

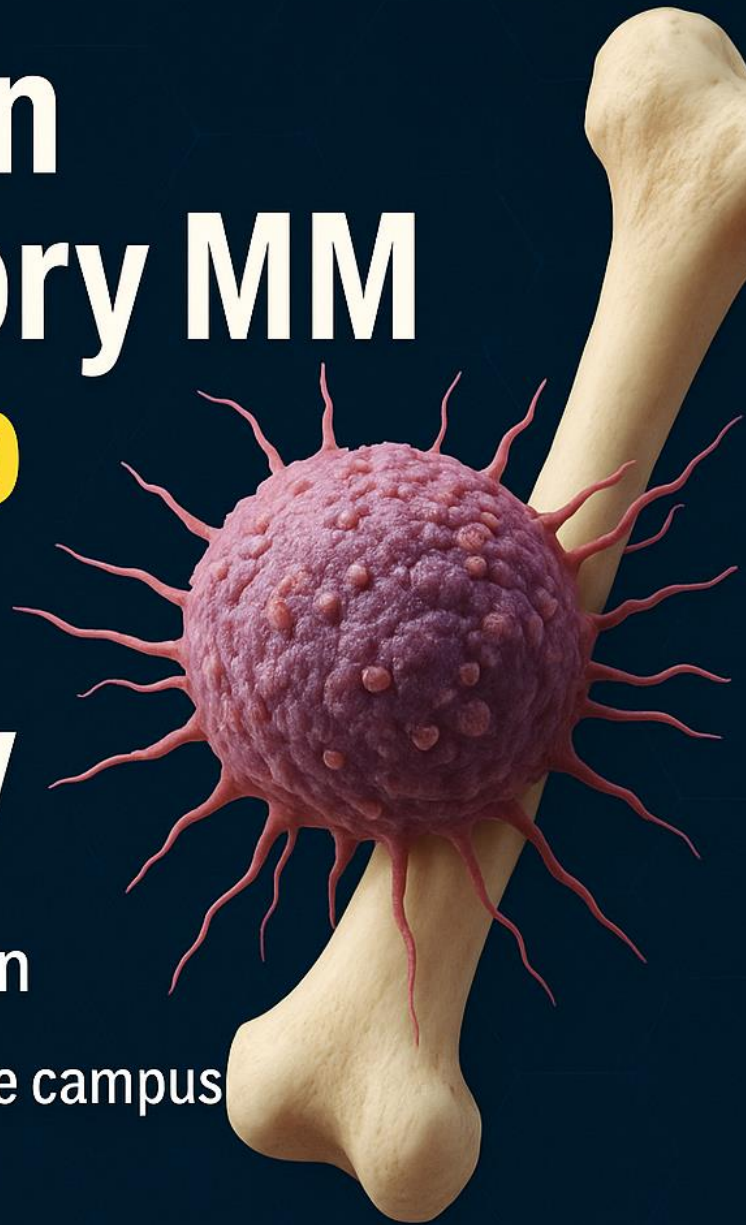
# FHR Non Secretory MM no fit to CART therapy



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14.7.25



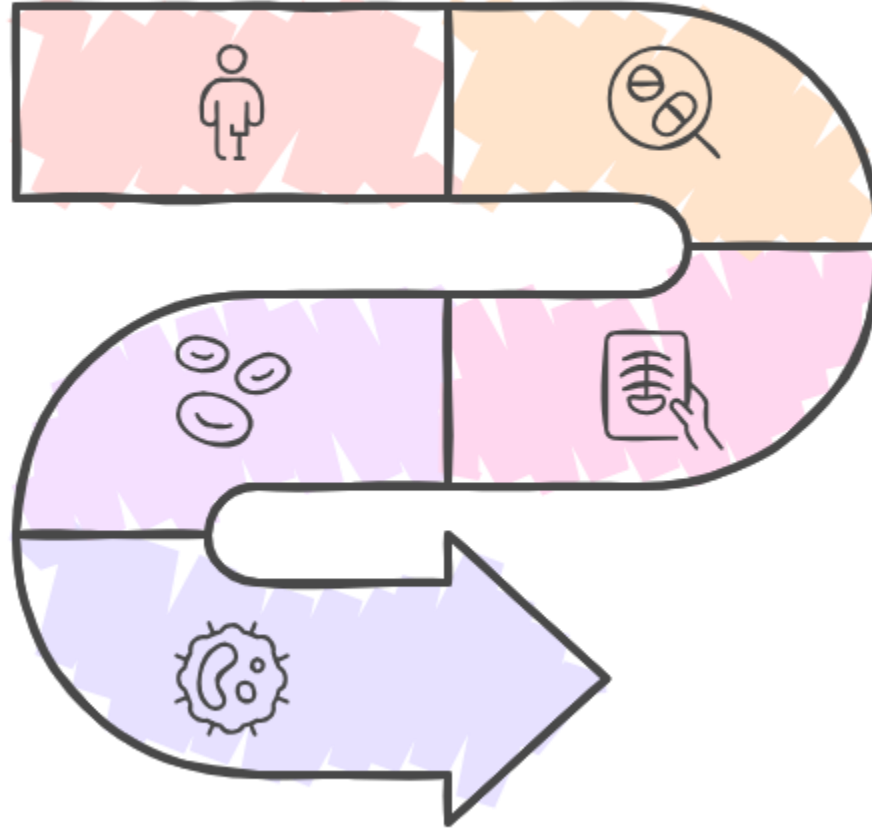
## Diagnostic Journey of a 58-Year-Old Male

