La rivoluzione terapeutica nel **linfoma** e nel **mieloma**

Napoli, Royal Hotel Continental • 14–15 Maggio 2026

CASO CLINICO
Mieloma Multiplo plurirecidivato extramidollare.

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Disclosures of Alfonso Fiumarella

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
MENARINI					x		
JANSSEN					x		
PFIZER							
ONCOPEPTIDES							
SANOFI					x		
AMGEN							

Mieloma Multiplo microm. k

ISS:2

T.S. 24/10/1941,
-Diagnosi nel 01/2017
-Età alla diagnosi 75 aa

E. LABORATORISTICI:

- LDH: 300
- Hb: 9,5 g/dL
- Creatinina: 1,4 mg/dL
- B2microglobulina 4,5 mg/L
- FLC k/l: 1650/3.6
  rapporto: 453
- Albumina: 3,7 g/dL

COMORBIDITÀ:

- Ipertensione Arteriosa,
- Diabete Mellito Tipo 2,
- IRC Stadio II

VALUTAZIONE MIDOLLARE

- BOM: 70%
- AM: 45%
- Citogenetica/FISH: ND

E. STRUMENTALI:

- RX Scheletro negativa

+24m Off therapy
Recidiva bioumorale e midollare

- **PET/TC (12/2022)**: VI costa (SUV 2.15) + IX costa (SUV 4.41).
- **AM**: Plasmacellule 18%.
- **FLC k/l:** 240/8 rapporto 30

I linea VMP

x 9 cicli

02/2017-10/2017

Al termine della terapia: CR

II linea Dara-RD x 37 CICLI

10/2019-11/2022

Dopo 5 cicli il paziente ottiene: CR

III linea Elo-PD

x 10 cicli

12/2022- 09/2023

CR bio/midol. (AM 2% PCs), **PET/TC (09/2023):** clavicola dx (SUV max 5.4); omero sx (SUV max 3.9), multiple coste ed ala iliaca sx (SUV max 3.8).

PET/TC (09/2024): scomparsa precedenti captazioni ossee tuttavia incremento isolato della lesione litica all'ala iliaca sx con interessamento tessuti molli perischeletrici (SUV max 5.0).

Rivalutazione clinica: Riduzione dimensionale noduli sottocutanei.

IV linea KD x 12 cicli

10/2023-12/2024

+RT 20Gy (10/2024)

V linea di salvataggio con Ciclofosfamide (1000 mg G1-3)

x 2 cicli 01-02/2025

Come consolidare la risposta?

01/2025: comparsa di **multipli (3) noduli sottocutanei**, duri, violacei, di dimensioni variabili (3-8 cm) a localizzazione toraco-addominale. **FNAC:** plasmacellule (65% delle cellule vitali) con immunofenotipo CD38+ CD138+ CD56+/- CD19-.

Paziente di 84 anni con MMRR in VI linea, FRAIL sec. IMWG, in recidiva di malattia extramidollare sottocutanea ed ossea, con iniziale risposta a due cicli di terapia di debulky con ciclofosfamide.
Quale opzione sceglieresti?

a.) CAR-T (Ide-cel, Cilta-cel);
b.) BiTEs (Teclistamab, Elranatamab, Talquetamab);
c.) Belantamab-VD;
d.) Altro (SelinexorD/Melfuflen/Altro);
e.) Palliazione (ciclofosfamide orale).

A real world multicenter retrospective study on extramedullary disease from Balkan Myeloma Study Group and Barcelona University: analysis of parameters that improve outcome

- **226 pazienti con EMM+PO**
- **130 alla diagnosi**
- **96 alla recidiva**
- **Follow up mediano 25.2 mesi**

