrates<sup>2</sup>
- Bind to a shallow hydrophobic pocket on the surface of cereblon, changing its conformation, to promote interaction with and degradation of target substrates<sup>2,3</sup>




- Agents in clinical development include iberdomide<sup>1</sup> and mezigdomide<sup>4</sup>

↓, decrease; ↑, increase; CRL4, Cullin-4 RING ligase; DDB1, DNA damage-binding protein-1; E2, ubiquitin-conjugating enzyme; MM, multiple myeloma; NK, natural killer; ROC, regulator of Cullins; Ub, ubiquitin.

1. Thakurta A, et al. *Oncotarget*. 2021;12:1555–63; 2. Chamberlain PP, Cathers BE. *Drug Discov Today Technol*. 2019;31:29–34; 3. Watson ER, et al. *Science*. 2022;378:549–53;

4. Richardson PG, et al. *Blood*. 2022;140 (Suppl. 1):1366–8.



**How do you think protein degradation and immunomodulatory agents in development for patients with multiple myeloma will impact future clinical practice?**

# Potential future role of cereblon E3 ligase modulators



In combination with or as salvage therapy after **bispecific antibodies/CAR T-cell therapy**<sup>1-3</sup>



In patients with **extramedullary disease** due to good tissue penetration<sup>4</sup> and available clinical trial data in this patient group<sup>3,5</sup>



In patients with **high-risk cytogenetic abnormalities** based on available clinical trial data in this patient group<sup>3,5</sup>



Potential therapy for **frail/elderly patients** due to oral administration route<sup>3,5</sup>



Potential **use in earlier lines** of therapy, e.g. induction therapy, maintenance therapy and in SMM<sup>6</sup>

CAR, chimeric antigen receptor; SMM, smouldering multiple myeloma.

1. Van de Donk NWCJ, et al. *Curr Opin Oncol.* 2023;35:601-11; 2. Barankiewicz J, et al. *Cancers (Basel).* 2022;14:4492; 3. Lonial S, et al. *Lancet Haematol.* 2022;9:e822-32;

4. Ege N, et al. *Cell Chem Biol.* 2021;28:283-99; 5. Richardson PG, et al. *N Engl J Med.* 2023;389:1009-22; 6. ClinicalTrials.gov. Available at: <https://clinicaltrials.gov/>

(accessed December 2023).

What are the latest clinical trial data for protein degradation and immunomodulatory-based therapies in relapsed/refractory multiple myeloma, and which trials are ongoing?

**Prof. Sundar Jagannath**

Director  
Tisch Cancer Institute  
Mount Sinai Hospital  
New York, NY, USA





**What are the latest clinical trial  
data and ongoing clinical trials  
for iberdomide?**

# CC-220-MM-001 trial (NCT02773030)

Multicohort, open-label, phase Ib/IIa study to determine dose, safety, tolerability, efficacy and drug levels of iberdomide as monotherapy and in combination with other treatments<sup>1</sup>

## Phase I: Dose escalation (n=90)<sup>2</sup>



At least two prior lines of therapy including lenalidomide/pomalidomide + a proteasome inhibitor  
ECOG PS 0–2



0.3–1.6 mg oral iberdomide on days 1–21/28 + dexamethasone once per week



**Primary outcome:**  
**RP2D 1.6 mg**

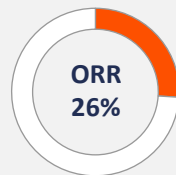
## Phase II: Dose expansion (n=107)<sup>2</sup>



At least three prior lines of therapy and had triple-class refractory disease



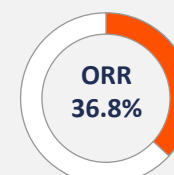
**Primary outcome**



**Grade ≥3 TEAEs (≥20%):**  
Neutropenia, anaemia, infection, thrombocytopenia and leukopenia

**Serious TEAEs in 53% of patients**

## BCMA-exposed cohort (n=38)<sup>3</sup>



**Grade 3/4 TEAEs (≥20%):**  
Neutropenia, anaemia, leukopenia, thrombocytopenia and infections

BCMA, B-cell maturation antigen; ECOG PS, Eastern Cooperative Oncology Group performance status; ORR, overall response rate; RP2D, recommended phase II dose; TEAE, treatment-emergent adverse events.

1. ClinicalTrials.gov. NCT02773030. Available at: <https://bit.ly/417FCBm> (accessed 29 November 2023); 2. Lonial S, et al. *Lancet Haematol.* 2022;9:e822–32;

3. Lonial S, et al. *Blood.* 2022;140(Suppl. 1):4398–400.



# Ongoing iberdomide clinical trials in patients with MM

Trial identifier	Phase	Study treatments	Primary endpoint(s)	Key inclusion criteria
<b>NCT04975997<sup>1</sup></b> EXCALIBER-RRMM	Phase III	IberDd vs DVd	PFS	<ul style="list-style-type: none"> <li>➤ Disease progression during/after last anti-myeloma regimen</li> <li>➤ Received one or two prior lines of anti-myeloma therapy</li> <li>➤ ECOG PS 0–2</li> </ul>
<b>NCT05560399<sup>2</sup></b>	Phase I DEC	Iber + elotuzumab + dexamethasone	Iber DLT	<ul style="list-style-type: none"> <li>➤ Disease progression during or after last anti-myeloma therapy</li> <li>➤ ECOG PS ≤2</li> <li>➤ Received one to three prior lines of therapy, including at least an immunomodulatory drug, a proteasome inhibitor and an anti-CD38 mAb</li> </ul>
<b>NCT05896228<sup>3</sup></b>	Phase II	Iber-KDd for ~ 8 months, followed by iberdomide monotherapy in absence of disease progression	Rate of MRD negativity	<ul style="list-style-type: none"> <li>➤ Progressive disease during or within 60 days of last regimen</li> <li>➤ Received one to three prior lines of therapy (inclusive of a lenalidomide-containing regimen); carfilzomib/CD38-directed therapy permitted under certain conditions</li> <li>➤ Measurable disease and ECOG PS 0–2 within 4 weeks of enrolment</li> </ul>

CD, cluster of differentiation; Dd, daratumumab and dexamethasone; DEC, dose expansion cohort; DLT, dose-limiting toxicity; DVd, daratumumab, bortezomib and dexamethasone; ECOG PS, Eastern Cooperative Oncology Group performance status; iber, iberdomide; KDd, carfilzomib, daratumumab and dexamethasone; mAb, monoclonal antibody; MM, multiple myeloma; MRD, minimal residual disease; PFS, progression-free survival.

