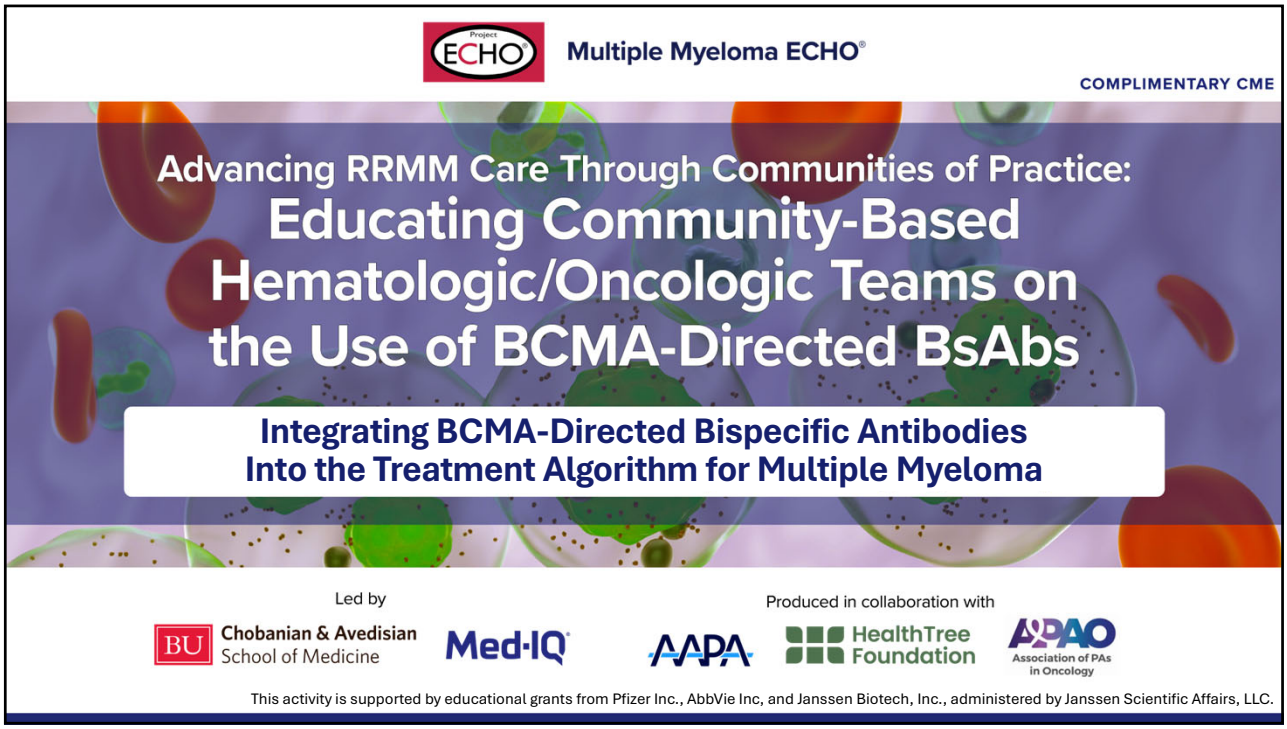

1

Faculty

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2

Learning Objective

Upon completion, participants should be able to:

- Appropriately incorporate BCMA-directed BsAbs into cases of patients with MM that are representative of clinical practice

3

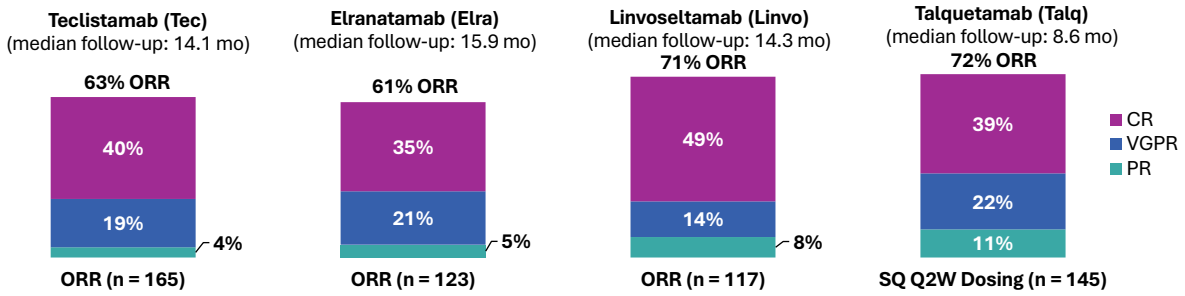
Approved Bispecific Therapies for Myeloma

BsAb	Teclistamab (BCMA x CD3) MajesTEC-1 (phase 1/2; n = 165)	Elranatamab (BCMA x CD3) MagnetisMM-3 (phase 1/2; n = 123)	Linvoseltamab (BCMA x CD3) LINKER-MM1 (phase 1/2; n = 117)	Talquetamab (GPRC5D x CD3) MonumenTAL-1 (phase 1; n = 232)
Trial Population	≥ 3 LOT, including exposure to 1 PI, 1 IMiD, and 1 anti-CD38 mAb	Cohort A: Refractory to at least 1 PI, 1 IMiD, and 1 anti-CD38 mAb	≥ 3 LOT, including exposure to 1 PI, 1 IMiD, and 1 anti-CD38 mAb	RRMM w/intolerance to or progressed on established therapies (data for Q2W dosing)
ECOG PS > 1, %	67	63	85	Excluded PS ≥ 2
Prior BCMA therapy allowed	Not allowed	Cohort A: No		Yes
Age, median (range), years	64 (33-84)	68 (36-89)	70 (37-91)	64 (39-84)
Age > 65 years, %	48	NR	27	30 for > 70
EMD, %	17	32	16	32
High-risk cytogenetics, %	26	25	39	16
Median LOT	5	5	5	6
Triple-class refractory, %	78	97	82	79
Penta-drug refractory, %	30	42	28	30

Moureau P, et al. *N Engl J Med*. 2022;387:495-505; Lesokhin AM, et al. *Nat Med*. 2023;29:2259-67; Bumma N, et al. *J Clin Oncol*. 2024;42:2702-12; Chari A, et al. *N Engl J Med*. 2022;387:2232-44.

