Summary of Abstract #100 Presented at ASH 2025

Safety and Efficacy of Elranatamab in Combination With Iberdomide in Patients With Relapsed or Refractory Multiple Myeloma: Results from the Phase 1b MagnetisMM-30 Trial

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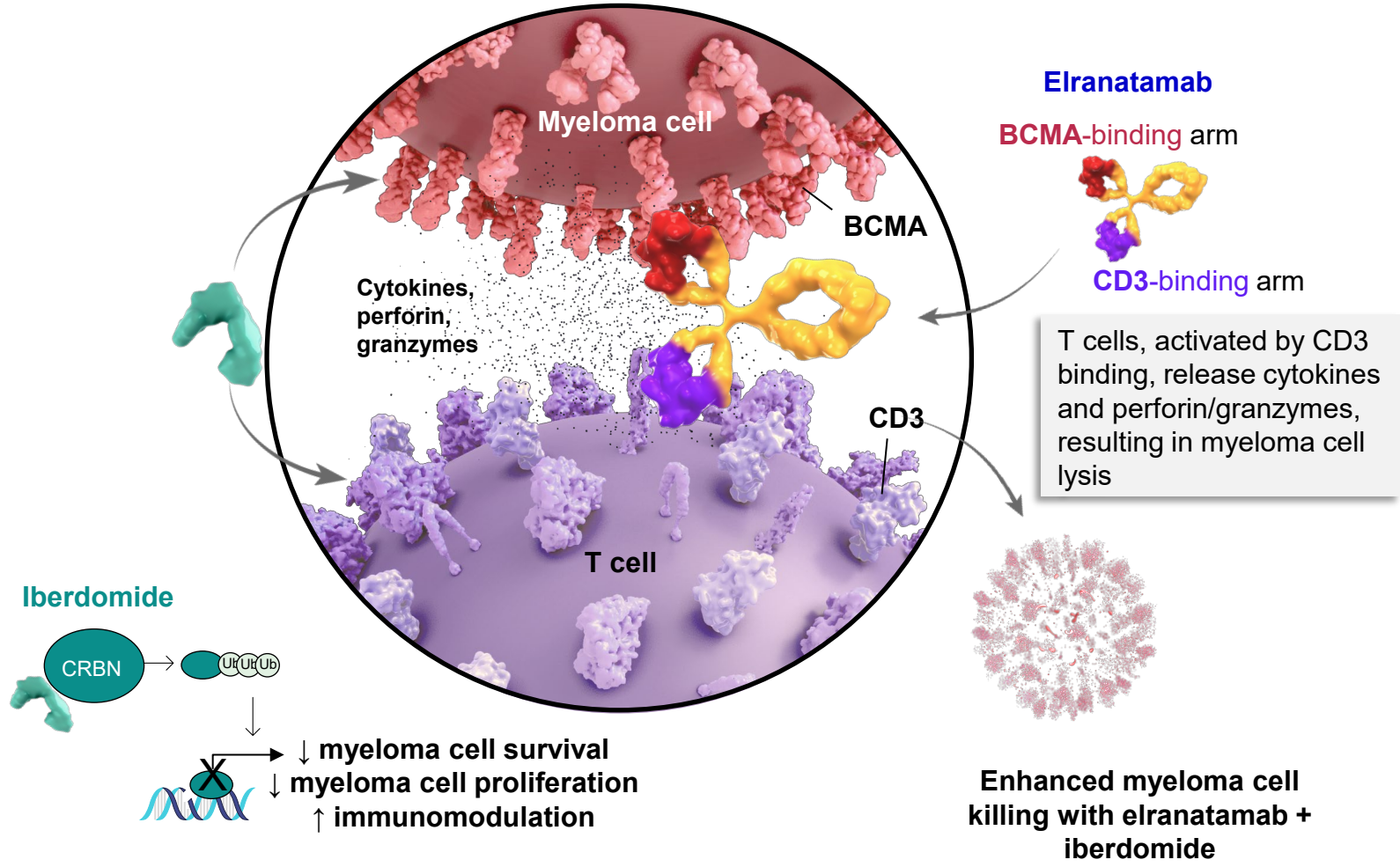
Background

