

## Supportive Care

### IMF Hotline Coordinators Answer Your Questions

The IMF Hotline 800-452-CURE (2873) consistently provides callers with the best information about myeloma in a caring and compassionate manner. The Hotline is staffed by Nancy Baxter, Debbie Birns, Paul Hewitt, and Missy Klepetar. The phone lines are open Monday through Friday, 9 a.m. to 4 p.m. (Pacific Time). To submit your question online, please email [TheIMF@myeloma.org](mailto:TheIMF@myeloma.org)

**My mother is 82 and fragile, and has been having trouble tolerating her myeloma treatments. Should we just give up on treatment altogether, or is there some way we can make the treatments more tolerable?**

Elderly and/or frail myeloma patients who have been plagued with side effects do not have to abandon all hope of tolerating treatment; often, simply reducing the treatment dose is an appropriate strategy to allow them to continue therapy. Older myeloma patients often have other medical conditions, or “co-morbidities,” that can affect the heart, lungs, liver, bowel, or kidneys. They must be treated with care, but as long as they follow the dictum “less is more,” they can be treated successfully.

While physicians do recognize that individual patients can be physiologically much younger or older than their chronological age, it’s useful to have some sort of age-related rule of thumb to follow when determining dosing strategies.

The International Myeloma Working Group (IMWG) publication by Dr. Antonio Palumbo et al, on the treatment of older myeloma patients\* recommends the following:

- For patients 65–75 years of age, full-dose conventional therapy is suggested.
- For patients over 75 years of age (or younger with significant co-morbidities), the dosages of any therapy should be reduced and a more gentle approach considered.

The following dosing guidelines have been endorsed by the IMWG for the most-commonly prescribed myeloma treatments:

	65-75 years	>75 years	Further reduction	dose
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Dexamethasone weekly	40 mg	20 mg	10 mg
melphalan days 1-4	0.25 mg/kg	0.18 mg/kg	0.13 mg/kg
thalidomide per day	200 mg	100 mg	50 mg
lenalidomide** days 1-21	25 mg	15 mg	10 mg
bortezomib	1.3 mg/m <sup>2</sup> biweekly	1.3 mg/m <sup>2</sup> weekly	1.0 mg/m <sup>2</sup> weekly

If side effects occur that severely impair a patient's daily functioning, then the recommended course of action is to:

1. Discontinue therapy.
2. Wait for the patient's condition to improve.
3. Restart the drug at a lower dose.

It's important to note that lower doses of drugs can be as effective as higher doses, and that ongoing therapy at a lower, more tolerable dose provides more total drug intake than a short duration of therapy at a higher dose. Moreover, because of changes in our bodies that occur as we age, the "pharmacokinetics" (absorption, distribution, metabolism, and excretion) of drugs can be altered, and we may simply not need as much of a particular drug as a younger patient would. Doctors must also take into account individual variations in how patients respond to and tolerate drugs.

If you or your loved one is a newly diagnosed elderly and/or frail patient, we urge you to discuss drug dosing with the doctor before starting treatment. If treatment is already under way, then we recommend keeping these recommendations in mind and monitoring side effects and quality of life carefully. There is no need to suffer silently with side effects when there is an approved schema for reducing doses in order to continue myeloma therapy safely and effectively.

As always, we urge you to discuss this and all other medical issues thoroughly with your doctor, and to call the IMF Hotline, 800-452-CURE (2873), for help with your questions. We are also happy to receive your emails at [TheIMF@myeloma.org](mailto:TheIMF@myeloma.org), and we now have a hotline blog accessible via the IMF website,

[myeloma.org.](http://myeloma.org)

\* A Palumbo et al. International Myeloma Working Group guidelines for the management of multiple myeloma patients ineligible for standard high-dose chemotherapy with autologous stem cell transplantation. Leukemia (2009), 1-15.

\*\* If lenalidomide is combined with melphalan, the starting dose of lenalidomide should be 10mg/day.