4

BsAbs: Efficacy and Safety



Toxicity	Teclistamab	Elranatamab	Linvoseltamab	Talquetamab
Safety				
CRS, any grade/grade ≥ 3, %	72/1	56/0	46/1	76/2
Median onset/duration, days (range)	2 (1-6)/2 (1-9)	2 (1-9)/2 (1-19)	0 (0-8)/1 (0-4)	2 (1-7)/1(1-26)
NT, any grade/grade ≥ 3, %	15/0	3/0	8/3	5/0
Median onset/duration, days (range)	2 (1-6)/2 (1-9)	2.5 (1-4)/2 (1-6)	1 (1-4)/2 (1-11)	2.5 (1-16)/2(1-22)

RWE with BsAbs resulted in a high ORR with rapid and durable responses with a comparable toxicity profile to that seen in pivotal trials

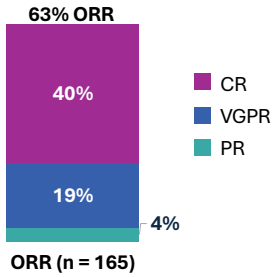
Initial approval: patients with RRMM after ≥ 4 prior LOT, including an IMiD, PI, and anti-CD38 mAb

Moreau P, et al. *N Engl J Med*. 2022;387:495-505; Lesokhin AM, et al. *Nat Med*. 2023;29:2259-67; Tomasson M, et al. *Blood*. 2023;142:3385; Chari A, et al. *N Engl J Med*. 2022;387:2232-44; Schinke C, et al. *Curr Med Res Opin*. 2024;40:1705-11; Dima D, et al. *Transplant Cell Ther*. 2024;30: 308.e1-e13; Malard F, et al. *Blood Cancer J*. 2024;14:219; Dima D, et al. *Blood Cancer J*. 2024;14:219.

5

Teclistamab: MajesTEC-1 Trial

Median follow-up: 30.4 months



Median PFS, mo	11.4
< 3 vs > 3 prior LOT	21.7 (13.8-NE) vs 9.7 (6.4-13.1)
≥ CR vs overall	NR (26.9-NE) vs 11.4 (8.8-16.4)
30-mo PFS rate, %	61 (≥ CR) vs 30.1 (overall)
Median OS, mo	22

30-month DOR, PFS, and OS rates were ≥ 80% in patients with sustained MRD [-] for ≥ 6 months.

Select AEs (≥ 20%), n (%)	(n = 165)	
	Any grade	Grade 3/4
Nonhematologic		
Infections	132 (80)	91 (55.2)
CRS	119 (72.1)	1 (0.6)
Pyrexia	52 (31.5)	1 (0.6)
Fatigue	48 (29.1)	4 (2.4)
Injection-site reaction	43 (26.1)	0
Hypogammaglobinemia	34 (20.6)	3 (1.8)

Clinically relevant infections, n (%)	(n = 165)		
	Any grade	Grade 3/4	Grade 5
Respiratory	95 (57.6)	32 (19.4)	2 (1.2)
COVID-19	48 (29.1)	35 (21.2)	18 (10.9)
Key viral	20 (12.1)	7 (4.2)	1 (0.6)
GI	15 (9.1)	2 (2.1)	0
Fungal	9 (5.5)	0	0
PJP	7 (4.2)	7 (4.2)	0

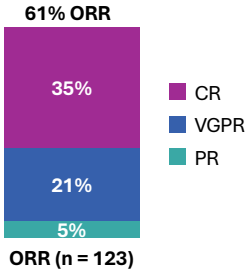
PJP, *pneumocystis jirovecii* pneumonia.

Garfall AL, et al. *J Clin Oncol*. 2024;42:abstr 7540; Nooka AK, et al. *J Clin Oncol*. 2022;40:abstr 8007; Moreau P, et al. *N Engl J Med*. 2022;387:495-505; Van De Donk NWCJ, et al. *J Clin Oncol*. 2023; 41:abstr 8011.

6

Elranatamab: Magnetismm-3 Trial

Median follow-up: 28.4 months



Median DOR, mo	NR
Median PFS, mo	17.2 (9.8-NE)
Median OS, mo	24.6 (13.4-NE)

Select AEs (≥ 20%), n (%)	(n = 123) Any grade	Grade 3/4
Nonhematologic		
Infections	69.9	39.8 (G5: 6.5)
CRS	71 (58)	0
Fatigue	42 (34)	4 (3)
Decreased appetite	40 (33)	1 (1)
Injection-site reaction	32 (26)	0
Pyrexia	29 (24)	4 (3)

Clinically relevant infections, n (%)	(n = 123) Any grade	Grade 3/4	Grade 5
COVID-19	36 (29)	19 (15)	2 (2)
Respiratory	20 (16)	0	0
PNA	20 (16)	10 (8)	0
Sinusitis	13 (11)	2 (2)	0
UTI	12 (10)	4 (3)	0
Sepsis	8 (7)	8 (7)	0

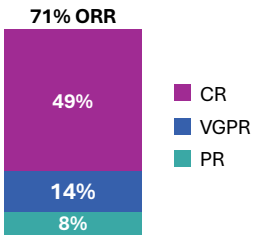
URTI, upper respiratory tract infection; PNA, pneumonia; UTI, urinary tract infection.

Bahlis N, et al. *Nat Med*. 2023;29:2570-6; Lesokhin AM, et al. *Nat Med*. 2023;29:2259-67; Tomasson M, et al. *Blood*. 2023;142:3385; Tomasson, MH, et al. *HemaSphere*.2024;8:e136; Prince HM, et al. *Blood*. 2024;144:4738.

