



including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody. Abecma is a one-time infusion, with a new recommended dose range of 300 to 510 x 10<sup>6</sup> CAR-positive T cells.

Boxed warnings for Abecma include [cytokine release syndrome](#), neurologic toxicities, hemophagocytic lymphohistiocytosis/macrophage activation syndrome, prolonged cytopenia, and secondary hematological malignancies.

The approval was based on data from the Phase III KarMMa-3 trial of 254 patients. At a median follow-up of 15.9 months, Abecma more than tripled the primary end point of progression-free survival versus standard regimens, with a [median progression-free survival](#) of 13.3 months versus 4.4 months (hazard ratio, 0.49).

Overall response rates were also significantly improved with Abecma, with 71% of patients treated with Abecma achieving a response and 39% achieving a complete or stringent complete response compared with 42 and 5%, respectively, of those receiving standard regimens. Responses to Abecma were durable, with a median duration of response of 14.8 months (or 20 months for patients who derived a complete response or better).

"With this approval, these patients now have an opportunity to be treated at an earlier line of therapy with a potentially transformative [therapy](#) that offers significantly improved progression-free survival for this difficult-to-treat disease that has had no established treatment approach," Al-Ola A. Abdallah, M.D., chair of the U.S. Myeloma Innovations Research Collaborative, said in a statement.

Approval of Abecma was granted to Bristol Myers Squibb and 2seventy bio.

**More information:** [Press Release](#)

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