HSD111

Provider perspectives on the DREAMM-7 trial results and belantamab mafodotin (belamaf) in combination with bortezomib and dexamethasone (B-Vd) as a potential treatment for patients with relapsed or refractory multiple myeloma (R/R MM)

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BACKGROUND

- Belantamab mafodotin (belamaf), an anti-BCMA antibody-drug conjugate therapy, was granted accelerated approval in 2020 as a single-agent for treating relapsed or refractory multiple myeloma (R/R MM) based on the phase II DREAMM-2 trial.[1] It was subsequently withdrawn from the US market in 2023 after belamaf failed to demonstrate superior progression-free survival (PFS) over pomalidomide plus low-dose dexamethasone in the phase III DREAMM-3 trial[2]
- Clinical investigation into the efficacy of belamaf in combination with other agents for treating R/R MM continued after its withdrawal, including the phase III DREAMM-7 and DREAMM-8 trials[3,4]
- The DREAMM-7 trial compared belamaf in combination with bortezomib (Velcade® [V]) and dexamethasone (B-Vd) versus daratumumab, bortezomib, and dexamethasone (Dara-Vd) in patients with R/R MM who had received at least one prior line of therapy (LOT).[3] DREAMM-7 results showed improved PFS for patients who received B-Vd versus Dara-Vd (hazard ratio: 0.41; p<0.001)[3]
- Ocular events were more common in the B-Vd group versus the Dara-Vd group (78% vs. 29%) in the DREAMM-7 trial, which were primarily managed with dose modifications
- While the DREAMM-7 trial showed promising clinical results, physicians' receptivity to a potential reentry of belamaf to the US market remains unknown

OBJECTIVES

This study aimed to understand physicians' perspectives on the DREAMM-7 results, potential adoption of B-Vd, and toxicity-related concerns should B-Vd receive FDA approval

METHODS

01 Online Survey
US-based oncologists completed an online survey on participant characteristics

02 In-Person Forums
Hematologists/ Oncologists attended one of two in-person forums (July and September 2024)

03 DREAMM-7 Study
Results from the DREAMM-7 phase III trial were reviewed

04 Real-Time Responses
Physicians responded to questions in real-time via audience response system technology

05 Analysis
Response data was pooled from both forums and summarized descriptively

RESULTS

Provider & Practice Characteristics (Table 1)

- Overall, 96 hematologists/oncologists participated in the in-person forums (50 in July; 46 in September)
- Participating physicians practiced in predominantly community settings (79.2%) and had a median 19.5 years of clinical experience post-residency

Table 1. Physician and practice characteristics

	(N=96)
Practice setting, n (%)	
Community	76 (79.2)
Non-community	20 (20.8)
US region of practice, n (%)	
Northeast (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT)	22 (22.9)
Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	24 (25.0)
South (AL, AR, DC, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX, VA, WV)	39 (40.6)
West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	11 (11.5)
Years in practice post-residency	
Median (range)	19.5 (2.0-44.0)
Primary medical specialty, n (%)	
Medical oncology	40 (41.7)
Hematology	56 (58.3)

RESULTS

Prior Belamaf Use and Potential Interest in B-Vd (Figures 1-3)

- The majority of respondents (60.6%) reported having never used belamaf in treating patients with R/R MM prior to its withdrawal from the US market; 27.7% reported having prescribed belamaf for 1–10% of their patients (**Figure 1**)
- The majority of respondents (59.1%) indicated they were very or somewhat likely to prescribe B-Vd to patients with R/R MM who have received at least one prior LOT, assuming FDA approval (**Figure 2**)
- If prescribing B-Vd, respondents would preferentially use it in later LOTs (50.0% in 4L or later), with few considering it for 2L (10.2%; **Figure 3**)

Figure 1. Proportion of provider's patients with R/R MM who had received belamaf during its prior approval (n=94 respondents)

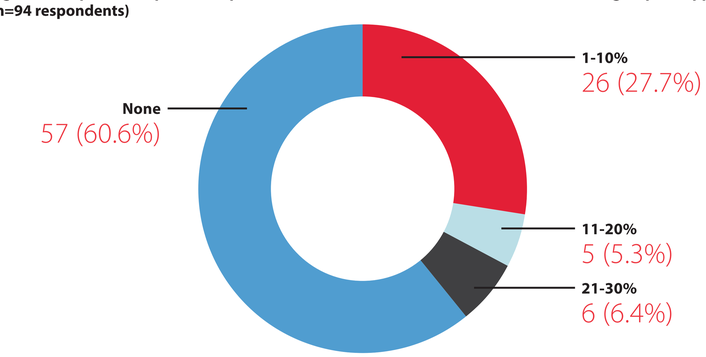


Figure 2. Likelihood of prescribing B-Vd to patients with R/R MM after reviewing the DREAMM-7 results, should it receive approval (n=88 respondents)