7

Linvoseltamab: LINKER-MM1

Median follow-up: 14.3 months



Median DOR, mo	29.4 (19.2-NE)
Median PFS, mo	NR (17.3-NE)
12-mo PFS rate, %	70.0 (60.1-78.0)
12-mo OS rate, %	75.3 (66.0-82.3)
Median OS, mo	31.4 (21.6-NE)
Prior BCMA ADC ORR, %	70

Select AEs (≥ 20%), n (%)	(n = 117) Any grade	Grade 3/4
Nonhematologic		
Infections	87 (74)	42 (36)
CRS	54 (46)	2 (2)
ICANS	9 (8)	3 (3)
Pyrexia	20 (17)	0
Fatigue	39 (33)	0
Hypogammaglobinemia	19 (16)	1 (1)

Clinically relevant infections, n (%)	(n = 117) Any grade	Grade 3/4	Grade 5
Respiratory	22 (19)	2 (2)	0
COVID-19	20 (17)	8 (7)	0
Key viral	19 (16)	6 (5)	1 (1)
Fungal	6 (5)	1 (1)	0
PJP	5 (4)	3 (3)	1 (1)
GI	1 (1)	0	0

PJP, *pneumocystis jirovecii* pneumonia.

Bumma N, et al. *J Clin Oncol*. 2024;42:2702-12.

8

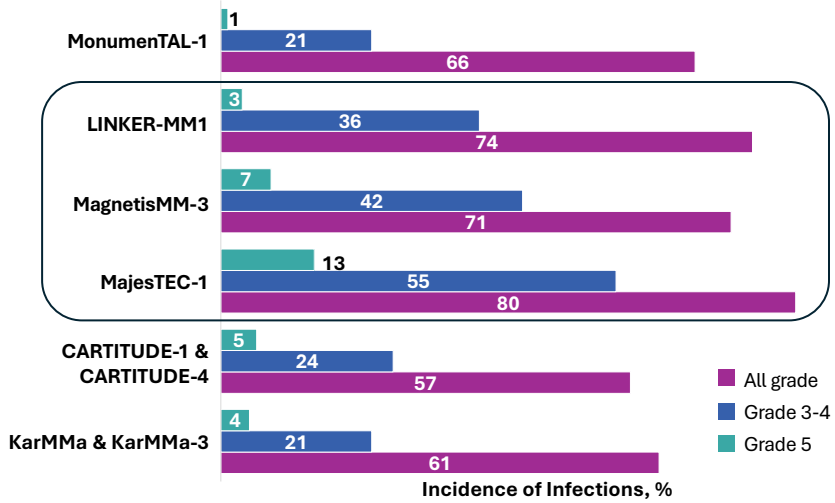
Slide 8

JS1 Are additional references needed?
Jaime Symowicz, 2026-03-20T20:54:18.254

JS1 0 Not finding all data in the Bumma ref
Jaime Symowicz, 2026-03-20T21:00:03.252

AN1 1 https://ascopubs.org/doi/10.1200/JCO.24.01008
Nooka, Ajay, 2026-04-11T17:02:17.773

Incidence of Infectious Complications With T-Cell–Redirecting Therapies



Significant ↑ of serious infection with BCMA-directed BsAb therapy vs CAR T-cell

- Additionally associated with higher risk of infections vs GPRC5D-directed therapy

Dima D, et al. *Hematology Am Soc Hematol Educ Program*. 2025;2025:324-33.

9

Major Toxicities of T-Cell–Redirecting Therapies

CRS
- The main symptom is fever
- Severe cases: hypotension and hypoxia

Infections
- Most common cause of non-relapse mortality
- Prophylaxis is crucial

ICANS
- Confusion, delirium, dysgraphia, word-finding difficulties
- Severe cases: seizures

Cytopenias
- Most common AE with CAR T-cell and BsAb
- Grading per CTCAE version 5.0 or ICAHT

Other Neurotoxicity
- Nerve palsies, Guillain-Barré syndrome, Parkinsonism
- Mainly seen with cilta-cel

IEC-HS
- Hyperinflammatory syndrome
- Hyperferritinemia, hepatic dysfunction, coagulopathy, cytopenias

Skin, Nail, Mouth (GPRC5D only)
- On-target, off-tumor toxicities
- Dry mouth, stomatitis, dysgeusia
- Weight loss
- Nail changes, dry skin, rashes

Dima D, et al. *Hematology Am Soc Hematol Educ Program*. 2025;2025:324-33.

10

Emerging BCMA-Targeted BsAb Combination Regimens for RRMM

Treatment	Tec + Dara + Len[a] (MajesTEC-2)		Tec + Dara (MajesTEC-3)		Elra + Dara[a] (MagnetisMM-5)	Linvo + Dara or Isa[a] (LINKER-MM2)		
	Tec 0.72 mg/kg + Dara + Len	Tec 1.5 mg/kg + Dara + Len	Tec 1.5 mg/kg or 3 mg/kg + Dara 1,800 mg	DPd/DVd premed	Elra 44 or 76 mg + Dara	DL1 Linvo 100 mg + Dara/Isa	DL1b Linvo 150 mg + Dara/Isa	DL2 Linvo 200 mg + Dara only
N or n	13	19	291	296	34	18	16	8
Median prior LOT (range)	2 (1-3)	2 (1-3)	1-3		4 (2-9)	3 (2-6)	3 (2-6)	4 (2-8)
Triple-class refractory, %	Not reported		Not reported		17.6	3 (16.7)	5 (31.3)	1 (12.5)
ORR, %	93.5		89.0	75.3	70.6	81	93	86
mPFS, mo	Not reported		Not reached	18.1	Not reported	Not reported		
HR (95% CI)	Not reported		0.17 (0.12-0.23)		Not reported	Not reported		
mDOR, mo	Not reached		Not estimable	23.5	Not reported	Not reported		
HR (95% CI)	Not reported		Not reported		Not reported	Not reported		
Median f/u, mo	8.4		34.5		Not reported	17.4	10.1	8.8
Any grade AE (grade ≥ 3), %								
CRS	81.2 (0)		60.1 (0)	Not reported	41.7 (0)	33.3 (2.4)		
Infections	90.6 (37.5)		96.5 (54.1)	84.1 (43.4)	Not reported; COVID-19: 32.4 (2.9)	78.6 (35.7)		
Neutropenia	84.4 (78.1)		78.4 (75.6)	82.8 (78.6)	47.1 (47.1)	45.2 (45.2)		
Anemia	21.9 (12.5)		39.2 (20.5)	35.5 (17.2)	29.4 (26.5)	57.1 (31.0)		
Thrombocytopenia	25.0 (15.6)		36.4 (19.4)	43.4 (23.4)	20.6 (14.7)	42.9 (19.0)		
ICANS	0		1.1%	Not reported	0	Not reported		
Deaths, n Due to AE/TEAE	2		7.1%	5.9%	15	2	1	4
Hypogammaglobulinemia/ IVIG	Not reported		84.5%	Not reported	Not reported	Not reported		