- **Elranatamab** is a BCMA-CD3 bispecific antibody approved as a monotherapy for patients with RRMM who have received ≥1 IMiD, ≥1 PI, and ≥1 anti-CD38 mAb[1-2]
  - Based on MagnetisMM-3 (NCT04649359), ORR was 61.0%, ≥CR rate was 37.4%, mPFS was 17.2 months, and mOS was 24.6 months[3,4]
- **Iberdomide** is an oral CELMoD™ with superior preclinical features than IMiDs, that:
  - Exhibits greater antiproliferative and proapoptotic activity in myeloma cells and immunomodulatory activity than the IMiDs class
  - Promotes activation and proliferation of T-cells, enhances T-cell engager function and prevents T-cell exhaustion in vitro and in vivo[5-7]



Elranatamab in combination with **iberdomide** may provide additional benefit to patients with RRMM based on the complementary mechanisms of action of this combination

1. Elrexfio (elranatamab-bcmm). Prescribing information. Pfizer Inc; 2025. **2**. Elrexfio (elranatamab-bcmm). Summary of product characteristics. Pfizer Europe MA EEIG; 2024. **3.** Lesokhin AM, et al. Nat Med 2023;29:2259-2267. **4.** Tomasson MH, et al. Hemasphere 2024;8:e136 **5.** Lonial S, et al. Lancet Haematol 2022;9:e822-e832. **6**. Bjorklund CC, et al. Leukemia 2020;34:1197-1201. **7.** Paiva B, et al. Hemasphere 2023;7(suppl 3):P799.
BCMA=B-cell maturation antigen; CR=complete response; CELMoD=cereblon E3 ligase modulatory drug; IMiD=immunomodulatory drug; mAb=monoclonal antibody; mOS=median overall survival; mPFS=median progression-free survival; ORR=objective response rate; PI=proteasome inhibitor; RRMM=relapsed or refractory multiple myeloma

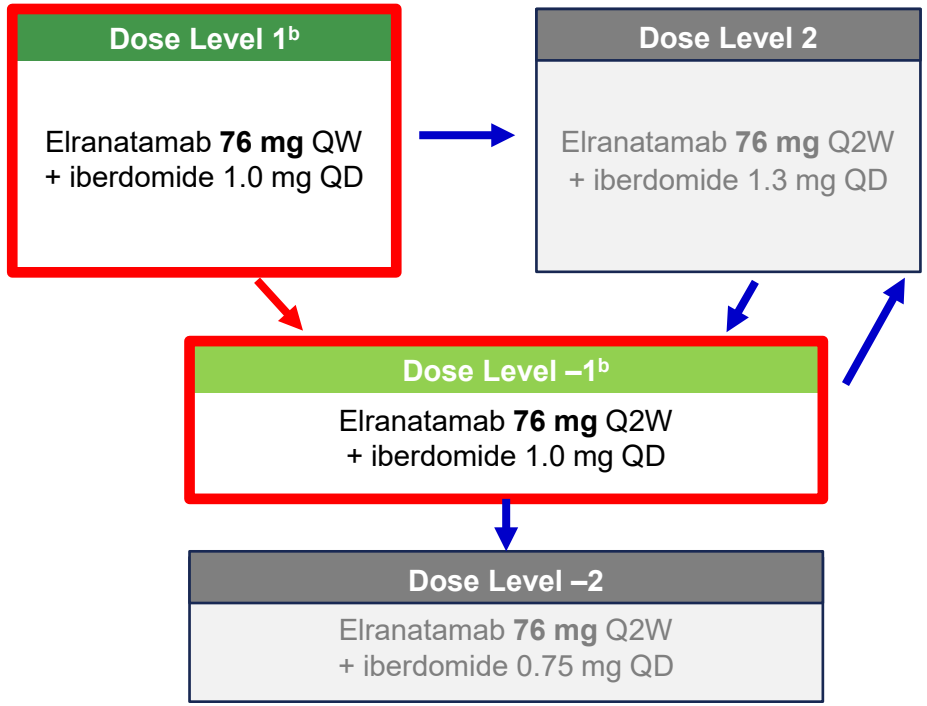
MagnetisMM-30 Study Design

- MagnetisMM-30 (NCT06215118) is a phase 1b, open-label, multicenter, prospective study
- **Part 1** (dose escalation) primary objective was to assess the tolerability and safety of elranatamab in combination with iberdomide to determine the recommended doses of the combination for evaluation in **Part 2** (randomized dose optimization)
  - A BOIN approach was used to guide dose escalation/de-escalation in **Part 1**

