BC Cancer Protocol Summary for Treatment of Multiple Myeloma with Zoledronic Acid

Protocol Code: MYZOL

Tumour Group: Multiple Myeloma

Contact Physician: Dr. Kevin Song

ELIGIBILITY:
- All patients with multiple myeloma who require systemic treatment
- Adequate renal function (CrCl ≥ 30 mL/min)
- Note: Both zoledronic acid and pamidronate are available for this indication, however, zoledronic acid is preferred over pamidronate given the overall survival data. The exception is in the setting of renal failure where pamidronate should be used. No CAP is required when moving from MYPAM.

TESTS:
- Tests should be done as indicated for the standard management of myeloma.
- Completion of necessary dental work is recommended prior to starting zoledronic acid
- Baseline and prior to each treatment: serum creatinine
- If clinically indicated: serum calcium* and albumin (or ionized calcium)
  *corrected calcium (mmol/L) = total calcium (mmol/L) + (0.02 x [40 – albumin in g/L])

PREMEDICATIONS:
None

TREATMENT:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BC Cancer Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>zoledronic acid</td>
<td>4 mg</td>
<td>IV in 100 mL NS over 15 minutes</td>
</tr>
</tbody>
</table>

- Repeat every 4 - 12 weeks from initiation of systemic chemotherapy:
  - For patients who undergo high dose chemotherapy and stem cell transplantation zoledronic acid should be continued at approximately 4 week intervals until assessment of response. Most patients reach a complete or very good partial response in which case zoledronic acid should be stopped after a total of 12 months; otherwise, continued for 24 months then stopped.
  - For patients who are not eligible for stem cell transplantation or do not achieve a complete or very good partial response zoledronic acid should be continued at approximately 4 week intervals for 24 months then stopped.
For patients who are relapsed or refractory zoledronic acid should be continued at approximately 12 week intervals for 24 months.

If systemic treatment is restarted, zoledronic acid may be resumed for another 24 month course.

DOSE MODIFICATIONS:

1. Renal dysfunction

<table>
<thead>
<tr>
<th>Creatinine clearance (mL/min)</th>
<th>Dose</th>
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</thead>
<tbody>
<tr>
<td>Greater than 60</td>
<td>4 mg</td>
</tr>
<tr>
<td>50 to 60</td>
<td>3.5 mg</td>
</tr>
<tr>
<td>40 to 49</td>
<td>3.3 mg</td>
</tr>
<tr>
<td>30 to 39</td>
<td>3 mg</td>
</tr>
<tr>
<td>Less than 30*</td>
<td>Not recommended</td>
</tr>
</tbody>
</table>

*use pamidronate 30 mg IV, see MYPAM

There is limited experience in patients with serum creatinine greater than 440 micromol/L; caution is required.

PRECAUTIONS:

- Zoledronic acid should not be given as a bolus due to severe local reactions and thrombophlebitis.
- **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 (Leukemia/BMT) or Dr Laurie Sehn (Lymphoma) or tumour group delegate with any problems or questions regarding this treatment program. (Leukemia/BMT at (604) 875-4863 or after hours (604) 875-4111; Lymphoma at (604) 877-6000 or 1-800-663-3333).

REFERENCES: