up of 23 months. **Methods:** Eligible pts were aged ≥18 y, had documented MM (per IMWG 2016 criteria), and had received ≥3 prior lines of therapy (LOT), including a proteasome inhibitor, an immunomodulatory drug, and an anti-CD38 antibody. Prior BCMA-targeted therapy was not allowed in this cohort. The primary endpoint was ORR (assessed per IMWG 2016 criteria by independent review committee). AEs were graded per CTCAE v4.03. Cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS) were graded per ASTCT guidelines. Safety was reported in the overall population and efficacy was evaluated in patients who received 2-3 prior lines of therapy (≤3 LoT) vs. patients who received more than 3 prior lines of therapies (>3 LoT). **Results:** As of Jan 4, 2023, 165 pts had received teclistamab at the RP2D (median age, 64 y; 58% male; 26% high-risk cytogenetics; 12% International Staging System stage III). Pts had a median of 5 prior LOT (range, 2–14). 43 patients received ≤3 prior LoT and 122 patients received >3 prior LoT. In patients with ≤3 and >3 prior LOT; 58.1% vs. 84.4% pts were TCR and 46.5% vs. 78.7% pts were penta-drug exposed respectively. At 23 mo mFU, patients with ≤3 and >3 prior LOT achieved an ORR of 74.4% with 58.1% of patients achieving ≥CR vs. 59% with 41% of pts achieving ≥CR; the mPFS was 18.1 mo (95% CI, 13.8–26.9) vs. 9.7 mo (95% CI, 6.4–13.1), and the mOS was 25.9mo (95% CI, 18.3–NE) vs. 17.7 mo (95% CI, 12.2–NE), respectively. In the overall population, Hematologic AEs (any grade [gr]/gr 3/4) included neutropenia (72%/65%), anemia (55%/38%), thrombocytopenia (42%/22%), and lymphopenia (36%/35%). Infections occurred in 80% of pts (55% gr 3/4); key infections included respiratory (58%), COVID-19 (29%), other key viral (12%), GI (9%), fungal (6%), PJP (4%), and hepatitis B (0.6%). CRS occurred in 72% of pts (0.6% gr 3; no gr 4/5); 5 (3%) pts reported 9 ICANS events (all gr 1/2; all resolved). 1 pt in phase 1 required a teclistamab dose reduction due to neutropenia. 7 treatment-related deaths have occurred (4 due to COVID-19). Of the 47 pts who remain on study, ~90% have received Q2W dosing. **Conclusions:** With a 23 mFU, these data support teclistamab as a safe and effective therapeutic option for RRMM patients. The subgroup of less heavily treated patients (≤3 prior LoT) demonstrates even better PFS and complete response rate results than those patients in later lines of treatment (>3 prior LOT). **Funding:** The development of this study was funded by Janssen Research & Development.

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REAL-WORLD TREATMENT PATTERNS AND OUTCOMES IN PATIENTS WITH RELAPSED/REFRACTORY MULTIPLE MYELOMA WITH AT LEAST ONE PRIOR THERAPY IN BRAZIL

