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Peer reviewed
Post-protocol therapy and informative censoring in the CANDOR study

We read with great interest and wish to congratulate Saad Z Usmani and colleagues on the CANDOR study comparing carfilzomib, dexamethasone, and daratumumab (KdD) with carfilzomib and dexamethasone (Kd) in patients with relapsed or refractory multiple myeloma. In the updated analysis, the authors reported a continued progression-free survival benefit of KdD over Kd.1 This conclusion relies on the Kaplan-Meier assumption that censoring is uninformative.2

We also are greatly concerned about the poor post-protocol therapy for patients in the control group. Despite daratumumab already being approved and proven to be a highly effective therapy in the relapsed setting, most patients in the Kd group did not receive daratumumab upon progression. Can the authors explain why daratumumab was not given?

Furthermore, we wish to draw attention to the redaction of portions of the power analysis for overall survival in the trial protocol and would appreciate clarification from the authors on this.

The investigators claim that KdD is an emerging standard of care. We do not doubt that both carfilzomib and daratumumab are effective against multiple myeloma; however, in the absence of any direct comparisons of different triplet regimens, there is no way to ascertain if KdD is any better than other triplet regimens available for this patient population. Furthermore, given that daratumumab was not given to most patients at relapse, there are serious concerns that this trial raises about global disparities in access to drugs, and the sponsor’s responsibility to provide adequate post-protocol care.


