CITINGS

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Thalidomide and Revlimid® Issue

The International Myeloma Foundation *(IMF) presents this special edition of CITINGS, our premiere publication featuring the most up-to-date information on myeloma treatment, focused on thalidomide and Revlimid. This special edition corresponds with the 2009 annual meeting of the American Society of Clinical Oncology (ASCO). In this CITINGS, we have highlighted selected thalidomide and Revlimid data presentations from the ASCO meeting. We also provide references to the latest published journal articles on both thalidomide and Revlimid from the second quarter of this year.*

It is our hope that CITINGS will help keep you abreast of the latest developments in myeloma treatment. As always, we welcome your feedback; you may contact the IMF at (800) 452-CURE (2873) or at our website www.myeloma.org.

– Susie Novis, President, IMF

American Society of Clinical Oncology Presentations 2009

Saturday, May 30th

Benefit of thalidomide (THAL) in total therapy 2 (TT2) of multiple myeloma (MM) exhibiting both cytogenetic abnormalities (CA) and low-risk (LR) by gene expression profiling (GEP).

S. Waheed, J. Shaughnessy, J. Szymonifka, M. Pineda-Roman, K. Hollmig, J. Sawyer, J. Crowley, B. Barlogie

J Clin Oncol 27:15s, 2009 (suppl; abstr 8590)

Lymphoma and Plasma Cell Disorders

Abstract No.: 859 **Session Type: General Poster**

Poster No.: S20

Time: 8:00AM – 12:00PM **Location: Level 2, West Hall C**

The authors re-examine the unexpected preferential benefit from thalidomide for overall survival in a subgroup of patients with cytogenic abnormalities (CA) and conclude that the unique benefit of thalidomide to the CA/low-risk subgroup may be linked to its greater efficacy in proliferative myeloma that can only be sustained in the low risk but not the high risk subset.

Funded by an educational grant from Celgene Corporation.

Comparison of lenalidomide plus dexamethasone therapy used at first relapse versus later salvage therapy in relapsed or refractory multiple myeloma patients.

E. A. Stadtmauer, D. M. Weber, R. Nieszvizky, A. Belch, H. M. Prince, J. F. San Miguel, T. Facon, Z. Yu, R. D. Knight, M. A. Dimopoulos

J Clin Oncol 27:15s, 2009 (suppl; abstr 8594)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8594 **Session Type: General Poster**
Poster No.: T3
Time: 8:00AM – 12:00PM **Location: Level 2, West Hall C**

The authors find that when used at first relapse compared with salvage therapy, lenalidomide plus dexamethasone treatment resulted in significantly prolonged TTP, PFS, and OS, and an improved quality of response; lenalidomide plus dexamethasone should be considered at an early stage of therapy for patients with myeloma.

Effect of mobilization chemotherapy with cyclophosphamide and etoposide on stem cell collection by lenalidomide.

G. Talamo, D. F. Claxton, W. C. Ehmann, J. Mierski, W. Rybka, S. Ibrahim

J Clin Oncol 27:15s, 2009 (suppl; abstr 7096)

Leukemia, Myelodysplasia, and Transplantation

Abstract No.: 7096 **Session Type: General Poster**
Poster No.: P17
Time: 8:00AM – 12:00PM **Location: Level 2, West Hall C**

The authors find that chemotherapy with cyclophophamide and etoposide can overcome the inhibitory effect of lenalidomide in the collection of PBSC for ASCT in myeloma patients.

Role of autologous stem cell transplant after induction therapy with bortezomib-lenolidomide or bortezomib-thalidomide in newly diagnosed multiple myeloma patients.

N. Shah, D. Weber, R. Orlowski, M. Wang, S. K. Thomas, T. Richards, S. Giralt, M. Qazilbash, R. Alexanian, J. J. Shah

J Clin Oncol 27:15s, 2009 (suppl; abstr 8596)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8596 **Session Type: General Poster**
Poster No.: T5
Time: 8:00AM – 12:00PM **Location: Level 2, West Hall C**

The authors conduct a retrospective review of 95 newly diagnosed myeloma patients treated with induction bortezomib-lenolidomide-dexamethasone (BLD) or bortezomib-thalidomide-dexamethasone (BTD) prior to ASCT. They find there is a significant benefit of ASCT in these patients who initially demonstrate relative resistance to induction therapy with highly active regimens.