Direct comparisons cannot be made between studies.
[a]Combination is considered investigational and is not FDA approved.
Searle E, et al. *Blood*. 2022;140:394-6; Mateos MV, et al. *Blood*. 2025;146:abstr LBA-6; Grosicki S, et al. *Blood*. 2022;140:4407-8; Dimopoulos MA, et al. *Blood*. 2025;146:2254.

11

MajesTEC-3 Phase 3 Trial of Tec + Dara vs Investigator's Choice of Dara-Pd or Dara-Vd in RRMM: Study Design and Patients

Key Eligibility Criteria
- RRMM with 1-3 prior LOT (including PI + Len)
- Len refractory with 1 prior LOT[a]
- ECOG PS 0-2
- No prior BCMA-directed therapy; not refractory to anti-CD38 mAbs[b]

R 1:1
N = 587

Tec-Dara (n = 291)
SQ dosing per Dara schedule;
monthly dosing after C6; steroid sparing after C1D8

DPd/DVd
(n = 296)
(91% DPd)[c]

- **Treatment (4-week cycles: cycles 1 and 2 QW; cycles 3-6 Q2W; cycles 7+ Q4W)**
- Step-up dosing: Tec 0.06 mg/kg and 0.3 mg/kg on C1D2 and C1D4, respectively
- Tec 1.5 mg/kg; C1: D8, D15, D22; C2: D1, D8, D15, D22
- Tec 3 mg/kg; C3-6: D1, D15; C7+: D1
- Dara 1,800 mg: C1: D1, D8, D15, D22; C2: D1, D8, D15, D22; C3-6: D1; D15; C7+: D1dex (premed)[d]: C1: D1, D2, D4, D8

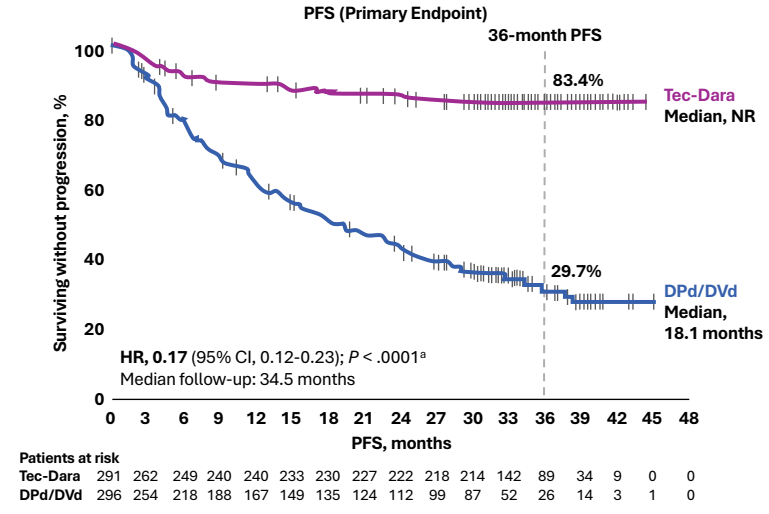
Primary endpoint: PFS per IRC
Key secondary endpoints: ≥ CR[e] and ORR,[e] MRD negativity (10^{-5}), OS, My Slm-Q Total Symptom score

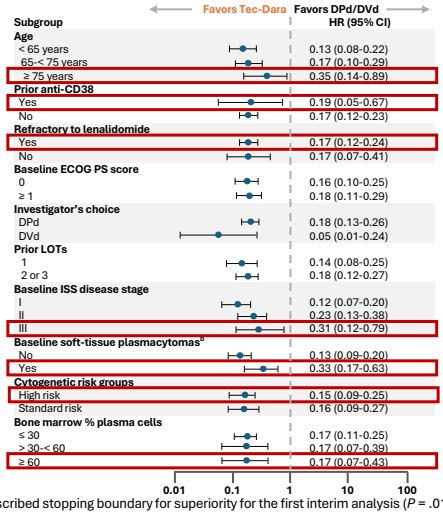
Patient Characteristics	Tec-Dara (n = 291)	DPd/DVd (n = 296)
Median age (range), years	64 (36-88)	63 (25-84)
≥75 years, n (%)	31 (10.7)	25 (8.4)
Baseline ECOG PS score, n (%)		
0	167 (57.4)	160 (54.1)
1	108 (37.1)	127 (42.9)
2	16 (5.5)	9 (3.0)
ISS stage, n (%)		
I	182 (62.5)	185 (62.5)
II	85 (29.2)	88 (29.7)
III	24 (8.2)	23 (7.8)
BMPCs ≥ 60%,[f] n/N (%)	28/286 (9.8)	24/293 (8.2)
Soft tissue plasmacytoma, n (%)	41 (14.1)	41 (13.9)
Extramedullary plasmacytomas[g]	14 (4.8)	17 (5.7)
Paraskeletal plasmacytomas	32 (11.0)	31 (10.5)
High-risk cytogenetics,[h] n/N (%)	104/285 (36.5)	104/294 (35.4)

[a]Per IMWG. [b]Prior exposure to anti-CD38 mAbs was permitted. [c]DPd/DVd were administered per the approved schedules. [d]Dex, Acetam, and diphenhydramine premedication was required for first 2 weeks; subsequent dexamethasone not required thereafter. [e]Response and disease progression were assessed by blinded IRC per IMWG criteria. [f]Maximum value from BM biopsy or aspirate was selected if both were available. [g]From metastatic or hematogenous spread involving only soft tissues. [h]Presence of ≥1 of del(17p), t(4;14), or t(14;16).
From Costa LJ, et al. *N Engl J Med*. 2026;394:739-52.

