

EXPERIENCE WITH DARATUMUMAB, BORTEZOMIB, LENALIDOMIDE AND DEXAMETHASONE (D-VRD) IN NEWLY DIAGNOSED MULTIPLE MYELOMA (NDMM) PATIENTS AT A TERTIARY HOSPITAL

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INTRODUCTION

The D-VRD combination has demonstrated efficacy in patients with newly diagnosed multiple myeloma (NDMM). This study evaluates real-world experience with D-VRD at a single center, focusing on clinical response, patient characteristics, and treatment-related toxicities. This is a retrospective descriptive study. Collected data included demographic characteristics, ECOG performance status, ISS and R-ISS classifications, renal function, cytogenetics, treatment responses, and adverse events. Responses were assessed after the first cycle and at the end of treatment

METHODS

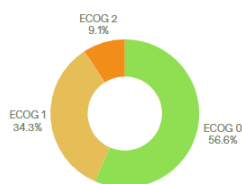


32 patients

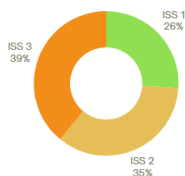


October 2022 until December 2025

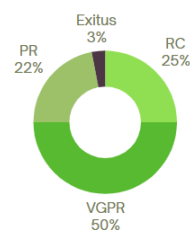
RESULTS



ECOG at diagnosis



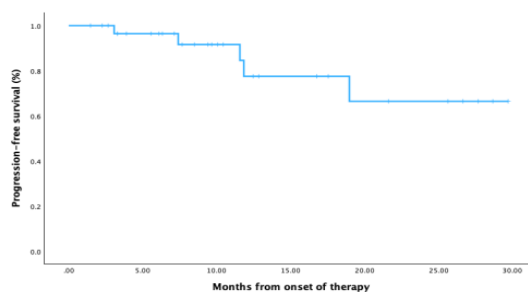
ISS at diagnosis



Response after induction

After the first cycle, 90% of patients showed a response (34% partial response, 69% very good partial response, and 3% complete response). At the end of induction, 81% achieved complete remission, 16% experienced disease progression, and 3% died. Consolidation with autologous stem cell transplant (ASCT) was completed in 55% of patients. 45% of patients are completing induction treatment or waiting for auto-HCT.

The median follow-up was 10 months. At 12 months, overall survival was 82% (95% CI, 62 – 100%) and progression-free survival was 77% (95% CI, 57 – 98%).



Treatment-related toxicities were generally manageable. The most common were fatigue (20%), respiratory infections (14%), and peripheral neuropathy (11%). Hypogammaglobulinemia was observed in 48% of patients.

CONCLUSIONS

In spite of the short follow-up and small number of patients, our results show that D-VRd treatment was well tolerated and highly effective regimen for NDMM patients. However, close monitoring is recommended, particularly for hypogammaglobulinemia and infections.