March 2024

A 58 Year-old Male  
HFpEF, DM, Asthma,  
HTN, HPL  
Initial symptoms of  
bone pain, weight loss,  
and night sweats

Bone marrow analysis  
confirms 80% plasma  
cells

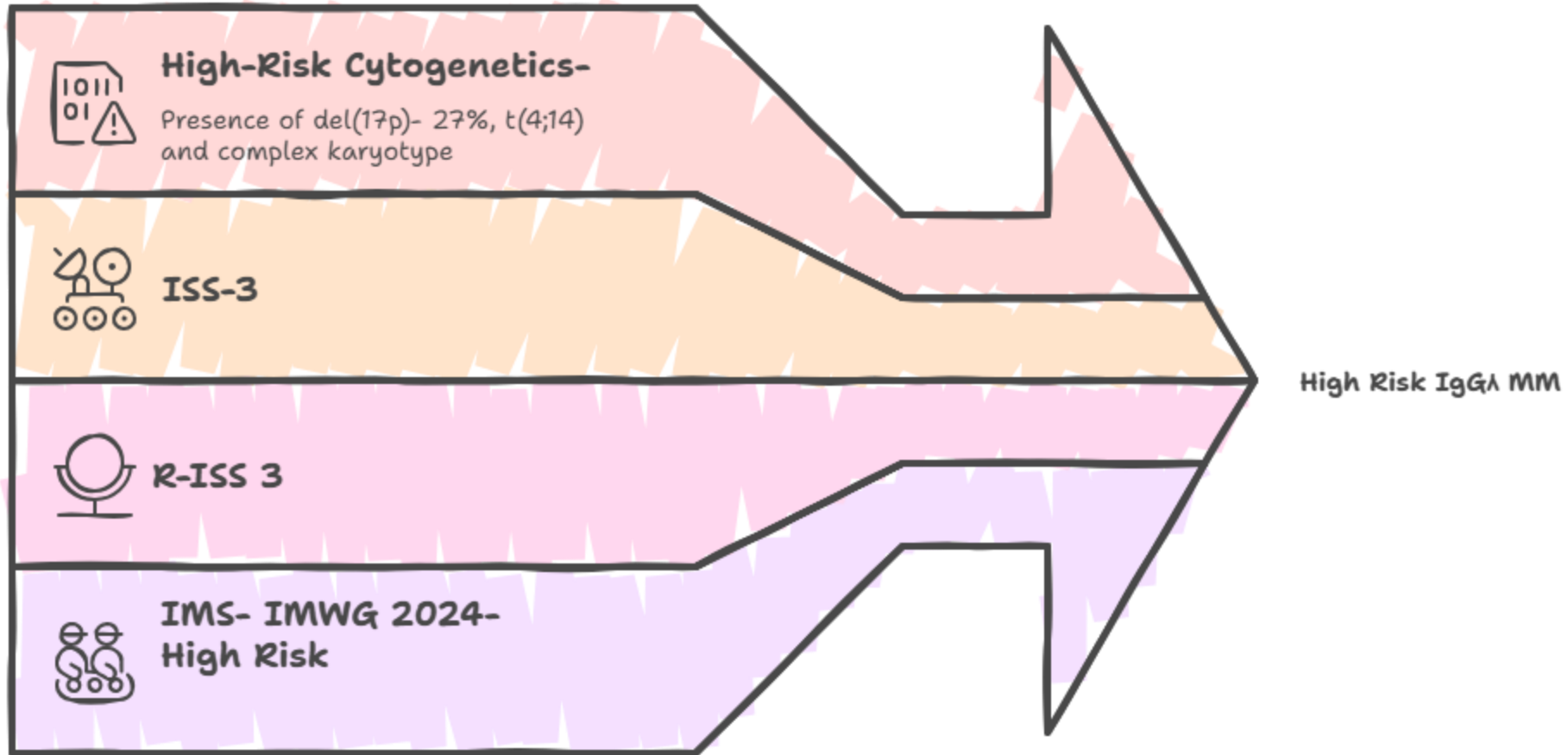
Diagnosis of IgG  
Lambda Multiple  
Myeloma







