DREAMM-8: Belantamab mafodotin in combination with pomalidomide and dexamethasone for the treatment of RRMM

Population: N = 302

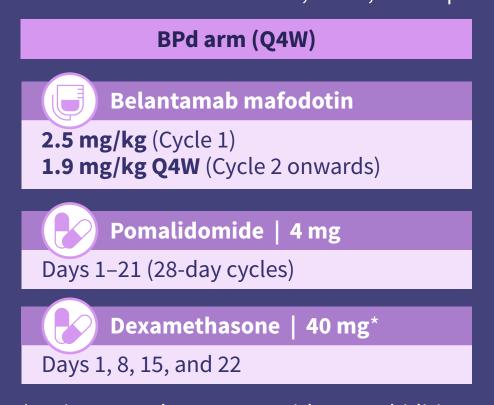
Endpoints: Primary - PFS (IRC-assessed, per IMWG). Secondary - OS, MRD negativity, DoR.

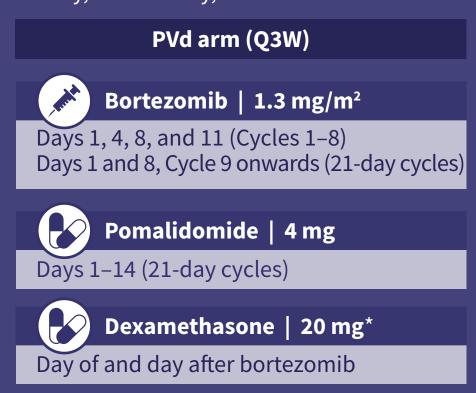
Eligibility: ≥1 prior line of MM therapy including lenalidomide; no prior treatment with anti-BCMA or pomalidomide; not refractory/intolerant to bortezomib; progressive disease during or after the most recent therapy.

STUDY DESIGN (NCT04484623)

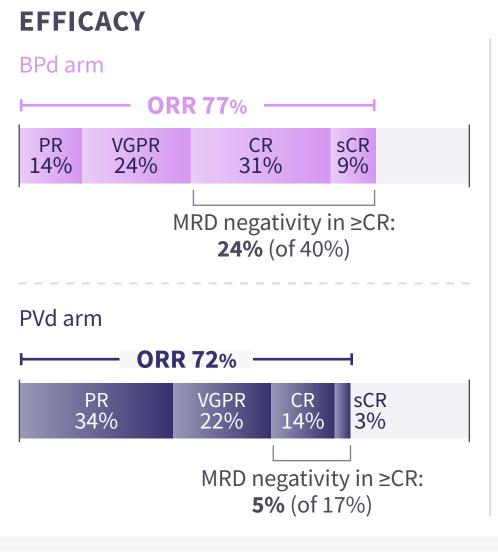
1:1 randomization

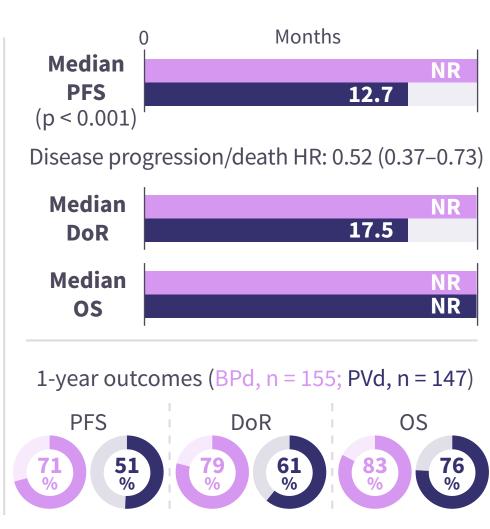
Treatment continues until PD, death, unacceptable toxicity, end of study, or withdrawal of consent.