12

MajesTEC-3 Phase 3 Trial of Tec + Dara vs Investigator's Choice of Dara-Pd or Dara-Vd in RRMM: PFS and Subgroup Analysis





[a]The *P*-value crossed the prescribed stopping boundary for superiority for the first interim analysis (*P* = .0139).
[b]Baseline soft tissue plasmacytomas contain both extramedullary and paraskeletal plasmacytomas.
From Costa LJ, et al. *N Engl J Med*. 2026;394:739-52. © 2025 Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society.

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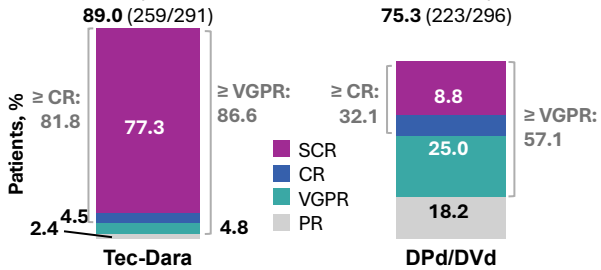
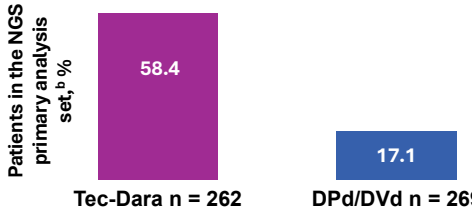
MajesTEC-3 Phase 3 Trial of Tec + Dara vs Investigator's Choice of Dara-Pd or Dara-Vd in RRMM: ORR, DOR, and MRD Negativity

ORR[a]
ORR: OR, 2.65 (95% CI, 1.68-4.18); *P* < .0001
≥ CR: OR, 9.56 (95% CI, 6.47-14.14); *P* < .0001



	Tec-Dara (n = 259)	DPd/DVd (n = 223)
Median TTFR (range), mo	1.2 (0.9-25.0)	1.2 (0.7-6.3)
Median TTF (range) ≥ CR, mo	6.9 (1.0-34.5)	6.9 (1.5-18.8)
Median DOR (95% CI), mo	NE (NE-NE)	23.5 (19.8-29.9)
36-mo DOR (95% CI), %	88.5 (83.7-92.0)	36.4 (28.9-43.9)

MRD Negativity[b]
MRD negative 10^{-5}
(secondary endpoint)
OR, 6.78; *P* < .0001

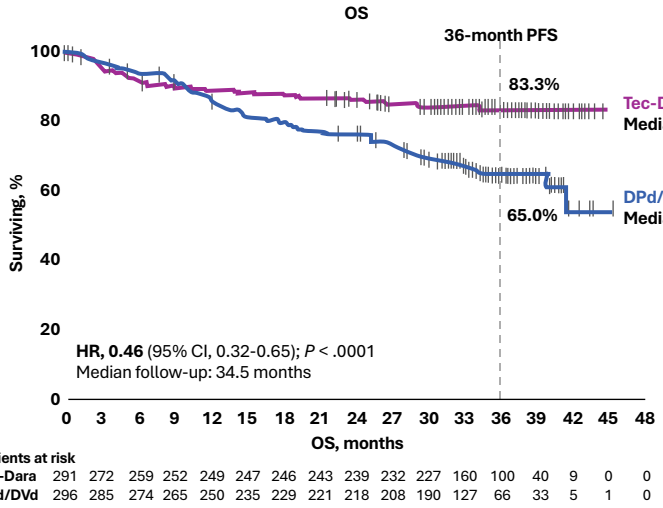


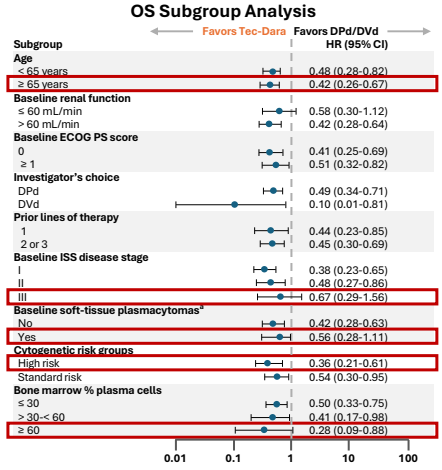
	MRD− ≥ CR (10^{-5})		MRD− ≥ CR (10^{-6})	
	Primary NGS[c]	Evaluable[d]	Primary NGS[c]	Evaluable[d]
Tec-Dara, %	57.6	89.3	53.8	87.5
DPd/DVd, %	17.1	63.0	10.4	41.8

Median follow-up: 34.5 months. [a]Response and disease progression were assessed by a blinded IRC per IMWG criteria. [b]Baseline MRD was assessed in BM by NGS in accordance with IMWG guidelines. [c]Defined as all randomized patients in the study except those recruited in China (due to China instead utilizing NGF for MRD assessment; Tec-Dara, n = 262; DPd/DVd, n = 269). [d]Defined as patients who achieved ≥ CR, had a successful baseline calibration, and had ≥ 1 postbaseline MRD sample with a positive or negative result (per NGS) at the indicated threshold (10^{-5}: Tec-Dara, n = 168; DPd/DVd, n = 73; 10^{-6}: Tec-Dara, n = 160; DPd/DVd, n = 67).
Mateos MV, et al. *Blood*. 2025;146:abstr LBA-6.

14

MajesTEC-3 Phase 3 Trial of Tec + Dara vs Investigator's Choice of Dara-Pd or Dara-Vd in RRMM: OS and Subgroup Analysis





[a]Baseline soft tissue plasmacytomas contain both extramedullary and paraskeletal plasmacytomas.

