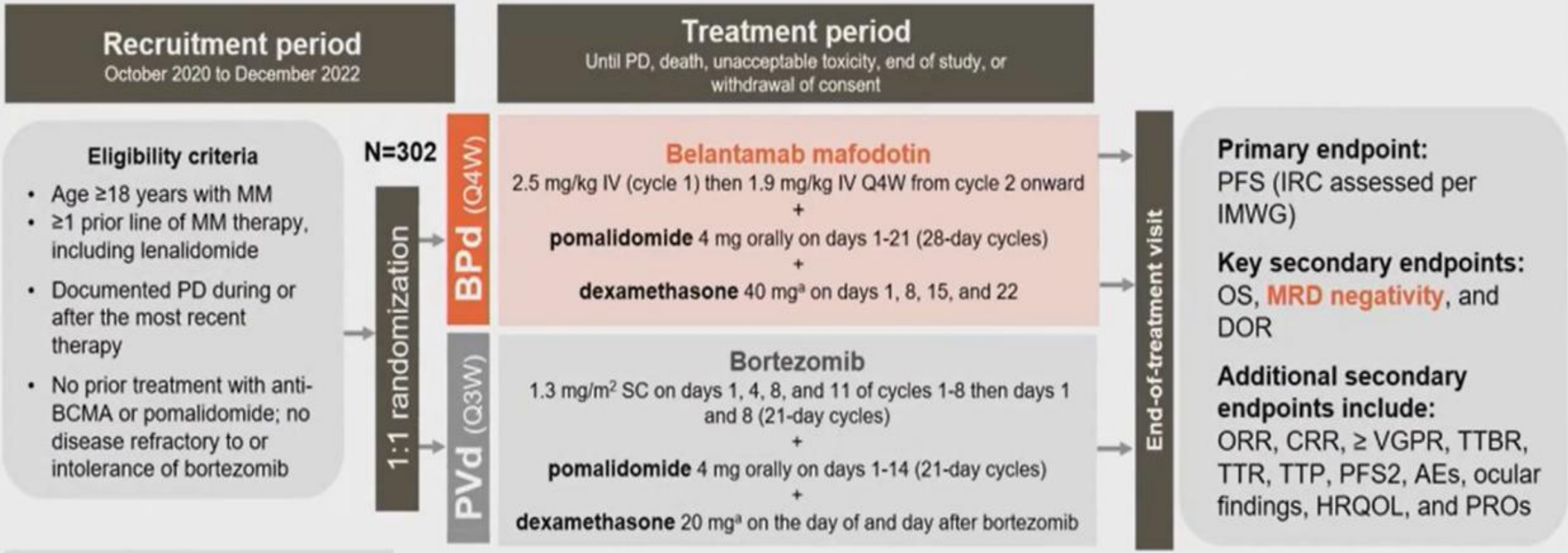
# Minimal residual disease negativity in patients with relapsed or refractory multiple myeloma treated with belantamab mafodotin plus pomalidomide and dexamethasone vs pomalidomide, bortezomib, and dexamethasone: analysis from the DREAMM-8 trial

## Conclusions

- Patients treated with BPd achieved a 5 to 7 times higher CR-based MRD-negativity rate vs those treated with PVd, with consistent benefit in key subgroups
- MRD negativity was associated with durable PFS and OS benefits
  - **PFS HR** (MRD negative vs not MRD negative): **0.14** (95% CI, 0.06-0.32)
  - **OS HR** (MRD negative vs not MRD negative): **0.18** (95% CI, 0.07-0.49)
- Clinically meaningful PFS benefit was observed with BPd vs PVd in patients who did not achieve CR-based MRD negativity