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Objectives: The treatment landscape for relapsed/refractory multiple myeloma (RRMM) has witnessed a paradigm shift over the last decade, and several therapeutic options are now available in Brazil. However, approval and access to new treatments may be delayed, potentially impacting patient (pt) outcomes. This study assessed real-world (RW) treatment patterns and outcomes of pts with RRMM to understand the current treatment landscape and unmet needs in Brazil. **Material and methods:** This retrospective, cross-sectional chart review included pts with RRMM who initiated a second-line (2L) or third-line (3L) MM-specific treatment regimen between 01-Jan-2015 and 31-Dec-2020. Physicians (*N* =50; mean practice duration: 11 months [m]; spent at least 60.0% of their time in pt care; practiced in the private sector: 56.0%; practiced in private and public sectors: 42.0%; practiced in the public sector: 2.0%) managing at least 10 MM pts for previous 12 m contributed data from pt charts via a structured data collection form. The International Centralized Institutional Review Board approved this study. Data on demographics, clinical characteristics, treatment patterns, and overall survival (OS) were collected and analyzed. **Results:** Of the included 133 pts (mean [SD] age at first RRMM diagnosis: 64.3 [10.1] years; male: 58.7%), most had moderate-to-good performance status based on Eastern Cooperative Oncology Group scores (Grade 1: 57.9%; Grade 2: 26.3%); reported Stage 2 (40.0%) and Stage 3 (45.9%) disease based on the International Staging System and low comorbidity burden (Charlson Comorbidity Index: mean [SD]: 2.8 [1.4]). Anemia (79.0%) and bone lesions (60.9%) were the most common reported symptoms, followed by hypercalcemia (42.9%) and renal failure (33.8%). Nearly one-third of pts (*n* /*N* =30/100; 30.0%) reported high-risk cytogenic status. Bortezomib (BOR) and lenalidomide (LEN)-based regimens were the most used first-line (1L) therapy in non-stem cell transplant (SCT) pts (BOR+cyclophosphamide+dexamethasone [VCd, 25.0%], LEN [R, 18.8%], V +thalidomide+d [VTd, 8.8%]) and as 1L induction therapy (VCd [32.1%], VRd [15.1%], VTd [9.4%]) in SCT pts. LEN and thalidomide-based regimens (37.7% each) were used as maintenance therapy in 1L. Daratumumab (DARA)- and carfilzomib (CARF)-based regimens were most utilized in 2L (DARA+R+d [DRd, 20.9%], CARF+R+d [KRd, 18.6%], DVd [13.2%]) and in 3L (DRd [19.7%], KRd [18.4%], Kd/LEN [7.9% each]). Among pts with private health insurance, 18.8% were LEN-refractory. Median (interquartile range [IQR]) duration of treatment for 1L (SCT induction), 2L, and 3L were 4.6 (3.2–5.8), 7.3 (5.0–16.0) and 8.0 (3.0–13.0) m, respectively. Nearly 60.0% of pts initiating 2L experienced disease progression. Majority of pts (65.1%) were alive at the time of study. Among pts who had died (35%; *n* =45), the median OS since 2L initiation was 20.5 m. **Discussion:** Treatment patterns observed were consistent with previous RW studies, with significant use of BOR- and LEN-based regimens noted in 1L and newer therapies in 2L and 3L. The generalizability of study findings may be limited due to the small sample size. **Conclusion:** A high proportion of patients with lenalidomide refractoriness and short duration of

treatment underscores the unmet need for improved access to more effective treatment options for pts with RRMM in Brazil.

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AVALIAÇÃO EPIDEMIOLÓGICA DOS PACIENTES COM MIELOMA MÚLTIPLO, NO HOSPITAL UNIVERSITÁRIO DE BRASÍLIA