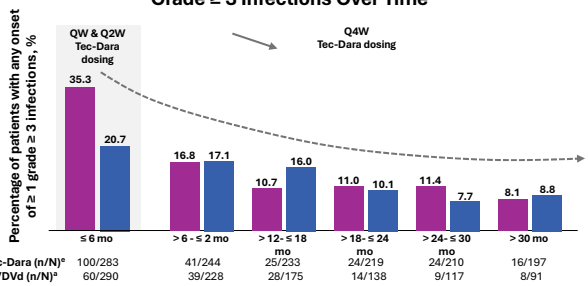
From Costa LJ, et al. *N Engl J Med*. 2026;394:739-52. © 2025 Massachussetts Medical Society. Reprinted with permission from Massachussetts Medical Society.

15

MajesTEC-3 Phase 3 Trial of Tec + Dara vs Investigator's Choice of Dara-Pd or Dara-Vd in RRMM: Safety

Safety, n (%)	Tec-Dara (n = 283)		DPd/DVd (n = 290)	
	Any grade	Grade 3/4	Any grade	Grade 3/4
Any TEAE[a]	283 (100)	269 (95.1)	290 (100)	280 (96.6)
Hematologic[a]				
Neutropenia	222 (78.4)	214 (75.6)	240 (82.8)	288 (78.6)
Thrombocytopenia	103 (36.4)	55 (19.4)	126 (43.4)	68 (23.4)
Nonhematologic[a]				
CRS	170 (60.1)	0	-	-
Diarrhea	147 (51.9)	10 (3.5)	89 (30.7)	7 (2.4)
Cough	136 (48.1)	1 (0.4)	66 (22.8)	0
Pyrexia	104 (36.7)	4 (1.4)	55 (19.0)	1 (0.3)
Any infection	273 (96.5)	153 (54.1)	244 (84.1)	126 (43.4)
Treatment-emergent infection or infestation[a]				
COVID-19	124 (43.8)	17 (6.0)	97 (33.4)	6 (2.1)
URTI	115 (40.6)	12 (4.2)	88 (30.3)	7 (2.4)

Grade ≥ 3 Infections Over Time



- **Death due to TEAEs:** 7.1% with Tec-Dara and 5.9% with DPd/DVd
- **Deaths due to infection[b]:** 13 (4.6%) with Tec-Dara, 12 within 6 months of treatment (9 of which did not receive IgRT)
- **ICANS[c]:** 1.1% with Tec-Dara; all resolved
- **Hypogammaglobulinemia[d]:** 84.5% with Tec-Dara and 60.3% with DPd/DVd

[a]Most common TEAEs of any grade and grade 3/4 in ≥ 40% and ≥ 25% of patients, respectively, in either treatment group. [b]In the DPd/DVd group, 4 patients had a fatal infection, 2 of which occurred after implementation of protocol amendment #6. [c]Grade 1, n = 2; grade 4, n = 1 (led to discontinuation of Tec). [d]Defined as patients with ≥ 1 TEAE of hypogammaglobulinemia or a postbaseline IgG value < 400 mg/dL. [e]Includes patients in TEAE-reporting period for the specific window. Noting that patients are counted only once in a window for any given event, regardless of the number of times they experienced the event with the specific time window.

From Costa LJ, et al. *N Engl J Med*. 2026;394:739-52 © 2025 Massachussetts Medical Society. Reprinted with permission from Massachussetts Medical Society.

Mateos MV, et al. *Blood*. 2025;146:abstr LBA-6.

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Investigational Combinations of Approved BsAbs

	RedirecTT-1	MajesTEC-2A	TRIMM-2			
Combination	Tec + Talq[a]	Tec + Dara-Pom[a]	Tec + Dara-Pom[a]	Talq + Dara-Pom[a]	Talq + Dara-Pom[a]	Talq + Dara[a]
Cohort size (n)	n = 94	n = 17	n = 10	0.4 QW n = 18	0.8 Q2W n = 59	n = 65
Median LOT (range)	4 (1-11)	1 (1-4)	4 (3-16)	6 (3-11)	6 (1-17)	5 (2-16)
High-risk cytogenetics (%)	41	27	33	22	28	18
EMD (%)	36	0	30	22	24	25
Triple-refractory (%)	86	0	70	83	76	58
Penta-refractory (%)	33	0	NA	22	34	NA
Prior BCMA therapy (%)	Allowed	30	11	72	68	54
ORR (≥ CR), (%)	78 (48)	94 (65)	70 (50)	100 (56)	76 (56)	78 (45)
PFS	65% at 18 mo	60 at 24 mo	47 at 24 mo	15.4 mo (m)	20.3 mo (m)	19.4 mo (m)
DOR	77% at 18 mo	60 at 24 mo	67 at 24 mo	13.8 mo (m)	26.4 mo (m)	93% at 12 mo
OS	NA	NA	NA	NA	NA	NA
Any CRS (grade ≥ 3), (%)	79 (2)	47 (0)	70 (0)	56 (0)	80 (0)	78 (0)
Any ICANS (grade ≥ 3), (%)	3 (1)	0 (0)	10 (0)	0 (0)	5 (2)	5 (0)
Any infections (grade ≥ 3), (%)	89 (64)	94 (65)	90 (60)	72 (17)	78 (37)	63 (25)

RedirecTT-1 visceral EMD: ORR 61% and 18-month DOR 82%.
[a]Combination is considered investigational and is not FDA approved.
Cohen YC, et al. *N Engl J Med*. 2025;392:138-49; D'Souza A, et al. *Blood*. 2024;144:495; Bahlis NJ, et al. *Hemasphere*. 2023;7:e90062ca.

