

## **P18. THERAPEUTIC RESULTS FOR PATIENTS WITH RELAPSED AND REFRACTORY MULTIPLE MYELOMA.**

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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 of the bone marrow and is associated with an increased level of monoclonal protein in the blood and/or urine. The treatment of 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 therapeutic results of combination of bortezomib, doxorubicin and dexamethasone (PAD) in the treatment of relapsed/refractory myeloma patients.

**Patients and Methods.** 42 patients were treated for median of four 28-day PAD cycles (1-8). Bortezomib was given at 1.3 mg/m<sup>2</sup> (days 1, 4, 8, 11), doxorubicin at 9 mg/m<sup>2</sup> (days 1-4) and dexamethasone 20 mg po (days 1-4, 8-11).

**Results.** 42 patients were evaluable for efficacy, 63% had refractory disease and 37% were relapsed. The median age was 61 years (37-76), 54% were male, 46% female. Median time from diagnosis was 15 months (2-115) and median number of prior therapy lines was 1 (1-5): 70% had undergone conventional chemotherapy, 17% Alkerane and Dexamethasone and 13% were autografted. Overall response rate of 62% was observed, 30% of patients achieved a complete response (CR), 23% a very good partial response (VGPR), 30% a partial response (PR). Stable disease (SD) was observed in 15%. The median progression free survival (PFS) was 16,8 months. The most common grade 3-4 toxic effects were neutropenia 13%, thrombocytopenia 15%, anemia 8%, infections 10%, 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 significant responses and prolonged remission duration in patients with relapsed and refractory MM.