Combined treatment for multiple myeloma

According to new research, in patients with relapsed or refractory multiple myeloma, including those refractory to lenalidomide, combined treatment with daratumumab plus carfilzomib and dexamethasone shows an acceptable safety profile and encouraging preliminary anticancer activity.

Ajai Chari (Mount Sinai School of Medicine, New York, NY, USA) and colleagues did a multicentre, phase 1b trial to investigate daratumumab in combination with carfilzomib and dexamethasone in patients with relapsed or refractory multiple myeloma who had had up to three previous lines of treatment, or were refractory to lenalidomide. The primary endpoint was safety and secondary endpoints were overall survival and the proportion of patients achieving an overall response.

85 patients who were naive to carfilzomib and dexamethasone were enrolled, 51 (60%) of whom were refractory to lenalidomide. Patients were given weekly carfilzomib (on days 1, 8, and 15 of every 28 day cycle; initial dose 20 mg/m^2, which was increased to 70 mg/m^2), and dexamethasone (40 mg per week). Ten patients received daratumumab infusion as a single first dose (16 mg/kg) on day 1 of cycle 1, and 75 received it as a split first dose (8 mg/kg) on day 1 and day 2 of cycle 1. Dosing of daratumumab was subsequently done in accordance with its approved schedule. The most common treatment-emergent grade 3–4 adverse events were thrombocytopaenia (26 [31%]), lymphopaenia (20 [24%]), neutropaenia (18 [21%]), and anaemia (18 [21%]). 84% of 82 response-evaluable patients achieved an overall response (79% for those refractory to lenalidomide). Median overall survival was not reached; however, 12 month overall survival was 82% (75% for those refractory to lenalidomide).

"This study represents another major triplet regimen for relapsed myeloma, especially in lenalidomide refractory patients," said Parameswaran Hari (Medical College of Wisconsin, Milwaukee, WI, USA). Elisabet Manasanch (MD Anderson Cancer Center, Houston, TX, USA) commented, "This regimen may be an alternative for therapy in relapsed myeloma, especially in patients who cannot tolerate or are refractory to lenalidomide." Saad Usmani (Levine Cancer Institute, Charlotte, NC, USA) said, "The response rates are impressive, but we need phase 3 data for any implications for clinical practice."

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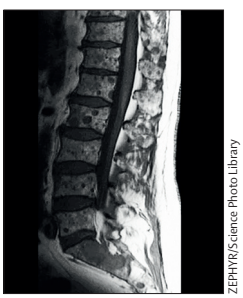

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For the **study by Chari and colleagues** see *Blood* 2019; published online May 21. DOI:10.1182/blood.2019000722