EVALUATION OF TRATMENT RESPONSE IN RELAPSED AND REFRACTORY MULTIPLE MYELOMA PATIENTS

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Background. Multiple myeloma is a malignant plasma cell disorder. It is the second most frequent haematological malignancy and characterized by malignant plasma infiltration or the bone marrow and is associated with an increased level of monoclonal protein in the blood and / or urine. The treatment of multiple myeloma (MM) has undergone significant developments in recent years. The development of new agents with potent anti-tumor activity has considerably improved the survival of MM patients.

Aim. Retrospective evaluation of the effect and safety of combination of bortezomib, doxorubicin and dexamethasone (PAD) in the treatment of relapsed/refractory myeloma patients.

Patients and Methods. 38 patients were treated for, median of four, 28–day PAD cycles (1-8). Bortezomib was given at 1.3 mg/m2 (days 1, 4, 8, 11), doxorubicin at 9 mg/m2 (days 1-4) and dexamethasone 20 mg po (days 1-4, 8-11).

Results. 38 patients were evaluable for efficacy and safety, 61% had refractory disease and 39% were relapsed. The median age was 58 years (37-75), 52% were male, 48% female. Median time from diagnosis was 14 months (2-110) and median number of prior therapy lines was 1 (1-4): 72% had undergone conventional chemotherapy, 15% Alkerane and Dexamethasone and 13% were autografted. Overall response rate of 62% was observed, 30% of patients achieved a complete response (CR), 24% a very good partial response (VGPR), 32% a partial response (PR). Stable disease (SD) was observed in 14%. The median progression free survival (PFS) was 17.2 months. The most common grade 3-4 toxic effects were neutropenia 11%, thrombocytopenia 13%, anemia 7%, infections 9%, peripheral neuropathy 4.3% and gastrointestinal disturbances 2.1%. One toxic death (1.1%) due to sepsis was noted.

Conclusion.The combination of bortezomib, doxorubicin and dexamethasone (PAD) is well tolerated and induced clinically significant responses and prolonged remission duration in patients with relapsed and refractory MM.