

Adding subcutaneous daratumumab slows advanced multiple myeloma

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(HealthDay)—For patients with relapsed/refractory multiple myeloma

(RRMM), subcutaneous daratumumab plus pomalidomide and dexamethasone (D-Pd) reduces the risk of progression or death compared with Pd alone, according to a study presented at the annual meeting of the American Society of Hematology, held virtually from Dec. 5 to 8.

Meletios A. Dimopoulos, M.D., from the National and Kapodistrian University of Athens in Greece, and colleagues conducted a multicenter study involving 304 patients with RRMM who had received one or more prior line of therapy, including lenalidomide (len) and proteasome inhibitor (PI) treatment. Patients were randomly assigned to the immunomodulatory drug pomalidomide and dexamethasone (Pd) with or without subcutaneous daratumumab (D-Pd).

After 190 [progression-free survival](#) (PFS) events, the primary analysis was performed. The researchers found that the study met its primary end point of improved PFS, with a hazard ratio of 0.63 (95 percent confidence interval. 0.47 to 0.85; P = 0.0018) for patients treated with D-Pd. For the D-Pd and Pd arms, the median PFS was 12.4 and 6.9 months, respectively. Complete response rates or better were 24.5 and 3.9 percent for D-Pd and Pd, respectively.

"Collectively, these data show that D-Pd is an effective and convenient treatment for [patients](#) with RRMM who received ≥ 1 prior therapy, including len and a PI," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

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