

# Characterization of immediate adverse events associated with subcutaneous daratumumab and premedications

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## Introduction

- Daratumumab is a CD36-directed monoclonal antibody
- Daratumumab is associated with a high incidence of infusion-related reactions (IRRs) and premedications are recommended prior to each exposure<sup>1,2</sup>
- However, the risk for IRRs may decrease with each exposure, suggesting the possibility for de-escalation of premedications<sup>3,4</sup>

## Objective

- To characterize IRRs and premedication adverse effects (AEs) with the first 4 daratumumab exposures

## Methods

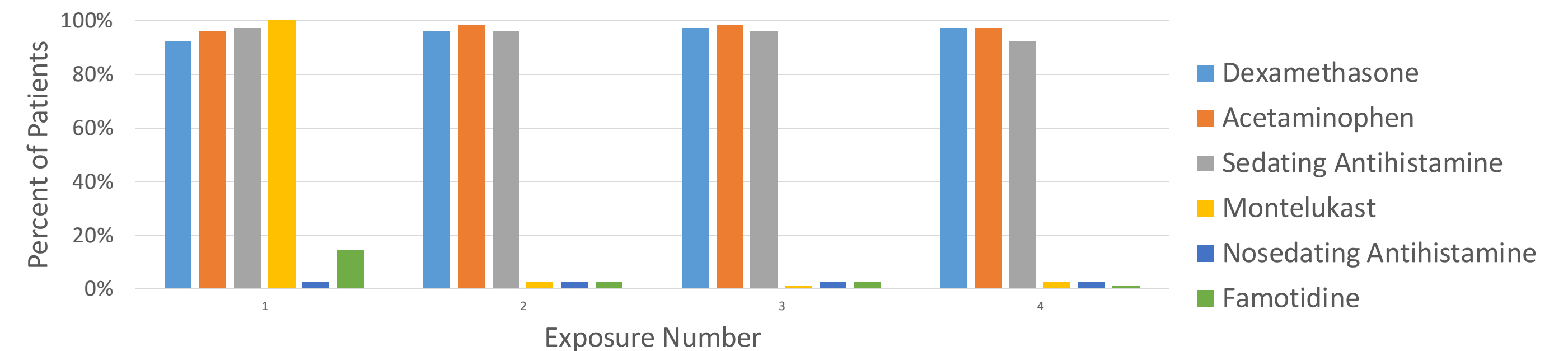
- IRB-approved, single-center, retrospective cohort study of outpatients who received their 1<sup>st</sup> 4 doses of subcutaneous daratumumab and hyaluronidase (SQ daratumumab) between January 1, 2022 to January 31, 2024
- Exclusion: prior receipt of any form of daratumumab
- Statistical analysis: continuous variables were analyzed using t-test, nominal variables were analyzed using Fisher's exact test

