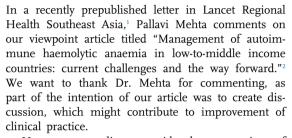
Time for newer approach in age-old AIHA: Daratumumab?

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However, we disagree with the suggestion of using daratumumab in the second line in warm-antibody autoimmune haemolytic anaemia (wAIHA). Dr. Mehta's clinical experience, daratumumab has produced a 100% remission rate even after the first dose; number of patients and response criteria not mentioned.1 The use of daratumumab in this setting was first reported by Schuetz and colleagues, who described 2 patients with life-threatening wAIHA after stem cell transplantation who were successfully treated with daratumumab and a third patient who suffered a lethal relapse.3 Two case observations have been published on successful daratumumab therapy for refractory cold agglutinin disease (CAD).45 Also cited by Dr. Mehta, a French retrospective series on daratumumab in autoimmune cytopenias reported response in 1 of 2 patients with wAIHA and Evans' syndrome.6 As single case reports are prone to publication bias, these data hardly give any indication on response rates or frequency of toxicity.

More reliable data can be derived from a recent, multinational retrospective study of 19 patients treated with daratumumab for refractory wAIHA (n = 12) or CAD (n = 7).⁷ In this cohort, 6/12 patients with wAIHA had a response with a modest median response duration at 5.5 months (range, 2–12 months), while 3/7 patients with CAD experienced a sustained response. Furthermore, administering daratumumab on the background of warm autoantibodies could make pre-transfusion

testing even more challenging in resource-constraint settings due to limited access to the mitigation strategies, which may cause delay in transfusion.⁸ Finally, regarding its use in low-to-middle income countries, daratumumab is even more expensive than rituximab.

Based on these results, daratumumab can be considered as an option for rescue therapy in patients with multirefractory wAIHA or CAD, but not as a second-line therapy.

Declaration of interests

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