MagnetisMM-3 Long-Term Follow-Up

Open-label, multicenter, Phase II registrational study to evaluate the efficacy and safety of elranatamab monotherapy in patients with relapsed and/or refractory multiple myeloma (RRMM) **(active, closed to enrollment)**

BCMA-Naïve Patients

NCT04649359[1]

Study design[1,2]

Eligible participants were ≥18 years of age with MM refractory to ≥1 IMiD, ≥1 PI, and ≥1 anti-CD38 antibody and that had relapsed and/or was refractory to last anti-myeloma treatment, with an ECOG PS ≤2

Cohort A: No prior BCMA-directed therapy
n=123

Cohort B: Prior BCMA-directed ADC or CAR-T
n=64

→ **Elranatamab monotherapy** →

Primary endpoint
ORR*

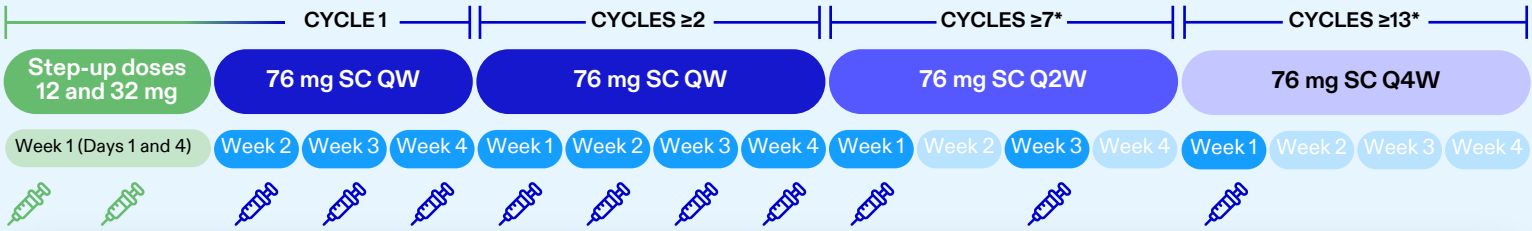
Secondary endpoints

- DOR*,†
- CR rate*,†
- ORR†
- ORR by baseline EMD status‡
- OS
- Duration of CR*,†
- Time to response*,†
- PFS*,†
- MRD-negativity rate§
- Safety
- PK

Only BCMA-naïve analysis is presented in this resource

Extended follow-up data cutoff: September 10, 2024. The median follow-up by reverse Kaplan-Meier was 33.9 (95% CI 33.4–34.6) months.
*By BICR assessment per IMWG response criteria (Kumar S et al. *Lancet Oncol.* 2016;17:e328–46); †By investigator assessment per IMWG response criteria; ‡Presence of any plasmacytoma (extramedullary and/or paramedullary) with a soft-tissue component; §MRD was measured at 10^{-5} by NGS.

Elranatamab MagnetisMM-3 dosing schedule (28-day cycles)[1,2]



*For patients receiving ≥6 cycles and achieving ≥PR for ≥2 months, the dosing interval will be changed to **Q2W** and then from Q2W to **Q4W after continued PR with ≥6 cycles of Q2W cycles**

Baseline characteristics: Nearly all patients had triple-class refractory MM, and high-risk features were common[2]

n=123 (Cohort A)

Demographics

Median age: 68 years (range, 36–89)

Sex, %

- 55.3 Male
- 44.7 Female

Race, %

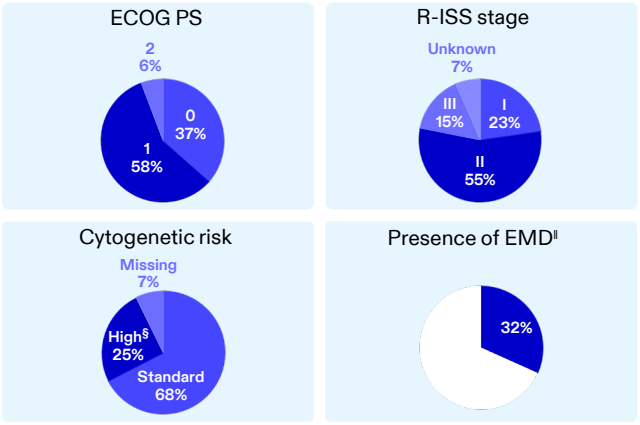
- White 58.5
- Asian 13.0
- Black or African American 7.3
- Unknown / Not reported* 21.1

