International Myeloma Society Annual Meeting 2024

Conference Report

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Firstly, I would like to thank the UK Myeloma Society and Janssen for awarding me a travel bursary, which allowed me to attend the International Myeloma Society (IMS) 2024 Annual Meeting in Rio. The bursary enabled me to present my work, titled "Are participants of myeloma trials representative of the patient population? Audit data from a large haematology centre in the UK," which was accepted for a poster presentation. As this was my first time submitting an abstract to an international conference, being awarded the travel grant based on my abstract has been a significant encouragement as I explore further opportunities in academic research.

Additionally, attending the conference provided an opportunity to engage with clinicians around the world and to see the pivotal role allied health professionals play in research that benefits patient care. It was particularly valuable to have in-depth conversations with colleagues I often don't usually get the chance to connect with, which helped refine my ideas and reinforced my commitment to advancing my work in myeloma research.

Currently, I'm involved in a national initiative to support the uptake of newly NICE-funded treatments, including Elranatamab and Teclistamab, so I was particularly interested to hear conference sessions on bispecific antibodies. A few highlights relating to this were the Janssen-supported industry symposium, "Moving T Cell Directed Therapies to Earlier Lines" and some of the presentations during the Nursing and Allied Health Symposium. Below I will discuss some of the key learnings that I will be further looking into in my practice.

Timing of bispecific antibody treatment

It was interesting to learn about ongoing trials exploring the potential benefits of administering bispecific antibodies earlier in the treatment pathway. The immune profiles of non-responders to T cell-directed therapies, including bispecific antibodies, often show signs of T cell dysfunction and immune suppression. As a result, it is thought that introducing immunotherapy earlier could lead to an increase in overall response and more durable responses.

International strategies to move bispecific antibody therapy to outpatient

One of the key discussions in the UK is around safely administering these therapies in outpatient settings to improve availability. Given the risks of cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS), there is understandable caution regarding outpatient delivery. Data from the US suggests that prophylactic use of Tocilizumab (Toci) could mitigate some of the risks.

One concern with Toci is the potential for increased infection rates, though current data does not show a significant rise in infections.. However, grade 2 CRS still occurs despite prophylactic Toci which doesn't remove the concern of outpatient dosing. Adding dexamethasone has shown promise in reducing all CRS cases to grade 1, making outpatient care more feasible. This approach will require further evaluation to determine whether cost savings from outpatient management outweigh the expense of prophylaxic Toci before this practice could be considered in the NHS.

It is worth noting that these talks did not address patient choice. From my work with PPIE, I have seen the significant negative impact dexamethasone can have on patients' well-being. While dexamethasone may only be needed during step-up dosing, if this approach is implemented, it is crucial that patients are thoroughly counseled and supported in the shared decision-making process.

<u>Proactive management of toxicity relating to Talquetamab</u>

The Nursing and Allied Health Professional (AHP) symposium was a highlight for me, offering a wealth of practical insights. Of particular interest was a session on the real-world evidence (RWE) regarding the incidence, assessment, and management of oral adverse events and weight loss associated with Talquetamab, which led to the development of a new assessment tool. Their discussion on prophylactic strategies and management guidelines was highly informative, and I look forward to following their future work as they validate the tool.

<u>Highlights not relating to bispecific antibody therapies</u>

Minimal Residual Disease

One session of particular interest focused on the clinical use of minimal residual disease (MRD) and as an alternative endpoint in trials. As progression-free survival (PFS) rates improve, trials will need to grow in duration and size to yield statistically significant results, which could delay patient access to new treatments. The session discussed the data and process for evaluating whether MRD negativity could be a reliable surrogate marker for treatment response.

With three independent analyses supporting the link between MRD negativity and treatment response, regulators and clinicians agreed that MRD is a valid surrogate marker. Some trials are already incorporating MRD as a guide for treatment, and it will be interesting to see how this approach develops in clinical practice. An awareness of this change is important as it will eventually change how we explain treatment efficacy to patients.

Frailty

Another important session addressed the classification of patients ineligible for autologous stem cell transplant into 'fit' and 'frail' categories. It was suggested that for frail patients, the primary focus should be on minimizing toxicity, while for fit patients, the goal should be achieving MRD negativity. The session

emphasized the need for a validated frailty score that is practical in clinical settings as this research develops.

I am encouraged to see trials focusing on how best to treat myeloma patients regardless of fitness level, as this is crucial for achieving equitable healthcare. It is also promising that most of the trial data discussed during the conference appeared to include demographic information such as ethnicity, with increasing proportions that appear more representative. However, there is still more work to be done in this area.

In summary, there were many interesting sessions during the conference, above summarises a few that are particularly of interest in my practice. I am very grateful that I was able to attend with support from the grant and I am already exploring how to take what I learned into practice. Since the conference I have had the confidence to begin to talk about my own research ideas and have a renewed sense of the importance of representing the nursing profession in research.