Patients with RRMM

Key inclusion criteria
- Age ≥18 years with MM per IMWG criteria
- ECOG PS 0-1
- 2-4 prior LOTs, including ≥1 IMiD and ≥1 PI[a]
- Relapsed or refractory to last LOT

Key exclusion criterion
- Stem cell transplant ≤12 weeks prior to enrollment or active GVHD
- Ongoing grade ≥2 peripheral sensory or motor neuropathy; history of grade ≥3 peripheral motor polyneuropathy



Primary endpoint
- DLTs during DLT observation period

Secondary endpoints
- AEs and laboratory abnormalities
- ORR[c]
- CR rate[c]
- Time-to-event endpoints[c]
- PK
- MRD negativity rate[c]
- Immunogenicity

[a] All patients must have received ≥2 consecutive cycles of an IMiD-containing regimen and ≥2 consecutive cycles of a PI or PI-containing regimen; [b] All patients received an initial 14-day cycle of elranatamab (12 mg on day 1, 32 mg on day 4, 76 mg on day 8) without iberdomide. Iberdomide was dosed at 21 out of 28 days for subsequent cycles; [c] Per IMWG criteria

AE=adverse event; BOIN=Bayesian Optimal Interval Design; CR=complete response; DLT=dose-limiting toxicity; ECOG PS=Eastern Cooperative Oncology Group performance status; GVHD=graft vs host disease; IMiD=immunomodulatory drug; IMWG=International Myeloma Working Group; LOT=line of therapy; MM=multiple myeloma; MRD=minimal residual disease; ORR=objective response rate; PI=proteasome inhibitor; PK=pharmacokinetics; QD=once daily; QW=once weekly; Q2W=once every 2 weeks

Objectives

- MagnetisMM-30 (NCT06215118) is an ongoing phase 1b study designed to:
  - **Part 1** will evaluate the tolerability and safety of elranatamab + iberdomide in patients with RRMM and 2 to 4 prior lines of therapy
  - **Part 2** will further evaluate the safety and preliminary efficacy of elranatamab + iberdomide at two different dosing regimens
- Here we present preliminary data from Part 1 (dose escalation) of MagnetisMM-30

