3 Multiple Myeloma

3.11 Protocol Name: CIDEX

Indication
- Treatment of relapsed or refractory myeloma.

Pre-treatment Evaluation
- Document FBC (with film), plasma viscosity, U&E, creatinine, LFTs, calcium, glucose, serum free light chain measurements, serum protein electrophoresis and paraprotein quantitation, CRP, β₂-microglobulin and immunoglobulin levels.
- Urine for BJP (and formal evaluation of 24 hour urinary BJP excretion if light chain only myeloma).
- Bone marrow aspirate ± trephine (and cytogenetics if part of local protocol).
- Skeletal survey.
- Document height and weight and surface area.
- Consider ECG ± echocardiogram if clinical suspicion of cardiac dysfunction.
- Give adequate verbal and written information for patients and relatives concerning patient’s disease, treatment strategy and side effects.
- Obtain written consent from patient or guardian.
- Discuss issues relating to contraception and potential risk of infertility with patient and relatives (if applicable).

<table>
<thead>
<tr>
<th>Days</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lomustine (CCNU)</td>
<td>40mg</td>
<td>PO</td>
<td></td>
</tr>
<tr>
<td>1-3</td>
<td>Idarubicin</td>
<td>10 mg/m² per day</td>
<td>PO</td>
<td>Total dose over the 3 days is 30mg/m²</td>
</tr>
<tr>
<td>1-4</td>
<td>Dexamethasone</td>
<td>10mg bd</td>
<td>PO</td>
<td>Take in the mornings; swallow whole with food</td>
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</tbody>
</table>

Considerations
Lomustine is only available in 40mg tablets. Round accordingly.
Idarubicin comes as 5mg and 10mg capsules, round dose to the nearest 5mg.

Cycle Frequency
- Repeat every 28 days.

Dose Modification
Idarubicin:
Reduce dose by 50% if Bilirubin is between 20-50µmol/L.
Discuss with clinician, if Bilirubin is >50micromol/L.

NB: Maximum cumulative dose of Idarubicin = 400mg/m²
**Haematological dose reductions:**
- The neutrophil count should be $> 1.3 \times 10^9/l$ and platelet count $> 75 \times 10^9/l$ before giving treatment at any stage. If necessary, treatment should be delayed until these levels are achieved unless they are considered to be due to bone marrow infiltration.
- Consider growth factors if treatment delays are prolonged or frequent.

**Investigations prior to subsequent cycles**
- FBC, U and E, creatinine, LFTs, calcium, paraprotein level or urinary protein/BJP excretion, plasma viscosity
- Reassess disease response after each cycle of CIDEX and then 6 weekly during plateau phase.

**Treatment Duration**
- Continue to maximal response, usually 6 cycles

**Concurrent Medication**
- Nystatin and Chlorhexidine mouthcare.
- Consider Allopurinol 300mg (or 100mg if creatinine clearance <20mls/min) od po during the first month.
- Oral systemic PCP prophylaxis is recommended until 2 weeks after the end of treatment - refer to local protocol.
- Consider oral systemic anti-bacterial, anti-viral and/or anti-fungal prophylaxis if patient is neutropenic - refer to local protocol.
- $H_2$-antagonist or PPI recommended throughout the first cycle if 3 blocks of dexamethasone are given and for at least the first 7 days of each subsequent cycle.

**NB:** Standard antacids should not be given as these reduce the absorption of idarubicin.
- Bisphosphonates as per local protocol.

**Anti-emetics**
This regimen has moderate emetic potential - refer to local protocol.

**Adverse Effects**
See patient information
References


Patient Information


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