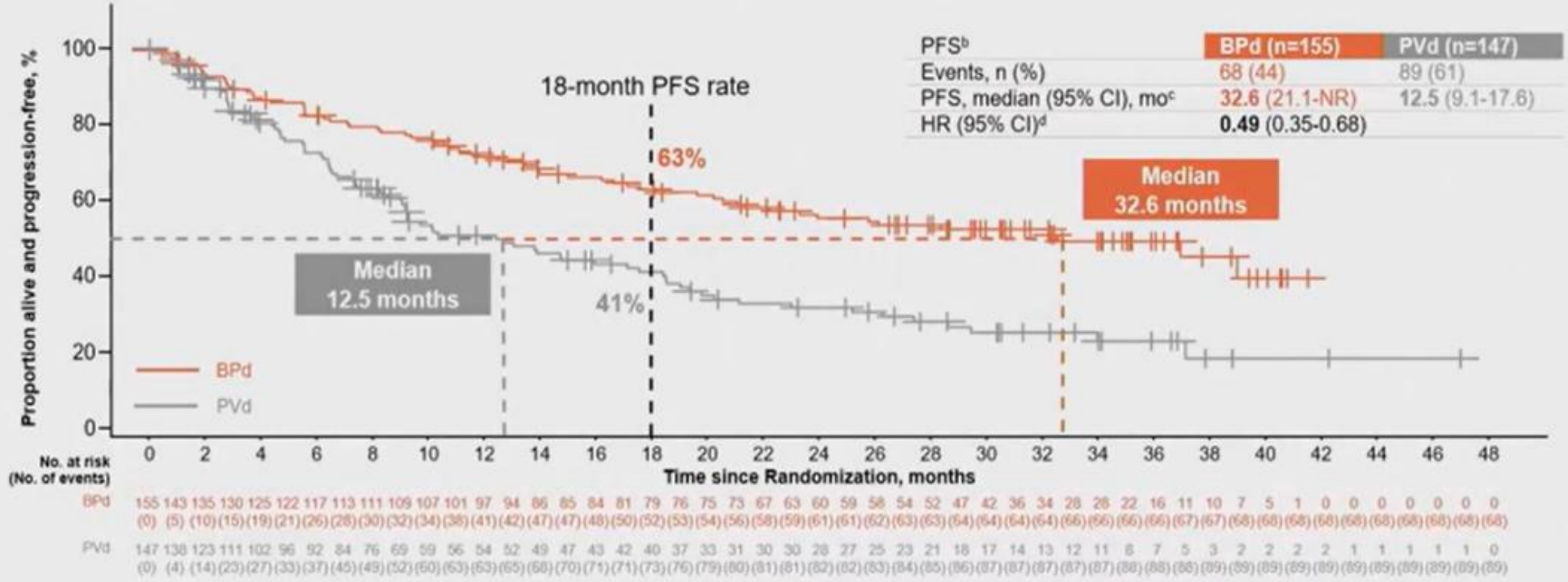
# Background

## *Study Design*



# Background (cont)

- Results from the primary analysis of the DREAMM-8 trial demonstrated statistically significant and clinically meaningful PFS benefit with BPd vs PVd (HR, 0.52; *P*<.001)[a] in patients with RRMM after ≥1 prior line of therapy, including lenalidomide[1]
- In an updated analysis with a median follow-up of 28.01 months,[b] median PFS with BPd vs PVd was 32.6 months vs 12.5 months (HR, 0.49; 95% CI, 0.35-0.68)[2]



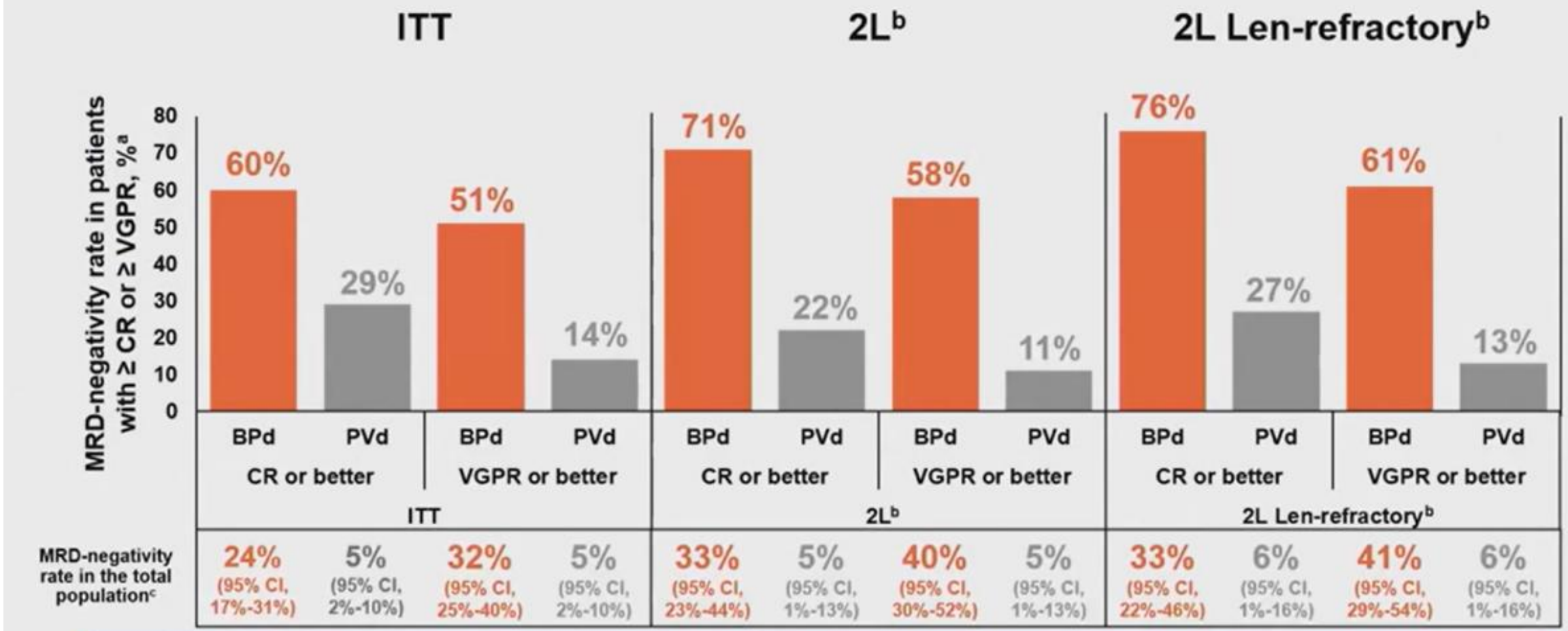
# Background (cont)

BPd was associated with greater depth of response than PVd, with a 5 times higher rate of CR-based MRD negativity (23.9% vs 4.8%)[1]

MRD negativity is predictive of PFS and OS in MM. As of 2024, MRD is considered an endpoint for accelerated approval in MM, based on an FDA ODAC decision[2]

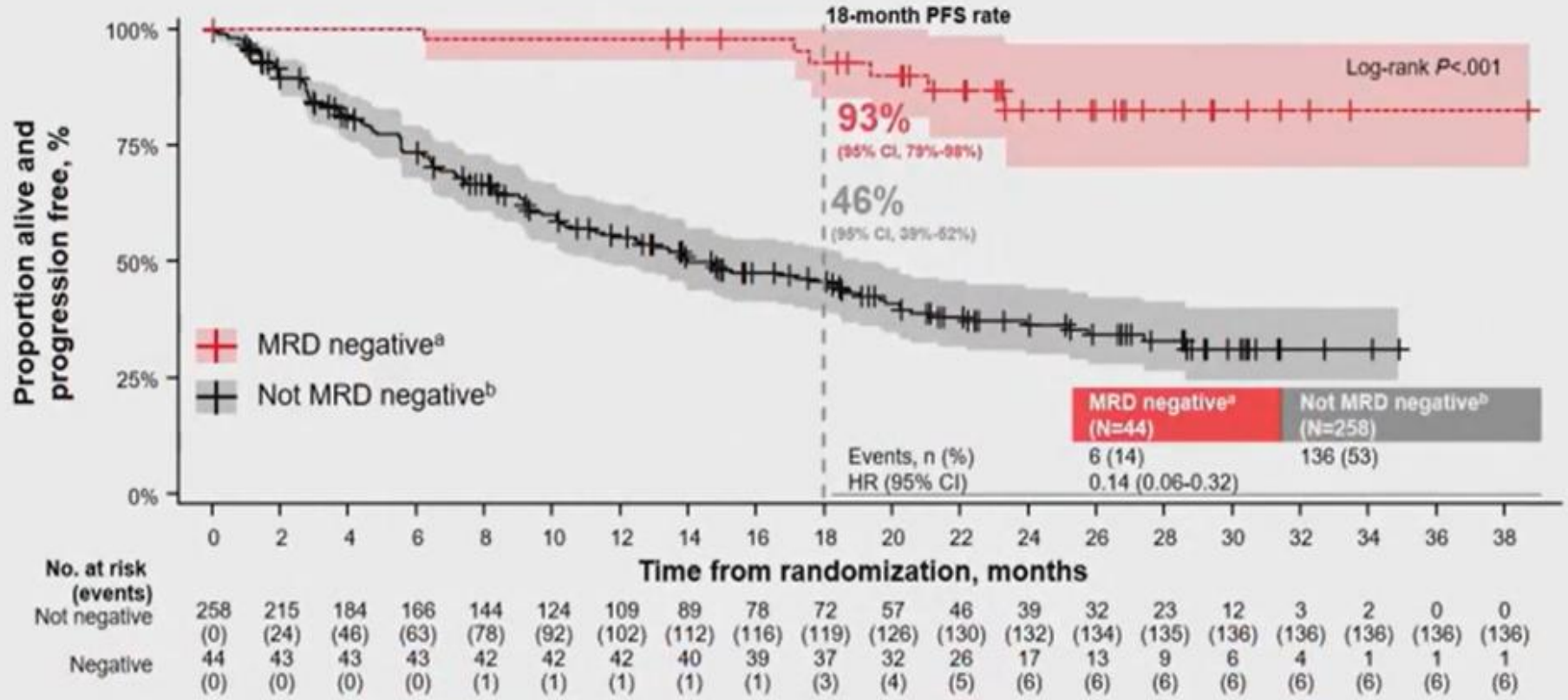
In this updated post hoc analysis, we present additional analyses of efficacy outcomes by MRD status in DREAMM-8

