

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^m. This special edition corresponds with the annual meeting of the American Society of Clinical Oncology (ASCO) meeting to be held June 2-6, 2006. 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 first quarter of this year.

We hope that CITINGS provides a detailed and informative update of the thalidomide and Revlimid literature, as well as assists in navigating the ASCO meeting. Please feel free to contact the IMF at (800) 452-CURE or www.myeloma.org

– Susie Novis, President, IMF

American Society of Clinical Oncology Presentations 2006

This year's ASCO conference features some very important new research in the field of myeloma pertaining to thalidomide and lenalidomide. Please be sure to learn more about the following:

Sunday, June 4, 2006

2:00 PM – 2:15 PM

■ Superiority of melphalan-prednisone (MP) + thalidomide (THAL) over MP and autologous stem cell transplantation in the treatment of newly diagnosed elderly patients with multiple myeloma.

Presenter: T. Facon Abstract No: 1 *Plenary Presentation*

Monday, June 5, 2006 9:30 AM – 9:45 AM

■ A multicenter, randomized, double-blind, placebo-controlled trial of thalidomide plus dexamethasone versus dexamethasone alone as initial therapy for newly diagnosed multiple myeloma. Presenter: S. Vincent Rajkumar, MD

Abstract No: 7517

Oral Presentation

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Funded by an educational grant from Celgene Corporation.

9:45 AM – 10:00 AM

■ Oral lenalidomide plus melphalan and prednisone (R-MP) for newly diagnosed multiple myeloma.

Presenter: Antonio Palumbo, MD Abstract No: 7518 *Oral Presentation*

10:45 AM – 11:00 AM

■ Lenalidomide plus high-dose dexamethasone provides improved overall survival compared to high-dose dexamethasone alone for relapsed or refractory multiple myeloma (MM): Results of a North American phase III study (MM-009).

Presenter: Donna M. Weber

Abstract No: 7521 Oral Presentation

2:00 PM – 6:00 PM

■ Clarithromycin, lenalidomide and dexamethasone combination therapy as primary treatment of multiple myeloma.

Presenter: Ruben Niesvizky

Abstract No: 7545 Poster No: 21 Poster Discussion

Also, please also be aware of the following:

Saturday, June 3, 2006

8:00 AM – 12:00 PM

■ Bendamustine in combination with thalidomide and prednisolone (BPT) in patients with refractory or relapsed multiple myeloma: Results of a phase I clinical trial. Presenter: Wolfram Poenisch Abstract No: 7620 Poster No: Y10 *General Poster Session*

Correlation of bone marrow angiogenesis and response to thalidomide dexamethasone in multiple myeloma.

Presenter: Shaji Kumar Abstract No: 7621 Poster No: Y11 *General Poster Session*

■ Development of neuropathy in patients (pts) with multiple myeloma (MM) treated with thalidomide (thal) – Patterns of occurrence and the role of electrophysiologic monitoring. Presenter: Linda R Mileshkin, MBBS, FRACP Abstract No: 7618 Poster No: Y8 *General Poster Session*

■ Lenalidomide and bortezomib induce osteoclast cytotoxicity and decrease BAFF secretion in osteoclasts in human multiple myeloma: Clinical implications.

Presenter: Iris Breitkreutz Abstract No: 7606 Poster No: X8 *General Poster Session*

■ Lenalidomide (Len) in combination with dexamethasone (Dex) is more effective than Dex alone at first relapse and provides better outcomes when used early rather than as later salvage therapy in relapsed multiple myeloma (MM).

Presenter: Edward A. Stadtmauer Abstract No: 7600 Poster No: X1 General Poster Session

Thalidomide increases thrombin generation in multiple myeloma patients.

Presenter: Dulcinea Candelaria Abstract No: 7602 Poster No: X3 *General Poster Session*

Sunday, June 4, 2006

11:00 AM – 11:15 AM

■ Increased risk of thrombosis with lenalidomide in combination with dexamethasone and erythropoietin.