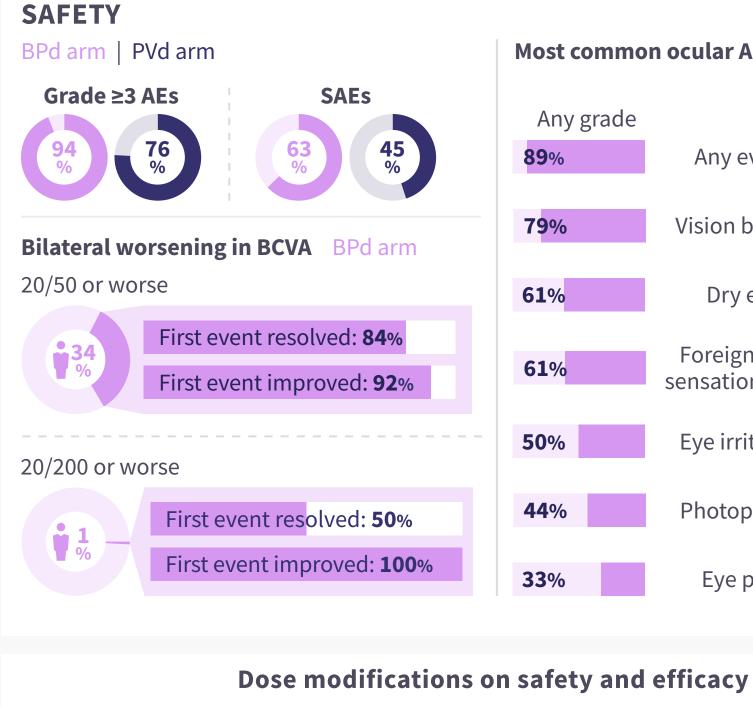


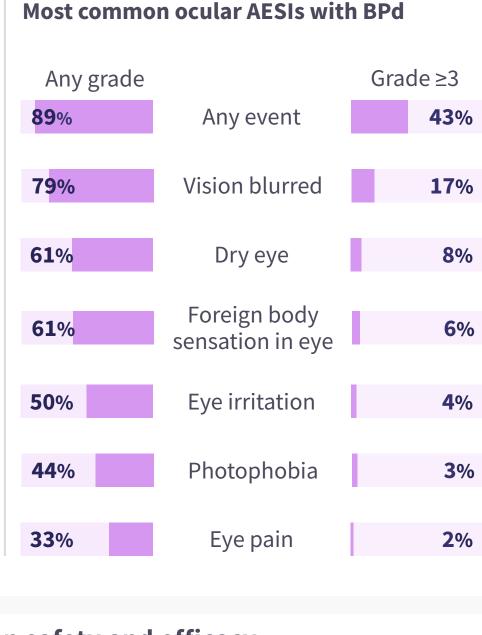


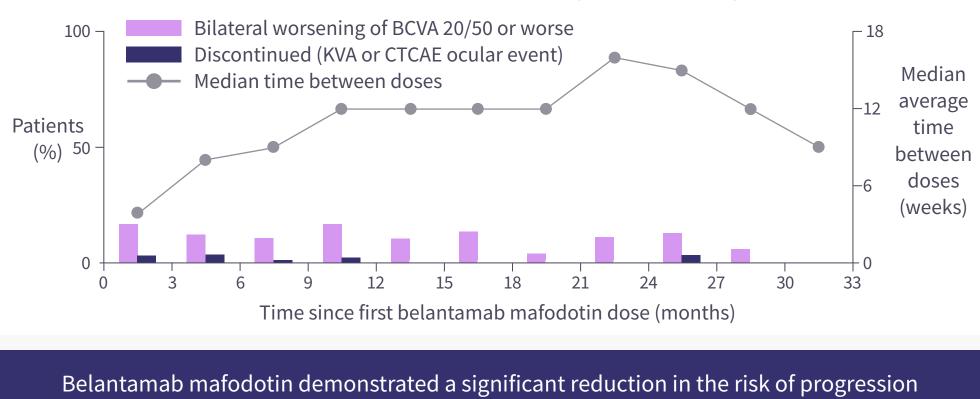
*Patients aged >75 years, with comorbidities, or intolerant to 40 mg dose in Arm A or 20 mg dose in Arm B could have dose level reduced to half, per investigator discretion.











or death vs PVd, along with promising efficacy. Ocular toxicities were managed through dose modifications. These data support the use of belantamab mafodotin in the relapsed setting, particularly for patients without access to CAR T-cell or bispecific antibody therapies.

Abbreviations: AE, adverse event; AESI, adverse event of special interest; BCMA, B-cell maturation antigen; BCVA, best corrected visual acuity; BPd, belantamab mafodotin-pomalidomide-dexamethasone; CTCAE, common terminology criteria for adverse events; DoR, duration of response; IMWG, International Myeloma Working Group; IRC, independent review committee; KVA, keratopathy and visual acuity; MM, multiple myelma; MRD, measurable residual disease; NR, not reached; ORR, overall response rate; OS, overall survival; PD, progression of disease; PFS, progression-free survival; PR, partial response; PVd, pomalidomide-bortezomib-dexamethasone; RR, relapsed/refractory; SAE, serious adverse event; sCR, stringent complete response; VGPR, very good partial response; Q3W, every 3 weeks; Q4W, every 4 weeks.

Dimopoulos M. Oral abstract #5682. EHA 2024 Hybrid Congress; Jun 13–16, 2024; Madrid, ES. Dimopoulos M, et al. NEJM. 2024;391(5):408-421.



