IgM monoclonal gammopathies of clinical significance: diagnosis and management

Jahanzaib Khwaja,¹ Shirley D'Sa,¹ Monique C. Minnema,² Marie José Kersten,³ Ashutosh Wechalekar¹ and Josephine M.I. Vos³

¹University College London Hospital, London, UK; ²Department of Hematology, University Medical Center Utrecht, University Utrecht, Utrecht, the Netherlands and ³Department of Hematology, Amsterdam University Medical Centers, University of Amsterdam, Cancer Center Amsterdam and Lymphoma and Myeloma Center Amsterdam, Amsterdam, the

Correspondence: J.M. Vos j.m.i.vos@amsterdamumc.nl

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Supplementary data

Supplementary table 1. Summary of CAD treatment considerations

Rituximab (R)	Frontline			
R-Bendamustine R-Fludarabine LPL Risk of secondary malignancy, so only selectively use Relapse/Novel Treatment Bortezomib ± R LPL/Plasma cell Case report use 23 Case report use 24 16 mg/kg weekly (weeks 1-6), 2-weekly (weeks 9-24) and 4-weekly thereafter Eculuzimab (C5 inhibitor) Complement Time of onset is days, may be useful in acute severe intravascular haemolysis. No effect on extravascular 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) Phase 3 clinical trial (NCT05096403) for those received prior Rituximab. Twice-weekly subcutaneous 1080-mg vs placebo Iptacopan (Complement factor B inhibitor) Phase 2 clinical trial (NCT05086744) for relapsed patients. 200mg capsule BD	Treatment	Target	Considerations	
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R-Fludarabine			375mg/m ² for 4 weeks	
Relapse/Novel	R-Bendamustine	LPL	Consider if fit, 4 cycles	
Treatment Target Considerations	R-Fludarabine	LPL	, , ,	
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