Summary of Abstract #2801 Presented at ASH 2025

Real-World Treatment Patterns of Elranatamab in Patients With Multiple Myeloma in Japan: Findings From the EVEREST Study

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Background

- ELRA is a BCMA-CD3–directed bispecific antibody approved in Japan for the treatment of patients with RRMM[1,2]
- Approval was based on the phase 2 registrational MagnetisMM-3 trial,[3] in which ELRA demonstrated deep and durable responses and a manageable safety profile in patients with RRMM
  - In an analysis of Japanese patients from MagnetisMM-2 and MagnetisMM-3, the efficacy and safety of ELRA were similar to those in the overall MagnetisMM-3 trial population[3,4]
- Although the efficacy and safety of ELRA have been established in clinical trials,[3-5] data on the RW usage of ELRA is limited

Objective

- To characterize the RW use of ELRA in Japan, we aimed to describe its dosing and treatment patterns in clinical practice

1. Elrexfio (elranatamab-bcmm). Prescribing information. Pfizer; 2025. **2**. PDMA. List of Approved Drugs. April 2004-December 2024. https://www.pmda.go.jp/files/000274881.pdf Accessed October 2025. **3.** Lesokhin AM, et al. Nat Med 2023;29:2259-2267. **4.** Iida S, et al. Jpn J Clin Oncol. 2024;54:991–1000. **5.** Tomasson MH, et al. Hemasphere. 2024;8:e136.
BCMA=B-cell maturation antigen; ELRA=elranatamab; MM=multiple myeloma; Q4W=once every 4 weeks; RRMM=relapsed or refractory multiple myeloma; RW=real world.

Methods

- EVEREST is a retrospective cohort study using de-identified hospital claims data from the Japan MDV database, which includes more than 40 million patients
  - The MDV database captures approximately 30% of advanced treatment hospitals in Japan and includes health claims data from all insurance types (ie, Social, National, and Elderly Insurance)
- Adults (age ≥18 years) with MM and ≥1 claim for ELRA between March 26, 2024 (approval date) and March 31, 2025 (data cutoff date) were included
- Patients who received ELRA as part of a clinical trial were excluded
- The index date was defined as the date of the first ELRA claim
- Treatment patterns were described across 3 time periods reflecting dosing and administration expectations per label:
  1. SUD period: index date to day 8
  2. MP1 (days 9-168): the period in which ELRA would be expected to be administered once weekly
  3. MP2 (day 169+): the period in which ELRA would be expected to be administered Q2W, depending on individual response
- Descriptive statistics were used to summarize patient characteristics and treatment patterns
- Estimated annual vial use was extrapolated from the reported mean time between doses throughout the follow-up period

ELRA=elranatamab; MDV=Medical Data Vision; MM=multiple myeloma; MP=maintenance period; Q2W=every 2 weeks.

Patients

- A total of 253 patients were included in this analysis
  - The median age at index was 74 years (IQR, 69-79 years), 54.5% were female, 42.3% were penta-drug exposed, and 64.9% were treated at public hospitals
  - The median time from MM diagnosis to the index date was 60.4 months (IQR, 31.5-96.9 months)
  - The median duration of ELRA therapy from index date to last recorded administration was 60.0 days (IQR, 26-136 days)

ELRA=elranatamab; MM=multiple myeloma; IQR=interquartile range.

Baseline demographic and clinical characteristics

	N=253
Age at index date, median (IQR), years[a]	74.0 (69.0-79.0)
Female, n (%)	138 (54.5)
Smoking index, mean (SD)[b]	172.9 (405.5)
Duration of elranatamab treatment from index date to last recorded administration, median (IQR), days	60.0 (26.0-136.0)
Time from initial MM diagnosis to index date, median (IQR), months	60.4 (31.5-96.9)
Care setting of index elranatamab claim, n (%)	
Inpatient	250 (98.8)
Outpatient	3 (1.2)
Hospital category at index date, n (%)	
University hospital	41 (16.2)
Public hospital–local government	71 (28.1)
Public hospital–national government	93 (36.8)
Private hospital	48 (19.0)
CCI score during 180 days prior to or on index date	
Mean (SD)	6.9 (2.9)
Median (IQR)	7.0 (5.0-9.0)
CCI score category during 180 days prior to or on index date, n (%)	
0-1	0 (0.0)
2-5	106 (41.9)
6-9	100 (39.5)
≥10	47 (18.6)

