

R. Donald Harvey III, PharmD, BCOP, FCCP, FHOPA

Associate Professor
Department of Pharmacology
Department of Hematology and Medical Oncology
Emory University School of Medicine
Director, Phase I Clinical Trials Section
Winship Cancer Institute of Emory University
Atlanta, Georgia

Optimal Pre-medication Strategy for Daratumumab

- Daratumumab
 - Anti-CD38 monoclonal antibody
 - Exceptional activity at all stages of multiple myeloma
 - Associated with first dose and first infusion reactions
- Treatment-related adverse events association with daratumumab
 - Infusion reactions can be substantially minimized with optimal pre-medications
 - Dexamethasone
 - Acetaminophen
 - Diphenhydramine
 - H2 antagonists such as ranitidine
 - Pulmonary events
 - Can include
 - Cough
 - Shortness of breath
 - Other dyspneic type symptoms
 - CD38 expressed on basophils, predominantly in lung parenchymal tissue
 - Pre-medication: montelukast, a leukotriene receptor antagonist
 - Used to inhibit basophils and their degranulation
 - Reduces the effects of degranulating basophils and the resulting cough and shortness of breath
- Timing
 - Patients will have these infusion reactions on the first infusion and may extend into the second infusion
 - Because the disease burden is reduced following the second infusion, the infusion reaction is also much less likely to occur
 - Reduction of premedications may be possible as patients continue on therapy