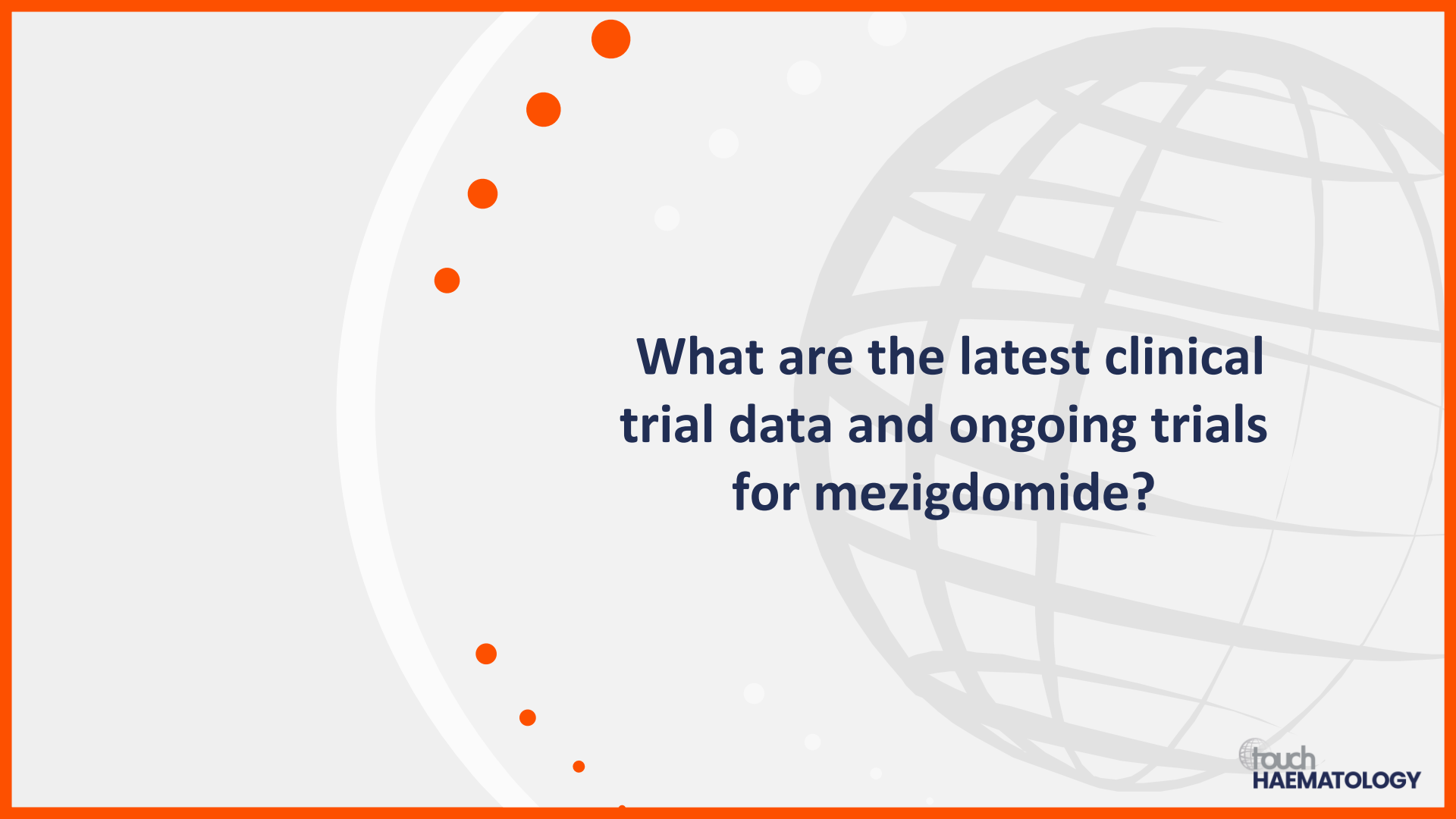
1. ClinicalTrials.gov. NCT04975997; 2. ClinicalTrials.gov. NCT05560399; 3. ClinicalTrials.gov. NCT05896228. All clinical trials available at: <https://clinicaltrials.gov/> (accessed 29 November 2023).

# Ongoing iberdomide clinical trials in patients with MM

Trial identifier	Phase	Study treatments	Primary endpoint(s)	Key inclusion criteria
NCT05354557 <sup>1</sup>	Phase II	Iber as maintenance therapy after AHCT	CR	<p><b>Cohort 1:</b></p> <ul style="list-style-type: none"> <li>➤ Received a single prior AHCT (within the last 12 months) with melphalan</li> <li>➤ Have been on lenalidomide maintenance at a dose of ≥5 mg every other day for at least 6 months</li> <li>➤ Have achieved a VGPR or less to treatment</li> </ul> <p><b>Cohort 2:</b></p> <ul style="list-style-type: none"> <li>➤ Received two or three prior lines of systemic anti-myeloma therapy +/- prior AHCT</li> <li>➤ Received lenalidomide maintenance therapy after a line of treatment prior to salvage AHCT</li> <li>➤ Undergone salvage AHCT consolidation with a high-dose melphalan-based conditioning regimen within the prior 2–6 months</li> </ul>
NCT05583617 <sup>2</sup> PLYCOM	Phase I/II	Cevostamab + iber	AEs, response rates, PFS, OS	<ul style="list-style-type: none"> <li>➤ Previously exposed to at least a PI, an immunomodulatory drug and an anti-CD38 mAb for the treatment of RRMM for whom no suitable SOC therapy options are available</li> </ul>
NCT05289492 <sup>3</sup>	Phase I/II	EOS884448 alone or with iber +/- dexamethasone	AEs, SAEs, DLT, RP2D, ORR	<ul style="list-style-type: none"> <li>➤ ECOG PS 0–2</li> <li>➤ At least three prior lines of therapy with an immunomodulatory drug, PI and anti-CD38 mAb; progression on last therapy (prior BCMA-targeted therapy allowed)</li> </ul>