# MRD-Negativity Rates



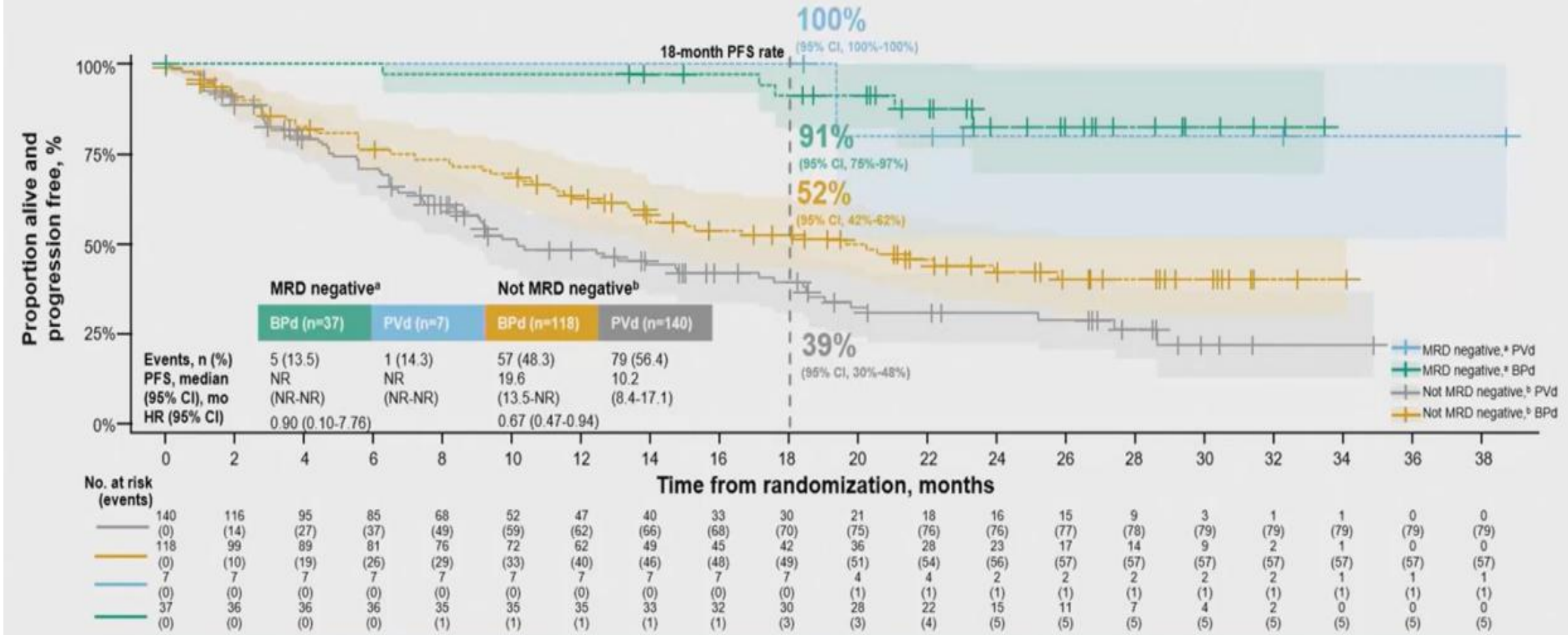

In both the ITT population and key subgroups, MRD negativity was 5 to 7 times higher with BPd.