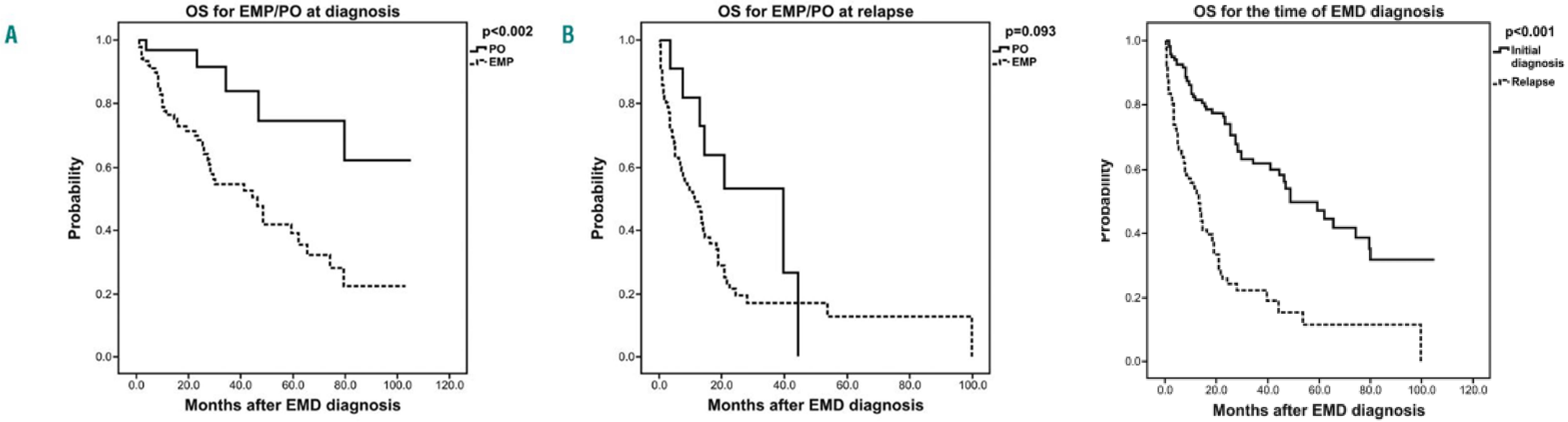
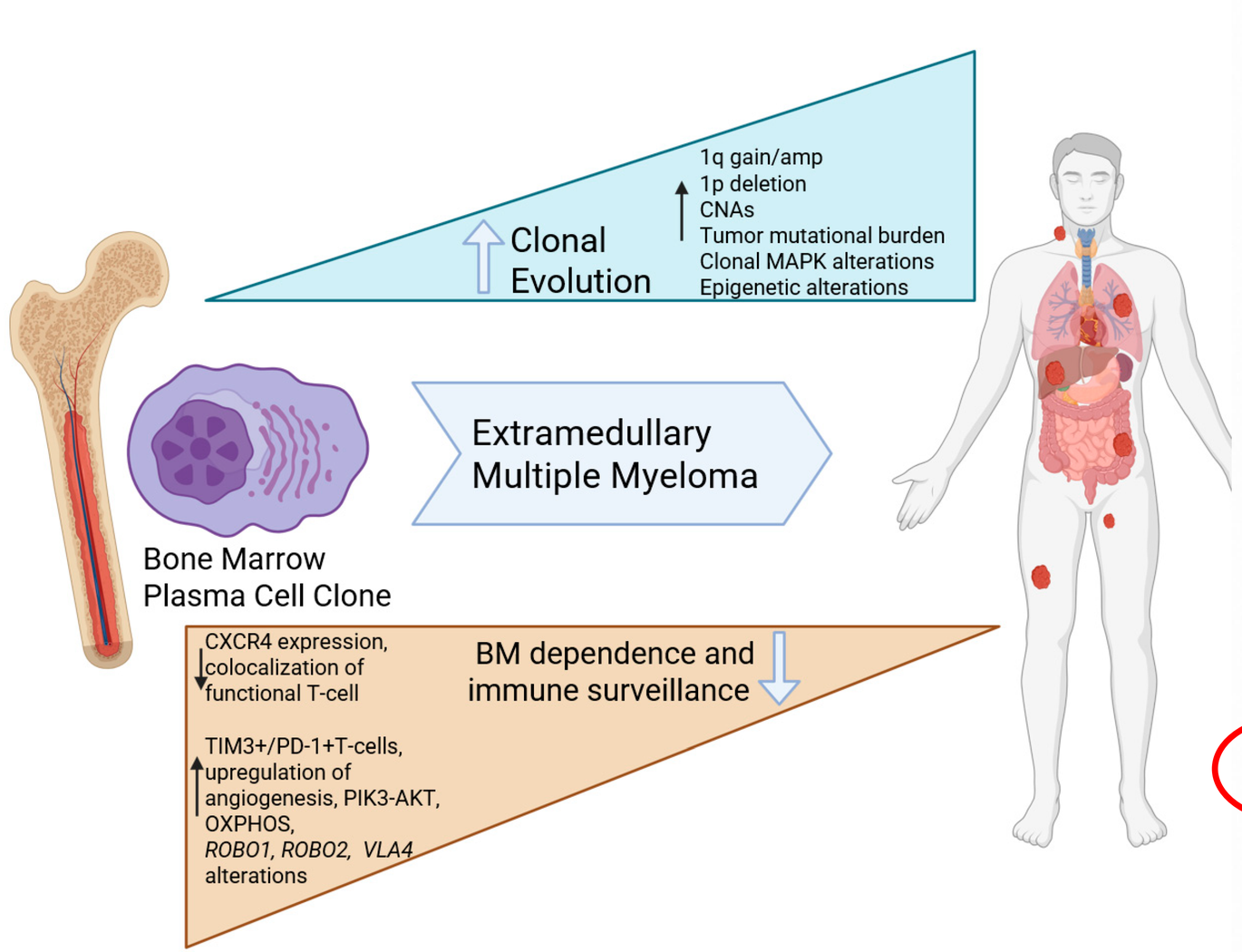
