

CAELYX THERAPY IN RELAPSED MULTIPLE MYELOMA PATIENTS.

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Administration liposomal doxorubicin with bortezomib together polietlinglicate patients with multiple mileom.

Bortezomib (Velcade) alone or in combination with doxorubicin liposomal pegylated (Caelyx) is indicated for the treatment of adult patients with progressive multiple myeloma who have received at least one prior treatment and whose who underwent a transplant of hematopoietic stem cells or not indicative of such a transplant.

When the recommended combination therapy with pegylated liposomal doxorubicin (Caelyx), Velcade (3.5 mg powder for solution for injection) is administered by intravenous or subcutaneous injection of the recommended dose of 1.3 mg / m² body surface area twice weekly for two weeks, on day 1, 4, 8 and 11, as part of a treatment cycle lasting 21 days. This 3-week period is considered a treatment cycle. The interval between consecutive doses of VELCADE must be at least 72 hours. Pegylated liposomal doxorubicin (Caelyx) is administered at a dose of 30 mg / m² on day 4 of the treatment cycle with Velcade by intravenous infusion over 1 hour after injection VELCADE administered.

In a sterile syringe introduce an appropriate amount of Caelyx. Must be strictly aseptic technique because Caelyx contains no preservative or bacteriostatic agent. Before administration, the appropriate dose of Caelyx must be diluted in 5% glucose solution for infusion (50mg / ml). For doses <90 mg (valid for patients with multiple mileom), Caelyx is diluted in 250 ml. The solution can be infused for 60 or 90 minutes. The use of any diluent other than 5% glucose solution for infusion, or the presence of any bacteriostatic agent such as benzyl alcohol may cause precipitation of Caelyx. It is recommended that the Caelyx infusion line is connected, through a peripheral catheter at an intravenous infusion of 5% glucose.

The infusion may be given through a peripheral vein. Do not use with in-line filters.

They can be administered up to 8 cycles of the therapy, as long as patients do not tolerate the treatment of the disease progression . Patients who achieved a complete response continue treatment for at least 2 cycles after the first evidence of complete response, even if it means more than 8 treatment cycles.

Also, can continue as long as the treatment is tolerated and continues to respond to this paraprotein patients whose values continue to fall after 8 cycles.