Vorinostat in combination with lenalidomide and dexamethasone in patients with relapsed/refractory multiple myeloma: A phase I study.

D. S. Siegel, D. M. Weber, C. S. Mitsiades, M. A. Dimopoulos, J. L. Harousseau, S. Rizvi, J. Howe, D. Reiser, K. C. Anderson, P. G. Richardson

J Clin Oncol 27:15s, 2009 (suppl; abstr 8586)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8586 **Session Type: General Poster**
Poster No.: S15
Time: 8:00AM – 12:00PM **Location: Level 2, West Hall C**

The authors' preliminary data suggest that vorinostat with lenalidomide and dexamethasone represents a well tolerated and active novel oral combination therapy for the treatment of relapsed/refractory myeloma.

Autologous and Allogeneic Transplant Management for Multiple Myeloma

Jean L. Harousseau
Leukemia, Myelodysplasia, and Transplantation, Lymphoma and Plasma Cell Disorders

Abstract No.: n/a **Session Type: Education**
Time: 9:00AM **Location: Level 2, West Hall F3**

Myeloma

Robert Z. Orlowski, Ravi Vij
Lymphoma and Plasma Cell Disorders

Abstract No.: n/a **Session Type: Oral**
Time: 9:00AM **Location: Level 2, West Hall F1**

Non-transplant regimens for treatment of myeloma

Donna Reece
Leukemia, Myelodysplasia, and Transplantation, Lymphoma and Plasma Cell Disorders

Abstract No.: n/a **Session Type: Education**
Time: 9:00AM **Location: Level 2, West Hall F3**

Personalized care plan for treatment of myeloma

Morie A. Gertz
Leukemia, Myelodysplasia, and Transplantation, Lymphoma and Plasma Cell Disorders

Abstract No.: n/a **Session Type: Education**
Time: 9:00AM **Location: Level 2, West Hall F3**

A phase III study of VMPT versus VMP in newly diagnosed elderly myeloma patients.

A. P. Palumbo, S. Bringhen, D. Rossi, S. Berretta, V. Montefusco, J. Peccatori, M. Galli, A. Carella, P. Omedè, M. Boccadoro

J Clin Oncol 27:15s, 2009 (suppl; abstr 8515)
Lymphoma and Plasma Cell Disorders

Abstract No.: 8515 **Session Type: Oral**
Time: 9:00AM **Location: Level 2, West Hall F1**

The authors randomly assign 500 newly diagnosed myeloma patients ≥65 to receive bortezomib, melphalan, prednisone, and thalidomide (VMPT) or bortezomib, melphalan, prednisone (VMP). They find that VMPT is superior to VMP in terms of response rates, with longer follow-up is needed to assess their effects on PFS and OS. Both regimens appeared to overcome the poor prognosis of ISS and chromosomal abnormalities.

Lenalidomide, bortezomib, pegylated liposomal doxorubicin hydrochloride, and dexamethasone in newly diagnosed multiple myeloma: Initial results of phase I/II MMRC trial.

A. J. Jakubowiak, C. C. Hofmeister, E. L. Campagnaro, T. M. Zimmerman, R. L. Schlossman, S. Lonial, D. E. Reece, M. S. Kaminski, K. C. Anderson, P. G. Richardson

J Clin Oncol 27:15s, 2009 (suppl; abstr 8517)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8517 **Session Type: Oral**

Time: 9:30AM **Location: Level 2, West Hall F1**

This phase I/II study was designed to determine the maximum tolerated dose of Revlimid, Velcade, Doxil, dexamethasone (RVDD), as well as assess safety and evaluate efficacy of this 4-drug regimen in newly diagnosed myeloma. The authors find RVDD is well tolerated in newly diagnosed myeloma and appears highly active with an overall response (> PR) of 95%.

Phase II study of pegylated liposomal doxorubicin (PLD), low-dose dexamethasone (DEX), and lenalidomide (LEN) in patients with newly diagnosed (ND) multiple myeloma (MM).

