The 12th World Congress on
CONTROVERSIES IN MULTIPLE MYELOMA (COMy)

Kaposi Sarcoma developed during the course of elranatamab therapy: a case report

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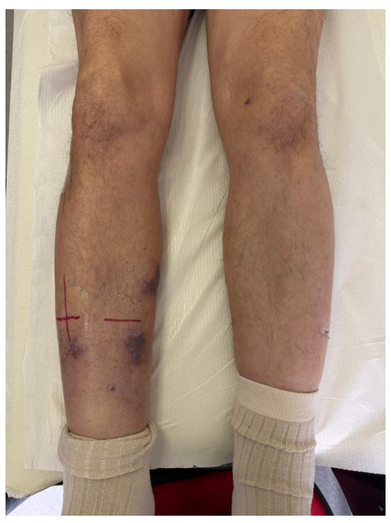
Introduction and Purpose

The risk of second primary malignancies (SPMs) has always been a concern during the treatment course of multiple myeloma (MM) patients. There is a lack of available data about the SPM risk following bispecific antibodies in relapsed/refractory MM patients. We aim to present a rare case of HIV-negative Kaposi sarcoma (KS) developed while receiving elranatamab.

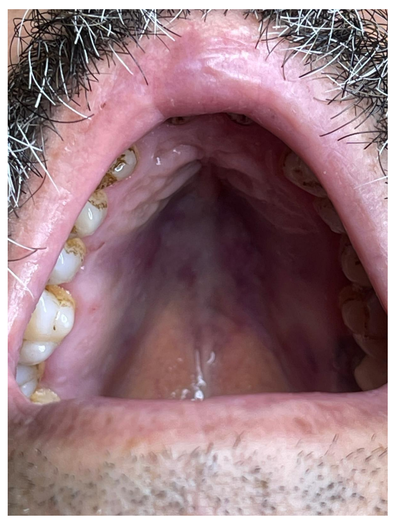
Case Report

A now 65-year-old man was diagnosed with MM in 2016. The treatment history included VAD (vincristine, adriamycin, dexamethasone), CyBorD (cyclophosphamide, bortezomib, dexamethasone), autologous transplantation (ASCT), lenalidomide, a second salvage ASCT, enrollment in DC25-1A trial in April 2023 and exclusion following disease progression in one month, DVd (daratumumab, bortezomib, dexamethasone), KPd (carfilzomib, pomalidomide, dexamethasone) and lastly elranatamab, started in October 2024. He achieved complete remission after the first cycle. At the 8th cycle scattered, violaceous, maculopapular lesions were identified and biopsy confirmed HHV8-positive KS [Picture 1]. Clinically KS was differentiated from MM infiltration by the involvement of the oral mucosa [Picture 2]. Despite interruption of elranatamab KS progressed with lymphedema and visceral involvement. Radiotherapy and weekly paclitaxel resulted in disease control.

Picture 1: Kaposi Sarcoma lesions on the leg



Picture 2: Kaposi Sarcoma lesions in the oropharyngeal mucosa



Conclusion

A multitude of patient, disease and treatment related factors contribute to development of SPMs in MM patients. The overall risk of SPM is low and hematologic malignancies are the most common subtype in RRMM patients treated with T-cell directed therapies in a recent systematic review. This case highlights the importance of recognizing skin and mucosal lesions in RRMM patients treated with bispecifics. None of the pivotal studies of bispecific antibodies reported on SPMs. SPM data should be collected properly.

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