骨髄腫治療のNew Drugs

～ボルテゾミブ，３種IMIDを超える薬剤～

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●プロテアソーム阻害薬
●カルフィルゾミブ
●イキサゾミブ
●モノクローナル抗体

Abstract

Bortezomib, the 1st generation of proteasome inhibitor (PI) and immunomodulatory drugs (IMID) have been extensively used for the treatment of multiple myeloma for past 10 years, resulted in marked improvement of progression free, as well as overall survival of the patients. Nevertheless, prognosis of the patients who became refractory/resistant (R/R) to both drugs were quite poor. In order to explode resistant and refractory situation to both drugs, 2nd generation of PI, as well as novel monoclonal antibodies (MoAb) have been developed and introduced into the clinic. Among novel PIs, carfilzomib (CFZ) is selective, strong and irreversible proteasome activities, is highly active alone or combined with IMID for the R/R patients, with less adverse events. Ixazomib, oral form of bortezomib is also active for R/R patients especially combined with IMID. Rather than PIs and IMID, several monoclonal antibodies (MoAbs) have been developed, and showed promising effect. Elotuzumab, anti-SLAMF7 (CS-1) Ag was shown to be effective when combined with IMID. On the other hand, daratumumab, anti-CD38 antigen showed good efficacy for heavily treated MM patients either alone or combination with IMID. Those novel agents may open the new treatment strategy for MM patients.

New drugs：Novel drugs beyond bortezomib and IMID.
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はじめに

今世紀に入って多発性骨髄腫(multiple myeloma；MM)に対する分子生物学的研究が飛躍的に進歩し，多数の分子標的治療薬が開発されている。現在国内では免疫調整薬(immunomodulatory drugs；IMIDs)であるサリドマイド，レナリドミド(レブラミド：REV)，ポマリドミド(POM)とプロテアソー