

BCCA Protocol Summary for Treatment of Multiple Myeloma with Pamidronate

Protocol Code: MYPAM
Tumour Group: Multiple Myeloma
Contact Physician: Dr. Kevin Song

ELIGIBILITY:

- All patients with multiple myeloma who require systemic treatment
- A “Class II Drug Registration Form” must be submitted at the time of initiation of treatment.

TESTS:

- Tests should be done as indicated for the standard management of myeloma.
- Every third treatment: serum creatinine

PREMEDICATIONS: None.

TREATMENT:

Drug	Dose	BCCA Administration Guideline
Pamidronate	30 mg	IV in 250 mL NS over 1 hour

For patients with [hypercalcemia](#) see [SCHYPCAL](#).

- Repeat every 4-6 weeks from initiation of systemic chemotherapy:
 - For patients who undergo high dose chemotherapy and stem cell transplantation Pamidronate should be continued at approximately monthly intervals until assessment of response. Most patients reach a complete or very good partial response in which case Pamidronate should be stopped after at total of 12 months; otherwise, continued for 24 months then stopped.
 - For patients who do not undergo a stem cell transplant Pamidronate should be continued for 24 months then stopped.
- If systemic treatment is restarted, Pamidronate may be resumed for another 24 month course.

DOSE MODIFICATIONS:

1. Renal dysfunction:

- There is limited experience with pamidronate in patients with renal dysfunction. Pamidronate should not be given to patients with a serum creatinine greater than 440 mol/L or a creatinine clearance less than 30mL/min.

PRECAUTIONS:

- Pamidronate should NEVER be given as a bolus since severe local reactions and thrombophlebitis may result from high concentrations.

- **Symptomatic hypocalcemia** (e.g., muscle spasms, irritability) may occur and may require calcium supplement. Avoid concomitant use of other calcium lowering agents such as corticosteroids and loop diuretics.
- After the use of bisphosphonates there is a persistent risk of **jaw osteonecrosis**. Patients in whom bisphosphonates are planned should have prophylactic assessment and management by a dentist and all later dental work should be undertaken cautiously by dental specialists experienced in the recognition and management of jaw osteonecrosis.

Call Dr. Kevin Song or tumour group delegate (Leukemia/BMT) at (604) 875-4863 or after hours (604) 875-4111 with any problems or questions regarding this treatment program.

Date activated: 23 July 1996

Date revised: 1 Dec 2011 (minor typo corrected)

REFERENCES:

1. Berenson JR, et al. J Clin Oncol 1998;16:593-603.
2. Bloomfield DJ. J Clin Oncol 1998;16:1218-25.
3. Shipman CM, et al. Bone 1998;22 (Suppl) 51S.
4. Badros A, et al. J Clin Oncol 2006;24:945-52.
5. Vilimovskij A, et al. Proc Am Soc Clin Oncol 1999;18:576a(abstract 2223)
6. de Lemos ML, et al. J Oncol Pharm Pract 2007;12:193-9
7. Chantzichristos D. Ther Clin Risk Manag 2008;4(6)1371-4.
8. Durie B, et al. Mayo Clin Proc 2007; 82(4): 516-8.
9. Gimsing, P, et al. Lancet Oncol 2010;11:973-82.