

# Daratumumab (Darzalex<sup>®</sup>)

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## Treatment Guide

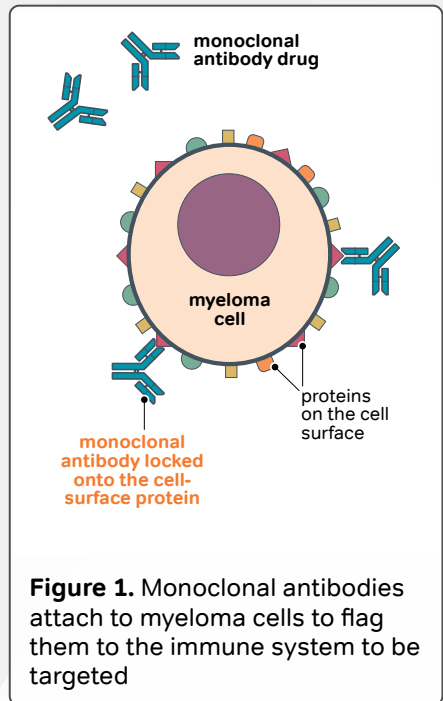
# What is daratumumab?

Daratumumab, also known as Darzalex<sup>®</sup>, is a monoclonal antibody drug used in the treatment of myeloma.

## How does it work?

Daratumumab works by attaching to a protein that is present on the surface of myeloma cells.

Myeloma cells produce a protein called CD38 which is present on the cell surface. Daratumumab attaches to the CD38 protein found on the surface of myeloma cells, which flags the cell to the immune system. This allows the immune system to target and kill the myeloma cell.



## How is daratumumab given?

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Daratumumab is given by intravenous infusion (into a vein) over a number of hours, or it can be given as an injection under the skin (subcutaneous).

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Daratumumab is usually given once a week for the first 8 weeks, once every 2 weeks from week 9 to week 24, and then every 4 weeks from week 25.

Daratumumab is given until there is disease progression, meaning there are signs your myeloma is becoming more active.

Individual treatment plans will vary, your healthcare team will let you know your specific plan.

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## Other information about daratumumab

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If you could become pregnant, you must use effective methods of contraception while on this treatment and for 3 months after treatment has finished. This is because the risk of this treatment to an unborn baby is unknown.

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If you are currently breastfeeding, or would like to breastfeed when taking daratumumab, you should discuss the benefits and risks with your healthcare team first. This is because daratumumab may pass to your milk and it is not known if this is safe for your baby.

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Daratumumab can affect test results used to match your blood for blood transfusions. This effect can last for up to six months after your final infusion of daratumumab. You should have this test done before you start treatment with daratumumab and all your healthcare team should be informed you are being treated with daratumumab.

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## Possible side effects

Daratumumab has a number of possible side effects which can vary considerably from patient to patient. It is important to report any side effects to your doctor or nurse so they can be treated or managed promptly.

The side effects listed here are those experienced most often. For a complete list of side effects please refer to the patient information leaflet which is included in the pack with the treatment. If you do not have this, ask your healthcare team for it.



### Infusion reaction

The most commonly observed side effect of daratumumab is an 'infusion reaction', which most often occurs within three to four hours of receiving the infusion.

Symptoms can include a throat tickle, cough, fever, chills, nausea, changes in blood pressure, flushing, rash and fatigue. You will be given supportive treatment alongside the daratumumab infusion to try to reduce the risk of an infusion reaction occurring. If you notice any of these side effects, report them to your doctor or nurse immediately.

You will need to have further treatment to stop the reaction.



### Peripheral neuropathy

Peripheral neuropathy is damage to the nerves in the hands, feet, arms or legs. This can lead to numbness, tingling, increased sensitivity and pain, most often in the feet or hands.

For the majority of patients, symptoms will improve or disappear after the dose and/or frequency of administration of daratumumab is reduced. However, in some cases, daratumumab may need to be temporarily stopped or discontinued and other options discussed. If you have severe peripheral neuropathy you may not be able to have other treatments that are also known to cause peripheral neuropathy in the future.

Pain and discomfort can be alleviated by gentle massage, warm baths, heat/cold packs and specific nerve painkilling drugs such as pregablin and gabapentin.



### Fluid retention

Fluid retention can cause swelling of the hands, ankles or feet (peripheral oedema). Your doctor will discuss a treatment plan for your fluid retention with you. This will usually involve taking diuretics (water tablets) to help your body remove the excessive fluid.



## Low blood counts

Daratumumab may cause a decrease in the number of red blood cells, white blood cells and platelets in your blood. This can cause anaemia (which can cause shortness of breath, tiredness and weakness) and fatigue, as well as making you more susceptible to infection and increasing your risk of bleeding.

If necessary, you will be given supportive treatment to help with these side effects and to boost your blood cell counts.



## Fatigue

Fatigue usually resolves shortly after treatment has finished. There are a number of medical and nonmedical strategies you may try to help manage fatigue. For example, treatment for anaemia may reduce fatigue if it is caused by low red blood cell counts.

Increasing your levels of activity and having complementary therapies, such as aromatherapy or massage, may also help.



## Headache

Daratumumab can cause headaches. Maintain a good fluid intake and speak to your doctor about suitable painkillers.



## Gastrointestinal disturbances

Daratumumab can cause diarrhoea, nausea and vomiting. While usually mild and manageable, these side effects can become problematic in some cases.

Maintaining a good fluid intake and a balanced diet is important. Your doctor may prescribe specific treatment which can help prevent or control the symptoms.



## Muscle spasms

Muscle spasms or cramps can be a side effect of daratumumab. There are a number of strategies you may try to help manage muscle cramping, including keeping well hydrated, stretching and drinking tonic water or sports drinks, which some other patients have suggested may help to ease cramping. Your doctor may prescribe specific treatment which can help prevent or control the symptoms.



## Fever

Daratumumab can cause an increase in body temperature. This should last no longer than 24 hours. If it does last longer, it may be a symptom of infection and you should inform your healthcare team as soon as possible.



If you have any questions about your treatment, speak to your medical team. They are the best people to ask if you have questions about your individual situation. The information in this publication is not meant to replace their advice.



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Registered Charity No: SC026116

Published by:	Myeloma UK
Publication date:	January 2019
Last updated:	August 2022
Review date:	August 2025



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