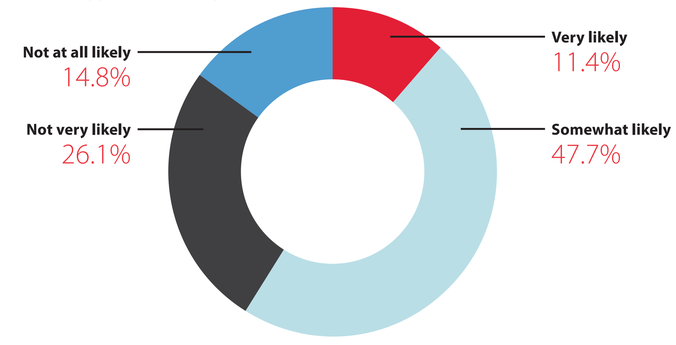
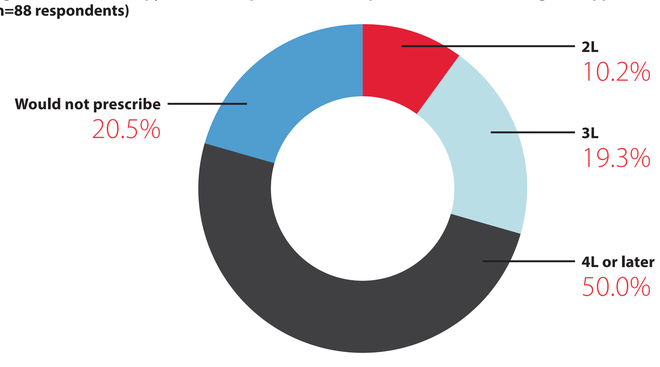


Figure 3. Line of therapy in which respondents would prescribe B-Vd, assuming FDA approval (n=88 respondents)



RESULTS

Barriers to B-Vd Adoption (Table 2)

- Respondents indicated they were most deterred from prescribing B-Vd by its ocular safety profile, including the frequency of grade ≥3 ocular events (64.5%) and level of monitoring required for ocular management (53.8%)
- Blurred vision (82.2%) and eye irritation (51.1%) were the grade ≥3 adverse events associated with B-Vd that respondents felt would be most difficult to manage in patients with R/R MM

Table 2. Potential barriers to B-Vd adoption after reviewing the DREAMM-7 results
Physicians allowed to select up to two responses

	N=96*
DREAMM-7 study outcomes that would most deter them from prescribing B-Vd for their patients with R/R MM, n (%)	
Grade ≥3 adverse events occurred in 95% of the patients versus 78% in the Dara-Vd arm	25 (26.9)
Serious adverse events occurred in 50% of the patients versus 37% in the Dara-Vd arm	10 (10.8)
Grade ≥3 ocular events occurred in 34% of the patients versus 3% in the Dara-Vd arm	60 (64.5)
Ocular management requires intense monitoring, including dose delays and reductions	50 (53.8)
Adverse events leading to dose interruption/delay (94% of B-Vd arm vs. 59% of Dara-Vd arm)	14 (15.1)
Adverse events leading to dose reduction (75% of B-Vd arm vs. 59% of Dara-Vd arm)	6 (6.5)
None of the above	1 (1.1)
Grade ≥3 adverse events associated with B-Vd that are most difficult to manage for patients with R/R MM, n (%)	
Blurred vision	74 (82.2)
Eye irritation	46 (51.1)
Pneumonia	18 (20.0)
Dry eye	10 (11.1)
Thrombocytopenia	3 (3.3)
None of the above	2 (2.2)

*Physicians were not required to answer every question; percentages were calculated with denominators for the number of respondents

CONCLUSIONS

- Despite prior market withdrawal of belamaf, the majority of hematologists/oncologists were receptive to prescribing B-Vd for patients with R/R MM in later LOTs, assuming FDA approval
- Nevertheless, concerns about B-Vd's ocular safety profile highlight the need for the development of ocular management resources and improvements in interdisciplinary care coordination (e.g., with ophthalmologists) in order to broaden future adoption of B-Vd

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