Experimental Hematology & Oncology

CORRECTION

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Correction to: Bispecific antibodies and dual-targeting CAR-T cells for multiple myeloma: latest updates from the 2023 ASCO annual meeting

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After online publication of the article1, the authors noticed Table 1 and 2 should have been published in the main article were inadvertently submitted and processed as Supplementary files.

The correct tables are published with this erratum.

The online version of the original article can be found at https://doi.org/10.1186/s40164-023-00436-9

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Table 1 Properties of bispecific antibodies for multiple myeloma

Author	NCT No.	Agents	Ig type	Structural format	Target	Phase	References
Firestone R	N/A	Teclistamab	IgG4	1 + 1 symmetric	BCMA/CD3	post-marketing revaluation	[4]
Mohty M	NCT 04649359	Elranatamab	IgG2a	1 + 1 symmetric	BCMA/CD3	II	[5]
Lee HC	NCT03761108	Linvoseltamab	IgG4κ	1 + 1 symmetric	BCMA/CD3	I/II	[6]
Sun MY	NCT 04984434	F182112	--	--	BCMA/CD3	I	[7]
Morillo D	NCT 03399799	Talquetamab	IgG4PAA	1 + 1 symmetric	GPRC5D/CD3	I	[8]
Schinke CD	NCT 04634552	Talquetamab	IgG4PAA	1 + 1 symmetric	GPRC5D/CD3	I/II	[8]
Bachier CR	NCT05535244	Cevostamab	IgG1	1 + 1 symmetric	FcRH5/CD3	I/II	[11]

Abbreviations: FcRH5: Fc receptor-homolog 5; GPRC5D: G protein-coupled receptor, family C, group 5, member D; IgG4PAA : immunoglobulin G4 proline, alanine, alanine

Table 2 Outcomes of clinical trials of single-agent bispecific antibodies or combination therapy

NCT No.	N/A	NCT4649359	NCT03761108	NCT4984434	NCT03399799 NCT04634552	NCT04586426	NCT04108195
Target	BCMA/CD3	BCMA/CD3	BCMA/CD3	BCMA/CD3	GPRC5D/CD3***	BCMA/ CD3 + GPRC5D/CD3	GPRC5D/CD3 + CD38
Drug	Teclistamab	Elranatamab	Linvoseltamab	F182112	Talquetamab	Teclistamab +Talquetamab	Talquetamab + Daratumumab
Patient Number	24	123	179 (200 mg: n = 75 50 mg: n = 104)	16	143(QW) 145(Q2W) 51(prior T therapy)	63	65
Median age (year)	66 (51–80)	68 (36–89)	66** (37–90)	64 (52–74)	N/A	67 (39–81)	63 (37–81)
Median prior LOT	7 (4–13)	5 (2–22)	5** (1–16)	≥ 4 (56%)	5–6	5 (1–11)	5 (2–16)
TCR MM	100%	96.7%	81%**	N/A	74% 69% 84%	78%	58%
Median time to response(mo)	0.53	NR (95%CI, 12.9-NE)	N/A	N/A	N/A	N/A	1 (0.9–8.3)
ORR	60%	61%* (95%CI, 51.8–69.6)	64%(include 12 patients in Phase I) 50%	43.8% (95%CI, 19.8–70.1)	74% 73% 63%	84%	78%
≥CR	N/A	31.7%	N/A	N/A	(≥VGPR)59% 57% 53%	34%	45%
Median follow-up(mo)	1.3	12.8 (0.2–22.7)	2.3 4.7	3.1 (0.9–11.7)	14.9 8.6 11.8	14.4 (0.5–21.9)	11.5 (1.0-27.3)
Median PFS(mo)	N/A	NR	N/A	N/A	7.5 11.9 5.1	N/A	19.4
Mediann OS(mo)	N/A	NR	N/A	N/A	N/A	N/A	N/A
12-mo PFS	N/A	57.1% (95%CI, 47.2%-65.9%)	N/A	N/A	N/A	N/A	76%
12-mo OS	N/A	62% (95%CI, 52.8%-70%)	N/A	N/A	N/A	N/A	93%
CRS/ICANs	Gr 1–2 CRS 41%	N/A	Gr1-2 CRS:36% 51% Gr ≥ 3 ICANS:2% 1%	Gr 1–2 CRS: 81%	Gr1-2 CRS:79% ICANS:11% 75% 11% 77% 3%	Gr 1–2 CRS 78%; Gr 3 CRS 3%; ICANS :1patient	Gr 1–2 CRS 78%; Gr 1–2 ICANS 5%
Infection	N/A	N/A	Gr1-2:17%;Gr ≥ 3:26% 28% 31%	N/A	58% 65% 71%	N/A	63%
References	[4]	[5]	[6]	[7]	[8]	[9]	[10]

Abbreviations: N/A: not applicable; NR:not reached; NE:not evaluated; LOT: line of therapy; TCR: triple-class refractory ;EMD: extramedullary disease; ORR: overall response rate; CR:complete remission; AEs: Adverse events Gr: Grade; CRS: cytokine release syndrome; ICANS: immune effector cell–associated neurotoxicity syndrome

*:objective response rate

**:when evalucated, 73 patients in Phase I were enrolled

***:In this trial, patients were separated into three cohorts, 143 patients received talquetamab 0.4 mg/kg QW, 145 were 0.8 mg/kg Q2W, 51 patients with prior T-cell redirection therapy received either dose

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