RRMM=relapsed or refractory multiple myeloma

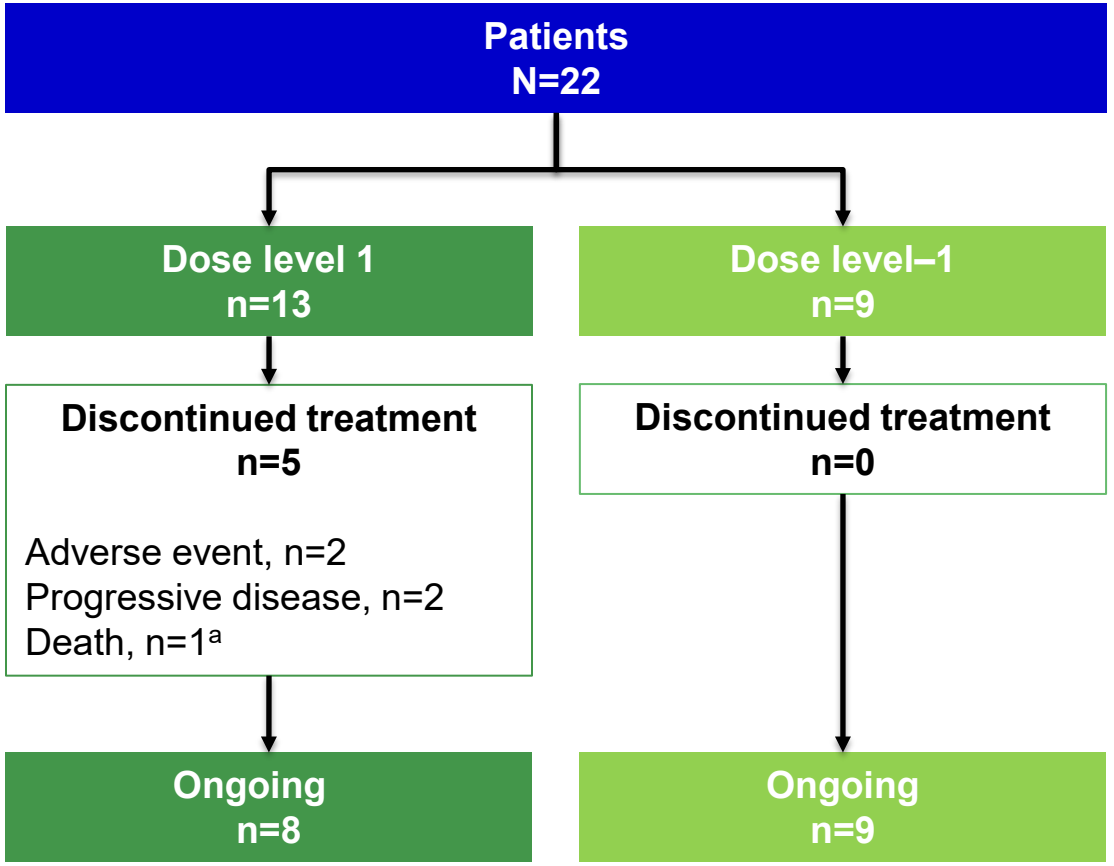
Baseline Characteristics

	DL1 76 mg ELRA QW + 1.0 mg IBER (n=13)	DL–1 76 mg ELRA Q2W + 1.0 mg IBER (n=9)	Overall (N=22)
Age, median (range), years	65.0 (55-83)	69.0 (46-79)	68.0 (46-83)
Male, n (%)	6 (46.2)	4 (44.4)	10 (45.5)
Race, n (%)			
Asian	1 (7.7)	0	1 (4.5)
Black or African American	5 (38.5)	1 (11.1)	6 (27.3)
White	7 (53.8)	8 (88.9)	15 (68.2)
ECOG PS, n (%)			
0	5 (38.5)	5 (55.6)	10 (45.5)
1	8 (61.5)	4 (44.4)	12 (54.5)
R-ISS disease stage, n (%)			
I	4 (30.8)	1 (11.1)	5 (22.7)
II	6 (46.2)	8 (88.9)	14 (63.6)
III	1 (7.7)	0	1 (4.5)
Cytogenetic risk, n (%)			
Standard	9 (69.2)	2 (22.2)	11 (50.0)
High[a]	4 (30.8)	5 (55.6)	9 (40.9)
Extramedullary disease by investigator, n (%)[b]	2 (15.4)	2 (22.2)	4 (18.2)
No. of prior lines of therapy, median (range)	2.0 (2.0-4.0)	3.0 (1.0-4.0)	2.5 (1.0-4.0)
Prior stem cell transplant, n (%)	10 (76.9)	7 (77.8)	17 (77.3)
Triple-class refractory status, n (%)[c]	7 (53.8)	4 (44.4)	11 (50.0)
Refractory to last line of therapy, n (%)	12 (92.3)	7 (77.8)	19 (86.4)

[a] Includes t(4;14), t(14;16), and del(17p) chromosomal abnormalities. High risk cytogenetics categorization did not include the complete 2025 IMWG criteria; [b] Extramedullary disease was defined as any extramedullary plasmacytomas and does not include osseous/lytic plasmacytomas or paramedullary plasmacytomas; [c] Triple-class refers to ≥1 PI, ≥1 IMiD, and ≥1 anti-CD38 antibody.
DL=dose level; ECOG PS=Eastern Cooperative Oncology Group performance status; ELRA=elranatamab; IBER=iberdomide; IMiD=immunomodulatory drug; IMWG=International Myeloma Working Group; PI=proteasome inhibitor; QW=once weekly; Q2W=every 2 weeks; R-ISS=Revised International Staging System

Patient Disposition

- 22 patients enrolled at centers in the US, Canada, and Australia
  - 13 patients received elranatamab DL1
  - 9 patients received elranatamab DL–1
- Overall, the median duration of follow-up was 7.8 months (range, 0.7-11.3)
  - DL1: 9.4 months (range, 0.7-11.3)
  - DL–1: 5.2 months (range, 4.5-6.4)
- At the data cutoff of September 19, 2025, 17 patients (77.3%) were still receiving elranatamab and iberdomide



[a] Cause of death was grade 5 stage IV pancreatic adenocarcinoma that was unrelated to study drugs.
DL=dose level

