Reply to: Successful Isatuximab Desensitization in a Patient With Refractory Multiple Myeloma and Indolent Systemic Mastocytosis

Torres Górriz MC[1,2,3], Borrás Cuartero J[3,4], Pesántez Méndez CG[1,3], Stein Coronado CI[1,3], Enrique E[1,2,3]

[1]Allergy Department, Castellon University General Hospital, Castellón, Spain

[2]Doctoral School, Jaume I University, Castellon de la Plana, Spain

[3]FISABIO Foundation Research Group

[4]Allergy Department, Castellon Provincial Hospital Consortium, Castellón, Spain

Corresponding author:
Maria Cruz Torres Gorriz
Allergy Department, Castellon University General Hospital, Castellón, Spain
Doctoral School, Jaume I University, Castellon de la Plana, Spain
FISABIO Foundation Research Group
E-mail: mtorresgorriz@gmail.com

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Palabras clave: Isatuximab. Desensibilización. Reacción de hipersensibilidad. Anticuerpo monoclonal. Shock anafiláctico.

To the editor,

We thank Hutten et al [1] for their interest in the case report recently published in this journal "Anaphylactic shock due to isatuximab and successful desensitization".

In their letter to the editor, the authors describe a new case of successful rapid drug desensitization (RDD) in a patient with type I hypersensitivity reaction (HR) to isatuximab aggravated by mast cell activation syndrome (MAS) [1]. The publication is very important, because it helps us to manage patients with such a complex condition as MAS who experience HR against novel drugs. These drugs include anti-CD38 agents, which are used in the treatment of hematologic-oncologic diseases.

In our usual practice, we always initiate RDD with a 4-bag protocol when we treat a patient who develops severe symptoms (grade III/severe [EAACI]) after infusion of only a few milliliters with markers of IgE-mediated type I HR (positive skin tests and elevated postreaction tryptase), as in the published case. If there are no breakthrough reactions after this first RDD, and to reduce the time required by the patient for administration of treatment, the number of vials is progressively reduced until RDD is performed with 1 bag. In addition, reducing the number of dilutions facilitates the work of the Pharmacy

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Department. In the case we report, 3 successive RDDs were carried out with 3 bags, and from the fourth RDD to the current date (14th RDD), all of them have been carried out with the 1-bag protocol. There have been no breakthrough reactions, and the patient has since tolerated all RDDs, enabling him to maintain his therapeutic regimen. According to our experience, we do not discontinue antiallergic premedication until the patient has reached the 1-bag protocol.

Given the special circumstances of the patient in the case presented by Hutten et al [1], the skin test results could not be interpreted (borderline positive control). It should be noted that, although the skin test was considered positive in the case we reported, it was positive only with the intradermal test at a 1/1 concentration (20 mg). However, this test was interpreted as positive because a control patient receiving isatuximab had a negative result at the same concentration. It should not be forgotten that there are no standardized skin tests for this drug.

We agree with Hutten et al [1] that the basophil activation test is useful in cases where sIgE is not available, especially when skin test results cannot be interpreted. It is worth remembering, as recently published in an EAACI position paper by Mayorga et al [2], that this technique should be standardized to reduce both inter- and intralaboratory variability.

Finally, we thank Hutten et al [1] again for suggesting that in initially severe HR with very rare drugs, even with concomitant MAS, RDD remains a beneficial procedure that enables patients to continue their treatment regimen.

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Conflicts of Interest

The authors declare that they have no conflicts of interest.

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