

Updates on the bb2121 clinical trial: What is the future of CAR-T cell therapy in multiple myeloma?

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Welcome to *Managing Myeloma*, I am Dr. Noopur Raje. We have been very excited about all of the new treatment approaches, and we are particularly excited about the new cellular approach called CAR T-cells, directed against the protein BCMA. Some of the questions which have come up are the toxicities associated with this CAR T-cell approach. The bottom line really is that the toxicities are quite different. They are quite different from what we believe are the toxicities associated with transplant. With this cellular approach, we have two major toxicities: one being cytokine release syndrome (CRS) and the other being CNS toxicity. In the data we have in myeloma with the BCMA-directed CAR T-cell with bb2121, we have been very fortunate wherein we have not seen a lot of toxicity. We have certainly seen grade 1, 2 and even 3 CRS, but not too much neurotoxicity. In general, it has been well-tolerated. The responses with this kind of an approach have been fairly robust and very encouraging, but we need to wait and see how long these responses will be sustainable. If we do see that these responses are sustainable, would this be a CAR T-cell approach for all patients with myeloma, or would we have more of an age cutoff for this kind of an approach? As of right now, we have treated older patients with this approach; we have gone all the way to 75 years of age, but this would be a moving target. This is something we would have to deal with as we see more patients being treated with this approach.