# PFS by CR-Based MRD-Negative Status (Pooled Across Treatment Arms)



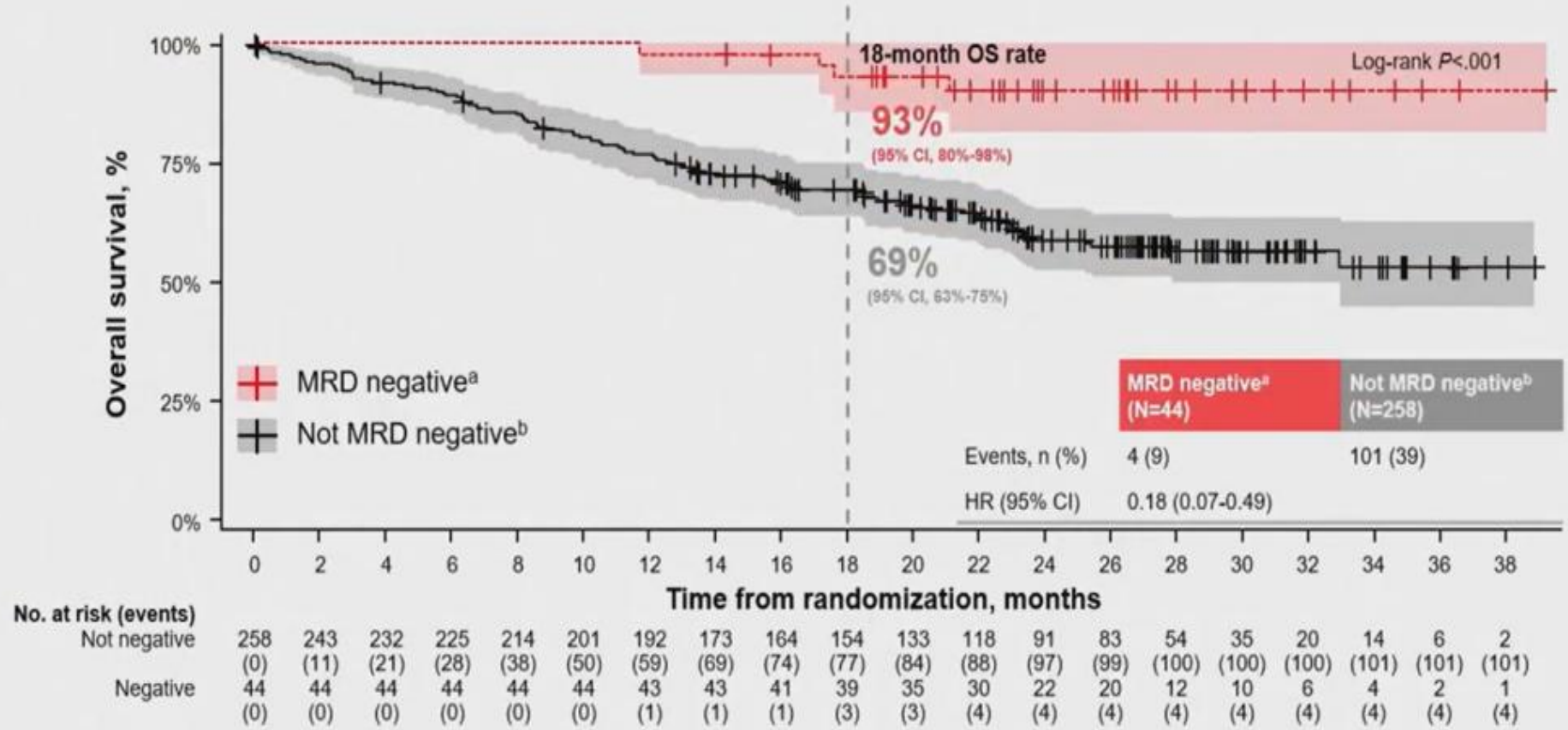

**Patients with CR-based MRD negativity had a substantially lower risk of disease progression or death than patients who did not achieve MRD negativity.**