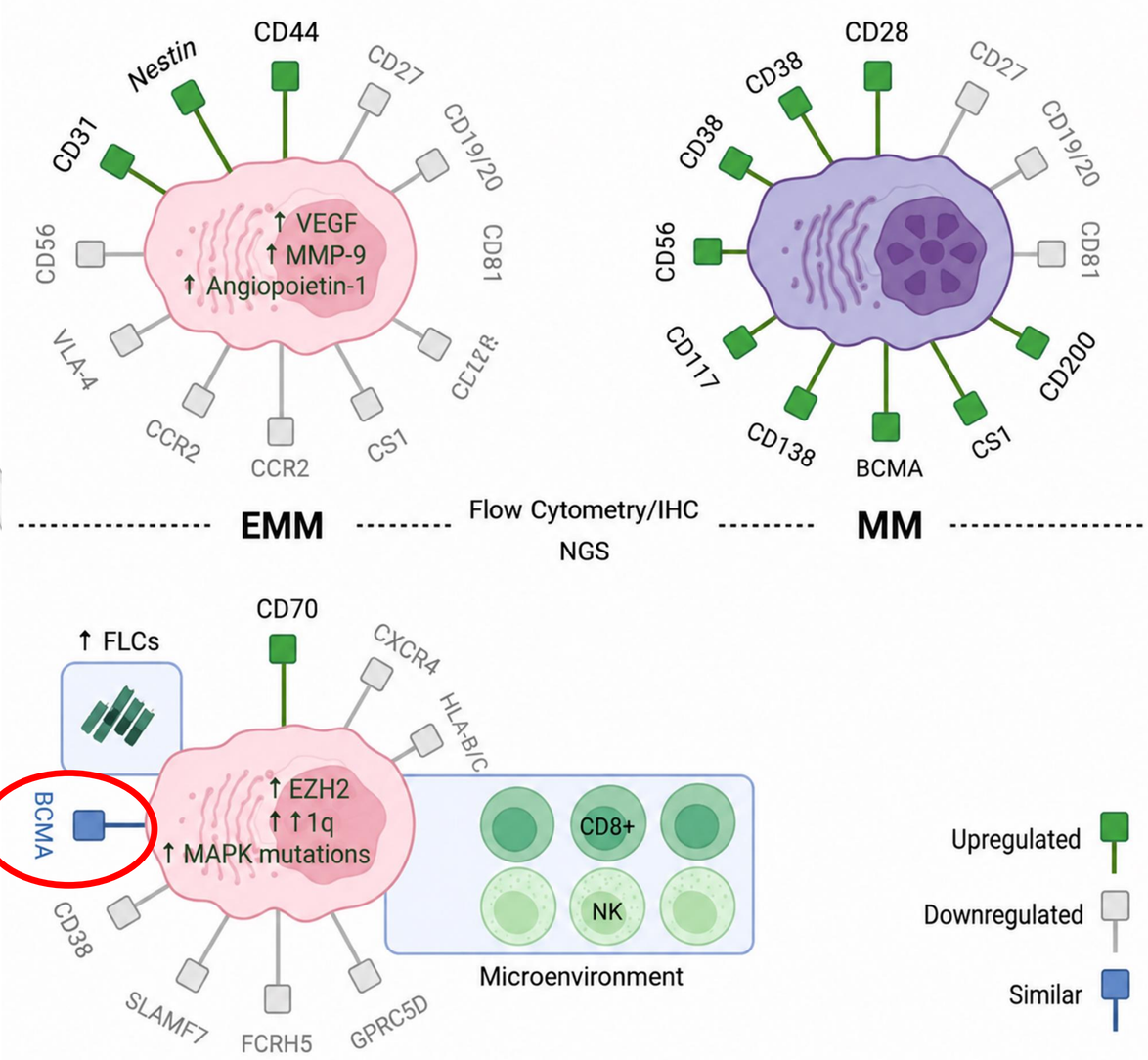


