ADAPTATION OF PROPHYLAXIS AGAINST VARICELLA-ZOSTER VIRUS IN PATIENTS WITH MULTIPLE MYELOMA


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BACKGROUND

Patients with diagnose of multiple myeloma (MM) have compromised innate and adaptive immunity, both humoral and cellular. The treatment of this pathology can produce immune alterations such as increasing the incidence of the Varicella-Zoster Virus (VZV) reactivation. The most accepted treatment is acyclovir at prophylactic doses.

PURPOSE

Our objective is to evaluate the adequacy of prophylaxis against VZV in patients with MM treated with daratumumab or carfilzomib.

MATERIAL AND METHODS

Retrospective observational study in a third level hospital. For the study, population sample was obtained from Farmatools® Ambulatory Patient module who were in treatment with daratumumab or carfilzomib since January 2016 to April 2018. Clinical data was also obtained from discharge reports of Hematology Service and active treatments in Horus®. The registered variables were: name, patient identification number, dates of administration of daratumumab and carfilzomib, doses and frequency of administration of acyclovir. In addition, clearance of creatinine and renal pathologies were recorded too. Drug label of acyclovir indicates that dose of 800 mg daily orally is recommended in immunocompromised patients.

RESULTS

A total of 12 patients (7 men and 5 women) were included, of which 8 patients were treated with daratumumab, 2 with carfilzomib and 2 patients were treated with both at different time. The mean daily dose of acyclovir was 689.58 mg (SD: 185.76 mg) and median dose was 800.00 mg [200-800]. One patient was treated with 200 mg daily for chronic kidney disease secondary to a chronic glomerulopathy (serum creatinine of 2.00 mg/dl) and another patient was treated with 400 mg daily because of moderate renal impairment (serum creatinine of 1.73 mg/dl). The rest of patients (n=6) were treated with 800 mg daily. No patient developed VZV infection during treatment of MM.

CONCLUSION

The use of prophylaxis with acyclovir against VZV in patients with MM under active treatment supposes a reduction in the rate of VZV reactivation to zero in our hospital. In our study, all patients had prescribed an adequate acyclovir regimen individualized to physiological features of each patient.

REFERENCES