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Objectives: Elranatamab (PF-06863135) is a humanized bispecific antibody that targets both BCMA-expressing MM cells and CD3-expressing T cells. MagnetisMM-3 (NCT04649359) is an open-label, multicenter, non-randomized, phase 2 study to evaluate the safety and efficacy of elranatamab monotherapy in pts with R/R MM. Initial safety results are presented. **Methods:** MagnetisMM-3 enrolled pts who are refractory to at least 1 proteasome inhibitor, 1 immunomodulatory drug, and 1 anti-CD38 antibody. Pts were assigned to 1 of 2 independent, parallel cohorts: those naïve to BCMA-directed therapies (Cohort A) and those with previous exposure to BCMA-directed antibody-drug conjugates or CAR-T cells (Cohort B). Pts received SQ elranatamab 76 mg QW on a 28-d cycle with a 2-step-up priming dose regimen administered during the first wk. Dose modifications were permitted for toxicity. Treatment-emergent adverse events (TEAEs) were graded by CTCAE (v5.0), and cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS) by ASTCT criteria. **Results:** As of the data cutoff on Dec 31, 2021, 60 pts in Cohort A had received ≥1 dose of elranatamab; the last pt's first dose was ~2 mos prior to the cutoff. Median age was 69.0 yrs (range, 44-89), 48.3% were male, 63.3% were white, 18.3% were Asian and 11.7% were Black/African American. At baseline, 60.0% of pts had an ECOG performance status 1-2 and pts had received a median of 5 (range, 2-12) prior therapies. Median duration of elranatamab treatment was 9.57 wks (range, 0.1-46.1); median relative dose intensity was 87.4% (range, 23.1-101.4). TEAEs were reported in 100% (Grade [G] 3/4, 75.0%) of pts. Most common (≥30%) hematologic TEAEs were neutropenia (36.7% [G3/4, 35.0%]), anemia (36.7% [G3/4, 30.0%]) and thrombocytopenia (30.0% [G3/4, 21.7%]). Among pts who received the 2-step-up priming regimen (n = 56), CRS and ICANS, respectively, were reported in 58.9% (G3/4, 0%) and 3.6% (G3/4, 0%); of those pts, 57.6% (n = 19/33) and 100% (n = 2/2) received tocilizumab and/or steroids. Most common (≥30%) non-hematologic TEAE, other than CRS/ICANS, was fatigue (31.7% [G3/4, 3.3%]). Infections were reported in 46.7% (G3/4, 18.3%) of pts; most frequently reported were upper respiratory tract infections (11.7% [G3/4, 0%]). Discontinuations due to adverse events were reported in 5.0% of pts. No pts permanently discontinued treatment due to CRS or ICANS. There were 10 deaths; causes were MM progression (n = 8), septic shock (n = 1) and unknown (n = 1). Data will be updated at the time of presentation to include 90 pts. **Discussion:** Preliminary results in pts with R/R MM and no prior BCMA-targeted treatment suggest that 76 mg QW elranatamab with a 2-step-up priming regimen is well tolerated, with no G≥3 CRS or ICANS observed. **Conclusions:** These results support the continued development of elranatamab monotherapy for pts with MM. The MagnetisMM program continues to evaluate elranatamab alone and in combination with other drugs for the treatment of pts with MM. Also presented at the European Hematology Association 2022 Hybrid Congress.

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TREATING MULTIPLE MYELOMA IN A RESOURCE-LIMITED SETTING: REAL-WORLD OUTCOMES

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Background: Over 70% of the Brazilian population (> 150 million people) do not have access to private health care. Alkylating agents, thalidomide, and autologous stem cell transplantation (ASCT) are the mainstay of newly diagnosed multiple myeloma (NDMM) treatment in the public health care system. Therefore, real-life data from resource-limited countries are scarce and essential to optimize the incorporation of new technologies into this scenario. **Aims:** Describe characteristics of patients with NDMM, access to therapy, and outcomes, including overall survival (OS) and progression-free survival (PFS). **Methods:** Retrospective chart study including all patients with NDMM treated at Hospital das Clinicas de São Paulo Complex between 2009 and 2019. **Results:** A total of 816 patients with NDMM were included. Mean age was 63 years and 55% were male. At the diagnosis, 91% of patients had bone lesions, 56% anemia, 41% hypercalcemia, and 26% presented with impaired renal function. Regarding the clinical stage, 88% were Durie Salmon III clinical stage, and 46% were ISS III stage. Median follow-up time was 5 years. A triplet regimen (cyclophosphamide, dexamethasone, and thalidomide) was the most prescribed in the frontline (446/792, 56%), followed by alkylating agent + dexamethasone regimens (281/792, 27%). Only three patients (0.4%) in this cohort received bortezomib upfront. 379 (46%) were referred to ASCT for consolidation, and 257 (25%) proceeded with it in the first-line treatment. 36% of the patients received three or more lines of therapy. Patients who underwent ASCT had fewer comorbidities by Charlson's index, lower ECOG at diagnosis, and fewer ISS stage III patients (31%) ($p < 0.001$ for all). Only 16% of the patients over 60 years underwent ASCT. Median time from