Presenter: Ruben Niesvizky

Abstract No: 7506 *Clinical Science Symposium*

Monday, June 5, 2006

10:30 AM – 10:45 AM

■ A multicenter prospective randomized study testing non-inferiority of thalidomide 100 mg/day as compared with 400 mg/day in patients with refractory/relapsed multiple myeloma: Results of the final analysis of the IFM 01-02 study.

Presenter: Ibrahim Yakoub-Agha Abstract No: 7520 Oral Presentation

11:00 AM – 11:15 AM

Comparison of lenalidomide in combination with dexamethasone to dexamethasone alone in patients who have received prior thalidomide in relapsed or refractory multiple myeloma.

Presenter: Michael Wang Abstract No: 7522 *Oral Presentation*

11:45 AM – 12:00 PM

■ A phase II trial of lenalidomide for patients with AL amyloidosis.

Presenter: Vaishali Sanchorawala Abstract No: 7524 Oral Presentation

2nd Quarter 2006 Thalidomide and Revlimid (lenalidomide) Publications

Sortezomib (Velcade) for progressive myeloma after autologous stem cell transplantation and thalidomide.

Musto P, Falcone A, Sanpaolo G, Guglielmelli T, Zambello R, Balleari E, Catalano L, Spriano M, Cavallo F, La Sala A, Mantuano S, Nobile M, Melillo L, Scalzulli PR, Dell'Olio M, Bodenizza C, Greco MM, Carella AM Jr, Merla E, Carella AM, Boccadoro M, Cascavilla N, Palumbo A.

Leuk Res. 2006 Mar;30(3):283-5. Epub 2005 Aug 18.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16111749&query_hl=1&itool=pubmed_DocSum

The authors conclude that bortezomib alone may induce high quality responses as third-line salvage therapy with acceptable toxicity in a significant proportion of homogeneously pre-treated myeloma patients with progressive disease after autologous transplantation and thalidomide.

The effect of cyclophosphamide, thalidomide and dexamethasone combination therapy in relapsed/refractory multiple myeloma [article in Chinese].

Gao W, An N, Chen SL.

Zhonghua Nei Ke Za Zhi (Chinese Journal of Internal Medicine). 2006 Mar;45(3):221-2. Related Articles, Links

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16624158&itool=iconabstr&query_hl=1&itool=pubmed_DocSum

This study finds that the combination of thalidomide, cyclophosphamide, and dexamethasone is a promising treatment regimen for relapsed/refractory multiple myeloma.

Senalidomide plus dexamethasone effective in newly diagnosed myeloma.

Matthews K.

Nat Clin Pract Oncol. 2006 Mar;3(3):116-7.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16520782&query_hl=4&itool=pubmed_DocSum

Comment.

Stimulation of erythropoiesis by thalidomide in multiple myeloma patients: its influence on FasL, TRAIL and their receptors on erythroblasts.

Grzasko N, Dmoszynska A, Hus M, Soroka-Wojtaszko M. *Haematologica. 2006 Mar;91(3):386-9.*

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16531263&query_hl=1&itool=pubmed_DocSum

The expression of proteins of the tumor necrosis factor (TNF) family on erythroblasts was measured during thalidomide treatment in 29 patients with multiple myeloma. The study's results suggest that thalidomide may stimulate erythropoiesis in myeloma patients by decreasing the expression of TNF-like ligands/receptors on erythroblasts.

The changing landscape of myeloma therapy.

Cavo M, Baccarani M.

N Engl J Med. 2006 Mar 9;354(10):1076-8.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16525146&query_hl=1&itool=pubmed_DocSum Editorial.

Progress in the treatment of multiple myeloma.

Kumar S.

Lancet. 2006 Mar 11;367(9513):791-2.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16530557&query_hl=1&itool=pubmed_DocSum Comment.