# PFS by CR-Based MRD-Negative Status by Treatment Arm



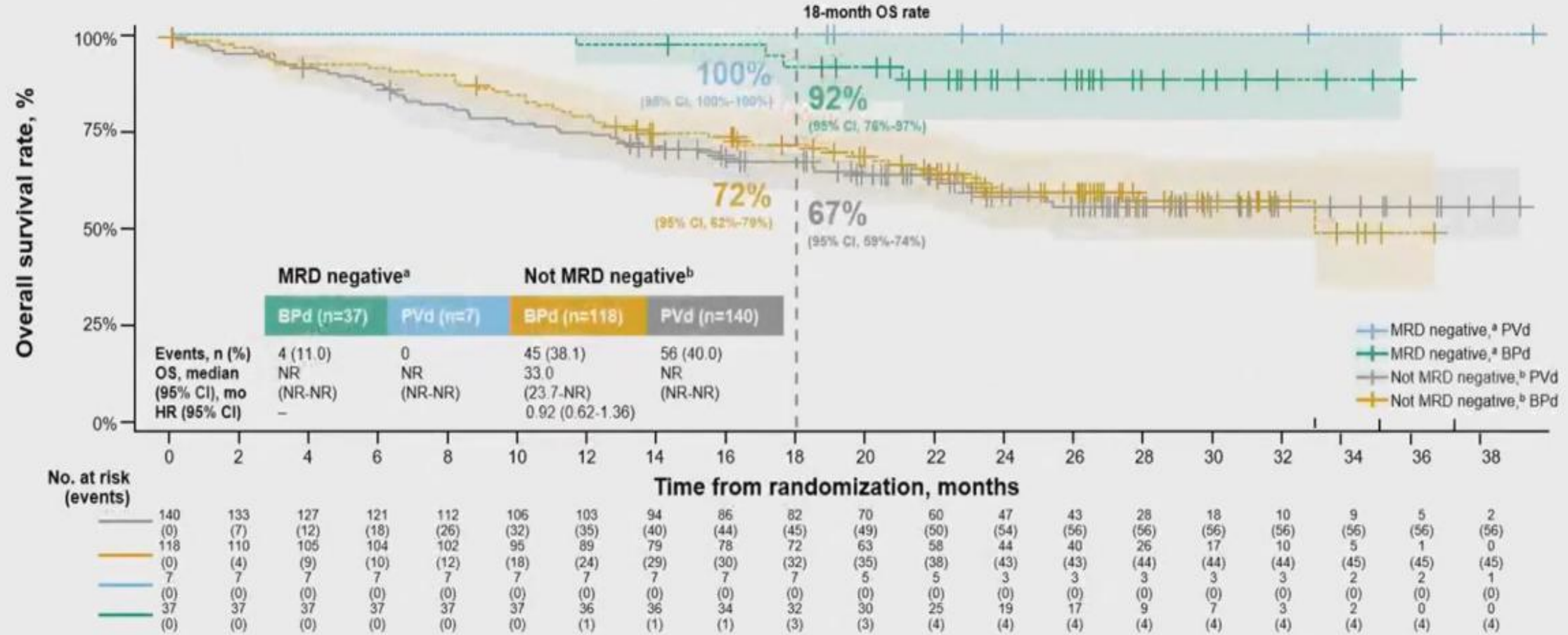

**Patients with CR-based MRD negativity had durable PFS in both treatment arms.**
**In patients who did not achieve CR-based MRD negativity, PFS favored BPd vs PVd.**

# OS by CR-Based MRD-Negative Status (Pooled Across Treatment Arms)




**Patients with CR-based MRD negativity had a substantially lower risk of death than patients who did not achieve MRD negativity.**

# OS by CR-Based MRD-Negative Status by Treatment Arm




**OS data are immature, with few events; however, in both treatment arms, patients with CR-based MRD negativity had durable OS.**

## Conclusions

- Patients treated with BPd achieved a 5 to 7 times higher CR-based MRD-negativity rate vs those treated with PVd, with consistent benefit in key subgroups
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  - **PFS HR** (MRD negative vs not MRD negative): **0.14** (95% CI, 0.06-0.32)[a]
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**Although depth of response correlates with long-term outcomes, there seems to be additional durability benefits to long-term treatment with BPd not explained by MRD status.**