

Multiple drugs

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Various toxicities: 6 case reports

In a single-center retrospective analysis of 44 patients conducted in Italy, 6 patients [ages and sexes not stated] were described, of whom, 5 patients developed grade 4 infusion related reaction (IRR), neutropenic fever, pneumonia, H1N1/Influenza A, H2N3/Influenza A, SARS-CoV-2 infection or nephrotoxicity during treatment with daratumumab, lenalidomide or dexamethasone for relapsed/refractory multiple myeloma. Remaining one patient exhibited lack of efficacy during treatment with cyclophosphamide, bortezomib and dexamethasone for cardiac AL amyloidosis [not all routes, dosages, duration of treatment to reaction onset and outcome not stated].

The patients were diagnosed with relapsed/refractory multiple myeloma, started receiving IV daratumumab infusion 16 mg/kg, once weekly for 8 weeks (cycles 1 and 2), once every 2 weeks for 16 weeks (cycles 3-6), and then once every 4 weeks thereafter (cycle 7 and higher) followed by lenalidomide 25mg on days 1 to 21 of each 28-day cycle and dexamethasone 40mg weekly. The patients also received premedication with chlorphenamine and paracetamol, prophylaxis against *Pneumocystis carinii* pneumonia with cotrimoxazole [Bactrim] and antiviral prophylaxis with aciclovir [acyclovir]. However, two patients developed neutropenic fever and pneumonia, associated with H1N1/Influenza A (n=1) or H2N3/Influenza A (n=1). One patient developed SARS-CoV-2 infection. One obese patient with previous chronic obstructive pulmonary disease, presented to a hospital with acute respiratory insufficiency following IV infusion of daratumumab, and required oxygen therapy, steroids and observation for 24 hours. This patient had grade 4 infusion related reaction with daratumumab, which promoted permanent discontinuation of the treatment. One patient with a history of renal amyloidotic developed lenalidomide-related nephrotoxicity. One patient, who had a cardiac amyloidosis, received treatment with cyclophosphamide, bortezomib and dexamethasone [CyBorDex regimen]; however, no improvement was observed. Later, the patient underwent autologous transplantation, and was able to collect an adequate PBSC graft.

Antonioli E, et al. Daratumumab, lenalidomide, and dexamethasone combination in relapsed/refractory myeloma patients: a real-life single-center experience. *Leukemia and Lymphoma* 61: 3255-3258, No. 13, 2020. Available from: URL: <http://doi.org/10.1080/10428194.2020.1802452>

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