

Time for newer approach in age-old AIHA

Pallavi Mehta

Venkateshwar Hospital, Sector 18A, Dwarka, Delhi, India

Foremost, I would like to congratulate and thank authors of paper published in *Lancet Regional Health, South East Asia* to raise concerns on management of autoimmune hemolytic anemia (AIHA), which is usually considered as a benign haematological disorder.¹ It has been rightly emphasized that there are many challenges pertaining to even diagnose correct type of AIHA. I support the fact that laboratories in India are not well equipped to perform cold agglutinin titers, Donath–Landsteiner test, testing for drug induced AIHA even in tertiary care settings. In terms of treatment modalities, rituximab and complement inhibitors have been highlighted as major darts in armamentarium depicting complete response rate with single agent rituximab as low as 5%, extending to 53% when combined with bortezomib and bendamustine. Also, rituximab requires multiple doses before response is apparent. On the other hand, complement inhibitors are out of reach for majority of Indian patients till date. I aim to bring attention to anti-CD38 monoclonal antibody ‘Daratumumab’ as a measure to reduce autoantibodies at a faster rate. In my clinical experience, Daratumumab has provided 100% remission even at first dose, particularly when cytopenia

is severe and multilineage like in Evan’s syndrome. There is substantial literature available which supports its effectiveness with very little toxicity.^{2,3} Hence, it should be considered in steroid refractory patients as a second line of treatment. I firmly believe that Daratumumab is worthy of attention to be a part of AIHA treatment algorithm, as its usefulness has been widely experienced and acknowledged.

Contributors

PM-conceptualised, drafted,wrote, revised and edited the manuscript.

Declaration of interests

There is no conflict of interest to declare.

References

- 1 Suvro Sankha D, Sigbjørn B. Management of autoimmune haemolytic anaemia in low-to-middle income countries: current challenges and the way forward. *Lancet Reg Health Southeast Asia*. 2024;23:100343. <https://doi.org/10.1016/j.lansea.2023.100343>.
- 2 Schuetz C, Hoenig M, Moshous D, et al. Daratumumab in life-threatening autoimmune hemolytic anemia following hematopoietic stem cell transplantation. *Blood Adv*. 2018;2(19):2550–2553.
- 3 Crickx E, Audia S, Robbins A, et al. Daratumumab, an original approach for treating multi-refractory autoimmune cytopenia. *Haematologica*. 2021;106(12):3198–3201.



The Lancet Regional Health - Southeast Asia 2024;23: 100378

Published Online 1 March 2024

<https://doi.org/10.1016/j.lansea.2024.100378>

DOI of original article: <https://doi.org/10.1016/j.lansea.2023.100343>

E-mail address: dr_pallavimehta@yahoo.co.in.

© 2024 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).