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INTRODUCTION

Despite significant improvement in the outcomes of patients with newly diagnosed multiple myeloma (NDMM) with novel therapies. However, the prognosis of high-risk patients remains extremely poor [1]. G protein-coupled receptor, class C, group 5, member D (GPRC5D) is an emerging target for the treatment of MM[2]. CT071 is a GPRC5D-targeted autologous second-generation CAR T-cell therapy with expedited manufacturing.

AIM

In this single-arm, single center, open-label exploratory clinical trial, we evaluated the safety and preliminary efficacy of CT071 in patients with high-risk (HR) NDMM (NCT06407947)

METHOD

Patients with NDMM with at least one high-risk feature and ECOG score 0-2 were enrolled. High risk was defined as the presence of any of the following cytogenetic abnormalities: del(17p), t(4;14), t(14;16),t(14;20) or 1q21 amplification with -ISS stage III or R2-ISS stages III or IV or presence of extramedullary disease (EMD) or 2-5% peripheral plasma cells. Upon diagnosis, all patients received 2 cycles of VRd (bortezomib, lenalidomide and dexamethasone) prior to study enrollment. Following apheresis and lymphodepletion with fludarabine 30 mg/m^2/day and cyclophosphamide 300 mg/m^2/day for 3 days, CT071 was administered as a single infusion. Lenalidomide maintenance was started 4 months after CT071 infusion.

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