Treatment history

Median number of prior LoT: 5 (range, 2–22)

- Triple-class refractory,† % 96.7
- Penta-drug refractory,‡ % 41.5
- Refractory to last line of therapy, % 95.9

Patient and disease characteristics, %



*Includes patients recruited in countries where the collection of race information is prohibited; †Refers to ≥1 immunomodulatory drug, ≥1 proteasome inhibitor, and ≥1 anti-CD38 antibody; ‡Refers to ≥2 immunomodulatory drugs, ≥2 proteasome inhibitors, and ≥1 anti-CD38 antibody; §Includes t(4;14), t(14;16), del(17p) chromosomal abnormalities; ‖Presence of any plasmacytoma (extramedullary and/or paramedullary) with a soft-tissue component.

Abbreviations: ADC = antibody–drug conjugate; BCMA = B-cell maturation antigen; BICR = blinded independent central review; CAR-T = chimeric antigen receptor T-cell therapy; CD = cluster of differentiation; CR = complete response; del = deletion; DOR = duration of response; ECOG PS = Eastern Cooperative Oncology Group performance status; EMD = extramedullary disease; IMiD = immunomodulatory drug; IMWG = International Myeloma Working Group; LoT = lines of therapy; MM = multiple myeloma; MRD = measurable residual disease; NGS = next-generation sequencing; ORR = objective response rate; OS = overall survival; PFS = progression-free survival; PI = proteasome inhibitor; PK = pharmacokinetics; PR = partial response; Q2W = every 2 weeks; Q4W = every 4 weeks; QW = every week; R-ISS = Revised International Staging System; RRMM = relapsed and/or refractory MM; SC = subcutaneously; t = translocation.

References: 1. Clinicaltrials.gov. NCT04649359. Accessed February 2025 at: https://clinicaltrials.gov/ct2/show/NCT04649359; **2.** Prince HM et al. Poster presented at ASH 2024, San Diego, CA, USA, December 7–10, 2024. Abstract 4738; 3. Elranatamab Fachinformation, aktueller Stand.

Elranatamab is indicated as monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.
Please ensure compliance with the currently valid approval, as per local SmPC.[3]

Pfizer Medical Affairs

EM-DEU-elr-0162 | v2.0

MagnetisMM-3 Long-Term Follow-Up

BCMA-Naïve Patients

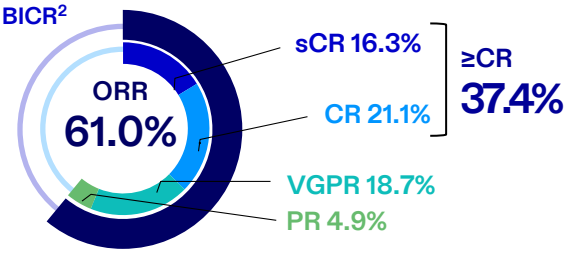
NCT04649359[1]

Open-label, multicenter, Phase II registrational study to evaluate the efficacy and safety of elranatamab monotherapy in patients with relapsed and/or refractory multiple myeloma (RRMM) **(active, closed to enrollment)**

Efficacy: Deep and durable responses[2]

