Sonrotoclax plus dexamethasone was tolerable and demonstrated antimyeloma activity in patients with relapsed/refractory (R/R) multiple myeloma (MM) harboring t(11;14)

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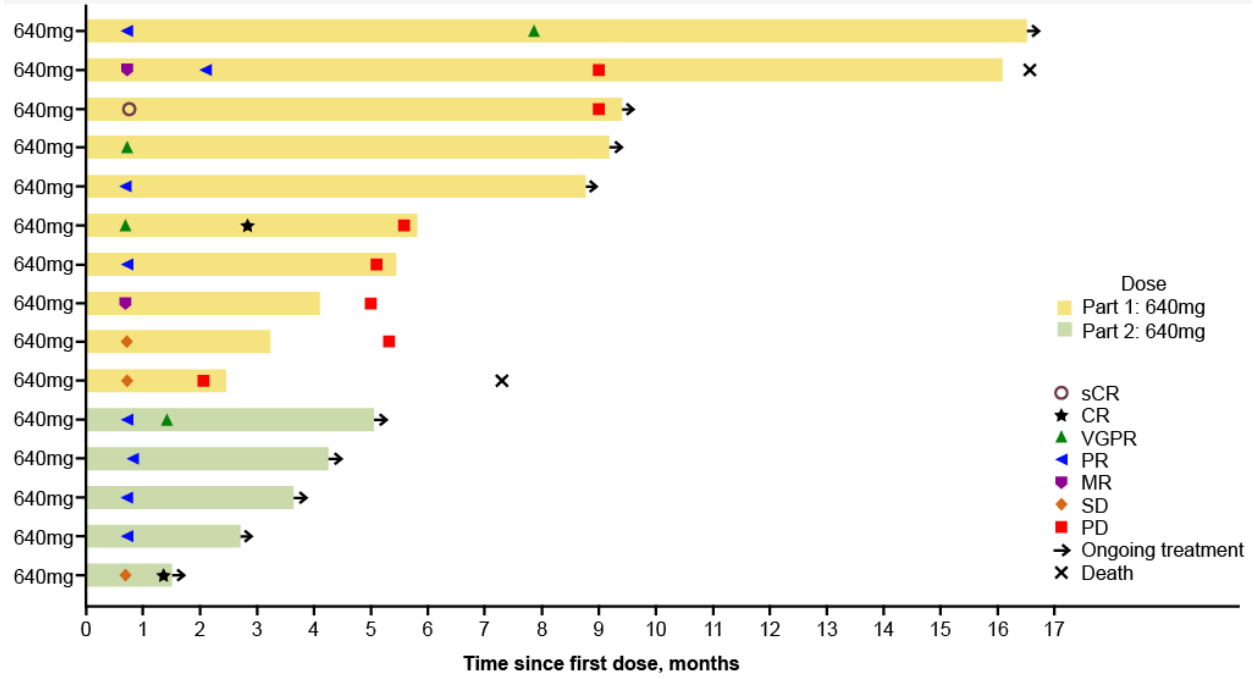
ABSTRACT

Aim: BGB-11417-105 (NCT04973605), an ongoing phase 1b/2 trial, evaluated the BCL2 inhibitor sonrotoclax (BGB-11417) as monotherapy or combination therapy in patients with R/R MM harboring t(11;14). Updated data for sonrotoclax 640mg plus dexamethasone are presented.

Method: Eligible patients had R/R MM, centrally confirmed t(11;14), and ≥3 (dose finding) or ≥1 (dose expansion) prior therapy. Patients received sonrotoclax 640mg orally once daily and dexamethasone 40mg weekly. AEs per CTCAE v5.0 and responses (IMWG criteria) were assessed.

Results: As of January 8, 2024, 20 patients (median prior therapies, 4; range, 1-12) were enrolled (640-mg dose escalation, n=10; dose-expansion, n=10). Median follow-up was 6.2 months (range, 0.3-16.6); 70% and 80% were refractory to anti-CD38 and immunomodulatory drugs, respectively. Thirteen patients (65%) remained on treatment (discontinuations: disease progression, n=3; AE, n=2 [hematuria, pancreatic cancer]; patient withdrawal, n=1; physician decision, n=1). The most common treatment-emergent AEs (TEAEs) were insomnia (30%) and diarrhea, fatigue, and nausea (each 25%). Three patients had hematologic TEAEs (thrombocytopenia, n=2 [grades 1 and 3]; neutropenia, n=1 [grade 1]). Three (15%) had serious TEAEs and 4 (20%) had grade ≥3 AEs; none were sonrotoclax related. No dose-limiting toxicities occurred. Two patients died on study (TEAE, n=1 [metastatic pancreatic cancer]; non-TEAE, n=1 [hepatocellular carcinoma–associated liver failure]; neither treatment related). Infections in >1 patient were COVID-19 and upper respiratory tract infection (n=2 each [10%]). In efficacy-evaluable patients, objective response rate was 80% (12/15; 95% CI, 51.9%-95.7%); very good partial response or better rate was 40% (6/15). Median time to response was 0.7 months. Median duration of response was 8.3 months (95% CI, 4.4-NR) and maximum was 15.4 months (ongoing; Figure).

Conclusion: With longer follow-up, sonrotoclax plus dexamethasone demonstrated a manageable safety profile, with low hematologic toxicity and infection rates. The combination provided deep and durable responses in this R/R population.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SD
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Ongoing treatment
Death