Treatment

	DL1 76 mg ELRA QW + 1.0 mg IBER (n=13)	DL–1 76 mg ELRA Q2W + 1.0 mg IBER (n=9)	Overall (N=22)
Relative dosing intensity, median % (range)[a]			
Elranatamab	73.6 (33.3-100.4)	86.9 (44.4-100.0)	78.2 (33.3-100.4)
Iberdomide	74.3 (36.1-100.0)	74.3 (58.1-100.0)	74.3 (36.1-100.0)
Dose interruptions, n (%)			
Elranatamab	11 (84.6)	7 (77.8)	18 (81.8)
Iberdomide	10 (76.9)	8 (88.9)	18 (81.8)
Dose reductions, n (%)			
Elranatamab	NA	NA	NA
Iberdomide	8 (61.5)	4 (44.4)	12 (54.5)

While the RDI for elranatamab was higher in DL–1, the RDI for IBER was comparable between DL1 and DL–1

[a] Elranatamab overall relative dosing intensity (%) = (overall dosing intensity [mg/week] / overall planned dosing intensity [mg/week]) *100. Iberdomide relative dosing intensity (%) = (overall dosing intensity [mg/day] / overall planned dosing intensity [mg/day]) *100.
ELRA=elranatamab; DL=dose level; IBER=iberdomide; NA=not applicable; QW=once weekly; Q2W=every 2 weeks; RDI=relative dose intensity

Safety

- The AE profile is consistent with the known individual AE profiles of elranatamab and iberdomide
- In 17 evaluable patients (10 patients in DL1 and 7 in DL–1), 4 DLTs were observed
  - DL1: grade 3 anorexia and grade 4 neutropenia
  - DL–1: grade 3 febrile neutropenia and grade 4 neutropenia
- 59.1% of patients were given GCSF during treatment
- All CRS and ICANS events were grade ≤2
  - CRS: 54.5% grade 1, 13.6% grade 2
  - ICANS: 4.5% grade 1, 4.5% grade 2

	N=22	
TEAE, n (%)[a]	**Any grade**	**Grade 3/4**
Any	22 (100.0)	19 (86.4)
Hematologic		
Neutropenia	17 (77.3)	16 (72.7)
Anemia	7 (31.8)	3 (13.6)
Lymphopenia	4 (18.2)	4 (18.2)
Nonhematologic		
CRS	15 (68.2)	0
Fatigue	14 (63.6)	0
Diarrhea	11 (50.0)	0
Headache	10 (45.5)	0
Cough	10 (45.5)	0
Nausea	9 (40.9)	1 (4.5)
Injection site reaction	9 (40.9)	0
Decreased appetite	8 (36.4)	1 (4.5)

[a] TEAEs presented by preferred term according to the Medical Dictionary for Regulatory Activities v28.1 and Common Terminology Criteria for Adverse Events v5. Any-grade TEAE reported in >35% of patients or grade 3/4 TEAE reported in ≥10% of patients; severity of CRS and ICANS was assessed according to the American Society for Transplantation and Cellular Therapy criteria.

AE=adverse event; CRS=cytokine release syndrome; DL=dose level; DLT=dose-limiting toxicity; GCSF=granulocyte colony-stimulating factor; ICANS=immune effector cell–associated neurotoxicity syndrome; TEAE=treatment-emergent adverse event

Infections

- Any-grade infections were reported in 40.9% of patients
- Frequent (any grade >10%) infections included upper respiratory tract infection (27.3%) and candida infection (13.6%)
- All infections were grade ≤2, except for 1 event each of grade 3 gastroenteritis *Escherichia coli* and grade 3 skin infection