Labs- Hg- 12.8 gr/dl, Ca-  
14.2 mg/dL, AKI- (CR- 6.8  
mg/dL), B2M 21,200, LDH-  
220, FLC R- N, sIFE- IgGL  
(1.8 mg/dL), BJ negative

CT scan showed  
extensive lytic lesions  
and paraspinal mass

## Cytogenetic and Staging Factors



## Treatment Course

Characteristic	Radiotherapy	1st line (4.24)	2nd line (4.25)
 <b>Treatment</b>	D8	Dara-VCd → DVTd → DVCd [8 Cycles total] → (12.24) D[1M]V[2W]d	KRd, Surgical (femoral fixation)+Radiation [K- Max- 36 mg/m <sup>2</sup> ]
 <b>Best Response</b>	-	sCR, MRD+	PD
 <b>Complications</b>	-	Heart Failure, Dyalysis	Renal (Cr- 5.4 mg/dL), Heart Failure (BNP- 29K pg/mL)
 <b>Progression</b>	-	Non Secretory with active bone lesions	Secretory PD with EMD involvement in Liver

6.25- HR MM, functionally high-risk, triple-class exposed and refractory, PD on therapy as symptomatic secretory disease  
new bone lesions and EMD  
Ecog Ps 3-4  
Heart failure, renal failure (Cr- 3mg/dL)

