

DARATUMUMAB (DARZALEX) FOR THE TREATMENT OF MULTIPLE MYELOMA IN A THIRD-LEVEL HOSPITAL: VARIABILITY OF USE AND EFFECTIVENESS

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BACKGROUND

Daratumumab is a monoclonal antibody that binds to **CD38 protein**, expressed in high level in the tumor cells of **Multiple Myeloma (MM)** inhibiting their proliferation.

It has been authorized in combination with bortezomib, melphalan and or in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, and in monotherapy for adult patients with MM relapsed and refractory to treatment.

METHOD

Retrospective review of patients with MM who received treatment with Daratumumab from **February 2017 to October 2018**.

PURPOSE

Assessment of prescription profile of Daratumumab for the treatment of MM in a third level hospital and the effectiveness of different regimens in terms of progression-free survival (**PFS**).

RESULTS



60% 40%

10 patients

DId (daratumumab 16 mg/kg, lenalidomide 10 or 25 mg, dexamethasone 40 mg) every 28 days was prescribed for 5 patients (**50%**), one as first line, one as second line and three as third line treatment.

Median PFS was **10 months** for this group.

Daratumumab 16 mg/kg monotherapy weekly every 28 days was prescribed for 2 patients (**20%**) both as third line and died after one month of treatment.

DABODEX (Daratumumab 16 mg/kg, bortezomib 1.3 mg/m², dexamethasone 20 mg) every 28 days was prescribed for 3 patients (**30%**), one as first line treatment, one as second line and one as third line. Median PFS was **6 months** in this group.

CONCLUSIONS

Prescription profile of Daratumumab for the treatment of MM in our patients is variable, with different scenarios of treatment and different results in terms of PFS.

It is mandatory to update protocols of the use of daratumumab in our hospital to adequate its use among different drug options, most importantly with promising therapeutic advances recently authorized for MM treatment.