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The 11th World Congress on
CONTROVERSIES IN MULTIPLE MYELOMA (COMy)

# Daratumumab-Based Maintenance After ASCT in Newly Diagnosed Multiple Myeloma: Real-World Outcomes From a Single-Center Cohort

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## INTRODUCTION

- The integration of daratumumab into frontline therapy for newly diagnosed multiple myeloma (NDMM) has led to significant improvements in response depth and progression-free survival (PFS). Phase III trials such as CASSIOPEIA[1] and PERSEUS[2] demonstrated that daratumumab-based induction regimens, followed by maintenance with daratumumab alone or in combination with lenalidomide, provide superior disease control compared to conventional therapies. Based on these results, daratumumab-based maintenance has become a new standard of care post-autologous stem cell transplantation (ASCT).
- We present a **preliminary real-world analysis** of daratumumab-based maintenance—either as monotherapy or in combination with lenalidomide—in a group of NDMM patients undergoing ASCT, treated during a period when this approach was being progressively adopted into clinical practice based on emerging trial evidence.

## RESULTS

### Baseline Characteristics of NDMM Patients (n = 19)

A total of 19 patients with newly diagnosed multiple myeloma (NDMM) received daratumumab-based maintenance following autologous stem cell transplantation (ASCT).

The median age at diagnosis was 59 years (range 44–69), and 7 patients (36.8%) were female.

| Subtype | n | (%) |
|---|---|---|
| IgG kappa | 7 | (36.8%) |
| IgG lambda | 3 | (15.8%) |
| IgA kappa | 4 | (21.1%) |
| IgA lambda | 1 | (5.3%) |
| Bence Jones kappa | 2 | (10.5%) |
| Bence Jones lambda | 2 | (10.5%) |

| ISS Stage | n | (%) |
|---|---|---|
| I | 6 | (31.6%) |
| II | 10 | (52.6%) |
| III | 3 | (15.8%) |

| R-ISS Stage | n | (%) |
|---|---|---|
| I | 6 | (31.6%) |
| II | 10 | (52.6%) |
| III | 2 | (10.5%) |
| Unknown | 1 | (5.3%) |

High-risk cytogenetics were present in 2 patients (10.5%), one with del(17p) and one with t(4;14). Gain of 1q was detected in 4 patients (21.1%), 2 of whom also presented a complex karyotype.

### Treatment and Response Outcomes

#### Treatment Overview

**All patients received induction with daratumumab-based regimens:**

- **D-VTd**: 14 patients (73.7%)
- **D-VRd** : 4 patients (21.1%)
- **DVMP**: 1 patient (5.3%)

All patients underwent **ASCT with conditioning using melphalan.**

- 17 patients (89.5%) received melphalan at 200 mg/m²
- 2 patients (10.5%) received reduced-intensity melphalan

**Post-transplant consolidation** was administered to 18 patients (94.7%).

**Maintenance therapy**:

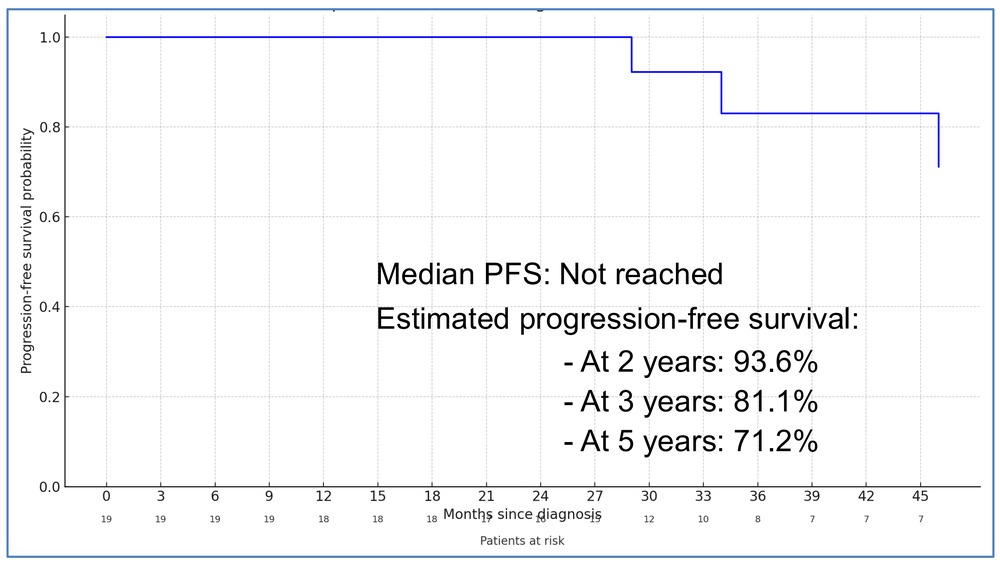
- **Daratumumab monotherapy**: 12 patients (63.2%) → 4 discontinued without relapse
- **Daratumumab + lenalidomide (D-R)**: 7 patients (36.8%) → 1 discontinued daratumumab without relapse

#### Response by Phase

| Treatment Phase | sCR | CR | VGPR | PR |
|---|---|---|---|---|
| Post-induction (n=19) | 2 (10.5%) | 4 (21.1%) | 10 (52.6%) | 3 (15.8%) |
| Post-ASCT (n=19) | 8 (42.1%) | 4 (21.1%) | 6 (31.6%) | 1 (5.3%) |
| Post-consolidation (n=18) | 10 (55.6%) | 3 (16.7%) | 5 (27.8%) | – |
| Best response during maintenance (n=19) | 14 (73.7%) | 3 (15.8%) | 2 (10.5%) | – |

#### Estimated Progressión Free Survival

Two patients relapsed (1 on Dara, 1 on D-R); 1 additional progression without strict criteria managed by adding lenalidomide to Dara.




## CONCLUSIONS

- In this real-world preliminary cohort of NDMM patients, daratumumab-based maintenance after ASCT—either as monotherapy or in combination with lenalidomide—was well tolerated and led to deep, sustained responses.
- The majority of patients achieved stringent complete response during maintenance, and estimated 3-year progression-free survival remained above 80%. These results are consistent with those reported in pivotal trials such as PERSEUS, supporting the use of daratumumab-based maintenance as a standard post-transplant strategy in clinical practice.

## REFERENCES

[1]Moreau P et al. *Lancet*, 2019; 394(10192):29-38.
[2]Sonneveld P et al. *N Engl J Med*. 2023;389(24):2284–2297.

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