R. Baz, M. A. Hussein, D. Sullivan, J. Raychaudhuri, L. Ochoa, K. Kosakowski, L. Nardelli, W. S. Dalton, M. Alsina

J Clin Oncol 27:15s, 2009 (suppl; abstr 8518)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8518 **Session Type: Oral**

Time: 9:45AM **Location: Level 2, West Hall F1**

The authors find the combination of pegylated liposomal doxorubicin, lenalidomide and dexamethasone is an active regimen in patients with newly diagnosed myeloma.

Update on Induction Regimens for Multiple Myeloma

S. Vincent Rajkumar

Lymphoma and Plasma Cell Disorders

Abstract No.: n/a **Session Type: Oral Discussion**

Time: 10:00AM **Location: Level 2, West Hall F1**

New Prognostic Tools in Myeloma

Rafael Fonseca

Lymphoma and Plasma Cell Disorders

Abstract No.: n/a **Session Type: Oral Discussion**

Time: 11:00AM **Location: Level 2, West Hall F1**

Predictors of deep vein thrombosis (DVT) in newly diagnosed multiple myeloma (MM) patients with and without prophylactic recombinant erythropoietin (EPO) therapy.

E. A. Coleman, E. J. Anaissie, R. L. Kennedy, K. D. Lockhart, C. B. Stewart, C. Bailey

J Clin Oncol 27:15s, 2009 (suppl; abstr 9554)

Patient and Survivor Care

Abstract No.: 9554 **Session Type: General Poster**
Poster No.: J4
Time: 8:00AM – 12:00PM **Location: Level 2, W240A**

The authors find that thalidomide and prophylactic erythropoietin predict for higher risk of DVT among newly diagnosed myeloma patients.

Lenalidomide, bortezomib, and dexamethasone in relapsed/refractory multiple myeloma (MM): Encouraging outcomes and tolerability in a phase II study.

K. C. Anderson, S. Jagannath, A. Jakubowiak, S. Lonial, N. Raje, M. Alsina, I. Ghobrial, R. Knight, D. Esseltine, P . Richardson

J Clin Oncol 27:15s, 2009 (suppl; abstr 8536)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8536 **Session Type: Poster Discussion**
Poster No.: 14
Time: 2:00PM – 6:00PM **Location: Level 2, W240A**
also
Time: 5:00PM – 6:00PM **Location: Level 2, West Hall F1**

This multicenter phase 2 study evaluates lenalidomide, bortezomib, dexamethasone (RVD) efficacy and safety at the maximum tolerated dose and concludes that RVD is active and well tolerated in patients with relapsed/refractory myeloma, including patients who have received prior lenalidomide, bortezomib, thalidomide, and SCT. Durable responses are observed and appear independent of adverse cytogenetics and other recognized risk factors.

Panobinostat plus lenalidomide and dexamethasone phase I trial in multiple myeloma (MM).

A. Spencer, K. Taylor, S. Lonial, M. V. Mateos, M. Jalaluddin, K. Hazell, P. M. Bourquelot, J. F. San Miguel

J Clin Oncol 27:15s, 2009 (suppl; abstr 8542)

Lymphoma and Plasma Cell Disorders

Abstract No.: **8542** **Session Type: Poster Discussion**
Poster No.: 20
Time: 2:00PM – 6:00PM **Location: Level 2, W240A**
also
Time: 5:00PM – 6:00PM **Location: Level 2, West Hall F1**

In this first clinical trial assessing the triple oral combination of panobinostat, lenalidomide, and dexamethasone, the 5 and 10 mg dose level of panobinostat appears safe.

PX-171-006: Phase Ib multicenter dose escalation study of carfilzomib (CFZ) plus lenalidomide (LEN) and low-dose dexamethasone (loDex) in relapsed and refractory multiple myeloma (MM): Preliminary results.

R. Niesvizky, W. Bensinger, M. Vallone, A. Gutierrez, L. Kunkel

J Clin Oncol 27:15s, 2009 (suppl; abstr 8541)

Lymphoma and Plasma Cell Disorders

Abstract No.: 8541 **Session Type: Poster Discussion**

Poster No.: 19

Time: 2:00PM – 6:00PM **Location: Level 2, W240A**

also

Time: 5:00PM – 6:00PM **Location: Level 2, West Hall F1**

The authors evaluate the safety and activity of carfilzomib (CFZ) in combination with lenalidomide and low-dose dexamethasone. They find the combination to be well tolerated, with encouraging early responses in patients who have failed both lenalidomide and bortezomib at doses well below the single agent maximum tolerated dosage of either lenalidomide or CFZ.