## Results

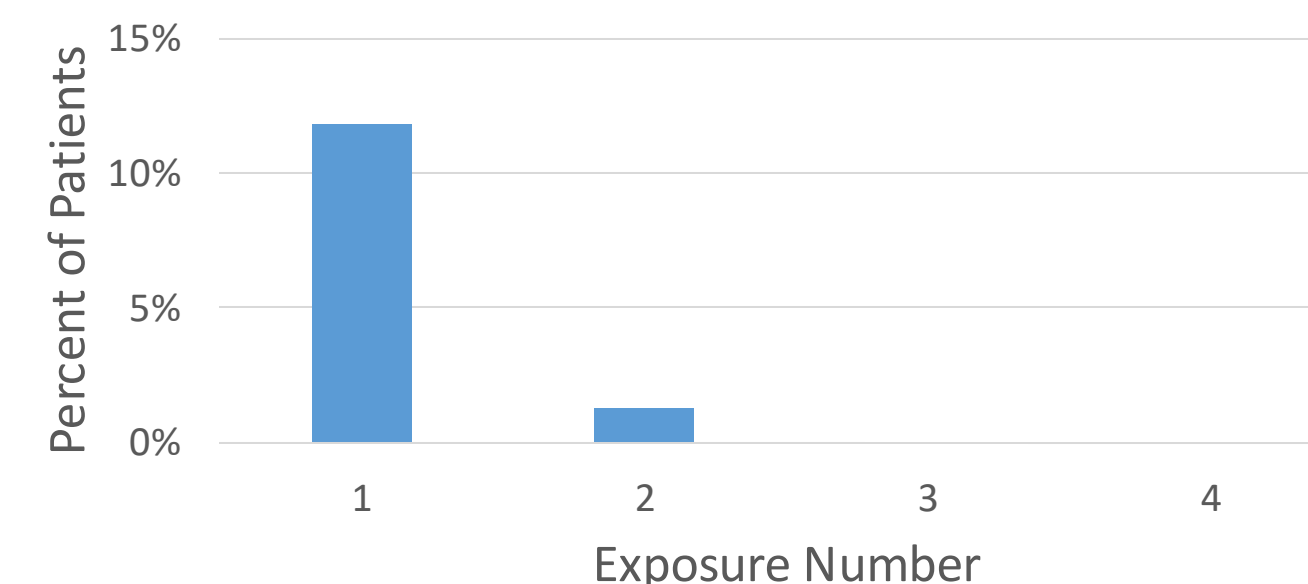
### Patient demographics

	IRR (n=9)	No IRR (n=67)	P
Age – mean, years	65	65	0.39
Sex – female, n (%)	8 (88.8)	34 (50.7)	0.04
Weight – mean, kg	79.8	77.5	0.71
Race – n (%)			
White	7 (77.7)	43 (64.2)	0.43
Black	1 (11.1)	7 (10.4)	
Asian	0 (0)	13 (19.4)	
Other	1 (11.1)	4 (6.0)	
Treatment – n (%)			
Monotherapy	3 (33.3)	19 (28.4)	0.48
Steroid	6 (66.6)	47 (70.1)	
Bortezomib	0 (0)	18 (26.9)	
Carfilzomib	2 (22.2)	10 (14.9)	
Lenalidomide	1 (11.1)	17 (25.4)	
Pomalidomide	3 (33.3)	11 (16.4)	
Cyclophosphamide	0 (0)	6 (9.0)	
Asthma/COPD – n (%)	1 (11.1)	4 (6.0)	0.48

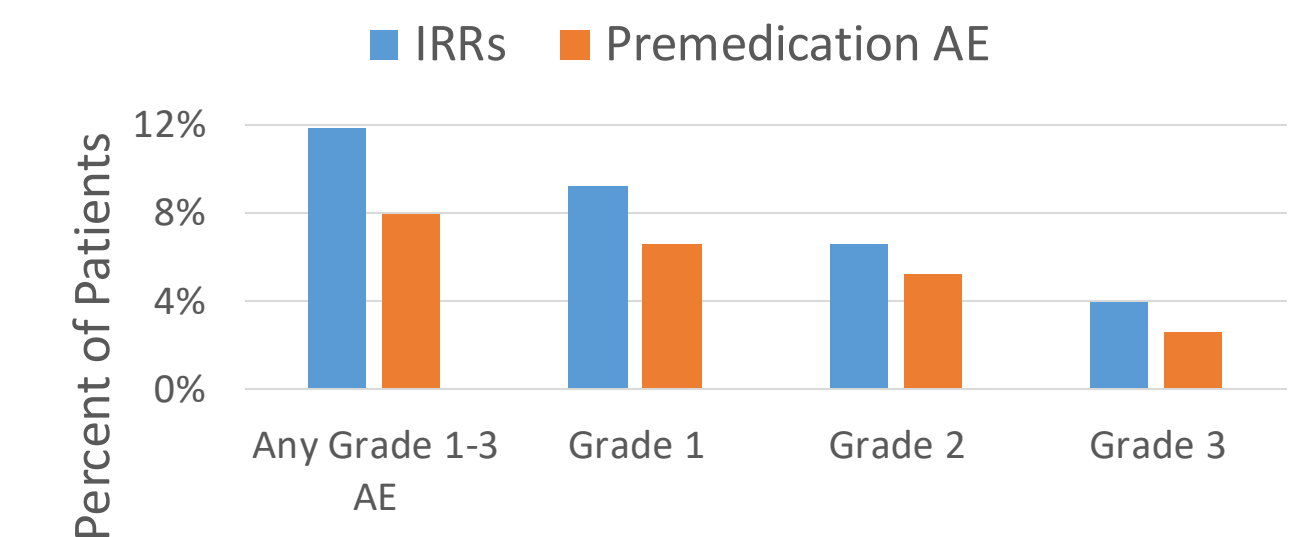
### Premedications used by exposure



### Infusion-related reactions by exposure



### Cumulative incidence of IRRs & premedication AEs

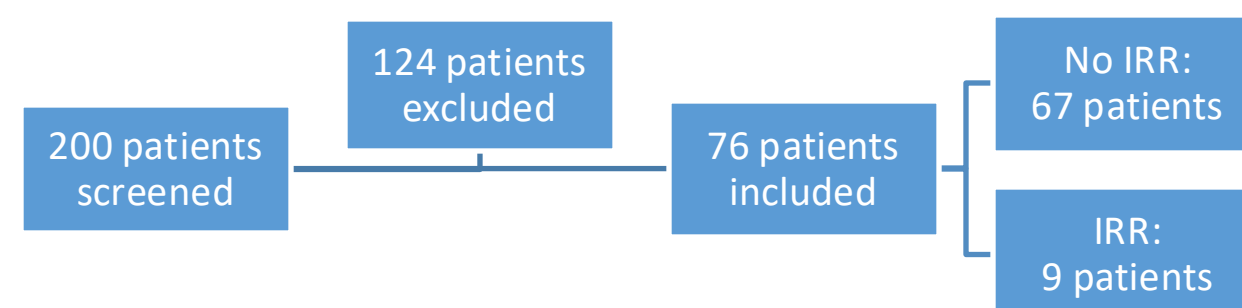


## Conclusions

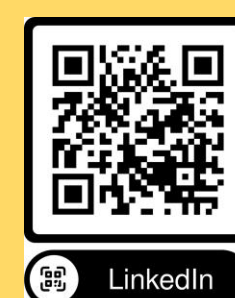
- IRRs to daratumumab were generally mild and primarily occurred with the 1<sup>st</sup> exposure
- The feasibility of de-escalation of daratumumab premedication warrants further investigation

## References

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