AE, adverse event; AHCT, autologous haematopoietic cell transplantation; BCMA, B-cell maturation antigen; CD, cluster of differentiation; CR, complete response; DLT, dose-limiting toxicity; ECOG PS, ECOG, Eastern Cooperative Oncology performance status; iber, iberdomide; mAb, monoclonal antibody; MM, multiple myeloma; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PI, proteasome inhibitor; RP2D, recommended phase II dose; RR, relapsed/refractory; SAE, serious AE; SOC, standard of care; VGPR, very good partial response.

1. ClinicalTrials.gov. NCT05354557; 2. ClinicalTrials.gov. NCT05583617; 3. ClinicalTrials.gov. NCT05289492. All clinical trials available at: <https://clinicaltrials.gov/> (accessed 29 November 2023).



**What are the latest clinical  
trial data and ongoing trials  
for mezigdomide?**

# CC-92480-MM-001 trial (NCT03374085)

Open-label, multicentre, phase I/II study to determine safety, pharmacokinetics and efficacy of mezigdomide as monotherapy and in combination with dexamethasone<sup>1</sup>

## Mezigdomide dosing and schedule<sup>2</sup>

n=29; 10/14 days × 2

0.1/0.2/0.3/0.6/1.0 mg QD

n=24; 21/28 days

0.8/1.0 mg QD

n=11; 3/14 days × 2

0.2/0.4/0.8 mg BID

n=13; 7/14 days × 2

0.8 mg BID/1.6/2.0 mg QD

## Phase I: Dose escalation (n=77)<sup>2</sup>



ECOG PS 0–2

At least three prior lines of therapy

Disease progression on/within 60 days of last myeloma therapy



Primary outcome

**RP2D 1.0 mg QD + dexamethasone for 21 days followed by 7 days off, in each 28-day cycle**



**Most common grade 3/4 AEs:\***

Neutropenia, infection and anaemia

## Phase II: Dose expansion (n=101)<sup>2</sup>



Triple-class refractory disease

• 30% previous anti-BCMA therapy

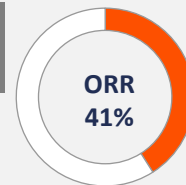
• 40% plasmacytomas



**1.0 mg mezigdomide QD + dexamethasone for 21 days**



Primary outcome



**Median DOR: 7.6 months**

**Median PFS: 4.4 months**

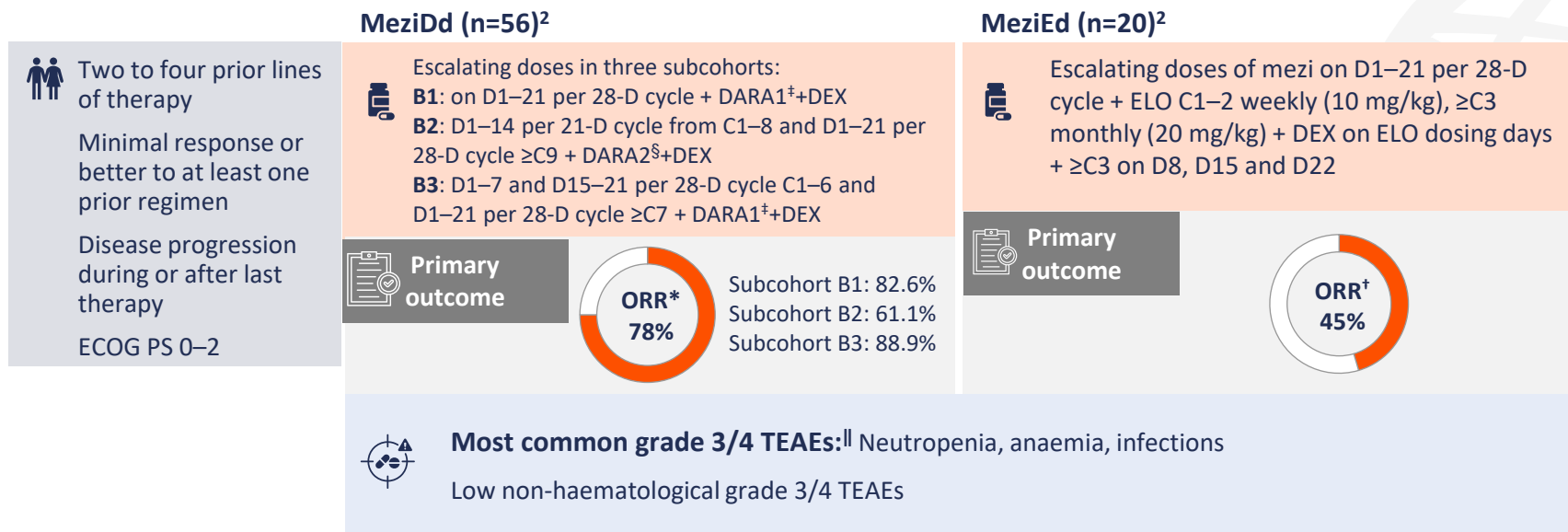
\*≥30% in the dose escalation and dose expansion cohort.