Publication Only

A phase II trial of sorafenib in patients with relapsing and resistant multiple myeloma (MM) previously treated with bortezomib (S0434).

G. Srkalovic, M. Hussein, V. Bolejack, A. Hoering, J. Zonder, B. Barlogie

J Clin Oncol 27, 2009 (suppl; abstr e19517)

The authors find that sorafenib might have a supportive role in combination therapy with bortezomib, lenalidomide or everolimus in relapsed/refractory myeloma.

A retrospective chart review study of relapsed or refractory multiple myeloma (MM) patients (Pts): A look into historical treatment (Tx) patterns.

F. Zaman, D. E. Reece, B. L. Teixeira, K. Yoong, F. Camacho, R. K. Plante

J Clin Oncol 27, 2009 (suppl; abstr e19535)

This retrospective analysis includes all relapsed/refractory myeloma patients who initiated drug treatment, including with thalidomide and lenalidomide, between Jul-06 and Jun-07 at Princess Margaret Hospital, Toronto, ON.

Thalidomide/Revlimid Publications – 2nd Quarter, 2009

Incidence and prophylaxis of venous thromboembolic events in multiple myeloma patients receiving immunomodulatory therapy.

Musallam KM, Dahdaleh FS, Shamseddine AI, Taher AT.

Thromb Res. 2009 Mar;123(5):679-86. [Epub 2008 Nov 6.]

http://www.ncbi.nlm.nih.gov/pubmed/18992924?ordinalpos=91&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors summarize risk of venous thromboembolic events in myeloma and conclude that risk appears to be particularly high when immunomodulatory agents are combined with anthracyclines as treatment of newly-diagnosed disease; combinations including thalidomide plus dexamethasone and/or alkylating agents are associated with an intermediate risk; the same regimens for relapsed/refractory myeloma seem to be associated with a lower risk.

Thalidomide-dexamethasone versus interferon-alpha-dexamethasone as maintenance treatment after ThaDD induction for multiple myeloma: a prospective, multicentre, randomised study.

Offidani M, Corvatta L, Polloni C, Piersantelli MN, Gentili S, Galieni P, Visani G, Alesiani F, Catarini M, Brunori M, Samori A, Burattini M, Centurioni R, Ferranti M, Giuliodori L, Candela M, Mele A, Marconi M, Leoni P.

Br J Haematol. 2009 Mar;144(5):653-9. [Epub 2008 Nov 13.]

http://www.ncbi.nlm.nih.gov/pubmed/19036082?ordinalpos=70&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors explore maintenance therapy in myeloma after conventional thalidomide, dexamethasone and pegylated liposomal doxorubicin.

Emerging combination treatment strategies containing novel agents in newly diagnosed multiple myeloma.

Lonial S, Cavenagh J.

Br J Haematol. 2009 Mar 14. [Epub ahead of print.]

http://www.ncbi.nlm.nih.gov/pubmed/19344388?ordinalpos=61&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors review the improvements in response and outcome that are seen with novel agents, including thalidomide and lenalidomide, both as induction therapy and in non-transplant patients, and highlight the latest data from key studies of various novel combinations. They also review data on response and outcomes in patients with poor prognostic characteristics that indicate that the adverse impact typically seen with these factors may be overcome using novel therapies.

Impact of risk stratification on outcome among patients with multiple myeloma receiving initial therapy with lenalidomide and dexamethasone.

Kapoor P, Kumar S, Fonseca R, Lacy MQ, Witzig TE, Hayman SR, Dispenzieri A, Buadi F, Bergsagel PL, Gertz MA, Dalton RJ, Mikhael JR, Dingli D, Reeder CB, Lust JA, Russell SJ, Roy V, Zeldenrust SR, Stewart AK, Kyle RA, Greipp PR, Rajkumar SV.

Blood. 2009 Mar 26. [Epub ahead of print.]

http://www.ncbi.nlm.nih.gov/pubmed/19324902?ordinalpos=27&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

This study finds that high-risk patients achieve less durable responses with lenalidomide-dexamethasone compared to standard-risk patients; no significant differences in overall survival are apparent so far.

