

A summary of a COHERE Finland recommendation

Daratumumab in combination (D-VMP) and as maintenance therapy of newly diagnosed multiple myeloma

Recommendation approved at the meeting of Council for Choices in Health Care in Finland (COHERE Finland) on 4 September 2019. COHERE Finland approved the final recommendation on daratumumab in combination (D-VMP) and as maintenance therapy of patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplantation.

According to the recommendation, daratumumab in combination treatment with bortezomib, melphalan and prednisone (D-VMP) and as maintenance therapy is not included in Finland's national range of services for the treatment of adult patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplantation. Research data does not enable assessing the added value of maintenance therapy after the combination treatment (D-VMP + D) or the optimal duration for daratumumab therapy. The research reference period is still short to estimate the potential longer-term benefit of D-VMP + D therapy, which is why there is considerable uncertainty about assessing the cost-effectiveness of D-VMP therapy based on modelling.

Daratumumab is a human IgG1 kappa monoclonal antibody that adheres to, for example, the CD38 protein on the surface of malignant myeloma cells and activates immune-mediated mechanisms to destroy those cells.

Adding daratumumab to the first-line treatment of myeloma cannot be considered a cost-effective alternative. Its additional costs per quality adjusted life year, QALY, (incremental cost-effectiveness ratio, ICER) would be estimated at EUR 194,000 compared to bortezomib, melphalan and prednisone (VMP) treatment according to current practice and EUR 155,000 compared to lenalidomide and dexamethasone (Rd) treatment.

Multiple myeloma is a haematological, malignant disease that cannot be cured with current treatments. In multiple myeloma, the number of plasma cells from one stem cell increases in the bone marrow. The development of pharmacotherapies has improved the prognosis of the disease. At present, patients can be treated several times at different stages of the disease with individually tailored treatment. First-line treatment for patients under 70-75 years of age in good condition is autologous transplantation of patients' own stem cells in connection with intensive anticancer therapy. The choice of treatment for patients who are ineligible for stem cell transplantation depends on the patient's condition, illnesses and age. The chances of treating patients who are ineligible for autologous stem cell transplantation have improved over the past 10 years. Daratumumab is already in clinical use and offers a treatment alternative for subsequent myeloma treatment lines.

You can find the recommendation and other background material here (in Finnish).

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: www.palveluvalikoima.fi.