AE, adverse event; BCMA, B-cell maturation antigen; BID, twice daily; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; ORR, overall response rate; PFS, progression-free survival; QD, once daily; RP2D, recommended phase II dose.

1. ClinicalTrials.gov. NCT05521191. Available at: <https://bit.ly/3T215L6> (accessed 29 November 2023); 2. Richardson PG, et al. N Engl J Med. 2023;389:1009–22.

# CC-92480-MM-002 trial (NCT03989414)

Ongoing phase I/II study to determine safety and preliminary efficacy of mezigdomide in combination with standard treatments<sup>1,2</sup>



\*Combined ORR; †overall ORR, ‡DARA1, C1–2 weekly, C3–6 biweekly, ≥C7 monthly, §DARA2, C1–3 weekly, C4–8 D1 of each 21-D cycle, ≥C9 D1 of each 28-D cycle; ||, ≥20% in any subcohort.

C, cycle; D, day; DARA, daratumumab; DEX, dexamethasone; ECOG PS, Eastern Cooperative Oncology Group performance status; ELO, elotuzumab; mezi, mezigdomide; MeziDd, mezi, DARA and DEX; MeziEd, mezi, ELO and DEX; ORR, overall response rate; TEAE, treatment-emergent adverse event.

1. ClinicalTrials.gov. NCT03989414. Available at: <https://bit.ly/3T4cLMj> (accessed 30 November 2023); 2. Richardson PG, et al. Presented at: 65th ASH Annual Meeting and Exposition, San Diego, CA, USA. 9–12 December 2023. Abstr 1013.

# Ongoing mezigdomide clinical trials in patients with MM

Trial identifier	Phase	Study treatments	Primary endpoint(s)	Key inclusion criteria
<b>NCT05519085<sup>1</sup></b> SUCCESSOR-1	Phase III	MeziVd vs PVd	PFS	<ul style="list-style-type: none"> <li>➤ Received one to three prior lines of antimyeloma therapy</li> <li>➤ MR or better to at least one prior antimyeloma therapy</li> </ul>
<b>NCT05552976<sup>2</sup></b> SUCCESSOR-2	Phase III	MeziKd vs Kd monoclonal antibody	PFS	<ul style="list-style-type: none"> <li>➤ At least one prior line of anti-myeloma therapy</li> <li>➤ Prior treatment with lenalidomide and at least two cycles of an anti-CD38 mAb</li> <li>➤ MR or better to at least one prior anti-myeloma therapy</li> <li>➤ Documented disease progression during or after their last antimyeloma regimen</li> </ul>
<b>NCT03989414<sup>3</sup></b>	Phase I/II	Mezi + standard treatment	Recommended dose, regimen measured by DLT, AEs, ORR	<ul style="list-style-type: none"> <li>➤ Documented disease progression during or after their last antimyeloma regimen</li> <li>➤ MR or better to at least one prior antimyeloma therapy</li> <li>➤ ECOG PS 0–2</li> </ul>

AE, adverse event; CD, cluster of differentiation; DLT, dose-limiting toxicities; ECOG PS, Eastern Cooperative Oncology Group performance score; Kd, carfilzomib and dexamethasone; mAb, monoclonal antibody; mezi, mezigdomide; MeziKd, mezi, carfilzomib and dexamethasone; MeziVd, mezi, bortezomib and dexamethasone; MM, multiple myeloma; MR, minimal response; ORR, overall response rate; PFS, progression-free survival; PVd, pomalidomide, bortezomib and dexamethasone.

