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RECOMMENDATION ON COMBINATION THERAPY WITH CARFILZOMIB, DEXAMETHASONE AND DARATUMUMAB (KdD) IN THE TREATMENT OF RELAPSED MULTIPLE MYELOMA

At its meeting of 4 February 2022, the Council for Choices in Health Care in Finland (COHERE Finland) adopted a recommendation on combination therapy with carfilzomib, dexamethasone and daratumumab (KdD) in the treatment of relapsed multiple myeloma.

Combination therapy with carfilzomib, dexamethasone and daratumumab (KdD) is recommended as part of a national service choices in healthcare for the treatment of relapsed multiple myeloma. The requirement is that the marketing authorisation holder and the buyer agree on a price significantly lower than the public wholesale price.

Combination therapy with carfilzomib, dexamethasone and daratumumab (KdD) is indicated for the treatment of multiple myeloma in adult patients who have received at least one prior therapy.

Efficacy has been demonstrated in one study. Based on the CANDOR study, treatment with KdD prolonged progression-free survival by approximately 13 months compared to treatment with carfilzomib and dexamethasone. Response to treatment was also better in the KdD group. There was no difference in overall survival between the groups, but the results for survival are incomplete. Comparison with other treatment options is lacking. This brings uncertainty to the assessment of the therapeutic value and status of KdD combination therapy in the current treatment practice.

Patients who received KdD treatment had a higher incidence of treatment-related serious or life-threatening adverse events compared to patients who received the control

treatment. The adverse events are typically accentuated in older patients, who often have other diseases. The observed adverse events are consistent with those previously reported with carfilzomib treatment.

The costs of treatment at the public wholesale price are disproportionate to the benefits to be gained. The cost of KdD treatment per patient, calculated at list prices, is approximately EUR 350,000 for the first year and approximately EUR 290,000 per year from the second year onwards. In the third year after the introduction of KdD treatment, it is estimated that approximately 20–40 patients from the second or third line of patients eligible for treatment could receive KdD treatment, taking into account other possible treatment options.

Multiple myeloma is a cancer of the plasma cells in the blood and bone marrow where malignant plasma cells begin to multiply in the bone marrow. With current treatments, myeloma is an incurable disease where a possible recovery or remission phase is followed by relapse. The majority of patients are elderly, and the average life expectancy after diagnosis is now between 7 and 8 years. In 2019, 365 new cases of myeloma and 280 deaths from myeloma were reported.

This is a summary of a recommendation adopted by the Council for Choices in Health Care in Finland (COHERE Finland). The actual recommendation and the related background material are available in Finnish on the website of COHERE Finland under [Recommendations](#).

The summary of the recommendation is also available in [Swedish](#) and [Finnish](#) on the website.

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunction with the Ministry of Social Affairs and Health, and its task is to issue recommendations on services that should be included in the range of public health services. Further information about service choices in healthcare is available on [the COHERE Finland website](#).