Figure 1.*Overall survival (OS) estimates comparing patients with extramedullary plasmacytomas (EMP) to those with paraosseous (PO) lesions (A) at diagnosis and (B) at relapse. EMD: extramedullary disease.

EXTRAMEDULLARY MULTIPLE MYELOMA (EMM)





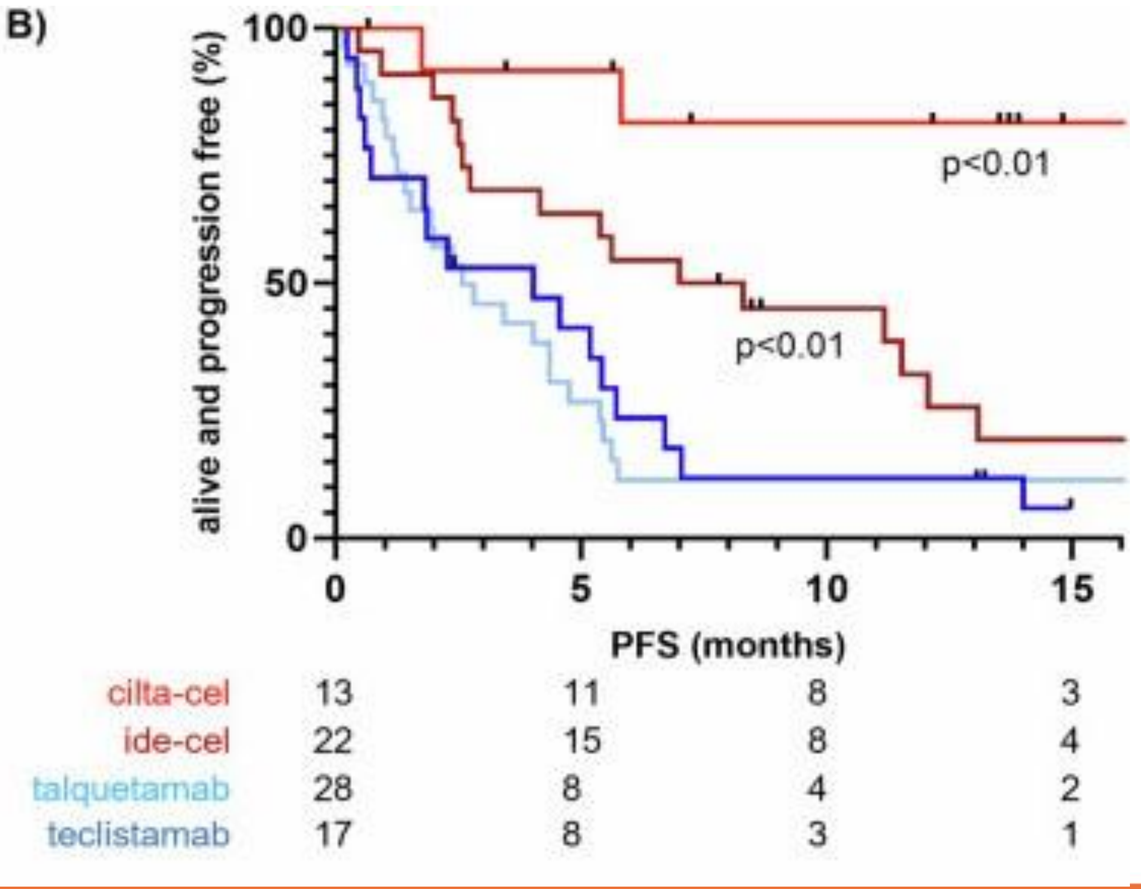
Ho et al, Curr Onc, 2025 Mar 20;32(3); Zanwaret al, Blood Advances, May 2025

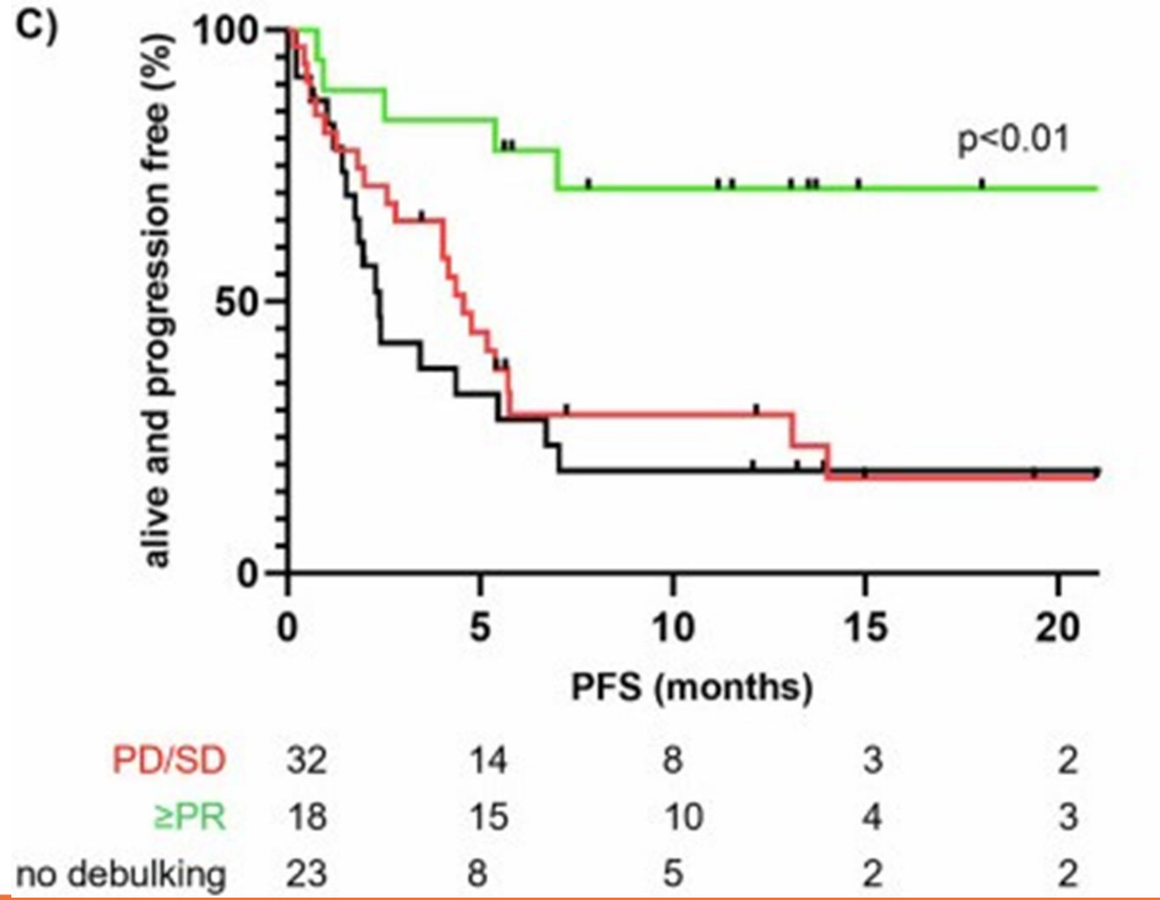
Article | Open access | Published: 30 July 2025