1. ClinicalTrials.gov. NCT05519085; 2. ClinicalTrials.gov. NCT05552976; 3. ClinicalTrials.gov. NCT03989414. All clinical trials available at: <https://clinicaltrials.gov/> (accessed 29 November 2023).

# Ongoing mezigdomide clinical trials in patients with MM

Trial identifier	Phase	Study treatments	Primary endpoint(s)	Key inclusion criteria
NCT05981209 <sup>1</sup>	Phase Ib	Mezi + elotuzumab and dexamethasone	RP2D, AEs	<ul style="list-style-type: none"> <li>➤ At least two prior lines of therapy including lenalidomide, a PI, and anti-CD38 mAb and BCMA-targeted therapy</li> <li>➤ ECOG PS 0–2</li> </ul>
NCT06050512 <sup>2</sup>	Phase I/II	Mezi + ixazomib and dexamethasone	Phase I: RP2D Phase II: ORR	<ul style="list-style-type: none"> <li>➤ ECOG PS 0–2</li> <li>➤ Received one to three prior lines of therapy and must be exposed to a PI, immunomodulatory drug and an anti-CD38 mAb</li> <li>➤ Access to ixazomib</li> </ul>
NCT06048250 <sup>3</sup>	Phase I	Mezi and dexamethasone post idecabtagene vicleucel	AEs	<ul style="list-style-type: none"> <li>➤ ECOG PS 0–2</li> <li>➤ At least four prior lines of therapy, including an immunomodulatory drug, a PI and an anti-CD38 mAb</li> </ul>
NCT05372354 <sup>4</sup>	Phase Ib/2a	Mezi in novel therapeutic combinations	AEs, RP2D, dosing schedule of each combination for part 2 dose expansion	<ul style="list-style-type: none"> <li>➤ ECOG PS 0 or 1</li> </ul>

AE, adverse event; BCMA, B-cell maturation antigen; CD, cluster of differentiation; ECOG PS, Eastern Cooperative Oncology Group performance score; mAb, monoclonal antibody; mezi, mezigdomide; MM, multiple myeloma; ORR, overall response rate; PI, proteasome inhibitor; RP2D, recommended phase II dose.

1. ClinicalTrials.gov. NCT05981209; 2. ClinicalTrials.gov. NCT06050512; 3. ClinicalTrials.gov. NCT05372354; 4. ClinicalTrials.gov. NCT05981209. All clinical trials available at:

<https://clinicaltrials.gov/> (accessed 29 November 2023).



# **What are the latest clinical trial data and ongoing trials for CFT7455?**



# CFT7455 trial study design (NCT04756726)

Ongoing phase I/II study to determine safety and tolerability of CFT7455 monotherapy or in combination with DEXA in RRRM/RRNHL

## Phase I



- Arm A:** CFT7455 at different dosing schedules
- Arm B1:** Escalating doses of CFT7455 in different dosing schedules
- Arm B2:** CFT7455 + fixed dose of DEXA in each cohort



### Primary outcomes

- Safety and tolerability of CFT7455
- Safety and tolerability of CFT7455 + DEXA
- MTD/RP2D for CFT7455
- MTD/RP2D for CFT7455 + DEXA

## Phase II



- Arm 1:** CFT7455
- Arm 2:** CFT7455 + DEXA



### Primary outcomes

- Antitumor activity of CFT7455 and CFT7455 + DEXA
- ORR based on BOR, DOR, CBR, PFS



### Key inclusion criteria:

- Documented diagnosis of MM and measurable disease at enrolment
- At least three prior anti-myeloma regimens including at least two consecutive cycles of lenalidomide, pomalidomide, a PI, a glucocorticoid and an anti-CD38 mAb
- Refractory disease defined as disease that is nonresponsive to therapy or disease progression within 60 days from the last dose of their last myeloma therapy

BOR, best overall response; CBR, clinical benefit rate; CD, cluster of differentiation; DEXA, dexamethasone; DOR, duration of response; mAb, monoclonal antibody; MM, multiple myeloma; MTD, maximum tolerated dose; NHL, non-Hodgkin's lymphoma; ORR, overall response rate; PFS, progression-free survival; PI, proteasome inhibitor; RP2D, recommended phase II dose; RR, relapsed/refractory.