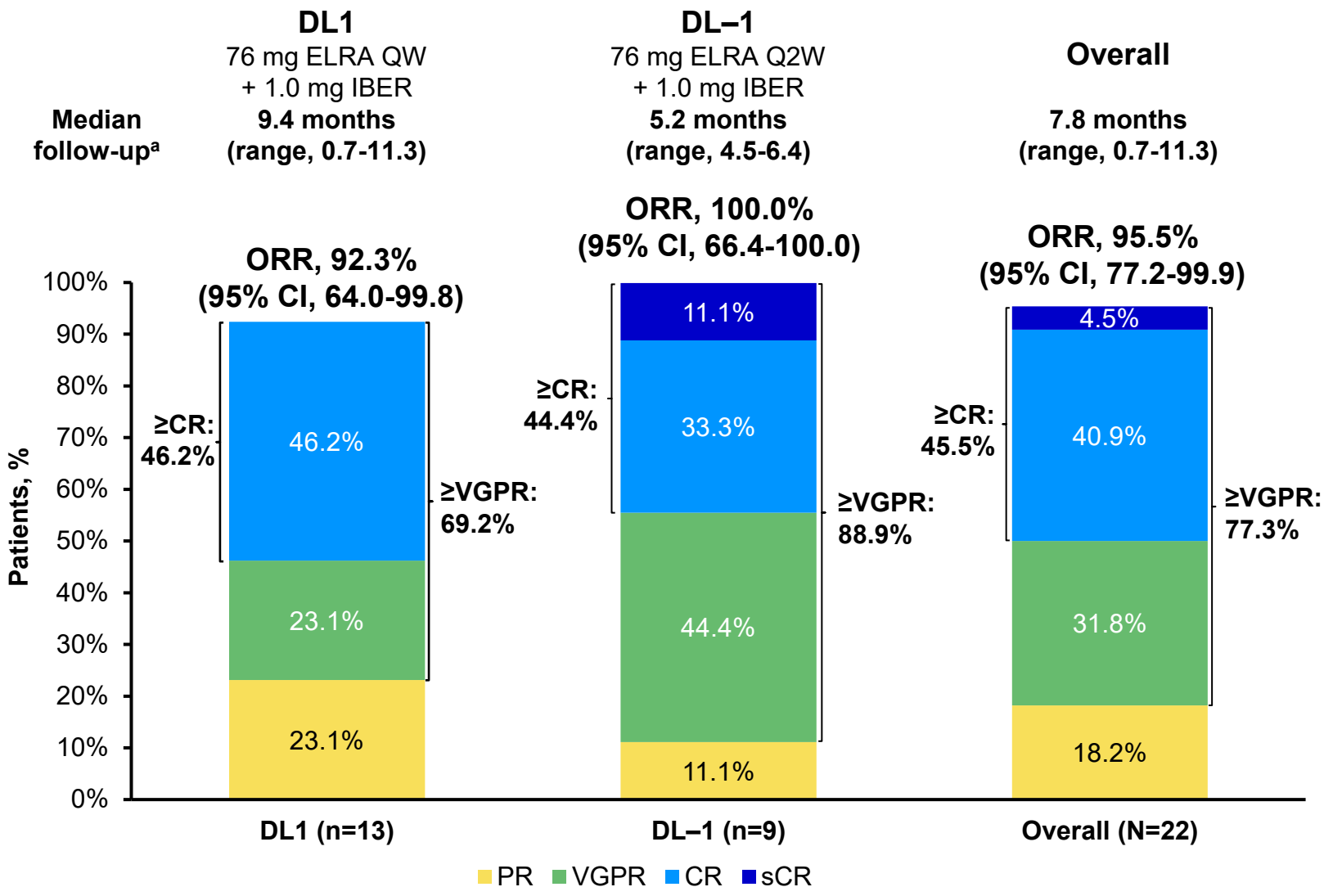
Infections occurring in >5% of patients	N=22	
TEAE, n (%)[a]	**Any grade**	**Grade 3**
Infections[b]	9 (40.9)	2 (9.1)
Upper respiratory tract infection	6 (27.3)	0
Candida infection	3 (13.6)	0
Urinary tract infection	2 (9.1)	0

IVIG prophylaxis was administered approximately every 4 weeks to maintain IgG levels above 400 mg/dL

[a] TEAEs according to the Medical Dictionary for Regulatory Activities v28.1 and Common Terminology Criteria for Adverse Events v5; [b] Infections include preferred terms in the system organ class of infections and infestations.
IgG=immunoglobulin G; IVIG=intravenous immunoglobulin; TEAE=treatment-emergent adverse event

ORR

- Overall, the confirmed ORR by investigator was 95.5% (95% CI, 77.2-99.9)
- Responses occurred early
  - Median time to response was 1.4 months (range, 0.5-2.7)

