To Ensure Timely Transfusions

REMEMBER

If a patient who received DARZALEX® (daratumumab) requires a transfusion:

Type and screen patients prior to starting DARZALEX® and inform the blood bank that your patient has been treated with DARZALEX®

Ensure that your patient's blood sample is identified as treated with DARZALEX®

Double-check standing orders for transfusions to determine if your patient received DARZALEX® within the last year

Provide your patient's pre-DARZALEX® compatibility profile, if available, to the blood bank

Ask your patient to tell their other health care providers that they have received DARZALEX®, particularly before a transfusion

Understanding DARZALEX®

Interference With Blood Compatibility Testing

References


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DARZALEX® (daratumumab) Results in a False Positive Indirect Coombs Test

- DARZALEX® is a human monoclonal antibody for the treatment of multiple myeloma

- DARZALEX® binds to CD38, a protein that is expressed on red blood cells (RBCs)

- DARZALEX® binding to RBCs interferes with blood bank compatibility tests, including the antibody screening and crossmatching (both indirect Coombs tests) that are part of a routine pretransfusion workup.

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**Typical Negative Indirect Coombs Test**

- RBCs
- Patient serum without antibodies to minor antigen
- No patient antibodies to bind RBC antigens
- Coombs reagent
- No agglutination
- Negative indirect Coombs test

**Typical Positive Indirect Coombs Test**

- RBCs
- Patient serum containing antibodies to minor antigen
- Patient antibodies bind RBC antigens
- Coombs reagent
- Agglutination
- Positive indirect Coombs test

**Typical Indirect Coombs Test From a DARZALEX®-Treated Patient**

- RBCs
- Patient serum containing DARZALEX®
- DARZALEX® binds CD38 on RBCs
- Coombs reagent
- Agglutination
- False positive indirect Coombs test

RBCs, red blood cells.
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- Ensure that your patient’s blood sample is identified as treated with DARZALEX®
- Double-check standing orders for transfusions to determine if your patient received DARZALEX® within the last year
- Provide your patient’s pre-DARZALEX® compatibility profile, if available, to the blood bank
- Ask your patient to tell their other healthcare providers that they have received DARZALEX®, particularly before a transfusion
DARZALEX® (daratumumab) is a human monoclonal antibody for the treatment of multiple myeloma. DARZALEX® binds to CD38, a protein that is expressed on red blood cells. DARZALEX® binding to RBCs interferes with blood bank compatibility tests, including the antibody screening and crossmatching (both indirect Coombs tests) that are part of a routine pretransfusion workup.

Blood compatibility testing can still be performed on DARZALEX®-treated patients. Blood products for transfusion can be identified for DARZALEX®-treated patients using protocols available in the literature or by using genotyping.

To ensure that your patient receives a timely transfusion, type and screen patients prior to starting DARZALEX® and inform the blood bank that they will receive a DARZALEX®-treated sample.

Note: Additional information to share with your blood banks can be found in the Prescribing Information.
DARZALEX® (daratumumab) Interference Is Clinically Manageable

- To date, no clinically significant hemolysis has been observed in patients receiving DARZALEX®
- DARZALEX® does not interfere with identification of ABO/RhD antigens
- If an emergency transfusion is required, noncrossmatched, ABO/RhD-compatible RBCs can be given, per local blood bank practices
- Once treatment with DARZALEX® is discontinued, panagglutination may persist; the duration of this effect varies from patient to patient but may persist for up to 6 months after the last DARZALEX® infusion

Additional Resources

For additional information, please contact Janssen Medical Information by using one of the following methods:

Phone: Call 1-800-JANSSEN (1-800-526-7736)
Email: Submit questions via our askjanssenmedinfo.com site
Search: www.janssenmd.com
Contact your local Medical Science Liaison: www.janssenmsl.com
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References