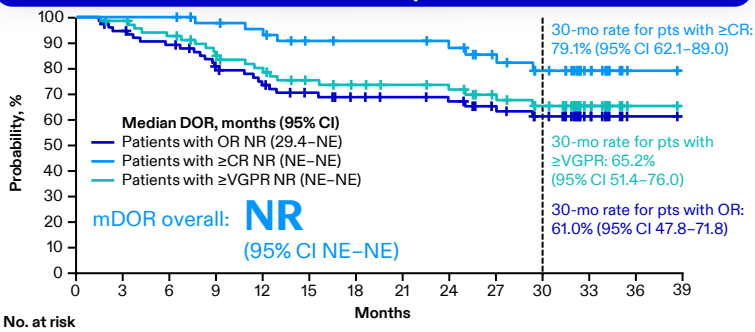
- Median follow-up by reverse Kaplan-Meier: 33.9 (95% CI 33.4–34.6) months[2]

ORR by BICR[2]



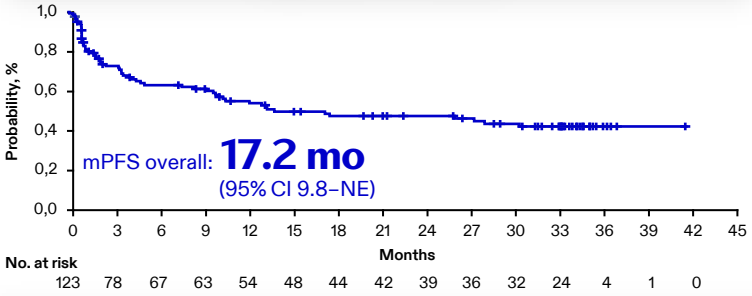
MRD–negativity (10^{-5}) rate in patients with ≥CR who were evaluable for MRD (n=31) was 90.3%

Duration of response[2]



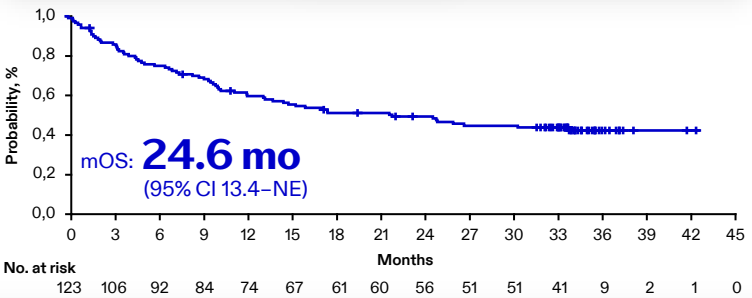
No. at risk													
	75	70	65	57	50	45	41	39	37	32	27	11	1	0
	45	46	46	43	40	36	35	35	33	28	23	11	1	0
	69	67	62	55	49	44	41	39	37	32	27	11	1	0

Progression-free survival[2]



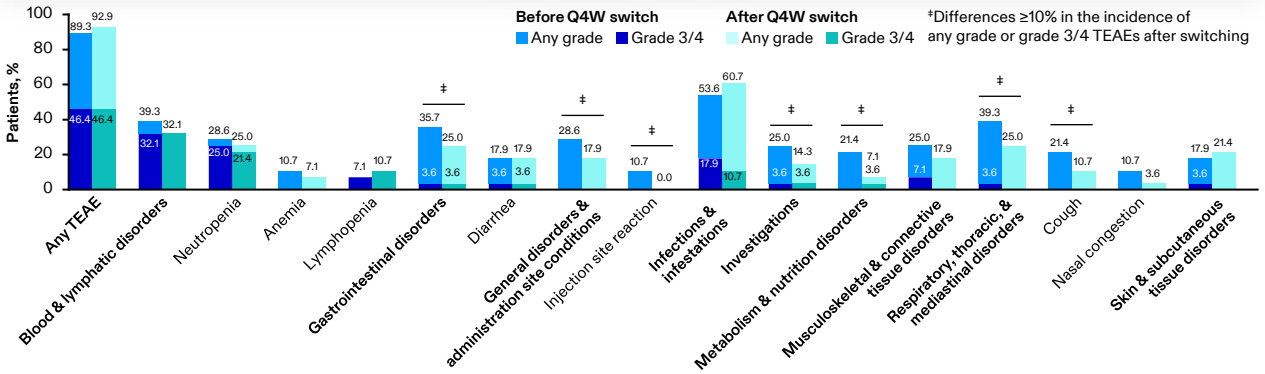
No. at risk													
123	78	67	63	54	48	44	42	39	36	32	24	4	1	0