ClinicalTrials.gov. NCT04756726. Available at: <https://bit.ly/3uE31hH> (accessed 29 November 2023).

# CFT7455 phase I dose escalation data

## Preliminary results

### CFT7455 monotherapy (n=22; completed)

- 14 days on/14 days off schedule
- 75 µg was maximum administered dose
- Most common\* grade ≥3 AE was neutropenia; no dose-limiting toxicities results in discontinuations
- All four patients receiving 75 µg achieved stable disease or better
- Clinical evidence of immune T-cell activation at doses below the maximum administered dose

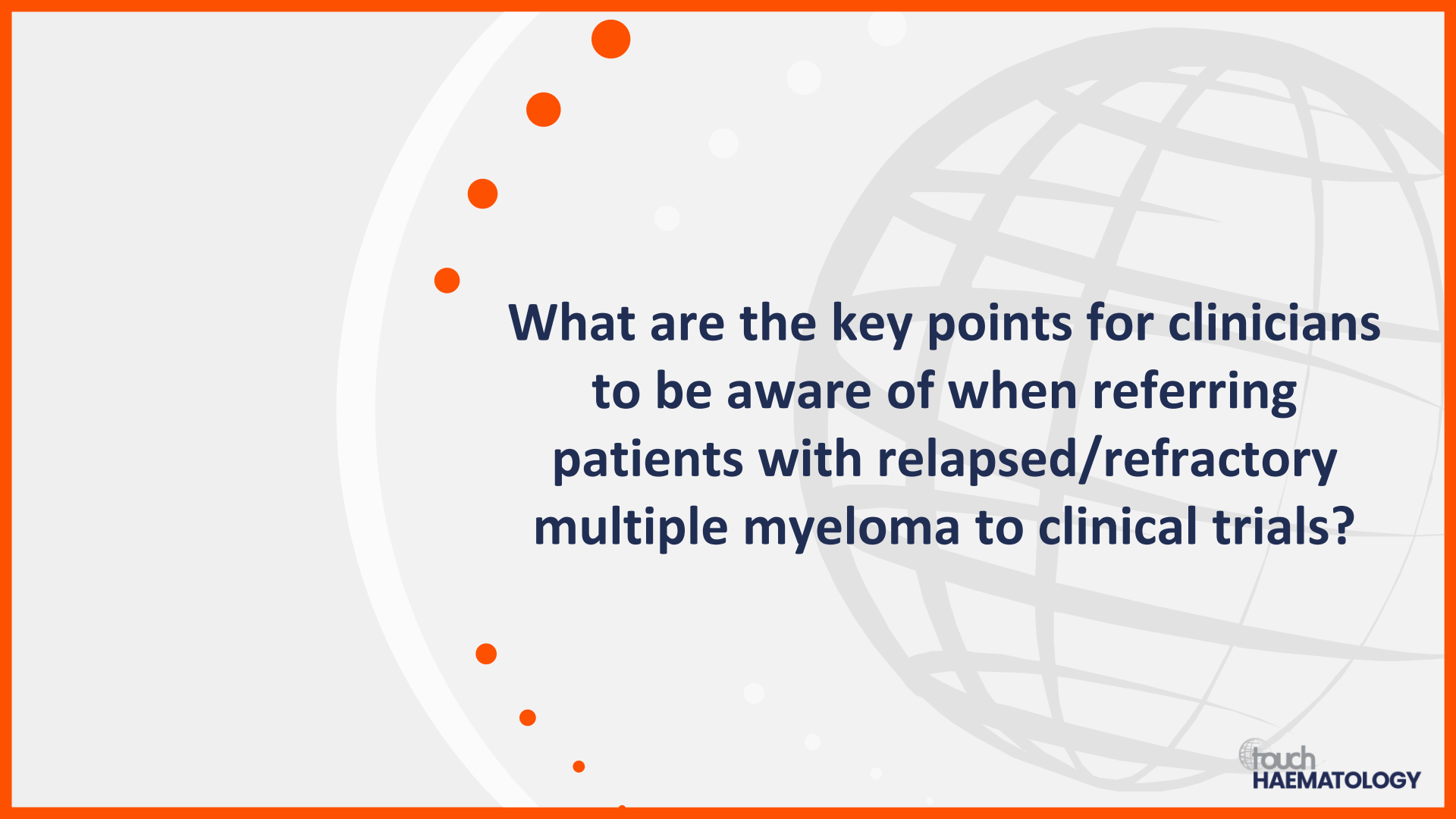
### CFT7455 + dexamethasone (n=9; currently recruiting)

