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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 IgA λ -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 IgA λ 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](http://www.mayoclinicproceedings.org), 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 $572 \times 10^9/L$. Imaging identified no bone disease or organomegaly. POEMS syndrome was diagnosed. Prior treatment with intravenous

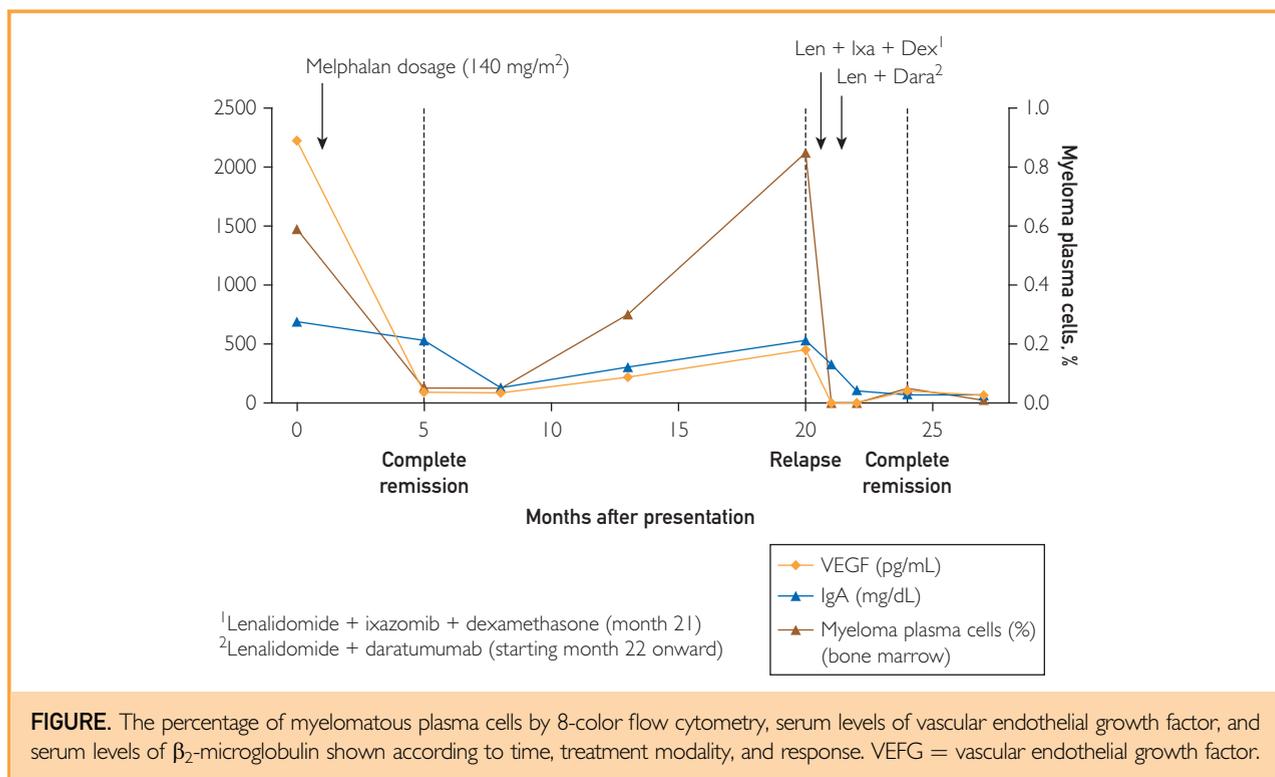


FIGURE. The percentage of myelomatous plasma cells by 8-color flow cytometry, serum levels of vascular endothelial growth factor, and serum levels of β_2 -microglobulin shown according to time, treatment modality, and response. VEGF = vascular endothelial growth factor.

immunoglobulin and oral prednisone had yielded no response. The patient underwent ASCT with reduced-dose melphalan (140 mg/m²) because of her poor performance status. A rapid reduction in VEGF, IgA, and marrow plasma cell infiltration and gradual clinical improvement ensued (Figure).