Influence of cytogenetics in patients with relapsed or refractory multiple myeloma treated with lenalidomide plus dexamethasone: adverse effect of deletion 17p13.

Reece D, Song KW, Fu T, Roland B, Chang H, Horsman DE, Mansoor A, Chen C, Masih-Khan E, Trieu Y, Bruyere H, Stewart DA, Bahlis NJ.

Blood. 2009 Mar 30. [Epub ahead of print.]

http://www.ncbi.nlm.nih.gov/pubmed/19332768?ordinalpos=26&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors investigate the effects of the most common unfavorable cytogenetic abnormalities in relapsed/refractory myeloma patients treatment with lenalidomide and dexamethasone and find that improved therapeutic strategies are required for this subgroup of patients.

Analysis of plasma concentration of thalidomide in Japanese patients of multiple myeloma with renal dysfunction.

Arai A, Hirota A, Fukuda T, Tohda S, Mori Y, Terada Y, Sasaki S, Miura O.

Rinsho Ketsueki. 2009 Apr;50(4):295-9.

http://www.ncbi.nlm.nih.gov/pubmed/19404023?ordinalpos=49&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

This study finds that, even for Japanese patients, thalidomide dosage need not be modified for renal insufficiency and hemodialysis.

Concurrent B-cell chronic lymphocytic leukemia and multiple myeloma treated successfully with lenalidomide.

Srinivasan S, Schiffer CA.

Leuk Res. 2009 Apr;33(4):561-4. [Epub 2008 Aug 3.]

http://www.ncbi.nlm.nih.gov/pubmed/18676017?ordinalpos=46&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors report on two patients with concurrent chronic lymphocytic leukemia and myeloma who were both treated successfully with lenalidomide.

Curcumin circumvents chemoresistance in vitro and potentiates the effect of thalidomide and bortezomib against human multiple myeloma in nude mice model.

Sung B, Kunnumakkara AB, Sethi G, Anand P, Guha S, Aggarwal BB.

Mol Cancer Ther. 2009 Apr;8(4):959-70.

http://www.ncbi.nlm.nih.gov/pubmed/19372569?ordinalpos=48&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors' findings suggest that curcumin overcomes chemoresistance and sensitizes multiple myeloma cells to thalidomide and bortezomib by down-regulating NF-kappaB and NF-kappaB-regulated gene products.

Frontline treatment in elderly patients with multiple myeloma.

Facon T, San Miguel J, Mateos MV, Hulin C.

Semin Hematol. 2009 Apr;46(2):133-42.

http://www.ncbi.nlm.nih.gov/pubmed/19389497?ordinalpos=52&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors discuss melphalan-prednisone-thalidomide and melphalan-prednisone-bortezomib as new and emerging therapies providing multiple effective treatment options for myeloma patients and greatly enhanced treatment strategies for clinicians.

Front-line treatment in younger patients with multiple myeloma.

Rajkumar SV, Sonneveld P.

Semin Hematol. 2009 Apr;46(2):118-26.

http://www.ncbi.nlm.nih.gov/pubmed/19389495?ordinalpos=69&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

This review discusses the current status of front-line therapy in younger patients with myeloma who are candidates for stem cell transplantation.

Melphalan, Prednisone, and Lenalidomide for Newly Diagnosed Myeloma: Kinetics of Neutropenia and Thrombocytopenia and Time-to-Event Results.

Palumbo A, Falco P, Falcone A, Benevolo G, Canepa L, Gay F, Larocca A, Magarotto V, Gozzetti A, Luraschi A, Morabito F, Nozza A, Knight RD, Zeldis JB, Boccadoro M, Petrucci MT.

Clin Lymphoma Myeloma. 2009 Apr;9(2):145-50.

http://www.ncbi.nlm.nih.gov/pubmed/19406725?ordinalpos=17&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors find the combination melphalan, prednisone, plus lenalidomide to be a promising regimen with manageable hematologic toxicity.

A pharmacokinetic study evaluating the relationship between treatment efficacy and incidence of adverse events with thalidomide plasma concentrations in patients with refractory multiple myeloma.

Kodama T, Abe M, Iida S, Ozaki S, Sakai A, Sawamura M, Shimazaki C, Miyata A, Wakayama T, Murakami H.