Activity of CAR-T cells and bispecific antibodies in multiple myeloma with extramedullary involvement

Maximilian J. Steinhardt, Christoph Schaefers, Lisa B. Leypoldt, Igor-Wolfgang Blau, Marie Harzer, Xiang

- **80 pazienti con EMM**
- **Mediana LOT: 6 (3-9)**
- **Mediana Lesioni:2 (1-16)**
- **Pazienti con PCL esclusi**
- **Follow up mediano 12.2 mesi**





The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Dual Targeting of Extramedullary Myeloma with Talquetamab and Teclistamab

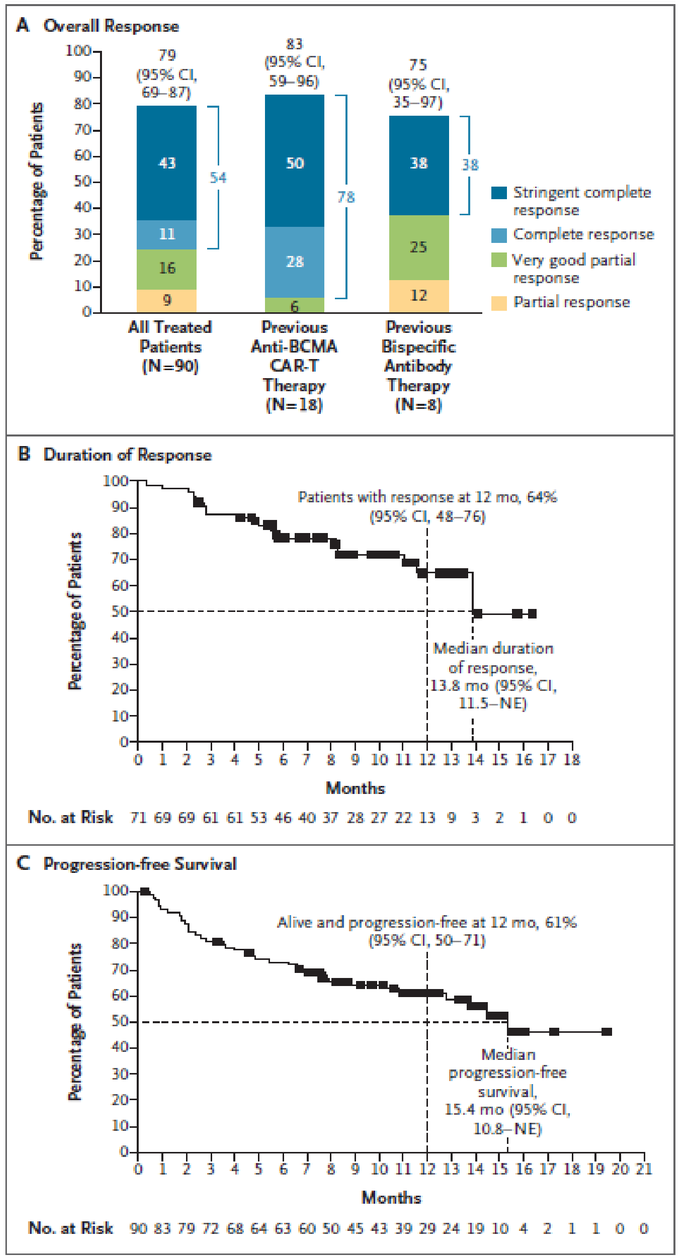
S. Kumar,[1] M.-V. Mateos,[2-5] J.C. Ye,[6] S. Atrash,[7] H. Magen,[8] H. Quach,[9]

Table 1. Characteristics of the Patients at Baseline.*

Characteristic	All Patients (N=90)
Bone marrow plasma cells ≥60% — no./total no. (%)†	10/86 (12)
At least 1 true extramedullary plasmacytoma — no. (%)‡§	90 (100)
Extramedullary plasmacytomas‡	
Median no. (range)	2 (1–7)
Distribution — no. (%)	
1	38 (42)
2–3	29 (32)
≥4	23 (26)
Extramedullary myeloma tumor volume — no. (%)	
<25 cm^2	49 (54)
25–50 cm^2	19 (21)
>50 cm^2	22 (24)
High cytogenetic risk — no./total no. (%)¶	14/65 (22)
Measurable disease — no. (%)‖	
Nonsecretory	4 (4)
Oligosecretory	31 (34)
Median time since diagnosis (range) — yr**	4.7 (0.7–21.4)
Previous lines of treatment	
Median no. (range)	4 (1–10)
Distribution — no. (%)	
≤3	39 (43)
>3	51 (57)

Figure 2. Response and Kaplan–Meier Analysis of Progression-free Survival with Talquetamab plus Teclistamab in Patients with True Extramedullary Myeloma.