However, 18 months posttransplant, the patient again experienced acrocyanosis, peripheral edema, fatigue, weight loss, and neurologic deterioration. Disease recurrence was preceded by serially increasing VEGF, β_2 -microglobulin, and IgA levels and reappearance of frank myelomatous plasma cells in the bone marrow. Lenalidomide (15 mg, days 1-21 and 28), ixazomib (4 mg, days 1, 8, and 15), and dexamethasone (20 mg weekly) were administered for 1 month as salvage therapy without improvement. Treatment was switched to lenalidomide (15 mg through days 1 to 21) and daratumumab (16 mg/kg weekly by intravenous infusion for 8 doses), with dexamethasone for infusion

reaction prophylaxis. After 8 weekly doses of daratumumab, she received an additional 8 doses every other week before switching to monthly daratumumab. Normalization of the λ and κ free light chain levels, reduction of M component to zero, and bone marrow morphology negative for myelomatous cells was achieved. Eleven months after starting salvage therapy, her response was ongoing; she could walk unaided despite bilateral foot drop, and she had regained fine motor skills, allowing her to resume work as an accountant.

Discussion. We speculate that in our patient the reduction in melphalan dose from 200 mg/m² to 140 mg/m² allowed clonal plasma cells to survive. The well-documented efficacy of daratumumab plus lenalidomide in relapsed multiple myeloma^{3,4} prompted us to treat our patient in a similar fashion. Responses to daratumumab in AL (immunoglobulin light chain) amyloidosis have also been reported.⁵ In our patient with POEMS syndrome, the

remarkable response to daratumumab and lenalidomide suggests that this combination is a promising nontoxic alternative to ASCT that warrants exploration in POEMS syndrome.

Supplemental Online Material. Supplemental material can be found online at: <http://www.mayoclinicproceedings.org>. Supplemental material attached to journal articles has not been edited, and the authors take responsibility for the accuracy of all data.

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Physician Burnout: A Leading Indicator of Health Performance and “Head-Down” Mentality in Medical Education—I



To the Editor: In the editorial by Olson¹ published in the November 2017 issue of *Mayo Clinic Proceedings*, we are alerted toward the looming, seemingly untenable malady of physician burnout by the author's underscoring the fact that creative approaches must be applied to address this critical issue.

Parenthetically, similar to the United States,² in some relatively recent studies from other parts of the world, a comparative assessment has revealed a similar, if not higher, prevalence of dissatisfaction with work among practicing physicians.³⁻⁵ These similar findings confirm that physician burnout is a critical *pandemic* rather than an epidemic confined only to the United States. Hence, without undermining the need for transformation of the health care system, a more pragmatic, quick, and sustainable approach to address this issue should be geared toward providing physicians at any level of their career anywhere on the planet with a “tool bag” for self-care.

The imminent answer to burnout is an individual and proactive strategy

with a goal to equip health care professionals at any level of their career (starting at or even before medical school) with practical tools to transform the debilitating effects of day-to-day stress into clarity of vision and practical creativity.

This goal can be easily and effortlessly accomplished through various ancient holistic self-care techniques that enable us to make a critical choice in a critical situation while the organizational changes take the time needed to be implemented. Studies have shown that such a strategy significantly improves Maslach Burnout Inventory scores for emotional exhaustion, depersonalization, and personal accomplishment (the 3 major domains of physician burnout).⁶⁻⁸

Einstein said, “we cannot solve our problems with the same level thinking that created them.” With a wide variation in the structure and function of health care organizations all over the world plus various stages in the journey of a health care provider (from being a medical student to even an organizational executive), the answer is not “within the matrix” but outside it. Self-care converts disillusionment in the individual health care professional into vigor, dedication, and absorption in work.

My experience over the past 9 years and the published reports⁹ have revealed this intervention to be a low-cost, engaging, time-efficient way to improve well-being and manage physician burnout symptoms by providing user-friendly tools that health care professionals can apply to their own care as well as the care of their patients. Ultimately, we take the same mind (equipped with the toolkit) with us wherever we go!

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Physician Burnout: A Leading Indicator of Health Performance and “Head-Down” Mentality in Medical Education—II



To the Editor: Regarding the editorial by Olson¹ published in the November 2017 issue of *Mayo Clinic Proceedings*, the author observes the importance of physical and psychological burnout within the context of the modern health system. She asserts that physicians are “exiting their careers in medicine faster than they enter.” Despite current measures to reduce physician burnout, Shanafelt