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In Reply—Statin Use Associated With a Decreased Risk of Community-Acquired *Staphylococcus aureus* Bacteremia

We appreciate Dr Ko and colleagues' interesting reflections on our findings concerning the influence of statin use on the risk of community-acquired *Staphylococcus aureus* bacteremia (CA-SAB). Because the aim of our study was to provide epidemiological in vivo data on this association, Ko and colleagues' review of the literature and considerations on the potential underlying pathophysiologic mechanisms constitute a very valuable supplement to our paper. We agree that the risk of CA-SAB appeared to differ slightly across the different types of statins (simvastatin, atorvastatin, and others). However, because only 9% of current statin users were treated with other statins and because the confidence intervals for the estimates overlapped, these results should be interpreted with caution.

As suggested in the letter by Ko et al, we believe that future well-conducted basic and clinical research represents the only way to disentangle the biological mechanisms by which statin treatment may protect against CA-SAB.

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Daratumumab for POEMS Syndrome

To the Editor: The syndrome of polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, and skin changes (POEMS) is a rare disorder. It is considered paraneoplastic to a usually IgAλ-secreting monoclonal plasma cell dyscrasia.[1] High-dose melphalan followed by autologous stem cell transplant (ASCT) is the standard of care in disseminated POEMS syndrome but can be associated with significant treatment-related morbidity and mortality.[2] No paradigm exists for managing patients who experience relapse and those ineligible for ASCT. Herein, we report the first case of POEMS syndrome treated successfully with the anti-CD38 monoclonal antibody daratumumab and lenalidomide.

Report of Case. A 60-year-old woman presented with a progressive sensorimotor polyneuropathy, weight loss, and acrocyanosis of the distal extremities and nose. Laboratory evaluation revealed an IgAλ monoclonal band of 0.7 g/dL and elevated serum IgA (689 mg/dL). The λ and κ free light chain levels were 10.3 mg/dL and 3.7 mg/dL, respectively (Supplemental Table, available online at http://www.mayoclinicproceedings.org). Bone marrow biopsy studies revealed 5% to 10% plasma cells with 0.59% myelomatous cells. The vascular endothelial growth factor (VEGF) level was 2222 pg/mL, and the platelet count was 572 × 10^9/L. Imaging identified no bone disease or organomegaly. POEMS syndrome was diagnosed. Prior treatment with intravenous