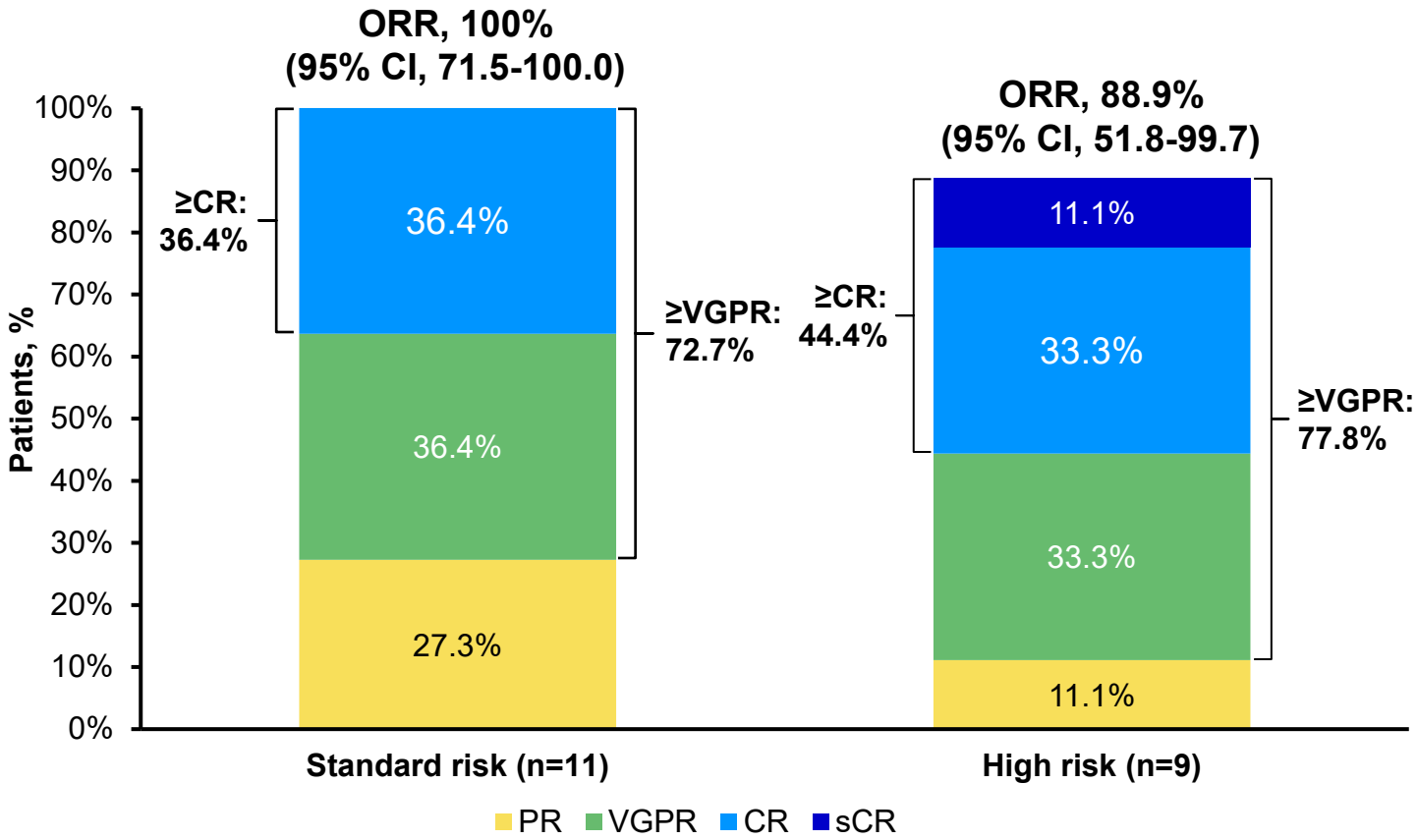


[a] Simple median of observation times.

CR=complete response; DL=dose level; ELRA=elranatamab; IBER=iberdomide; ORR=objective response rate; PR=partial response; QW=once weekly; Q2W=every 2 weeks; sCR=stringent complete response; VGPR=very good partial response