Panel A shows percentages of patients with a response confirmed by an independent review committee according to International Myeloma Working Group 2016 criteria, with adaptations for extramedullary myeloma response as assessed by functional imaging, among all the patients with relapsed or refractory multiple myeloma with extramedullary disease who received study treatment (talquetamab at a dose of 0.8 mg per kilogram of body weight plus teclistamab at a dose of 3.0 mg per kilogram every other week). Percentages within each group may not add up to the total for the group because of rounding. Overall response was assessed as a stringent complete response, a complete response, a very good partial response, or a partial response. The brackets indicate the percentage of patients with a complete response or a stringent complete response. A stringent complete response was defined as a complete response plus a normal free-light-chain ratio and the absence of clonal plasma cells as assessed by immunohistochemistry or flow cytometry. Panel B shows the duration of response in all the patients who received treatment and had a confirmed partial response or better. The duration of response was calculated as the number of months from the first documented response to the earliest date of progression or death from any cause; data for patients who were living and free of progression were censored at the date of the most recent disease assessment. Boxes indicate censored data; data for 50 patients (70%) were censored at the data-cutoff date. The dashed vertical lines indicate the percentage of patients with a response at 12 months and the median duration of response. The dashed horizontal line indicates 50% of the patients. Panel C shows progression-free survival from the beginning of treatment among all the patients who received treatment. Events were assessed according to the earliest date of progression or death from any cause; data for patients who were living and free of progression were censored at the date of the most recent disease assessment. Data for patients without disease assessments were censored with 1 day of follow-up. Boxes indicate censored data; data for 53 patients (59%) were censored at the data-cutoff date. The dashed vertical lines indicate progression-free survival at 12 months and median progression-free survival. The dashed horizontal line indicates 50% of the patients. Confidence intervals were not adjusted for multiplicity and should not be used to infer treatment effects. BCMA denotes B-cell maturation antigen, CAR-T chimeric antigen receptor T-cell, and NE not estimable.

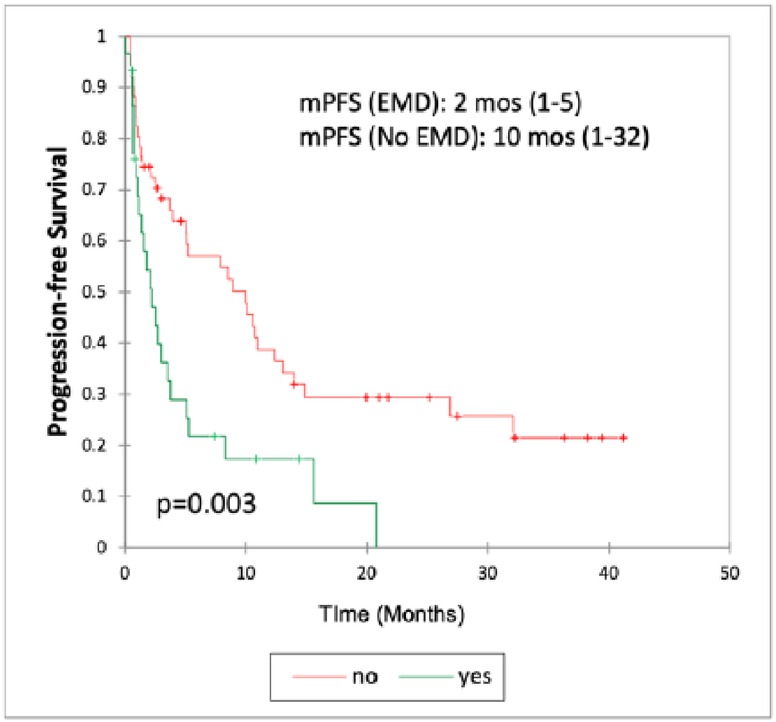


Correspondence | Open access | Published: 10 March 2025

A real-world experience of efficacy and safety of belantamab mafodotin in relapsed refractory multiple myeloma

Rachel Dileo, Prerna Mewawalla, Kalaivani Babu, Yue Yin, Christopher Strouse, Ethan Chen, Hira Shaikh, James A. Davis, Kimberly M. Green, Omar Alkharabsheh, Aliya Rashid, Bidushi Pokhrel, Nausheen Ahmed, Al-Ola Abdallah & Hamza Hashmi