Clin Lymphoma Myeloma. 2009 Apr;9(2):154-9.

http://www.ncbi.nlm.nih.gov/pubmed/19406727?ordinalpos=39&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors seek to determine whether plasma concentration of thalidomide is related to the efficacy and the development of adverse events in patients with refractory myeloma treated with low-dose thalidomide plus low-dose dexamethasone. They conclude that thalidomide concentration in the plasma does not predict treatment efficacy and the development of adverse events.

Treatment of patients with advanced cardiac AL amyloidosis with oral melphalan, dexamethasone, and thalidomide.

Palladini G, Russo P, Lavatelli F, Nuvolone M, Albertini R, Bosoni T, Perfetti V, Obici L, Perlini S, Moratti R, Merlini G.

Ann Hematol. 2009 Apr;88(4):347-50. [Epub 2008 Sep 9.]

http://www.ncbi.nlm.nih.gov/pubmed/18779964?ordinalpos=35&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors find that treatment with oral melphalan, thalidomide, and reduced intensity dexamethasone is feasible in patients with advanced cardiac AL amyloidosis.

Treatment of relapsed/refractory multiple myeloma.

Kastritis E, Palumbo A, Dimopoulos MA.

Semin Hematol. 2009 Apr;46(2):143-57.

http://www.ncbi.nlm.nih.gov/pubmed/19389498?ordinalpos=51&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors review treatment of relapsed/refractory myeloma, including results of phase II trials finding lenalidomide and bortezomib have increased the post-relapse survival and are active in patients who have received prior novel agents; lenalidomide is active in thalidomide-pretreated or bortezomib-pretreated patients and bortezomib alone or in combination with chemotherapy is active in thalidomide/lenalidomide-pretreated patients.

United Kingdom myeloma forum position statement on the use of lenalidomide in multiple myeloma.

Davies F, Morris C, Bird J, Cook G, Williams C, Tighe J, Cavenagh J, Behrens J, Schey S, Morgan G; United Kingdom Myeloma Forum.

Int J Lab Hematol. 2009 Apr;31(2):119-31. [Epub 2008 Nov 4.]

http://www.ncbi.nlm.nih.gov/pubmed/19016917?ordinalpos=19&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The UK Myeloma Forum believe that lenalidomide in combination with dexamethasone should be available for prescription by UK hematologists according to its licensed indication in patients with relapsed myeloma.

Thalidomide-dexamethasone compared with melphalan-prednisolone in elderly patients with multiple myeloma.

Ludwig H, Hajek R, Tóthová E, Drach J, Adam Z, Labar B, Egyed M, Spicka I, Gisslinger H, Greil R, Kuhn I, Zojer N, Hinke A.

Blood. 2009 Apr 9;113(15):3435-42. [Epub 2008 Oct 27.]

http://www.ncbi.nlm.nih.gov/pubmed/18955563?ordinalpos=33&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors compare thalidomide-dexamethasone (TD) with melphalan-prednisolone (MP) as first line treatment in 289 elderly patients with myeloma. They find that TD yields higher response rates, but is more toxic in older patients and is associated with shorter overall survival.

Thalidomide/dexamethasone in myeloma: a double-edged sword.

Sonneveld P.

Blood. 2009 Apr 9;113(15):3394.

http://www.ncbi.nlm.nih.gov/pubmed/19359413?ordinalpos=32&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

Comment on: *Blood. 2009 Apr 9;113(15):3435-42.*

Consolidation therapy with low-dose thalidomide and prednisolone prolongs the survival of multiple myeloma patients undergoing a single autologous stem-cell transplantation procedure.

Spencer A, Prince HM, Roberts AW, Prosser IW, Bradstock KF, Coyle L, Gill DS, Horvath N, Reynolds J, Kennedy N.

J Clin Oncol. 2009 Apr 10;27(11):1788-93. [Epub 2009 Mar 9.]

http://www.ncbi.nlm.nih.gov/pubmed/19273705?ordinalpos=31&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors assess whether the addition of thalidomide consolidation following autologous stem cell transplantation (ASCT) would improve the durability of responses achieved and overall survival and find that consolidation therapy with 12 months of thalidomide combined with prednisolone prolongs survival when used after a single high-dose therapy supports ASCT in patients with newly diagnosed myeloma. They also conclude that thalidomide consolidation therapy does not adversely impact on survival in the subsequent salvage setting.