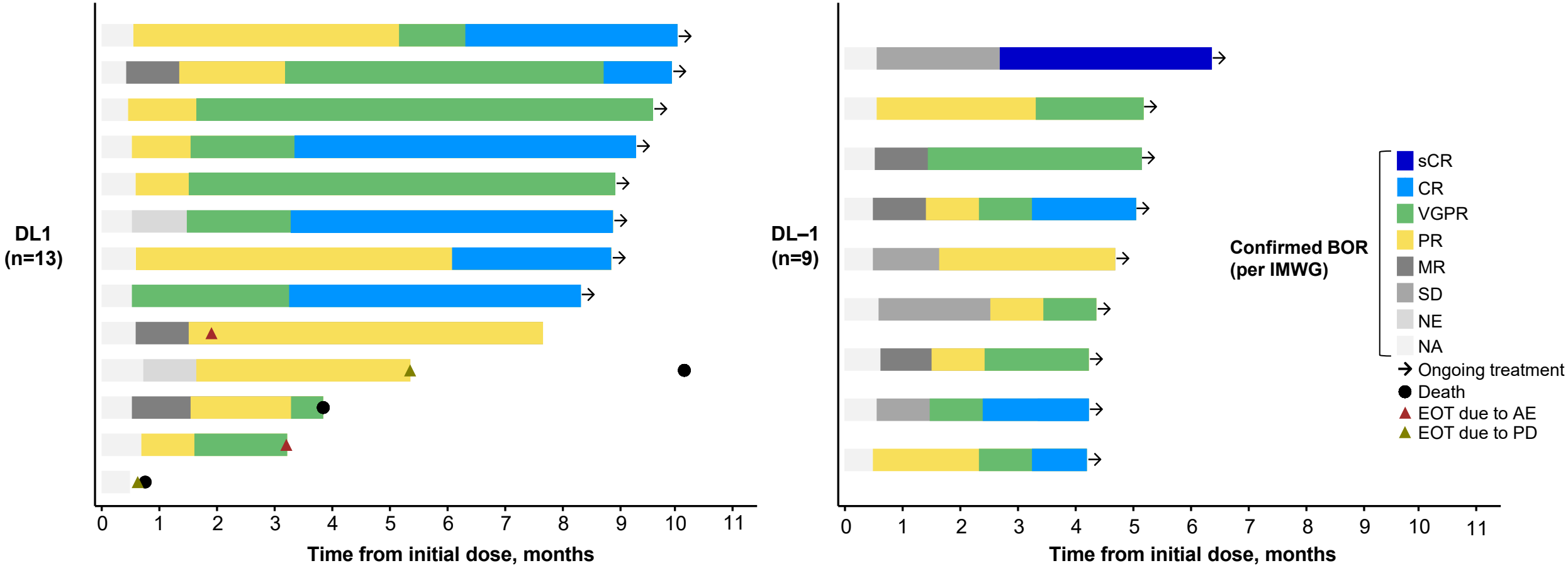
ORR by Cytogenetic Risk

- Confirmed ORR (95% CI) by investigator:
  - Standard risk: 100% (71.5-100.0)
  - High risk: 88.9% (51.8-99.7)
- ≥CR rates (95% CI) were:
  - Standard risk: 36.4% (10.9-69.2)
  - High risk: 44.4% (13.7-78.8)
- Two patients who had missing cytogenetic risk data both achieved CR



High risk includes t(4;14), t(14;16), and del(17p) chromosomal abnormalities.
CR=complete response; ORR=objective response rate; PR=partial response; sCR=stringent complete response; VGPR=very good partial response

Swimmer Plot: Response and PFS per Investigator



Grade 5 treatment-emergent adverse events were progressive disease and pancreatic cancer (patient died with VGPR).
AE=adverse event; BOR=best overall response; CR=complete response; DL=dose level; IMWG=International Myeloma Working Group; EOT=end of treatment; MR=minimal response; NA=not assessed; NE=not evaluable; PD=progressive disease; PR=partial response; sCR=stringent complete response; SD=stable disease; VGPR=very good partial response

Conclusions

- Initial data from MagnetisMM-30 Part 1 demonstrate that the combination of elranatamab + iberdomide is effective and manageable in BCMA-naive patients with RRMM
  - Early and encouraging efficacy
    - With a median follow-up of 7.8 months the ORR was 95.5% and ≥CR rate was 45.5%
    - Responses occurred early and are expected to deepen further with longer follow-up
- Safety profile was consistent with known toxicities of individual components
    - The most frequent TEAEs were hematologic adverse events, infections, and CRS
    - The majority of infections were grade ≤2 and there were no infections grade >3
    - All CRS and ICANS events were grade ≤2
- This study is ongoing and actively recruiting patients for Part 2, which randomizes a larger group of patients with RRMM to two dosing schedules of elranatamab + iberdomide

BCMA=B-Cell maturation antigen; CR=complete response; CRS=cytokine release syndrome; DL=dose level; ICANS=immune effector cell–associated neurotoxicity syndrome; ORR=objective response rate; QD=once daily; Q2W=every 2 weeks; RRMM=relapsed or refractory multiple myeloma; TEAE=treatment-emergent adverse event

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Supplementary Materials

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