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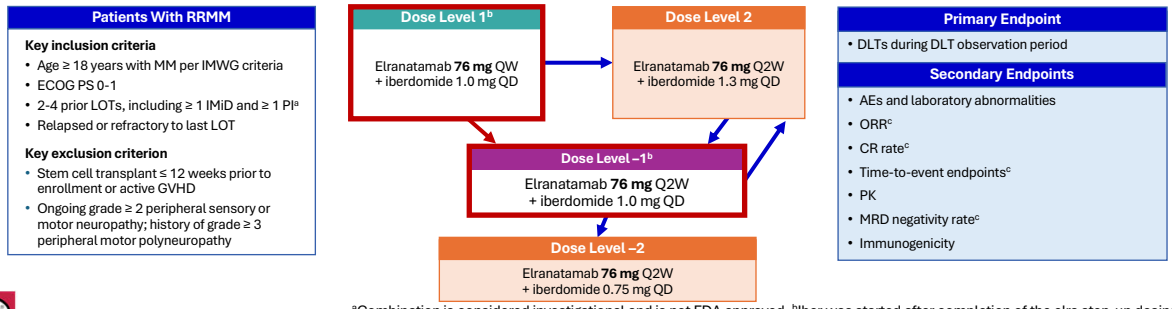
Safety and Efficacy of Elranatamab in Combination With Iberdomide[a] in Patients With RRMM: Results From the Phase 1b MagnetisMM-30 Trial

- MagnetisMM-30 (NCT06215118) is a phase 1b, open-label, multicenter, prospective study
- **Part 1** (dose escalation) primary objective was to assess the tolerability and safety of elranatamab in combination with iberdomide to determine the recommended doses of the combination for evaluation in **Part 2** (randomized dose optimization)
  - A BOIN approach was used to guide dose escalation/de-escalation in **Part 1**



[a]Combination is considered investigational and is not FDA approved. [b]Iber was started after completion of the elra step-up dosing.
Suvannasankha A, et al. *Blood*. 2025;46:100-1.

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MagnetisMM-30 Trial: ORR by Cytogenetic Risk

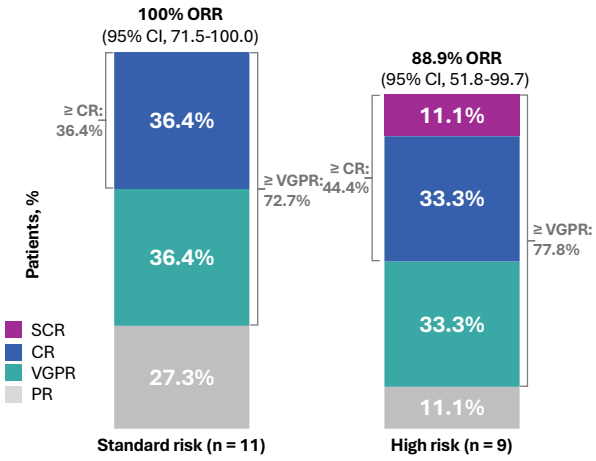
Confirmed ORR (95% CI) by investigator:

- Standard risk: 100% (71.5-100.0)
- High risk: 88.9% (51.8-99.7)

≥ CR rates (95% CI) were:

- Standard risk: 36.4% (10.9-69.2)
- High risk: 44.4% (13.7-78.8)

Two patients who had missing cytogenetic risk data both achieved CR



Suvannasankha A, et al. *Blood*. 2025;46:100-1.

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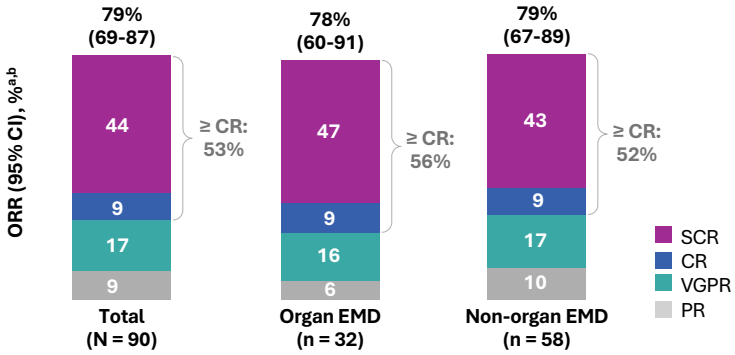
RedirecTT-1 Phase 2 EMD (Talq + Tec[a]): High ORR Regardless of EMD Location



Patients with true EMD achieved deep responses with dual-antigen targeting Tal and Tec

- At an overall median follow-up of 16.8 months, median DOR was not reached in organ EMD and 15.4 months in non-organ EMD
  - Organ EMD: kidney, liver, lung, and others
  - Non-organ EMD: lymph node and soft tissue

[a]Combination is considered investigational and is not FDA approved.
Usmani S, et al. *Blood*. 2025;146:698-9.

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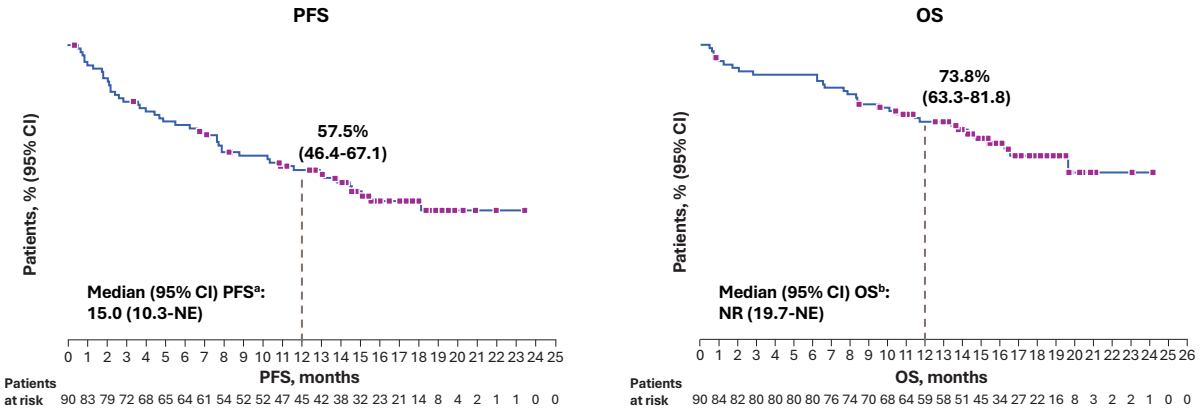
RedirecTT-1 Phase 2 EMD (Talq + Tec): PFS and OS at 16.8 Months Median Follow-Up



With over 1 year of median follow-up, median PFS was 15 months, and median OS was not reached

Data cut-off date: July 18, 2025. [a]At time of data cut-off, 45 (50.0%) patients were censored for PFS. [b]At time of data cut-off, 59 (65.6%) patients were censored for OS.
Usmani S, et al. *Blood*. 2025;146:698-9.