Overall survival[2]



No. at risk														
123	106	92	84	74	67	61	60	56	51	51	41	9	2	1	0

Most common TEAEs, %*,†,2



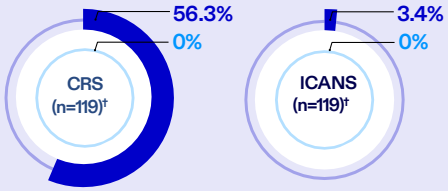
Safety profile (n=123)[2]

- Non-hematologic events were predominantly grade 1/2
- Of all 28 patients who switched to Q4W dosing, the incidence of grade 3/4 infections decreased from 17.9% to 10.7%

*TEAEs occurring in ≥20% of patients at the level of SOC and in ≥10% of patients at the level of PT up to 6 months before or after switching to Q2W.
†Extended follow-up data cutoff: September 10, 2024. The median follow-up by reverse Kaplan-Meier was 33.9 (95% CI 33.4–34.6) months.

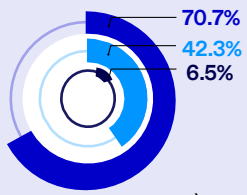
AEs of special interest[3,*]

Any Grade | Grade 3/4



All CRS and ICANS events were Grade 1/2

Any Grade | Grade 3/4 | Fatal



Infections (n=123)

*Data cutoff of this analysis: March 26, 2024; †Patients receiving the 12/32 mg step-up regimen

Key takeaways for Cohort A

- With extended follow-up of 33.9 months, among patients with RRMM who were BCMA-naïve:[2]
  - Treatment with elranatamab demonstrated an ORR of 61.0%, while median DOR was not reached
  - The mPFS was 17.2 months and mOS was 24.6 months
  - The most common grade 3/4 TEAEs were hematologic events and infections (41.5%); CRS events were limited to grade 1/2
  - Reducing the dosing frequency of elranatamab to Q4W may improve incidence of grade 3/4 infections without compromising efficacy
- Elranatamab has continued to demonstrate deep and durable responses in heavily pretreated BCMA-naïve patients with RRMM[2,4]

Abbreviations: AE = adverse event; BCMA = B-cell maturation antigen; BICR = blinded independent central review; CD = cluster of differentiation; CI = confidence interval; CR = complete response; CRS = cytokine release syndrome; DOR = duration of response; HSCT = hematopoietic stem cell transplantation; ICANS = immune effector cell-associated neurotoxicity syndrome; MM = multiple myeloma; mo = months; mDOR = median duration of response; mOS = median overall survival; mPFS = median progression-free survival; MRD = minimal residual disease; NE = not estimable; NR = not reached; OR = objective response; ORR = objective response rate; PR = partial response; PRO = patient-reported outcome; PT = preferred term; pts = patients; Q2W = every 2 weeks; Q4W = every 4 weeks; QoL = quality of life; RRMM = relapsed and/or refractory MM; SCC = squamous cell carcinoma; sCR = stringent CR; SOC = system organ class; SPM = secondary primary malignancy; TEAE = treatment-emergent AE; VGPR = very good PR.

References: 1. Clinicaltrials.gov. NCT04649359. Accessed February 2025 at: https://clinicaltrials.gov/ct2/show/NCT04649359; **2.** Prince HM et al. Poster presented at ASH 2024, San Diego, CA, USA, December 7–10, 2024. Abstract 4738; **3.** Pfizer, Inc. Data on File; **4.** Tomasson MH et al. *Hemosphere.* 2024;8:e136; Elranatamab Fachinformation, aktueller Stand.

