

What are the practical considerations in management of the most common adverse events with monoclonal antibodies?

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Welcome to *Managing Myeloma*. I am Dr. Ajay Nooka. I am frequently asked, “What are the practical considerations in management of the most common adverse events with monoclonal antibodies?”

The next class of agents is the monoclonal antibodies. There are two drugs that are approved, elotuzumab and daratumumab. Elotuzumab is approved in combination with lenalidomide and dexamethasone. Both of these drugs, elotuzumab and daratumumab, come with side effects of infusion-related reactions and myelosuppression. What you need to watch out for is the combination agent. Elotuzumab in combination with lenalidomide can cause myelosuppression. Care should be taken to monitor, and making appropriate reductions in the lenalidomide, not the elotuzumab, certainly can help us to overcome this toxicity. The same applies with daratumumab in combination with lenalidomide and daratumumab in combination with pomalidomide. Appropriate dose reductions, even to start with in a regimen of daratumumab and pomalidomide induction, one would start with pomalidomide at 3 mg, and if the patient does not have any side effects, we progress with the next dose of 4 mg full dose. The other reactions are the infusion-related reactions that you can see, and these can be successfully overcome when you give appropriate premedication with steroids, and also, there has been adequate data to say using montelukast as a premedication certainly helps with mitigating the infusion-related reactions. Thank you for viewing this activity.