

Daratumumab Interference Is Clinically Manageable

- To date, no clinically significant hemolysis has been observed in patients receiving daratumumab, and no transfusion reactions have occurred in patients requiring transfusions (data on file)
 - daratumumab does not interfere with identification of ABO/RhD antigens¹
 - If an emergency transfusion is required, non-crossmatched, ABO/RhD-compatible RBCs can be given, per local blood bank practices²
 - A patient's compatibility profile, determined prior to their first dose of daratumumab, is recorded on the patient's ID card
- For additional information, please refer to the Summary of Product Characteristics (SmPC) or contact Janssen Medical Information by using one of the following methods:
 Phone: 00356 2397 6000
 Email: pv@ammangion.com
 Search: www.ammangion.com.mt

To report SUSPECTED ADVERSE REACTIONS, contact Janssen on the following:
 Phone (24/7): 00356 2397 6333
 Email: pv@ammangion.com
 Address: AM Mangion Ltd, Mangion Building, N/S Off Valletta Road, Luqa, LQA 6000, MALTA

If you get any side effects, talk to your doctor or nurse. You can also report side effects directly on www.medicinesauthority.gov.mt/adrportal. By reporting side effects you can help provide more information on the safety of this medicine.



- Chapuy C, Nicholson RT, Agud MD, et al. Resolving the daratumumab interference with blood compatibility testing. *Transfusion*. 2015;55(6 Pt 2):1545-1554.
- de Veers M, Tai Y, van der Veer MS, et al. daratumumab, a novel therapeutic human CD38 monoclonal antibody, induces killing of multiple myeloma and other hematological tumors. *J Immunol*. 2011;186(3):1840-1848.
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- Hannon JL, Clarke G. Transfusion management of patients receiving daratumumab therapy for advanced plasma cell myeloma. *Transfusion*. 2015;55(11):2770.
- Westhoff CM, Reid ME. Review: the Keil, Duffy, and Kidd blood group systems. *Immunohematology*. 2004;20(1):37-49.

References



Understanding & Mitigating daratumumab Interference with Blood Compatibility Testing



daratumumab Interference Mitigation Methods

REMEMBER

daratumumab-treated patients may show pan-reactivity in Indirect Antiglobulin Test (IAT)

daratumumab interference mitigation methods

Treat reagent RBCs with DTT or locally validated methods

OR

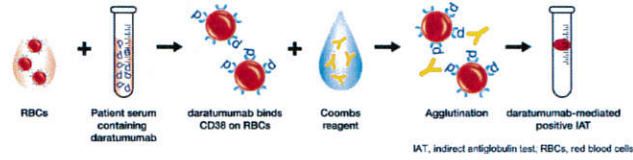
Genotype

If available, refer to the patient's ID card for their blood type and antibody screen results conducted prior to initiation of daratumumab treatment.

DTT, dithiothreitol; RBCs, red blood cells.

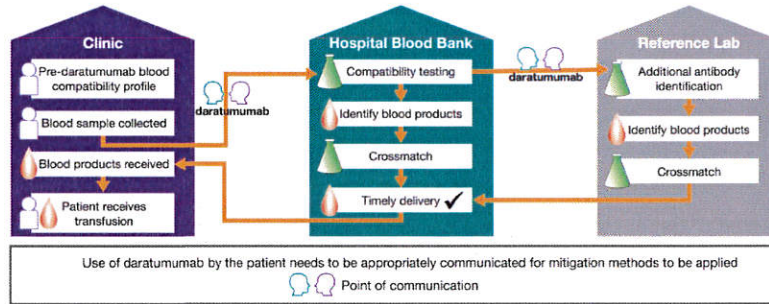
daratumumab Results in a Positive Indirect Antiglobulin Test which may persist for up to 6 months after the last product's infusion

Typical Indirect Antiglobulin Test From a daratumumab-treated Patient



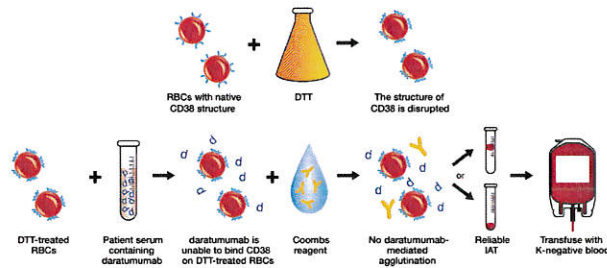
- daratumumab is a human monoclonal antibody for the treatment of multiple myeloma²
- daratumumab binds to CD38,¹ a protein that is expressed at low levels on red blood cells (RBCs)³⁻⁵
- daratumumab binding to RBCs may mask the detection of antibodies to minor antigens. This interferes with compatibility tests, including the antibody screening and crossmatching³

Help Prevent Delays by Applying Mitigation Methods



- If steps are not taken to mitigate daratumumab interference, delays in the release of blood products for transfusion may occur
- Blood products for transfusion can be identified for daratumumab-treated patients using protocols available in the literature^{1,6} or by using genotyping⁷
- Mitigation methods should be used until pan-agglutination is no longer observed

Treat Reagent RBCs With DTT or Locally Validated Method



DTT, dithiothreitol; IAT, indirect antiglobulin test; RBC, red blood cells.

- Treat reagent RBCs with dithiothreitol (DTT) to disrupt daratumumab binding, thus allowing antibody screening or crossmatching to be performed; the protocol can be found in Chapuy et al¹. Alternative locally validated methods can also be used
- Blood products for transfusion were identified for daratumumab-treated patients, after using DTT-treated reagent RBCs for antibody screening¹
- Since the Kell blood group system is also sensitive to DTT treatment,⁸ K-negative units should be supplied after ruling out or identifying alloantibodies using DTT-treated RBCs