Elranatamab is indicated as monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.
Please ensure compliance with the currently valid approval, as per local SmPC.[5]

Pfizer Medical Affairs

EM-DEU-elr-0162 | v2.0

MagnetisMM-3 Long-Term Follow-Up: A US Subgroup Analysis

Open-label, multicenter, Phase II registrational study to evaluate the efficacy and safety of elranatamab monotherapy in patients with relapsed and/or refractory multiple myeloma (RRMM) **(active, closed to enrollment)**

US BCMA-Naïve Patients

NCT04649359[1]

Baseline characteristics (n=47)[1]

Analysis of the US patient cohort was not prespecified

Demographics

Median age: 68 years (range, 36–89)

Sex, %

51.1 Male

48.9 Female

Race, %

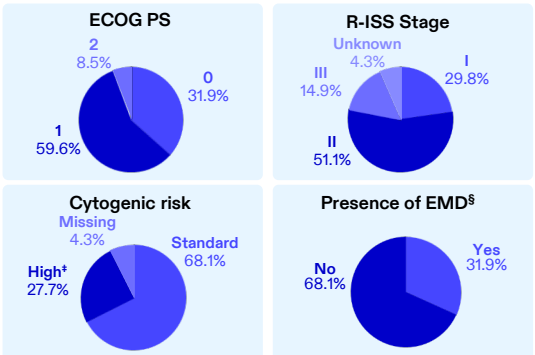
White	72.3
Asian	6.4
Black or African American	17.0
Unknown/ Not reported	4.2

Treatment history

Median number of prior LoT: 5 (range, 2–22)

Triple-class refractory,* %	93.6
Penta-drug refractory,† %	46.8
Refractory to last line of therapy, %	97.9

Patient and disease characteristics, %



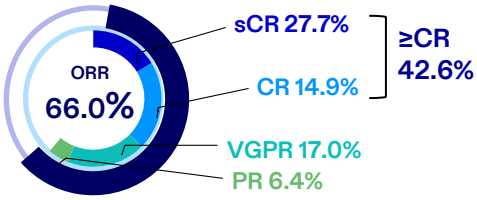
*Refers to ≥1 immunomodulatory drug, ≥1 proteasome inhibitor, and ≥1 anti-CD38 antibody. †Refers to ≥2 immunomodulatory drugs, ≥2 proteasome inhibitors, and ≥1 anti-CD38 antibody. ‡Includes t(4;14), t(14;16), and del(17p) chromosomal abnormalities. §By BICR: Defined as presence of any plasmacytoma (extramedullary and/or paramedullary) with a soft-tissue component.

Efficacy: Deep and durable responses[1]

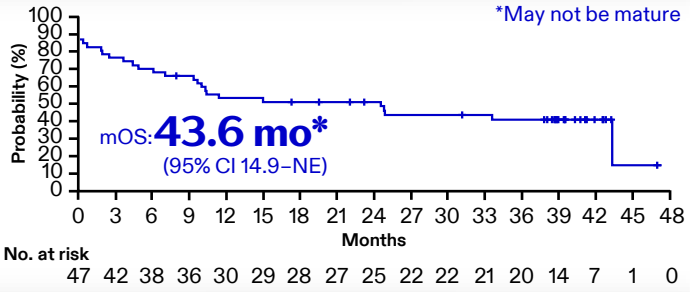
Data cutoff: March 10, 2025. Median follow-up by reverse Kaplan-Meier: 39.6 (95% CI 38.7–41.5) months

ORR by BICR[2]

