

IgM monoclonal gammopathies of clinical significance: diagnosis and management

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Supplementary data

Supplementary table 1. Summary of CAD treatment considerations

Frontline		
Treatment	Target	Considerations
Rituximab (R)	LPL	Time of onset is weeks 375mg/m ² for 4 weeks
R-Bendamustine	LPL	Consider if fit, 4 cycles
R-Fludarabine	LPL	Risk of secondary malignancy, so only selectively use
Relapse/Novel		
Treatment	Target	Considerations
Bortezomib ± R	LPL/Plasma cell	1.3 mg/m ² subcutaneous, caution dose in those with neuropathy
Ibrutinib	LPL	Case report use ²³
Daratumumab	LPL/Plasma cell	Case report use ²⁴ . 16 mg/kg weekly (weeks 1-6), 2-weekly (weeks 9-24) and 4-weekly thereafter
Eculizumab (C5 inhibitor)	Complement	Time of onset is days, may be useful in acute severe intravascular haemolysis. No effect on extravascular haemolysis
Sutimlimab (C1s inhibitor)	Complement	Phase 3 open-label, single arm (NCT03347396, CARDINAL), completed recruitment Phase 3 randomised placebo-controlled clinical trial (CADENZA, NCT03347422)
Pegcetacoplan (C3b inhibitor)	Complement	Phase 3 clinical trial (NCT05096403) for those received prior Rituximab. Twice-weekly subcutaneous 1080-mg vs placebo
Iptacopan (Complement factor B inhibitor)	Complement	Phase 2 clinical trial (NCT05086744) for relapsed patients. 200mg capsule BD
Cinryze (C1 esterase inhibitor)	Complement	Phase 2 clinical trial (2012-003710-13/NL)