P12. RELAPSED AND REFRACTORY MULTIPLE MYELOMA, EVOLUTION AND COMPLICATIONS.

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Background. Multiple myeloma (MM) 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.

Aim. Retrospective evaluation of the therapeutic results of evolution and complications of therapy with bortezomib, doxorubicin and dexamethasone (PAD) in the treatment of relapsed/refractory myeloma patients.

Patients and Methods. 57 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. 57 patients were evaluable for efficacy, 66% had refractory disease and 34% were relapsed. The median age was 62 years (37-76), 57% were male, 43% female. Serum protein electrophoresis revealed a localized band in 75% of patients, and immunoelectrophoresis or immunofixation showed a monoclonal protein in 84%. A monoclonal light-chain was found in the urine in 62%. Non-secretory myeloma was recognized in 2% of patients, whereas light-chain myeloma was present in 17%. Serum albumin less than 3mg/dl was found in 61% of patients. Conventional radiographs showed an abnormality in 85%.

Median time from diagnosis was 17 months (2-115) and median number of prior therapy lines was 2 (1-5): 72% had undergone conventional chemotherapy, 15% Alkerane and Dexamethasone and 13% were autografted. Overall response rate of 60% was observed, 31% of patients achieved a complete response (CR), 24% a very good partial response(VGPR), 28% a partial response (PR). Stable disease (SD) was observed in 17%. The median progression free survival (PFS) was 15,9 months. The most common grade 3-4 toxic effects were neutropenia 15%, thrombocytopenia 18%, anemia 10%, infections 14%, peripheral neuropathy 6% and gastrointestinal disturbances 3%. 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 signifiant responses and prolonged remission duration in patients with relapsed and refractory MM.