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MULTIPLE MYELOMA: EXPERIENCE WITH DRd THERAPY (DARATUMUMAB + LENALIDOMIDE + DEXAMETHASONE) IN TRANSPLANT INELIGIBLE PATIENTS IN A SECOND LEVEL CENTRE

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BACKGROUND

DRd is the first option for patients with Multiple Myeloma (MM) who are ineligible for an autologous stem cell transplant, with good functional status and without comorbidities. Due to the high incidence of renal failure and cytopenias in these patients, monitoring and drug titration are required, particularly for Lenalidomide.

PURPOSE

To evaluate responses of patients with MM treated with DRd in our centre and complications, considering clinical course.

METHODS

We analyzed 18 patients treated with DRd since July 2022, considering: monoclonal component, free light chains, renal function and plasma cells in bone marrow. Complications and response to treatment were evaluated.

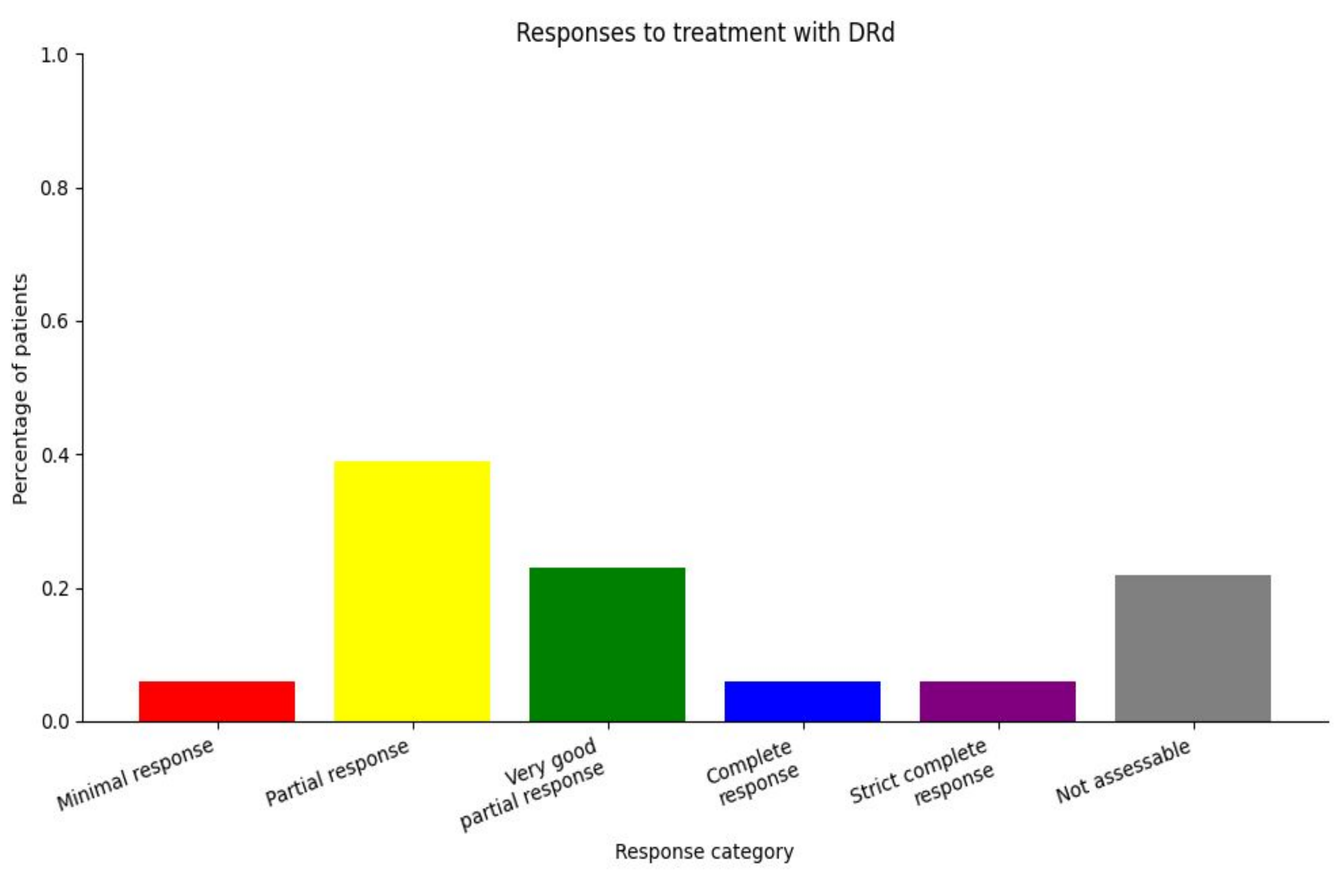
RESULTS

Eighteen patients were analyzed: median age 74 years (range: 49-89), mean time since diagnosis 28.11 months (standard deviation 25.7 months), mean creatinine at diagnosis 1.03 mg/dL. 22.2% had high-risk cytogenetics (del(17p), del(1p), t(4;14).

One patient showed minimal response (5.6%), 7 (38.8%) partial response, 4 (22.2%) very good partial response, 1 (5.6%) complete response and 1 (5.6%) strict complete response. 4 (22.2%) could not be evaluated due to death or intolerance. Three (16.7%) switched to other therapies. 6 (33.3%) died within a median of 5.5 months after the first DRd.

In cases of good tolerance (38.9%), disease control was achieved despite complications like renal failure (16.7%) or neutropenia (11.11%).

Lenalidomide doses were adjusted in 2 patients due to renal failure, discontinued in 2 for the same reason, and in 1 for hepatic toxicity. 10 started directly with adjusted doses.



CONCLUSIONS

Treatment with DRd has shown efficacy, with variability in tolerability. Lenalidomide dose adjustment is key to optimise response and minimise risks, especially in patients with renal failure. Close monitoring and dose adjustment allow for better disease control and minimisation of complications, making DRd the first choice for these patients.