# Disease Monitoring Challenges

## Non-secretory Status

Absence of detectable M-protein or FLC



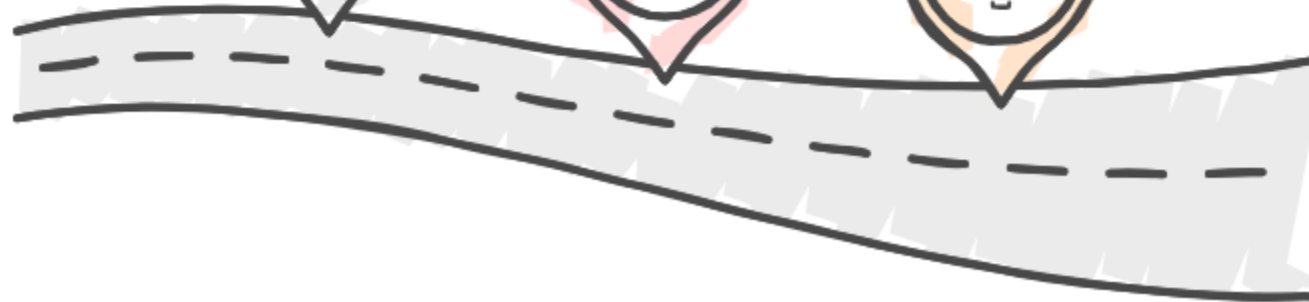
## Relapses detected by symptoms

Occurrence of bone pain and spinal compression indicate relapse

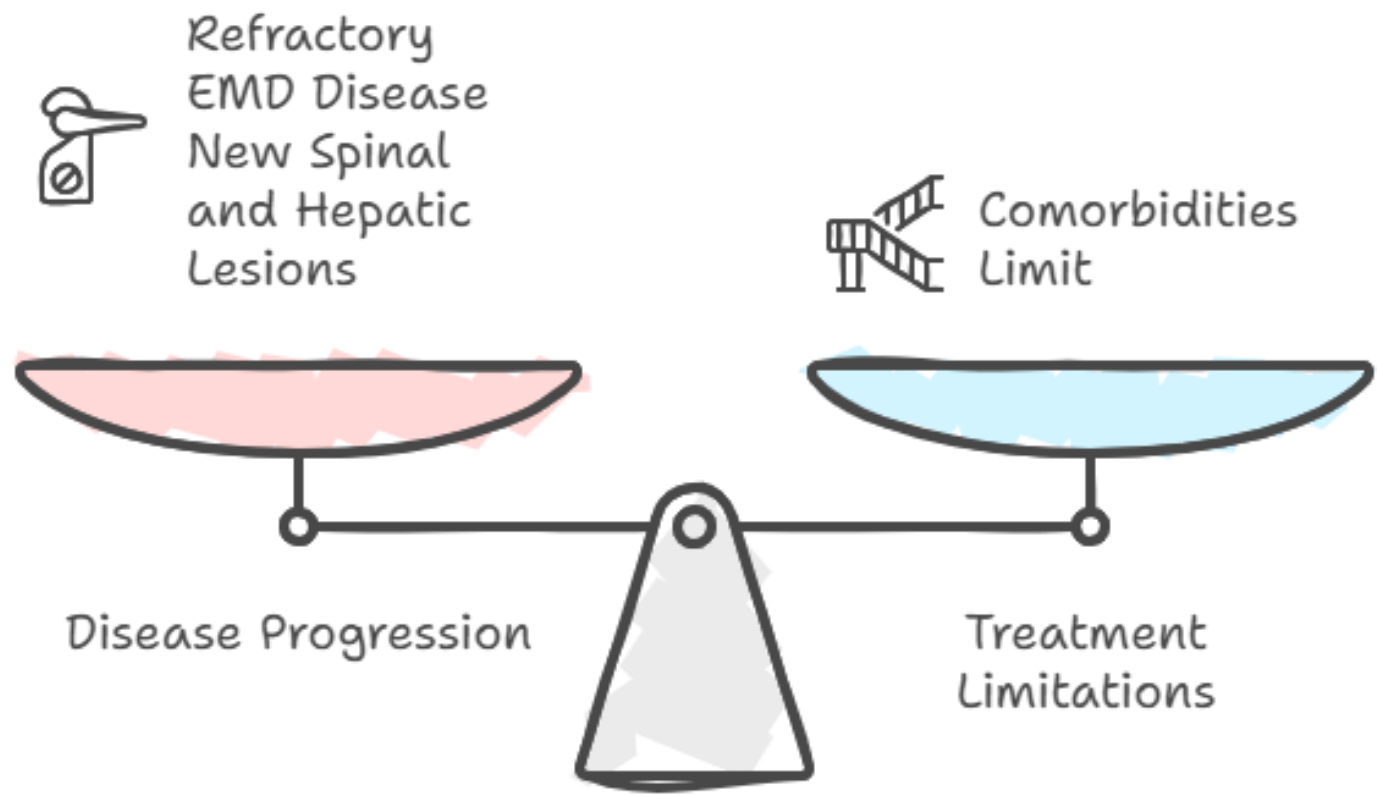


## Relapses detected by PET-CT Scan

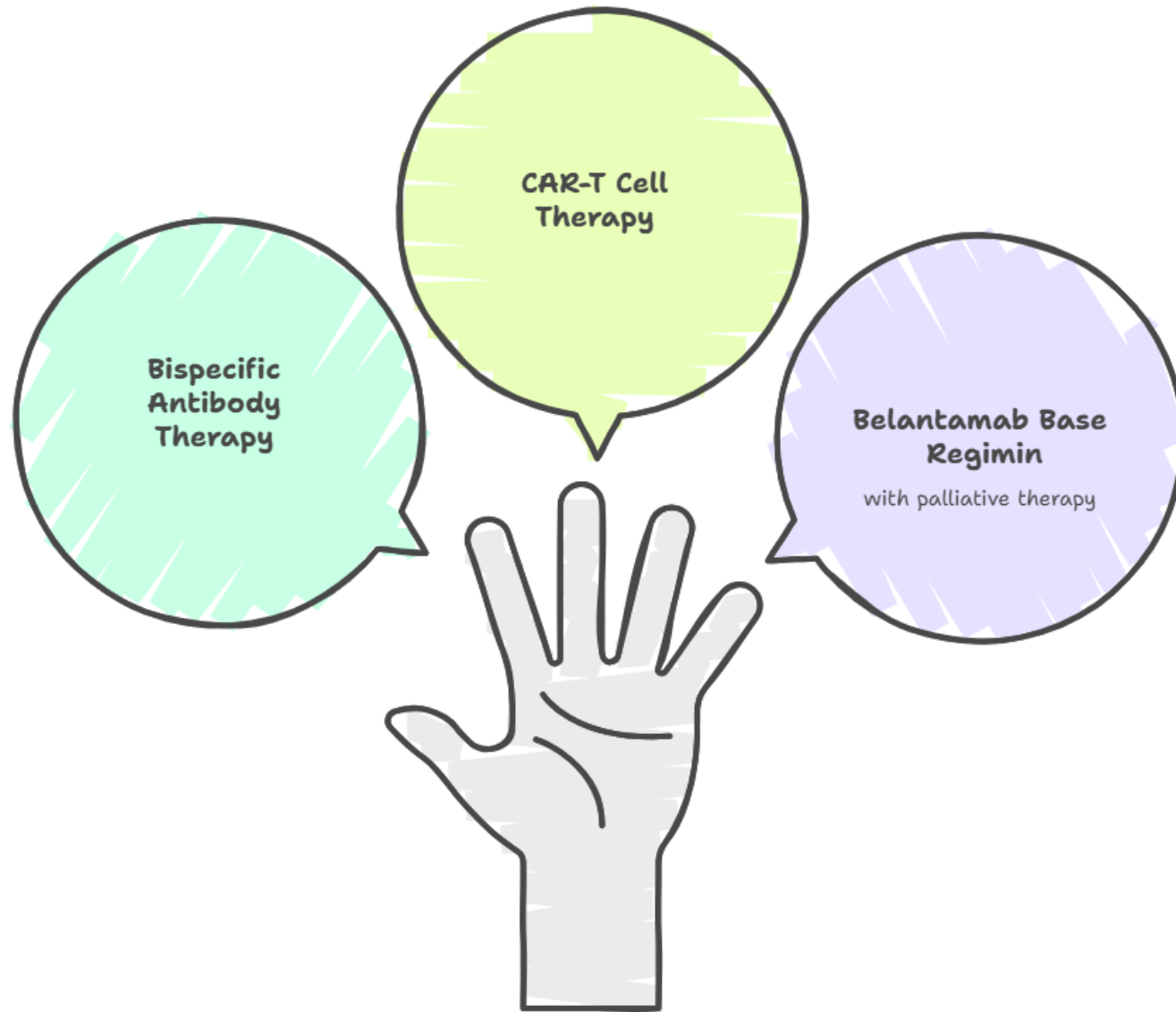
PET-CT scan revealed recurrence of lesions (EMD [second relapse] and bone)






# Current Status & Dilemma



## Treatment Strategy Options



# Bispecific Antibody Trials in Multiple Myeloma

	 Teclistamab	 Talquetamab	 Belantamab
<b>Trial Name</b>	MAJESTEC-1	MonumenTAL-1	DREAMM-8
<b>Patients Treated</b>	165	339	155
<b>EMD Patients</b>	28 (17%)	52 (15%)	20 (13%)
<b>Overall Response Rate</b>	63%	74%	77%
<b>EMD Response Rate</b>	35.7%	~48%	Not Reported

Trend of reduced efficacy in patients with EMD across therapies

# Guidelines?

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## Multiple Myeloma: 2022 update on Diagnosis, Risk-stratification and Management

[S.Vincent Rajkumar](#)<sup>1</sup>

Article | [Open access](#) | Published: 23 July 2024

### Clinical features associated with poor response and early relapse following BCMA-directed therapies in multiple myeloma

#### Mass Spectrometry as Alternative Method to Identify and Monitor Non-Secretory Progressive Disease in Patients