

BCCA Protocol Summary for the Treatment of Multiple Myeloma Using Melphalan and Prednisone

Protocol Code

MYMP

Tumour Group

Lymphoma

Contact Physician

Dr. Joseph Connors

ELIGIBILITY:

- Multiple myeloma
- All patients with myeloma who are judged candidates for chemotherapy

EXCLUSIONS:

- None

TESTS:

- Baseline (required before first treatment): CBC and diff, platelets, serum protein electrophoresis, urine protein electrophoresis, calcium, creatinine
- Baseline (required, but results do not have to be available to proceed with first treatment): skeletal survey X-rays, HBsAg, HBcoreAg
- Before each treatment: CBC and diff, platelets, serum protein electrophoresis (if paraprotein detected originally), calcium, creatinine
- If clinically indicated: skeletal survey X-rays (at least annually)

PREMEDICATIONS:

- None

TREATMENT:

Drug	Dose	BCCA Administration Guideline
Melphalan	9 mg/m ² /day on days 1-4	PO
Prednisone	100 mg/day on days 1-4	PO

Repeat every 28 days x minimum of six cycles unless progressive disease develops.

Discontinue when no further response detectable for at least two cycles (usually established by plateau of monoclonal paraprotein level).

DOSE MODIFICATIONS: apply on the day of treatment

1. Hematological

ANC (x10 ⁹ /L)	Platelets (x10 ⁹ /L)	Dose (melphalan)
greater than 3	greater than 200	Increase by 2 mg/day
1-3	greater than or equal to 100	100% of previous dose
less than 1	less than 100	Check CBC & diff weekly, resume treatment when ANC is greater than 1 and platelets greater than 100 and use new interval of 6 weeks. If after 6 weeks ANC is still less than 1 or platelets less

		than 100, reduce dose of melphalan to 75 %
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2. **Renal dysfunction:** Dose modification required for melphalan. Refer to BCCA Cancer Drug Manual.

PRECAUTIONS:

1. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
2. **Hepatitis B Reactivation:** All lymphoma patients should be tested for both HBsAg and HBcAb. If either test is positive, corticosteroids should be omitted from treatment and such patients should be treated with Lamivudine 100 mg/day orally, for the entire duration of chemotherapy and for six months afterwards. Such patients should also be monitored with frequent liver function tests and hepatitis B virus DNA at least every two months. If the hepatitis B virus DNA level rises during this monitoring, management should be reviewed with an appropriate specialist with experience managing hepatitis and consideration given to halting chemotherapy.

Call Dr. Joseph Connors or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: N/A

Date last revised: 01 May 2009 (unsafe abbreviations and symbols replaced)

References:

1. Standard treatment, see current hematology textbooks.