Blood Cancer Journal **15**, Article number: 34 (2025) | Cite this article



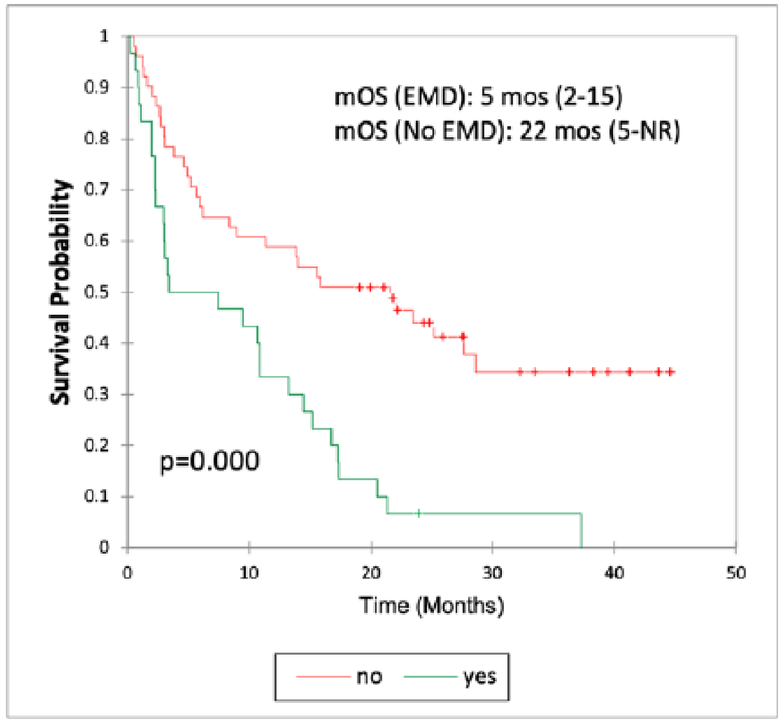


Table 1. Baseline patient and disease characteristics.

Characteristic	*N* (%)
Male	51/81 (63)
Female	30/81 (37)
Age median (range)	67 (37–85)
Age >70 years	34/81 (42)
Race, *n* (%)	
Non-Hispanic White	62 (77)
Non-Hispanic Black	14 (17)
Asian	1 (2)
Hispanic	3 (4)
Cardiac dysfunction (LVEF <40%), *n* (%)	11/81 (14)
Renal dysfunction (GFR <60 mL/min), *n* (%)	35/81 (47)
Lung dysfunction (COPD or asthma), *n* (%)	10/81 (12)
Baseline cytopenia, grade 3+, *n* (%)	19/81 (23)
IgG subtype, *n* (%)	44/81 (54)
R-ISS stage	
Stage I, (%)	14/67 (21)
Stage II, (%)	22/67 (33)
Stage III, (%)	31/67 (46)
ECOG PS, *n* (%)	
0–1	51/81 (63)
2–4	30/81 (37)
High-risk cytogenetics *n* (%)	
Del(17p)	12/81 (15)
t(4;14)	14/81 (17)
t(14;16)	1/81 (1)
gain/amp 1q	33/81(41)
EMD, *n* (%)	30/81(37)
Prior LOT, median (range)	5 (2–10)
≥4 LOT, *n* (%)	65/81 (80)
Refractory status *n* (%)	
PI	73/81 (91)
IMiD	76/81 (94)
BCMA	12/81 (15)
BsAB	7/12 (58)
CAR T	3/12 (25)
Trispecific T-cell engager (HPN217)	2/12 (17)
Double-refractory	77/81 (95)
Triple-refractory	74/81 (91)
Penta-refractory	37/81 (46)
Prior SCT, *n*(%)	
Autologous	55/81 (68)
Allogeneic	2/81 (3)

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653.MYELOMA: THERAPY, EXCLUDING TRANSPLANTATION | NOVEMBER 13, 2019

Response to Therapy and the Effectiveness of Treatment with Selinexor and Dexamethasone in Patients with Penta-Exposed Triple-Class Refractory Myeloma Who Had Plasmacytomas

Andrew J. Yee, MD,[1] Carol Ann Huff, MD,[2] Ajai Chari, MD,[3] Dan T. Vogl, MD,[4]

CHARACTERISTIC / OUTCOME	STORM PLASMACYTOMA COHORT N=27
Soft tissue plasmacytomas	22
Bone-associated soft tissue extension	5
Median age, years	64
Median prior lines of therapy	7 (4–15)
High-risk cytogenetics	8/27
Patients evaluable for plasmacytoma response	16/27
ORR (≥PR)	5 (18.5%)
Minimal Response (MR)	2
SD	4
PD	5
Plasmacytoma reduction/resolution	9/16
Median follow-up assessment time	41 days (22–119)

