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652.Multiple Myeloma: Clinical and Epidemiological

Efficacy of Daratumumab in 34 Patients with Newly Diagnosed Multiple Myeloma in Real World StudyXiangxin Li¹, Lingling Wang², Fanglin Li², Hai Zhou², Na Liu², Shuang Yu², Qi Feng², Hao Li², Luqun Wang²¹Qilu Hospital of Shandong University, Jinan, China²Qilu Hospital of Shandong University, Jinan, China

Objective: To observe the efficacy and safety of daratumumab (Dara) for newly diagnosed multiple myeloma (NDMM) in the real world.

Methods: The clinical data of 34 patients with NDMM treated with Dara in 3 medical centers in Shandong Province was collected. Treatment options included 15 Dara-Vd, 5 Dara-d, 4 Dara-Rd, 4 Dara-RVd, 3 Dara-ICd, 2 Dara-VCd and 1 Dara-Id. The efficacy was evaluated and the classification of M protein expression, cytogenetics, creatinine clearance and minimal residual disease (MRD) were gathered. NGF MRD-negative was used as the intermediate endpoint of survival prediction to evaluate the related influencing factors.

Results: There were 19 male among the 34 NDMM patients and 21 cases were <65 years. 9 cases completed 2 treatment cycles, 11 completed 4 treatment cycles and 14 completed 6 treatment cycles. The univariate association between efficacy (sCR, CR, VGPR, PR, SD and PD) and the clinical feature showed a statistically significant association between ECOG score and efficacy ($P=0.002$). The best response for CR is 38.2% (13/34) with 0 score, 8.8% (3/34) with 1 score, 5.9% (2/34) with 2 score, while none with 3 score. As the efficacy was divided into 2 groups (CR and other effects), the CR rate after 2, 4, and 6 cycles showed a linear trend (Fisher test $P=0.025$, linear trend test = 7.062, $P=0.008$). COX multivariate analysis showed the achievement of NGF MRD-negative was associated with increased cycle number, in which 8.8% (3/34) after 2 cycles, 24% (6/25) after 4 cycles and 35.7% (5/14) after 6 cycles, while no association with other factors as gender, ISS stage and cytogenetics. We observed that the incidence of hematological adverse reactions above grade 3 was 20.5% (7/34), mainly neutropenia and thrombocytopenia. Other non-hematological adverse reactions were infection (44.1%) and peripheral edema (41.2%).

Conclusion: Although efficacy was limited in high ECOG scores, Dara based regimen regardless of gender, age, disease stage was a good choice for NDMM in our observation. With the increase of treatment cycles, deep remission was more outstanding with tolerable side effects.

Disclosures No relevant conflicts of interest to declare.

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