Hypercoagulable states in patients with multiple myeloma can affect the thalidomide-associated venous thromboembolism.

Talamo GP, Ibrahim S, Claxton D, Tricot GJ, Fink LM, Zangari M.

Blood Coagul Fibrinolysis. 2009 Apr 13. [Epub ahead of print.]

http://www.ncbi.nlm.nih.gov/pubmed/19367157?ordinalpos=30&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The results of this retrospective study suggest that myeloma patients with thromboembolic complications during treatment with thalidomide have a frequent concomitant underlying thrombophilic state.

Long-term outcome in relapsed and refractory multiple myeloma treated with thalidomide. Balancing efficacy and side-effects.

Corso A, Zappasodi P, Barbarano L, Petrucci MT, Palumbo A, Caravita T, Mangiacavalli S, Cafro AM, Varettoni M, Gay F, Morra E, Lazzarino M.

Leuk Res. 2009 Apr 15. [Epub ahead of print.]

http://www.ncbi.nlm.nih.gov/pubmed/19375164?ordinalpos=28&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

A total of 303 myeloma patients are retrospectively reviewed to evaluate long-term efficacy and toxicity of thalidomide alone or in combination with steroids. The authors conclude that thalidomide produces high response rate in relapsed/refractory myeloma.

Phase II and pharmacokinetic study of thalidomide in Japanese patients with relapsed/refractory multiple myeloma.

Murakami H, Shimizu K, Sawamura M, Suzuki K, Sugiura I, Kosugi H, Shimazaki C, Taniwaki M, Abe M, Takagi T.

Int J Hematol. 2009 Apr 28. [Epub ahead of print.]

http://www.ncbi.nlm.nih.gov/pubmed/19399582?ordinalpos=23&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors find that low-dose thalidomide is an effective and tolerable treatment for Japanese patients with relapsed/refractory myeloma, with leukopenia and neutropenia as the most serious adverse events; the pharmacokinetics are similar to those observed in Caucasian patients.

Lenalidomide, adriamycin, and dexamethasone (RAD) in patients with relapsed and refractory multiple myeloma: a report from the German Myeloma Study Group DSMM (Deutsche Studiengruppe Multiples Myelom).

Knop S, Gerecke C, Liebisch P, Topp MS, Platzbecker U, Sezer O, Vollmuth C, Falk K, Glasmacher A, Maeder U, Einsele H, Bargou RC.

Blood. 2009 Apr 30;113(18):4137-43. [Epub 2009 Jan 30.]

http://www.ncbi.nlm.nih.gov/pubmed/19182205?ordinalpos=11&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors conduct a phase I/II trial combining lenalidomide with adriamycin and dexamethasone (RAD) for relapsed and relapsed-refractory myeloma to determine tolerability and efficacy of this novel regimen and find that RAD induces substantial and durable remission with an acceptable toxicity profile in patients with relapsed and relapsed-refractory myeloma.

Hematology: Lenalidomide plus dexamethasone is effective in multiple myeloma.

Meijer E, Sonneveld P.

Nat Rev Clin Oncol. 2009 May;6(5):247-8.

http://www.ncbi.nlm.nih.gov/pubmed/19390545?ordinalpos=18&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

This prospective subgroup analysis shows that the combination of lenalidomide plus dexamethasone is superior to dexamethasone alone in patients with relapsed or refractory myeloma who have been previously treated with thalidomide.

Lenalidomide in combination with dexamethasone at first relapse in comparison with its use as later salvage therapy in relapsed or refractory multiple myeloma.

Stadtmauer EA, Weber DM, Niesvizky R, Belch A, Prince MH, San Miguel JF, Facon T, Olesnyckyj M, Yu Z, Zeldis JB, Knight RD, Dimopoulos MA.

Eur J Haematol. 2009 Jun;82(6):426-32. [Epub 2009 Mar 19.]

http://www.ncbi.nlm.nih.gov/pubmed/19302559?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

The authors find that lenalidomide plus dexamethasone is both effective and tolerable for second-line myeloma therapy, with data that suggest the greatest benefit occurs with earlier use.

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