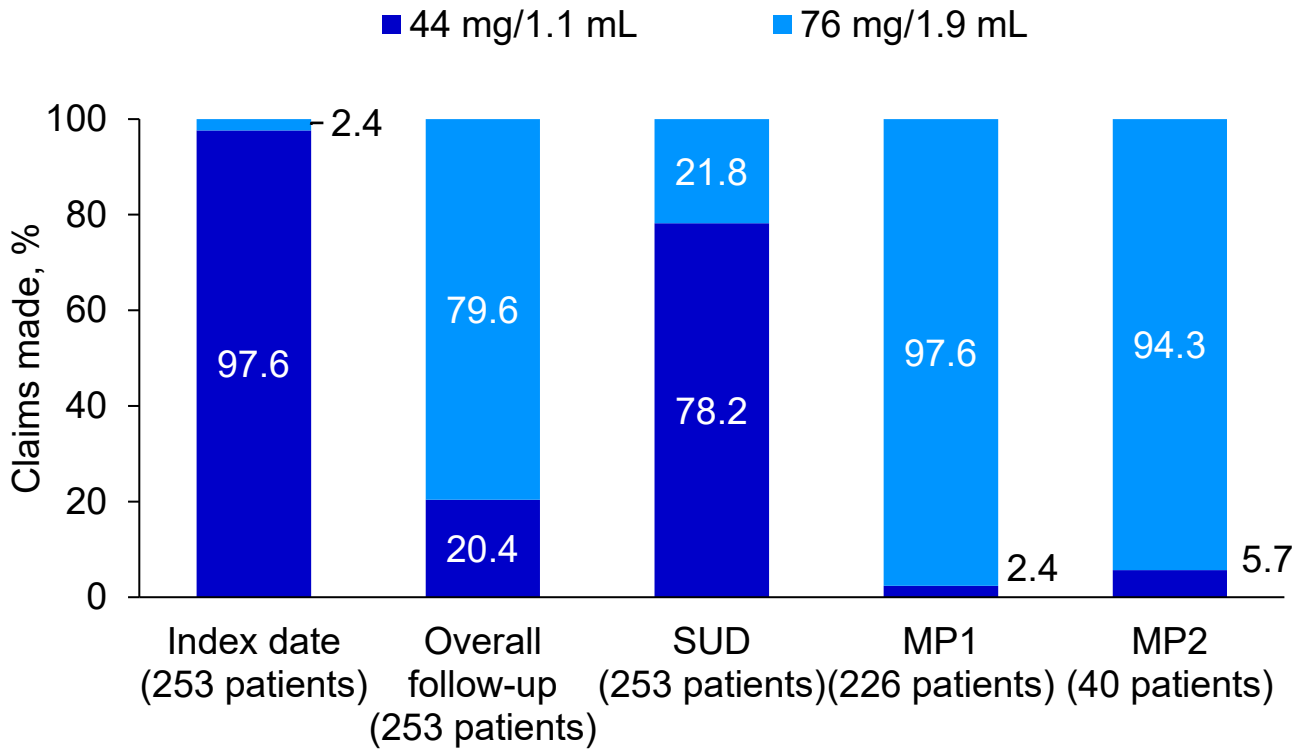
	N=253
Prior medical history at baseline, n (%)[c,d]	
Hypertension	186 (73.5)
Any non-hematological malignancy	141 (55.7)
Other hematological malignancies	110 (43.5)
Peripheral neuropathy	108 (42.7)
Bone lesion	102 (40.3)
Prior treatment history at baseline, n (%)[d]	
Proteasome inhibitors	226 (89.3)
Immunomodulatory drugs	234 (92.5)
Anti-CD38	237 (93.7)
Stem cell transplant	38 (15.0)
Steroids	249 (98.4)
Chimeric antigen receptor T-cell therapy	3 (1.2)
Chemotherapies	128 (50.6)
Exposure during baseline period, n (%)[d]	
Triple-class[e]	208 (82.2)
Penta-drug[f]	107 (42.3)
Classes of treatment received in the overall follow-up, n (%)	
Immunomodulatory drugs	2 (0.8)
Steroids	251 (99.2)
Chemotherapies	2 (0.8)

[a] Index date is the date of the first hospital encounter for elranatamab; [b] Smoking index: number of cigarettes smoked daily × years of smoking. Measured during baseline period and using assessment closest to index date; [c] occurring in ≥30% of patients; [d] The baseline period was defined as the period between diagnosis to 1 day prior to index date. [e] Triple-class refers to ≥1 proteasome inhibitor, ≥1 immunomodulatory drug, and ≥1 anti-CD38 antibody; [f] Penta-drug refers to ≥2 proteasome inhibitors, ≥2 immunomodulatory drugs, and ≥1 anti-CD38 antibody.

CCI=Charlson Comorbidity Index; MM=multiple myeloma.

Proportions of claims by vial size during SUD and maintenance[a]

- SUD period (index date to day 8)
  - 253 patients contributed 606 ELRA claims during the SUD period
  - 78.2% of the claims were for 44 mg/1.1 mL vials, and most administrations (99.0%) occurred in the inpatient setting
- MP1 (days 9 to 168 post index date)
  - 226 patients contributed 1833 ELRA claims in MP1
  - 97.6% of the claims were for 76 mg/1.9 mL vials, and 73.8% were administered in the outpatient setting
- MP2 (days 169+ post index date)
  - 40 patients contributed 140 ELRA claims in MP2
  - 94.3% of the claims were for 76 mg/1.9 mL vials, and 90.7% were administered in the outpatient setting



[a] Measured over all elranatamab administrations observed during the period of interest

ELRA=elranatamab; MP=maintenance period; SUD=step-up dosing.