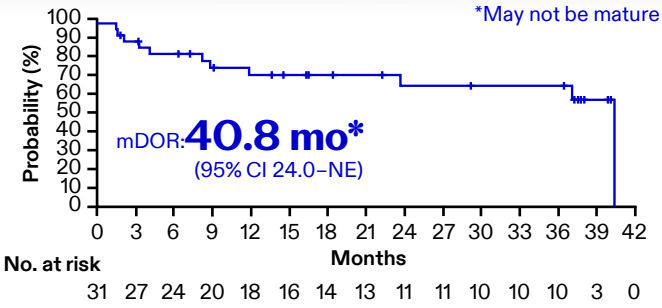
- Median time to response: 1.1 (range, 1.0–7.4) months
- Median time to ≥CR: 4.76 (range, 1.2–12.8) months



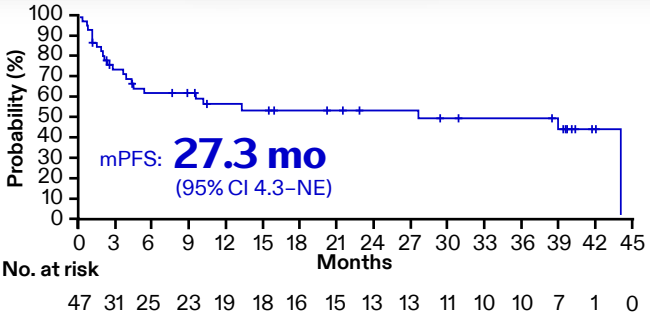
Overall survival[1]



Duration of response[1]

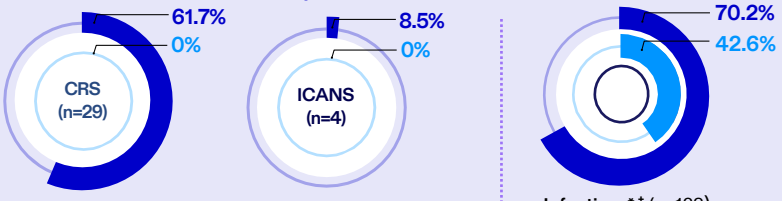


Progression-free survival[1]



AEs of special interest[1]

Any Grade | Grade 3/4



All CRS and ICANS events were Grade 1/2

Infections*,† (n=123)

*Infections include preferred terms in the system organ class of infections and infestations. †No grade 5 infections were reported. Overall, 5 patients (10.6%) died due to treatment-emergent AEs.

Authors' conclusions for the US subgroup

- Consistent with overall Cohort A data, elranatamab was associated with deep, durable responses in the heavily pretreated US subgroup
- With a median follow-up of 39.6 months:
  - ORR was 66.0%
  - mDOR was 40.8 months, but may not be mature yet
  - mPFS was 27.3 months
  - mOS was 43.6 months, but may not be mature yet
- Overall, the safety profile and infections were consistent with the total study population
  - CRS and ICANS only grade 1 or 2
  - Infection prophylaxis including Ig replacement are recommended

Abbreviations: AE = adverse event; BCMA = B-cell maturation antigen; BICR = blinded independent central review; CD = cluster of differentiation; CI = confidence interval; CR = complete response; CRS = cytokine release syndrome; DOR = duration of response; ECOG PS = Eastern Cooperative Oncology Group performance status; EMD = extramedullary disease; ICANS = immune effector cell-associated neurotoxicity syndrome; Ig = immunoglobulin; LoT = line of treatment; mDOR = median duration of response; mOS = median overall survival; mPFS = median progression-free survival; NE = not estimable; ORR = objective response rate; OS = overall survival; PFS = progression-free survival; PR = partial response; R-ISS = revised International Staging System; RRMM = relapsed and/or refractory multiple myeloma; sCR = stringent CR; VGPR = very good PR.

References: 1. Nooka A et al. Poster presented at ASCO 2025, Chicago, IL, USA, May 30-June 3, 2025: 2. Elranatamab Fachinformation, aktueller Stand.

Elranatamab is indicated as monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.
Please ensure compliance with the currently valid approval, as per local SmPC.[2]

Pfizer Medical Affairs

EM-DEU-elr-0162 | v2.0