新規レジメンは多発性骨髄腫の進行を緩徐にする（Abstract LBA4）

Daratumumabベースの3剤併用療法は多発性骨髄腫の進行を緩徐にする

Three-drug daratumumab-based regimen slows progression of multiple myeloma

ランダム化第III相試験の結果、標準的な2剤併用療法（ボルテゾミブおよびデキサメタゾン）にdaratumumabを上乗せすることにより、再発または難治性多発性骨髄腫の予後が著明に改善した、と2016年American Society of Clinical Oncology年次集会で発表された。Dratumumabとの併用療法により、病勢進行リスクは70%減少し、最良部分奏効率は29%から59%、完全奏効率は9%から19%に倍増した。Daratumumabはがん細胞の表面に存在するCD-38と呼ばれる蛋白質を標的とする。この結果から、3剤併用療法は再発／難治性多発性骨髄腫の新たな治療選択肢に位置付けられるであろう。

Full Text

Initial findings from a pivotal phase III trial showed that daratumumab added to a standard two-drug regimen (bortezomib and dexamethasone) markedly improved outcomes for patients with recurrent or refractory multiple myeloma.

The daratumumab combination reduced the risk of cancer progression by 70%, and doubled both very good partial response rates from 29% to 59% and complete response rates from 9% to 19%. Daratumumab, the first monoclonal antibody approved for multiple myeloma, targets a protein on the surface of cancer cells called CD-38.

These data were presented in ASCO's Plenary Session, which features four abstracts deemed to have the greatest potential to impact patient care, out of the more than 5,000 abstracts featured as part of the 2016 American Society of Clinical Oncology (ASCO) Annual Meeting.

"We've suspected for a long time that CD-38 is the major treatment target for multiple myeloma, but these results are unprecedented in this cancer," said lead study author Antonio Palumbo, MD, a chief of the Myeloma Unit at the Department of Oncology, University of Torino in Torino, Italy. "It's clear now that we'll be moving to a three-drug regimen with daratumumab as the standard of care."

This first randomized clinical trial of daratumumab included nearly 500 patients with relapsed or refractory multiple myeloma. Patients received eight cycles of either regimen, followed by daratumumab maintenance therapy for patients in the daratumumab group.

"Daratumumab is a fast-acting drug — in many cases tumors shrank in just a month. As a result of shrinkage and slower tumor growth, patients had less pain and a better quality of life," said Dr. Palumbo.

He noted that daratumumab did not substantially worsen the most common side effects of the standard regimen. Patients in the daratumumab group experienced slightly higher rates of hematologic toxicity, infections, and peripheral neuropathy.

Longer patient follow up is needed to determine the impact of this daratumumab combination on patient survival. A clinical trial that combines daratumumab with another standard therapy for recurrent multiple myeloma is underway. Additional clinical trials are testing various daratumumab-based regimens for patients with newly diagnosed multiple myeloma.

Daratumumab is one of the first drugs with the ability to directly kill myeloma cells and at the same time stimulate the immune system response to attack the tumor. The direct effect explains rapid tumor shrinkage, whereas the immune effect sustains prolonged responses to the treatment.

"Here, we've seen what can happen for patients when we select the treatment based on a common target in multiple myeloma," said ASCO President Julie M. Vose, MD, MBA, FASCO. "The new treatment regimen appears to rapidly slow cancer growth in many patients. This study affirms the efficacy of daratumamab that was seen in earlier, smaller clinical trials in this setting."

Multiple myeloma is an uncommon cancer. In 2012, 114,250 were diagnosed worldwide. This study received funding from Janssen Research & Development.

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