

## When do you use daratumumab with lenalidomide/dexamethasone or bortezomib/dexamethasone in practice?

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Welcome to *Managing Myeloma*. My name is Dr. Robert Orlowski, and I am the Director of the Myeloma Section and the acting Chair of the Department of Lymphoma and Myeloma at the University of Texas MD Anderson Cancer Center in Houston, Texas. One of the questions that I am frequently asked is, “When should I use daratumumab with lenalidomide and dexamethasone in my clinical practice?” Because this is now looking like one of our best regimens for relapsed and/or refractory myeloma, I certainly hope that you will be using this in a good number of your patients.

The best way to look at the ideal population is to look at the Phase 3 trial that was performed and just recently published in the *New England Journal of Medicine*. The investigators compared daratumumab-lenalidomide-dexamethasone to lenalidomide-dexamethasone alone. Because lenalidomide-dexamethasone was the control arm, patients could not have been previously refractory to lenalidomide. Therefore, if you have a patient who has progressed on lenalidomide and dexamethasone, especially very recently, we do not yet have very robust data about whether just adding daratumumab to lenalidomide in a patient progressing on lenalidomide will be effective. If you have patients who have had lenalidomide before, and let’s say it was part of their induction therapy, then they went to transplant and they did not get lenalidomide as a maintenance post-transplant, and then they relapsed; certainly giving daratumumab-lenalidomide-dexamethasone would be very reasonable. If you have a patient who has progressed on an alkylating agent-based therapy, or on a proteasome inhibitor-based therapy but not on lenalidomide, you could certainly use daratumumab-lenalidomide-dexamethasone. This can also be used if you have had patients who have progressed on thalidomide-containing regimens as well, because lenalidomide can be very effective here in patients who have previously had, and even progressed on, thalidomide, I would be very comfortable giving daratumumab-lenalidomide-dexamethasone in that setting.

One of the other interesting questions that we still need to answer is whether retreatment with daratumumab, such as in a different combination, can be effective in the future. Hopefully, if you tune into future *Managing Myeloma* presentations from American Society of Hematology meetings, we will have a little bit of data for you at that point. I hope these tips will help you in your selection of the right patient to get daratumumab-lenalidomide-dexamethasone and I thank you very much for viewing this activity.