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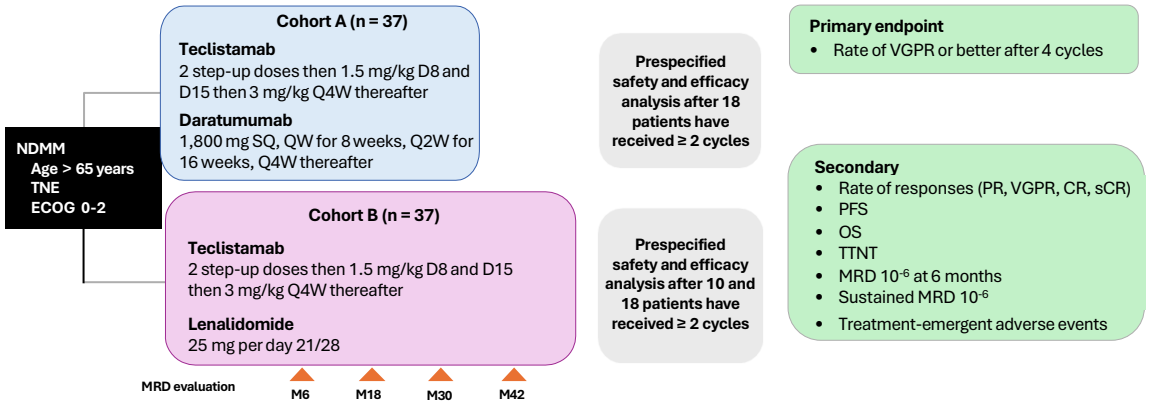
IFM 2021-01 TecLille: Study Design

Phase 2 study of Tec-Dara and Tec-Len[a] in TNE NDMM (n = 74)



Current amendment:
Teclistamab 3 mg/kg Q8W after C13 if CR or better and treatment interruption if 2 years sustained MRD-

NCT05572229

[a]Combination is considered investigational and is not FDA approved.
Manier S, et al. *Blood*. 2025;146:367-8.

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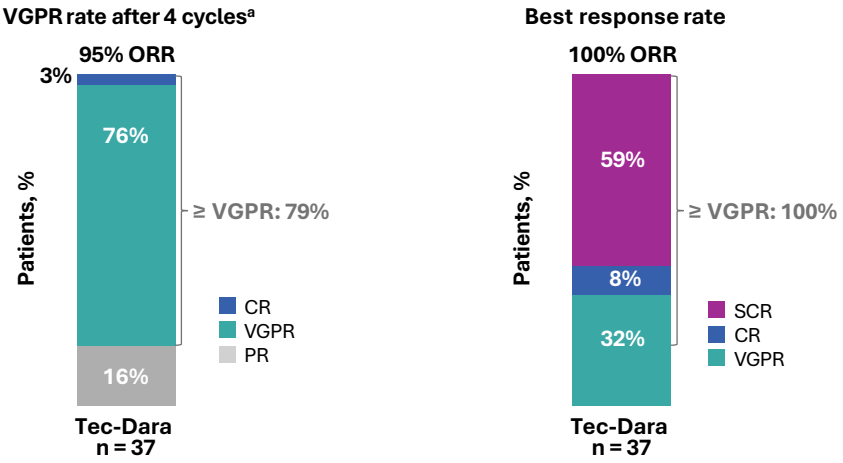
IFM 2021-01 TecLille – Cohort A: Tec-Dara Response Rates



All patients achieved VGPR or better at best response

[a]Primary endpoint.

Manier S, et al. *Blood*. 2025;146:367-8.

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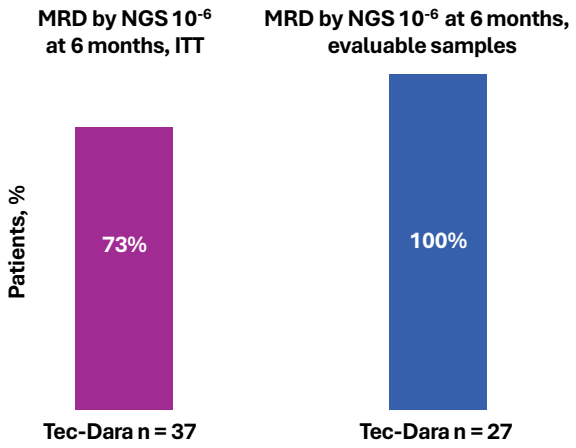
IFM 2021-01 TecLille – Cohort A: Tec-Dara MRD NGS 10^{-6} Evaluation

All 37 patients had MRD evaluation by NGS at 6 months.
For technical reason, 27 patients were evaluable at 10^{-6}:

Missing causes	n
Calibration failure	4
Missing samples	3
Only evaluable at 10^{-5}	3

No patients had a positive MRD status.



All evaluable samples were MRD negative at 10^{-6} by NGS at 6 months

Manier S, et al. *Blood*. 2025;146:367-8.

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Conclusions

- BsAbs have unprecedented activity as single agents in relapsed/refractory disease
- Established safety as single agents—CRS, ICANS, infections, cytopenias
  - CRS and ICANS in the first month of initiation of treatment
  - Infections and cytopenias after the first month of initiation of treatment
  - Grade ≥ 3 infection rates of close to 50% with BCMA-targeting BsAbs
  - Can be reduced with IVIG, antimicrobial prophylaxis, vaccinations, growth factors
- Proven efficacy as earlier lines of therapy in early relapsed disease
- Proven safety in combinations with IMIDs, CELMoDs, and other BsAbs
- Proven efficacy and safety as earlier lines of therapy in newly diagnosed myeloma

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