- Dosing and schedules: 50 µg MWF/37.5 µg QD/62.5 µg QD 14 days on/ 14 days off (+ all DEXA 40 mg QW)
- Most common\* grade ≥3 AEs were anaemia, neutropenia and febrile neutropenia
- CFT7455 + DEXA shows promising results at low doses including best responses in patients who are refractory to BCMA-targeted therapies
- CFT7455 + DEXA is well tolerated with manageable neutropenia

Now enrolling: phase I dose escalation at 62.5 µg and phase I dose expansion cohort at 37.5 µg

\*≥20%.

AE, adverse event; BCMA, B-cell maturation antigen; DEXA, dexamethasone; MWF, Monday, Wednesday, Friday; QD, once daily; QW, once weekly. C4 Therapeutics. CFT7455 data presentation. Available at: <https://bit.ly/3v4gDmd> (accessed 13 December 2023).



**What are the key points for clinicians  
to be aware of when referring  
patients with relapsed/refractory  
multiple myeloma to clinical trials?**

# Clinical trial entry: Key considerations

## Patient eligibility

- Limitation to enrolment: advanced age and comorbidities, especially RI and CVD<sup>1</sup>
- 40% of patients with NDMM in the Connect MM registry were ineligible for RCTs<sup>2</sup>
- Up to 72.3% of patients with RRMM in routine care did not meet eligibility criteria for one of the six hallmark RCTs<sup>1</sup>

## Patient circumstances

- Distance from clinic<sup>3,4</sup>
- Ability to travel<sup>5</sup>
- Support network<sup>5</sup>
- Frequency of appointments<sup>4</sup>

**NCCN encourages any patient with cancer to participate in a clinical trial<sup>6</sup>**



### Additional considerations:

- Timing for considering a patient for a clinical trial<sup>5</sup>
- Ensuring patients provide informed consent<sup>7</sup>
- Tackling enrolment disparities<sup>8,9</sup>

CVD, cardiovascular disease; MM, multiple myeloma; NCCN, National Comprehensive Cancer Network; NDMM, newly diagnosed MM; RCT, randomized controlled trial; RI, renal impairment; RRMM, relapsed/refractory MM.

1. Chari A, et al. *Clin Lymphoma Myeloma Leuk.* 2020;20:8–17; 2. Shah JJ, et al. *Clin Lymphoma Myeloma Leuk.* 2017;17:575–83; 3. Malave GC, et al. *Blood.* 2019;134(Suppl. 1):5833; 4. Kessel KA, et al. *Clin Transl Radiat Oncol.* 2018;13:44–9; 5. Boquoi A, et al. *Cancers.* 2022;14:2147; 6. NCCN. Multiple myeloma. V2.2024. Available at: [myeloma.pdf \(nccn.org\)](https://www.nccn.org/pfdocs/myeloma/pdf/myeloma.pdf) (accessed 5 January 2024); 7. Gregersen TA, et al. *Nurs Health Sci.* 2022;24:65–72; 8. Kanapuru B, et al. *Blood.* 2023;142:235–43; 9. Duma N, et al. *Oncologist.* 2018;23:1076–8.