Inpatient versus outpatient claims by vial size across study periods[a]

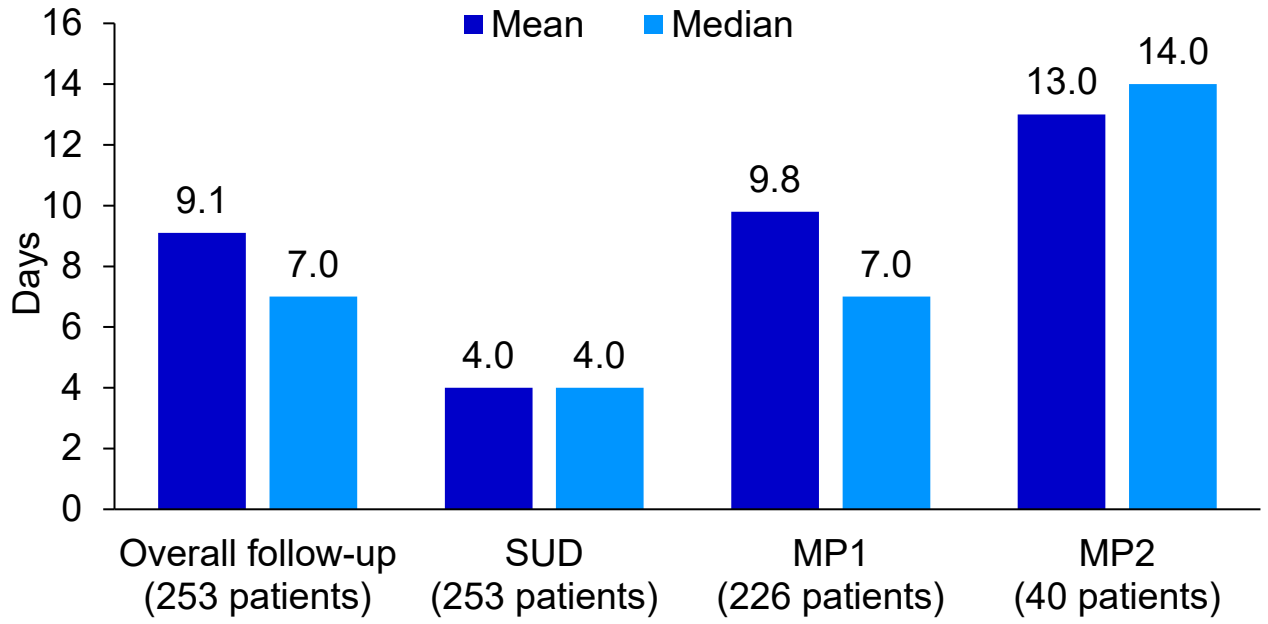
	Index date	Overall follow-up	SUD	MP1	MP2
Patients	253	253	253	226	40
Elranatamab claims, n (%)	253 (9.8)	2579 (100.0)	606 (23.5)	1833 (71.1)	140 (5.4)
44 mg/1.1 mL					
Inpatient	247 (97.6)	514 (19.9)	474 (78.2)	35 (1.9)	5 (3.6)
Outpatient	0	12 (0.5)	0	9 (0.5)	3 (2.1)
76 mg/1.9 mL					
Inpatient	3 (1.2)	579 (22.5)	126 (20.8)	445 (24.3)	8 (5.7)
Outpatient	3 (1.2)	1474 (57.2)	6 (1.0)	1344 (73.3)	124 (88.6)

[a] Measured over all elranatamab administrations observed during the period of interest

MP=maintenance period; SUD=step-up dosing.

Mean and median numbers of days between administrations[a]

- SUD period (index date to day 8)
  - The mean time between administrations was 4.0 days
  - The median (IQR) number of days between administrations was 4.0 days (3-4 days)
- MP1 (days 9 to 168 post index date)
  - The mean time between administrations was 9.8 days
  - The median (IQR) number of days between administrations was 7.0 days (7-9 days)
- MP2 (days 169+ post index date)
  - The mean time between administrations was 13.0 days
  - The median (IQR) number of days between administrations was 14.0 days (7-14 days)



The projected annualized vial usage in the first year of treatment, based on the expected vial usage during SUD (3 doses) and the mean days between administrations in MP1 and MP2, was **34.4 vials**

[a] Measured over all elranatamab administrations observed during the period of interest

MP=maintenance period; SUD=step-up dosing.

Conclusions

- Findings from these early RW data provide insight into the initial adoption of ELRA in Japan following its approval
- Most patients followed the SUD schedule per label, with outpatient administration being common during maintenance periods
- Dosing intervals generally aligned with label expectations, although the projected vial usage of ELRA in this RW setting in Japan was lower than the expected usage per label
- Additional studies with longer follow-up are needed to better understand the evolving treatment patterns

ELRA=elranatamab; RW=real world; SUD=step-up dosing.

Acknowledgments

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Supplementary Materials

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