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Introdução: O Mieloma Múltiplo (MM) corresponde a 1% de todos os cânceres e a aproximadamente 10% de todas as neoplasias hematológicas, com uma mediana de idade ao diagnóstico de 65 anos. Há poucos dados de estudos brasileiros. O presente estudo objetiva apresentar os resultados epidemiológicos e clínicos dos pacientes com MM tratados no Hospital Universitário de Brasília (HUB/UNB-EBSERH), desde a abertura da Unidade de Hematologia e Hemoterapia (UHH) em novembro de 2014 até julho de 2023. **Método:** Todos os pacientes que chegaram na UHH foram avaliados (n = 92). Foi feita coletados dados em prontuário eletrônico (AGHU) e sistema eletrônico de exames laboratoriais (COMPLAB). Foi feita a análise estatística dos dados utilizando-se o programa STATA® 12.0. **Resultados:** Foram excluídos pacientes que trataram em outro serviço e MM assintomático, resultando num N = 75 pacientes. Nesse houve 26 óbitos (34,7%). A mediana de idade ao diagnóstico foi 62,3 anos (27,7-87,2). Apesar de 78,7% dos pacientes serem elegíveis para transplante autólogo (ATMO) por idade, só 54/75 (72%) eram por comorbidades e idade, 61,3% eram homens. Ao diagnóstico 62,7% tinham Hb<10 g/dL, 24% hipercalcemia, 26,7% CR>2; 80% doença óssea detectável por imagem, 24% infiltração medular >60%, 21,3% eram maiores que 75 anos, 13,3% necessitaram hemodiálise, 9,3% DS I, 5,3% DSII e 85,3% DS III, ISS foi avaliável em 42 pacientes, sendo 14,3% I, 33,3% II e 52,38% III. Nos pacientes elegíveis 40/54 (74%) iniciaram CTd, 11/54 (20,4%) VCd, 2/54 (3,7%) VTd e 1/54 VRd. Nos pacientes inelegíveis 13/21 (61,9%) iniciaram VMP, 4/21 (19%) MP e 1/21 VCD, 2/21 VMP e 1/21 TD. Após a 1ªlinha 23/75 (30,7%) alcançaram ≥VGPR e 53/75 (70,7%) ≥RP. No elegível, as taxas de resposta foram 16/54 ≥VGPR (29,6%) e 38/54 (70,4%) ≥RP. No inelegível, as taxas de resposta foram 7/21 ≥VGPR (33,3%) e 15/21 ≥RP (71,4%). Nos 23 pacientes que realizaram TMO autólogo em 1ª linha as taxas de resposta foram 16/23 ≥VGPR (69,6%) e 18/23 ≥RP (78,3%). Demonstrando um aprofundamento da resposta de 40,3% ≥VGPR e 7,9% na RG. 20/75 pacientes fizeram manutenção. Dos 23 transplantados em 1L, 17 (73,9%) fizeram manutenção: 5,9% Lena, 58,8% BTZ e 35,3% tal; e 26% não fizeram manutenção. Dos 54 pacientes elegíveis ao ATMO, 23 em primeira linha (42,6%) e 7 (13%) realizaram após a 1L. No total, 55,5% fizeram ATMO em algum momento. A mediana de sobrevida global (SG) foi de 44,2 meses (SG 5 anos 49,4%), sendo 44,2 meses no não-elegível, 63,6meses no elegível, 42,7 meses no elegível que não fez ATMO em 1L e 63,6% no elegível que fez ATMO em 1L. A mediana de SG por quimioterapia de 1ªlinha foi MPT 71,6 meses, MP 29,6m, CTD 42,7 meses, VMP10,6 meses. A mediana de sobrevida livre de progressão para 1ª linha foi 23,4 meses, sendo 23,5 meses no elegível e 22,5 meses no e do não-elegível. Mediana de PFS1 no elegível que não fez ATMO foi de apenas 12,2 meses, enquanto que no que fez ATMO foi 33,9 meses. A mediana de PFS1 do CTd foi 33,9 meses para quem fez ATMO em 1L e 12,2 meses para quem não fez. **Conclusão:** Os resultados demonstram ainda um baixo uso de bortezomibe em 1ªlinha justificando resultados inferiroes que a literatura, pois a incorporação no SUS somente ocorreu em portaria em 2020 e no nosso serviço em agosto de 2021. Os resultados demonstram a importância no ATMO em prolongar a sobrevida e aprofundar resposta. A sobrevida livre de progressão do protocolo CTd foi compatível com a literatura.

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REAL-WORLD TREATMENT PATTERNS AND OUTCOMES IN PATIENTS WITH RELAPSED/ REFRACTORY MULTIPLE MYELOMA WITH AT LEAST TWO PRIOR THERAPIES IN BRAZIL

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Objectives: The treatment landscape for relapsed/refractory multiple myeloma (RRMM) has evolved over the last decade, and several therapeutic options are now available in Brazil. However, approval and access to new treatments may be delayed, potentially impacting patient (pt) outcomes. This study assessed real-world (RW) treatment patterns and outcomes in pts with RRMM to understand the current treatment landscape and unmet needs in Brazil. **Material and methods:** This retrospective, cross-sectional chart review included pts with RRMM who initiated a third-line (3L) MM-specific treatment regimen between 01-Jan-2015 and 31-Dec-2020 and had received at least two prior lines of therapies, including lenalidomide (LEN) and at least one proteasome inhibitor. Physicians (n = 50; mean practice duration: 11 months [m]; spent at least 60.0% of their time in pt care; practiced in the private sector: 56.0%; practiced in private and public sectors: 42.0%; practiced in the public sector: 2.0%) managing at least 10 MM pts for past 12 m contributed data from pt charts via a structured data collection form. The International Centralized Institutional Review Board approved the study. Data on demographics, clinical characteristics, treatment patterns and overall survival (OS) were collected and analyzed. **Results:** Of the included 100 pts (mean [SD] age at first RRMM diagnosis: