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. In the current post marketing safety data, we have clinically significant hemolysis has not been observed (data on file)
- daratumumab does not interfere with identification of ABO/RhD antigens[1]
- If an emergency transfusion is required, non-crossmatched, ABO/RhD-compatible RBCs can be given, per local blood bank practices[6]
- If blood is needed urgently, can provide ABO extended Rh and K compatible RBC units pending further serological testing.
- The healthcare professionals should provide a patient ID card to their patients and advise them to consult the package leaflet.
- A patient's compatibility profile, determined prior to their first dose of daratumumab, is recorded on the patient's ID card
- The patient should carry the patient ID card for 6 months after stopping treatment .

Additional Resources

For full prescribing information, please refer to the datasheet or contact Johnson & Johnson Middle East FZ-LLC (Riyadh) Address: Prince Muhammed Bin Abdulaziz Rd, Tower B, Level 30, Olaya towers. Office Tel 00966-11-4339133 , Postal address: P O Box 65305 Riyadh 11556, Saudi Arabia

Adverse events reporting guidance:

SFDA (National Pharmacovigilance center) Email: npc.drug@sfda.gov.sa , Telephone: 19999 , Online: http://ade.sfda.gov.sa

To report Adverse Events/Product Complaint or any Medical Information Inquiries,

please contact us at: Email: GCC-PV2@its.jnj.com ,

Hotline: 00966540015811

References

1. Chapuy CI, Nicholson RT, Aguad MD, et al. Resolving the daratumumab interference with blood compatibility testing. *Transfusion*. 2015;55(6 Pt 2):1545-1554.
2. Daratumumab Summary of Product Characteristics, Janssen-Cilag International NV, Beerse, Belgium.
3. Alberici I, Demir O, Türker-Sener L, Yalcintepe L, Nurten R, Bermek E. Erythrocyte CD38 as a prognostic marker in cancer. *Hematology*. 2007;12(5):409-414.
4. Mehta K, Shahid U, Malavasi F. Human CD38, a cell-surface protein with multiple functions. *FASEB J*. 1996;10(12):1408-1417.
5. Zocchi E, Franco L, Guida L, et al. A single protein immunologically identified as CD38 displays NAD+ glycohydrolase, ADP-ribosyl cyclase and cyclic ADP-ribose hydrolase activities at the outer surface of human erythrocytes. *Biochem Biophys Res Commun*. 1993;196(3):1459-1465.
6. Oostendorp M, Lammerts van Bueren JJ, Doshi P, et al. When blood transfusion medicine becomes complicated due to interference by monoclonal antibody therapy. *Transfusion*. 2015;55(6 Pt 2):1555-1562.

DARATUMUMAB

Important information on safety and risk minimization of daratumumab and interference with blood compatibility testing

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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

ID CARD

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

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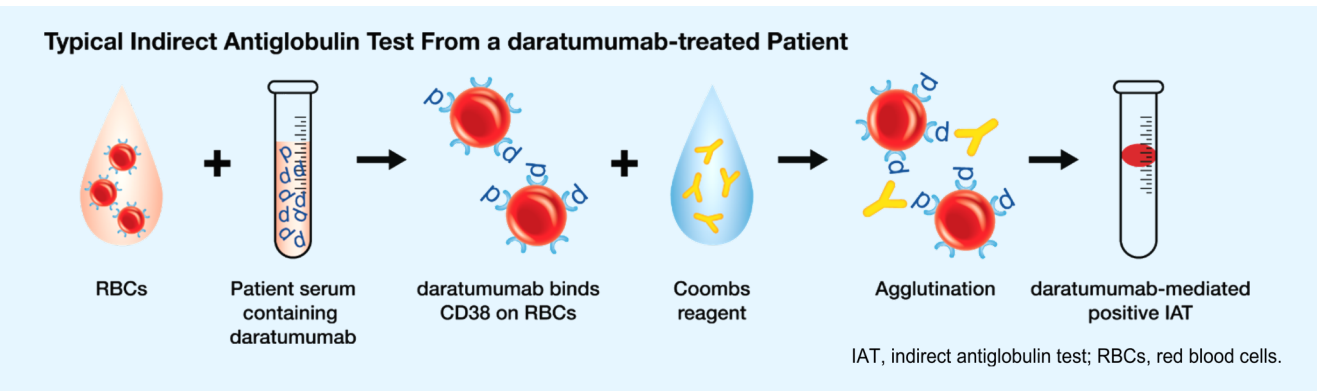
Daratumumab Results in a Positive Indirect Antiglobulin Test which may persist for up to 6 months after the last product's infusion



- daratumumab is a human monoclonal antibody for the treatment of multiple myeloma or AL amyloidosis[2]
- 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 crossmatching[1]

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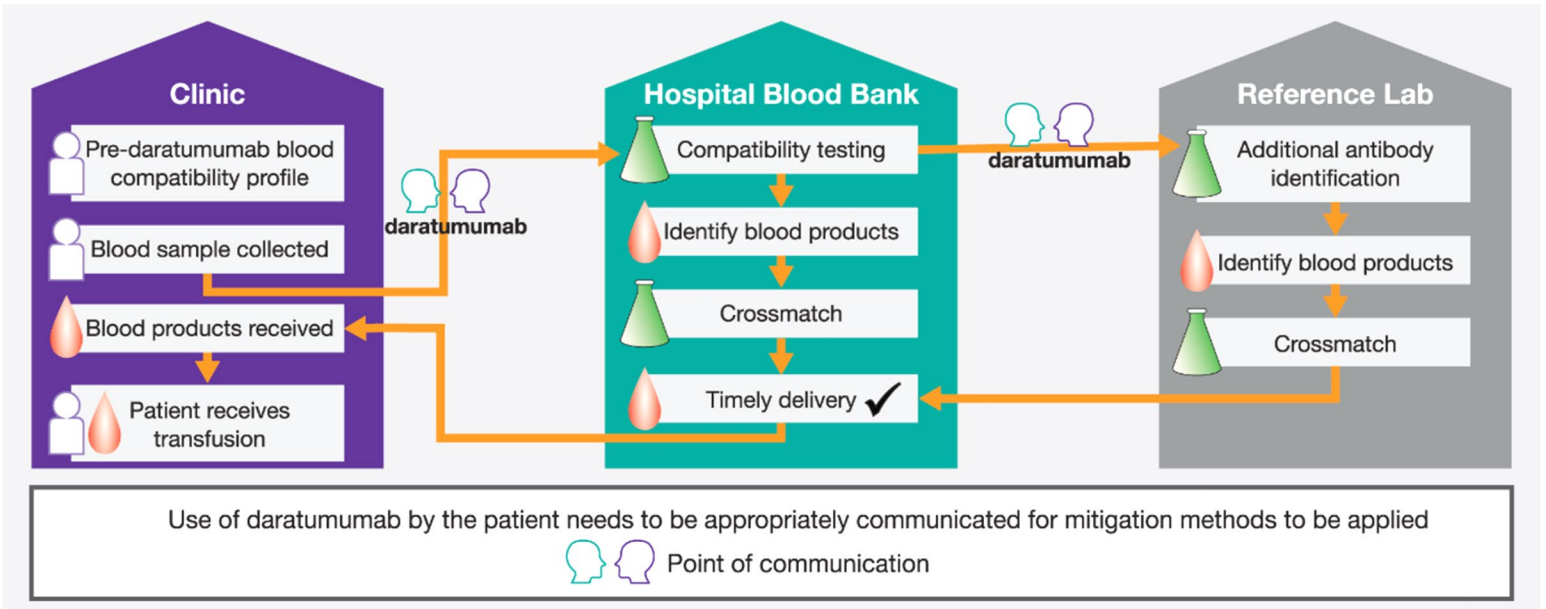
Help Prevent Delays by Applying Mitigation Methods



- 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 genotyping[7]
- Mitigation methods should be used until pan-agglutination is no longer observed

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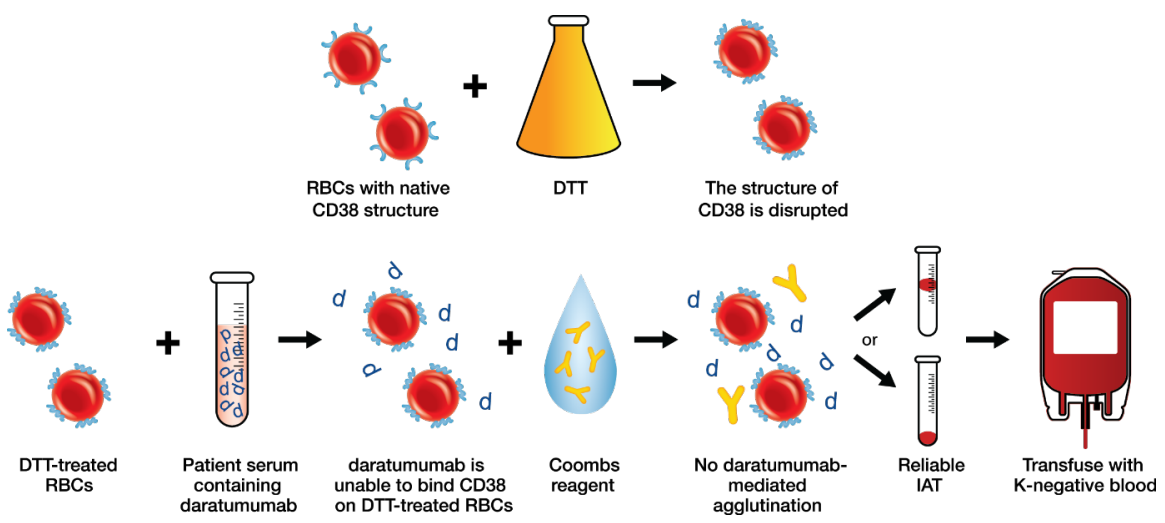
Treat Reagent RBCs With DTT or Locally Validated Method



DDT, 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 al[1]. 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 screening[1]
- 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

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