with Multiple Myeloma

by Cristina Agulló <sup>1,\*</sup> , Noemí Puig <sup>2,\*</sup> , Teresa Contreras <sup>1</sup>, Sergio Castro <sup>1</sup>, Borja Puertas <sup>2</sup>, Verónica González-Calle <sup>2</sup> , Beatriz Rey-Búa <sup>2</sup>  and María Victoria Mateos <sup>2</sup> 

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2–4% of multiple myeloma cases are truly non-secretory,

Phenotypic shift at relapse: 12% of relapsed myeloma patients transitioned from secretory to oligo-/non-secretory disease.

Detection method: Conversion was noted when M-spike was undetectable, and relapse was confirmed via imaging or other diagnostic tools.



There are currently no formal international guidelines specifically addressing the diagnosis, monitoring or treatment of non-secretory multiple myeloma.

## How Did we Move Forward?

### **CART/Clinical Trials**

Not Candidate due  
to poor  
performance  
status, significant  
comorbidities and  
rapid progression

### **Belantamab + Pomalidomide +(VELCADE)+ Dex**

With paliative  
Radiation

### **Bispecific Antibody Therapy**

X- Health Basket



## Questions for Expert Panel



### **Treatment Strategy**

How should we monitor disease in non-secretory MM with high-risk features?

### **Belantamab**

When should we consider treatment prior to CAR-T or bispecific antibodies?



Thank you for listening