

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/medical-industry-feature/biomarker-predicts-response-to-bcma-car-t-cell-therapy-in-multiple-myeloma/29919/>

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Biomarker Predicts Response to BCMA CAR T-Cell Therapy in Multiple Myeloma

ReachMD Announcer:

Welcome to ReachMD. This medical industry feature is titled “Biomarker Predicts Response to BCMA CAR T-Cell Therapy in Multiple Myeloma,” featuring Dr. Mateo Mejia Saldarriaga, an oncologist and hematologist at NewYork-Presbyterian and Weill Cornell Medicine. This video is a production of NewYork-Presbyterian with world-class doctors from Columbia & Weill Cornell Medicine.

Dr. Saldarriaga:

Multiple myeloma, despite all the advances, it's still an incurable disease. CAR T has really revolutionized the field and has yielded unprecedented response rate and very prolonged responses, even in the most refractory patients. But we don't really have any prognostic factor of biomarker that will indicate which patient will respond better or which patient is at risk of earlier relapse.

Our study really arise from clinical observation. We had a patient receiving a CAR T product and we noticed that around day 10 it was a very sudden and significant increase in the absolute lymphocyte count on a routine CVC. A few weeks later we had another patient with a similar observation. We start thinking maybe this is more common than what we think, and we want to understand not only how common it is, but what is the clinical implication or usefulness of this of this phenomenon. We conducted a retrospective study. We had 156 patients with relapse refractory myeloma treated with CAR T-cell therapy, specifically BCMA CAR T. We measured the absolute lymphocytic count in the complete and routine CDC day -5 and then on day 0 through 14.

The results of the study show that this increase in ALC is very common amongst patients receiving BCMA CAR T. Importantly, patients who had a higher ALC, we call that ALC Max, or in those first 14 days had significantly improved progression free survival.

Patients with more than 1000 had a median PFS of 30 months, whereas patients whose ALC was 500 or less had a medium PFS of roughly 6 months. We're lucky to have Columbia as our partner in this study. We were able to develop and be able to analyze data in roughly 2 weeks that normally will take over six months. Here at Weill Cornell Medicine NewYork-Presbyterian, our goal is to leverage our findings in the multiple myeloma space and translate it to lymphoma and other malignancies in the hematological or oncological space to really benefit all the community that is affected by cancer.

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