TPS7566 Poster Session

MagnetisMM-30: A phase 1b, open-label study of elranatamab in combination with iberdomide in patients with relapsed or refractory multiple myeloma (RRMM).

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Background: Elranatamab (ELRA), a BCMA–CD3 bispecific antibody, induced deep and durable responses with a manageable safety profile as a single agent in patients (pts) with RRMM enrolled in the phase 2 registrational MagnetisMM-3 study (Lesokhin et al, *Nat Med* 2023). Iberdomide (IBER) is a novel CELMoD agent that enhances antimyeloma tumoricidal and immunomodulatory activity in pts with RRMM (Lonial et al, *Lancet Haematol* 2022). While IBER in combination with ELRA has not been evaluated clinically, it may provide additional benefit to pts with RRMM based on the mechanisms of action of this novel combination. **Methods:** MagnetisMM-30 (NCT06215118) is a phase 1b, open-label, prospective study evaluating the safety, efficacy, and pharmacokinetics of ELRA in combination with IBER in pts with RRMM. The study has 2 parts: Part 1 guided by BOIN for dose-escalation and Part 2, randomized for dose optimization. In Part 1, after 2 step-up priming doses of subcutaneous (SC) ELRA followed by 1 full dose, pts will receive SC ELRA at dose level (DL) 1 or DL2 in 28-day cycles. IBER will be given daily for 21 days of each cycle. In DL1, pts will receive ELRA weekly followed by every 2 weeks (Q2W) and finally Q4W. In DL2, pts will receive ELRA Q2W followed by Q4W, with a higher IBER dose. If DL1 or DL2 is not tolerated, IBER dosing will be lowered (DL-1 and DL-2). Once 2 combination dose levels are selected from Part 1 as the recommended doses for expansion for ELRA and IBER, pts in Part 2 will be randomized 1:1 (stratified by the number of prior lines of therapy [LOTs; 1 vs >1]) to dose levels A or B. Key inclusion criteria are pts aged ≥18 years with a MM diagnosis per IMWG criteria, Eastern Cooperative Oncology Group performance status of 0-1, adequate organ and bone marrow function, and disease relapsed or refractory to the last antimyeloma regimen per IMWG response criteria. Pts who received 2-4 or 1-3 prior LOTs, including ≥1 immunomodulatory drug (IMiD) and ≥1 proteasome inhibitor (PI), are eligible for Parts 1 and 2, respectively. All pts must have received ≥2 consecutive cycles of an IMiD-containing regimen and ≥2 consecutive cycles of a PI or PI-containing regimen. Key exclusion criteria are pts with stem cell transplant ≤12 weeks prior to enrollment; active, uncontrolled infection; prior treatment with BCMA-directed or CD3 redirecting therapy or prior CELMoD agents (ie, IBER or mezigdomide). Primary endpoints are dose-limiting toxicities during the first cycle of treatment (Part 1) and AEs and lab abnormalities (Part 2). Secondary endpoints include AEs and lab abnormalities (Part 1 only), ORR, CRR, time-to-event outcomes, pharmacokinetics, minimal residual disease negativity rate, and immunogenicity. This study is ongoing; Part 1 and Part 2 will enroll up to approximately 36 and 60 pts, respectively. Clinical trial information: NCT06215118. Research Sponsor: Pfizer.