62nd ASH® Annual Meeting and Exposition
DECEMBER 5-8, 2020

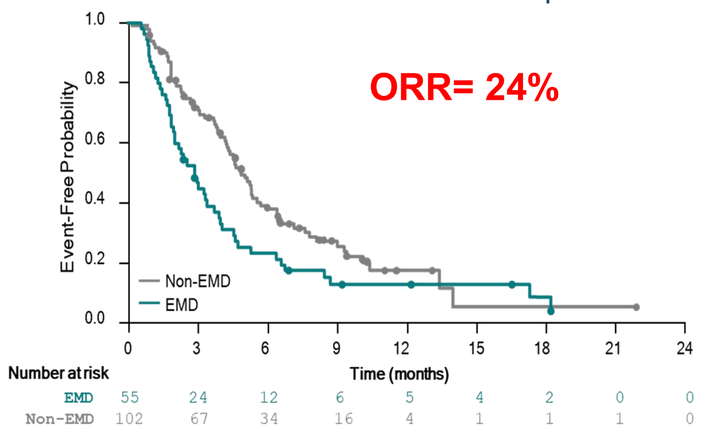
3214 HORIZON (OP-106): Melflufen Plus Dexamethasone (dex) in 55 Patients (pts) with Relapsed/Refractory Multiple Myeloma (RRMM) with Extramedullary Disease (EMD)—Subgroup Analysis

Program: Oral and Poster Abstracts
Session: 653. Myeloma/Amyloidosis: Therapy, excluding Transplantation: Poster III

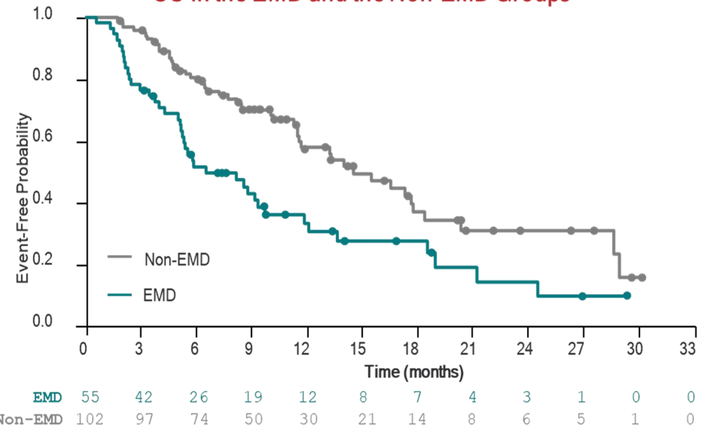
PFS and OS With EMD and Patients Without EMD

HORIZON - Extramedullary Disease Subgroup

PFS in the EMD and the Non-EMD Groups



OS in the EMD and the Non-EMD Groups



Patient Group	Patients, n	Median PFS (95% CI), mo
EMD Group	55	2.9 (2.0-3.7)
Bone-related	28	2.9 (2.0-4.6)
Soft-tissue	27	2.6 (1.5-3.9)
Non-EMD group	102	4.9 (4.2-5.7)

Patient Group	Patients, n	Median OS (95% CI), mo
EMD Group	55	6.5 (5.1-9.7)
Bone-related	28	9.3 (4.2-18.5)
Soft-tissue	27	5.8 (3.9-9.1)
Non-EMD group	102	14.5 (11.5-17.6)

Paziente di 84 anni con MMRR in VI linea, FRAIL sec. IMWG, in recidiva di malattia extramidollare cutanea ed ossea, con iniziale risposta a due cicli di terapia di debulky con ciclofosfamide.
Quale opzione sceglieresti?

a.) ~~CAR-T (Ide-cel, Cilta-cel);~~ **NON RITENUTO CANDIDABILE**

b.) ~~BiTEs (Teclistamab, Elranatamab, Talquetamab~~); **RIFIUTO RICOVERO ORDINARIO**

c.) Belantamab-VD;

d.) Altro (SelinexorD/Melfuflen/altro)

e.) ~~Palliazione (Ciclofosfamide orale, altro~~).

PET/TC (03/2025): focalità captanti in D5-7-9-12-L3 (SUV max 4.28), stabile captazione omero sx (SUV max 3.49), lesione litica osso iliaco (SUV max 4.34), captazione nodulo sottocutaneo pettorale **(SUV max 2.24).**

VI linea

Belantamab–VD x 4 cicli

04/2025-08/2025

09/2025: Diagnosi di Ca. uroteliale di alto grado vescicale (48x37x37 mm). Stop terapia per **TURB** e successive instillazioni endovescicali.

03/2026: Ripresa terapia con Belantamab-VD, attualmente in corso.

PR clinica

(Ulteriore riduzione dimensionale del nodulo maggiore, scomparsa degli altri noduli minori)

PET-TC 02/2026: Scomparsa captazioni al rachide ed omero, riduzione captazione lesione litica osso iliaco (SUV max 2 vs 4.34), riduzione captazione nodularità sottocutanea (SUV max 1.3 vs 2.24).

TAKE HOME MESSAGES

- **Distinguere PSD/PO da vero EMM!**
- **EMM «Unmet clinical need»**
- **Ruolo chemioterapia nel debulking iniziale**
- **Trial clinici, Ciltacel o TEC-TAL (presto?) in pazienti eleggibili**

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Paziente di 84 anni, con MMRR in V linea, FRAIL sec. IMWG, in recidiva di malattia extramidollare cutanea ed ossea, con iniziale risposta a due cicli di terapia di debulky con ciclofosfamide. Quale opzione sceglieresti?