diagnosis to transplant was ten months. Early mortality (≤ 120 days after diagnosis) was 9.7%, mainly due to infection. For the whole cohort, the overall response rate (ORR) after the first induction was 408/647 (63%), and 144 (22%) had disease progression. PFS and OS were 1.7 years (95% CI 1.6-1.9) and 3.7 years (95% CI 3.4-4.2), respectively. Median OS for patients that received ASCT was 5.9 (95%CI 5.1-7.8) years. **Conclusion:** This real-world cohort demonstrated that the available therapy in a resource-limited setting is far from the current gold standard for NDMM. Alkylating-based therapy results in suboptimal response rates, while the ASCT procedure is not timely available for all patients. In addition, poor clinical status and advanced disease may impact the choice of not using triplet regimens upfront. Early diagnosis, incorporating proteasome inhibitors and newer agents into the frontline, and ASCT availability are the major initiatives to decrease the disparity between rich and developing countries.

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DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF MULTIPLE MYELOMA PATIENTS IN LATIN AMERICA

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Background: Multiple myeloma (MM) is characterized by uncontrolled proliferation of plasma cells. This condition accounts for 1% of all cancers and 13% of all hematologic malignancies (HMs). In Latin America there is a relative paucity of real-world data of MM patients. Therefore, the objective of this study is to describe the demographic and clinical characteristics of multiple myeloma patients in Latin America. **Methods:** This is an ongoing, noninterventional, multicenter, registry study. Patients diagnosed with MM between 01 January 2016 and 30 June 2021, age ≥ 18 years were enrolled and will be followed until death or the end of study (set for 30 June 2022). For this interim analysis the demographic and clinical data of MM patients in a real-world setting in five Latin American countries, Argentina, Brazil, Mexico, Colombia, and Panama, were assessed. The retrospective data are being abstracted from patient's medical records. All statistical analyses were descriptive. **Results:** From a total of 1076 enrolled patients, 984 were assessed (Argentina= 287; Brazil= 428; Colombia= 253; Mexico= 13; Panama= 3). 64.9% of the patients have private insurance coverage, and 35.1% belongs to the public treatment system. The median age at diagnosis was 63 years and a similar distribution between male (49.3%) and female (50.7%) was observed. The majority of the patients (78.7%) presented at least one comorbidity, with hypertension (62.2%) and diabetes (21.1%) the most common medical conditions observed. Around 32% of the patients were considered clinically non-eligible to autologous stem-cell transplantation (ASCT, intention to treat), and advanced age was the main reported reason (median 76 years for non-eligible). Back pain and bone pain were the most frequently reported symptoms at diagnosis by 44.5% and 30.5% of the patients, respectively. Consequently, many patients were referred by orthopedists (20.6%). At diagnosis, the distribution of ECOG status was 0= 38.8%, 1= 32%, 2= 17.6%, 3= 8% and 4= 3.6%; and the ISS 1= 27.4%, 2= 28.6% and 3= 44%. Among the population with a cytogenetic test performed (n = 462), only 27.7% were positive for any alteration. The most frequent alterations observed were t(4;14) translocation and del(17p), affecting 39 and 42 patients, respectively. **Conclusion:** These results are a portrait of multiple myeloma in Latin America, showing that patient's characteristics are quite similar among the participating countries. Although the majority of the MM patients in Latin America receive the treatment in the public institutions, in this cohort there were more patients came from private institutions. The most common symptom reported at diagnosis was associated with bone disease and the majority of the patients presented advanced disease (ISS 3 = 44%). Only 32% was considered non-eligible for ASCT at diagnosis. It is worth noting that most of the patients did not present any genetic alterations, which may impact in the identification of higher risk disease.

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CASO RARO DE PLASMOCITOMA DE BEXIGA PRIMÁRIO SOLITÁRIO

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Objetivos: Relatar um caso raro de plasmocitoma de bexiga no Hospital Universitário Santa Terezinha, na Hematologia. A raridade da doença, a dificuldade do diagnóstico e os aspectos polêmicos em torno do tratamento do plasmocitoma justificam a elaboração do artigo. **Material e métodos:** O relato é descritivo, qualitativo e observacional sobre um paciente diagnosticado com plasmocitoma de bexiga no Hospital Universitário Santa Terezinha. Os dados foram obtidos através de entrevistas e do prontuário. A análise foi embasada em artigos científicos virtuais. **Resultados:** V.P.P, 50 anos, masculino, histórico prévio de tumor renal de células claras bilateral. Em 2020, iniciou com cólicas em hipogástrio, tenesmo vesical e hematúria macroscópica. Em ressecção transuretral