Substitution of Ligand dependent activation of human Natural Killer T cells by lenalidomide: therapeutic implications.

Chang DH, Liu N, Klimek V, Hassoun H, Mazumder A, Nimer SD, Jagannath S, Dhodapkar MV. *Blood. 2006 Mar 28; [Epub ahead of print]*

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16569772&query_hl=1&itool=pubmed_DocSum

This study demonstrates that lenalidomide and its analogues enhance CD1d mediated presentation of glycolipid antigens and supports combining these agents with NKT-targeted approaches for protection against tumors.

Advances in oral therapy for multiple myeloma.

Morgan GJ, Krishnan B, Jenner M, Davies FE. Lancet Oncol. 2006 Apr;7(4):316-25.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16574547&query_hl=1&itool=pubmed_DocSum

New oral treatments that target myeloma cells or bone marrow are being developed that are highly effective yet have low toxic effects, such as the immunomodulatory drugs thalidomide and lenalidomide. The authors discuss the early development of these various treatments. The availability of these oral treatments is hoped to improve regimens that, if used sequentially or in combination, offer the potential of making multiple myeloma a chronic disease, thereby extending patients' lifespans and improving quality of life.

Solution Extramedullary relapse of multiple myeloma presenting as hematemesis and melena.

Dawson MA, Polizzotto MN, Gordon A, Roberts SK, Spencer A.

Nat Clin Pract Oncol. 2006 Apr;3(4):223-226.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16596146&query_hl=1&itool=pubmed_DocSum

The authors assess a 60-year-old woman with multiple myeloma relapsed after a good partial response to high-dose chemotherapy (melphalan 200 mg/m²) and autologous stem-cell transplantation, followed by thalidomide and prednisolone maintenance therapy. She presented with hematemesis and melena following salvage chemotherapy with dexamethasone, cyclophosphamide, etoposide, cisplatin, and rescue therapy with single-agent bortezomib. The authors diagnose the patient with multifocal extramedullary relapse of multiple myeloma involving the stomach and duodenum and suggest management via high-dose infusion of omeprazole, blood product support, palliative analgesics and anxiolytic agents.

Intravenous melphalan, thalidomide and prednisone in refractory and relapsed multiple myeloma.

Palumbo A, Avonto I, Bruno B, Ambrosini MT, Bringhen S, Cavallo F, Falco P, Boccadoro M. *Eur J Haematol. 2006 Apr;76(4):273-7.*

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16519697&query_hl=1&itool=pubmed_DocSum

The authors address the feasibility and efficacy of a three-drug combination consisting of intravenous (i.v.) melphalan, thalidomide and prednisone [M(i.v.)PT] for advanced myeloma patients. They conclude that M(i.v.)PT is an effective regimen that can overcome resistance to thalidomide plus prednisone in advanced myeloma with acceptable toxicity.

Dmoszynska A, Podhorecka M, Klimek P, Grzasko N.

Eur J Clin Pharmacol. 2006 Apr;62(4):325-9. Epub 2006 Mar 8.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16523333&query_hl=1&itool=pubmed_DocSum

The authors conclude that the mixture of lovastatin and thalidomide may increase the rate of multiple myeloma cell apoptosis in comparison to the single drug and the precise mechanism of this effect should be approved by further research.

Sew treatment strategy of multiple myeloma for cure [article in Japanese].

Murakami H, Handa H.

Gan To Kagaku Ryoho. 2006 Apr;33(4):417-23.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16612147&query_hl=1&itool=pubmed_DocSum

The authors address the treatment advances made in the field of multiple myeloma, including the novel drugs (thalidomide, thalidomide/dexamethasone, lenalidomide, bortezomib) that have been introduced in the treatment of patients with relapsed/refractory multiple myeloma, and the improved prognosis and life span of these patients.

Thalidomide for the treatment of leptomeningeal multiple myeloma.

Yutaka H, Mariko Y, Shinichiro O, Kunihiko M, Yusuke T, Yasuo I.

Eur J Haematol. 2006 Apr;76(4):358-9

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16519710&query_hl=1&itool=pubmed_DocSum

Comment.

Thalidomide gives food for thought in multiple myeloma.

Burton A.

Lancet Oncol. 2006 Apr;7(4):283-4.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16598872&query_hl=1&itool=pubmed_DocSum News.

Total therapy 2 without thalidomide in comparison with total therapy 1: role of intensified induction and posttransplantation consolidation therapies.

Barlogie B, Tricot G, Rasmussen E, Anaissie E, van Rhee F, Zangari M, Fassas A, Hollmig K, Pineda-Roman M, Shaughnessy J, Epstein J, Crowley J.

Blood. 2006 Apr 1;107(7):2633-8. Epub 2005 Dec 1.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16322468&query_hl=1&itool=pubmed_DocSum

The authors note that patients with myeloma, treated on the thalidomide arm of total therapy 2 (TT2), had a higher complete response (CR) rate and improved event-free survival (EFS) but not overall survival (OS). They therefore evaluate the benefit of TT2's posttandem autotransplant consolidation chemotherapy and dexamethasone maintenance, and compare outcomes on TT2 without thalidomide. The authors conclude that TT2 (without thalidomide) improved OS of patients without cytogenetic abnormalities (CAs); those with CAs benefited from posttransplantation consolidation chemotherapy. The favorable effects of CR and rapidly sequenced second transplantation attest to the validity of a melphalan dose-response effect in myeloma.

Development of multiple myeloma in a patient with chronic hepatitis C: A case report and review of the literature.

Lakatos PL, Fekete S, Horanyi M, Fischer S, Abonyi ME. World J Gastroenterol. 2006 Apr 14;12(14):2297-300.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16610042&query_hl=1&itool=pubmed_DocSum

The authors report a case of a 50-year-old woman with chronic hepatitis C (CHC) who has been followed since 1998 due to a high viral load, genotype 1b and moderately elevated liver function tests (LFTs). In March 2003, multiple myeloma (MM) was diagnosed (IgG-kappa, bone marrow biopsy: 50% plasma cell infiltration). After six cycles of VAD therapy, the multiple myeloma regressed. Thalidomide as a second-line treatment of refractory MM was initiated. The authors conclude that although a pathogenic role of HCV infection in malignant lymphoproliferative disorders has not been established, non-Hodgkins lymphoma and possibly MM may develop in CHC patients, supporting the role of complex follow-up in these patients.

Remarkable activity of novel agents bortezomib and thalidomide in patients not responding to donor lymphocyte infusions following nonmyeloablative allogeneic stem cell transplantation in multiple myeloma.

van de Donk NW, Kroger N, Hegenbart U, Corradini P, San Miguel JF, Goldschmidt H, Perez-Simon JA, Zijlmans M, Raymakers RA, Montefusco V, Ayuk FA, van Oers MH, Nagler A, Verdonck LF, Lokhorst HM.

Blood. 2006 Apr 15;107(8):3415-6.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16597603&query_hl=1&itool=pubmed_DocSum

Letter.

Thalidomide derivative CC-4047 inhibits osteoclast formation by down-regulation of PU.1.

Anderson G, Gries M, Kurihara N, Honjo T, Anderson J, Donnenberg V, Donnenberg A, Ghobrial I, Mapara MY, Stirling D, Roodman D, Lentzsch S.

Blood. 2006 Apr 15;107(8):3098-105. Epub 2005 Dec 22.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16373662&query_hl=1&itool=pubmed_DocSum

This study investigates the effects of CC-4047 (an immunomodulatory analog of thalidomide) and thalidomide on human osteoclastogenesis, using in vitro receptor activator of NFkappa-B ligand/ macrophage colony-stimulating factor-stimulated bone marrow cell cultures. Its results provide evidence that CC-4047 blocks osteoclast differentiation during early phases of osteoclastogenesis. Therefore, CC-4047 might be a valuable drug for targeting both tumors and osteoclastic activity in patients with multiple myeloma and other diseases associated with osteolytic lesions.

Amyloidosis.

Comenzo RL.

Curr Treat Options Oncol. 2006 May;7(3):225-36.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16615878&query_hl=1&itool=pubmed_DocSum

The author discusses amyloidosis, a disease in which abnormal proteins that form fibrillar tissue deposits can compromise key viscera and lead to early death. In order to treat amyloidosis, the type of abnormal protein must be identified. Drugs effective in multiple myeloma are usually helpful in AL amyloidosis if tolerated. The use of novel antibody-based approaches for imaging amyloid and possibly for accelerating removal of deposits is under active investigation.

Sisphosphonates may potentiate effects of thalidomide-dexamethasone combination in advanced multiple myeloma.

Ural AU, Avcu F.

Am J Hematol. 2006 May;81(5):385-6.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16628715&query_hl=1&itool=pubmed_DocSum

Comment.

③ Bortezomib: an effective agent in extramedullary disease in multiple myeloma.

Laura R, Cibeira MT, Uriburu C, Yantorno S, Salamero O, Blade J, Montserrat E. *Eur J Haematol. 2006 May;76(5):405-8. Epub 2006 Mar 9.*

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16529604&query_hl=1&itool=pubmed_DocSum

The authors address the lack of information on the effect of bortezomib on extramedullary myeloma. In their study, 4 of 23 patients treated with bortezomib at their institution had extramedullary involvement at the time of relapse. In 3 of these patients, large soft-tissue plasmacytomas disappeared, indicating that bortezomib may be useful in clinical situations of extramedullary disease in which other agents, such as thalidomide, may not be effective.

First-line therapy with thalidomide, dexamethasone and zoledronic acid decreases bone resorption markers in patients with multiple myeloma.

Tosi P, Zamagni E, Cellini C, Parente R, Cangini D, Tacchetti P, Perrone G, Ceccolini M, Boni P, Tura S, Baccarani M, Cavo M.

Eur J Haematol. 2006 May; 76(5): 399-404. Epub 2006 Feb 15.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16480429&query_hl=1&itool=pubmed_DocSum

This study addresses the bone involvement frequently observed in multiple myeloma patients both at diagnosis and during the course of the disease. The evaluation of biochemical markers of bone turnover could allow a dynamic evaluation of the effects of a given therapy on bone metabolism. The authors conclude that among all bone resorption markers, urinary N-terminal telopeptide of collagen I and serum crosslaps seem to be strictly related to the extent of bone involvement in myeloma. Combined thalidomide/dexamethasone and zoledronic acid seem to be highly effective in reducing bone resorption in sensitive patients, although the relative contribution of each drug cannot yet be determined.

Maintenance thalidomide following single cycle autologous peripheral blood stem cell transplant in patients with multiple myeloma.

Sahebi F, Spielberger R, Kogut NM, Fung H, Falk PM, Parker P, Krishnan A, Rodriguez R, Nakamura R, Nademanee A, Popplewell L, Frankel P, Ruel C, Tin R, Ilieva P, Forman SJ, Somlo G. *Bone Marrow Transplant. 2006 May;37(9):825-9.*

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16565743&query_hl=1&itool=pubmed_DocSum

This study concludes that thalidomide as maintenance therapy is feasible and may improve outcome after single autologous stem cell transplant.

Seurologic toxicities of cancer therapies.

Cavaliere R, Schiff D.

Curr Neurol Neurosci Rep. 2006 May;6(3):218-26.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16635431&query_hl=1&itool=pubmed_DocSum

The authors discuss neurologic dysfunction as a well-recognized adverse effect of cancer therapeutics. Their review focuses on the clinical features, mechanisms, and possible therapeutics of the neurotoxicity of chemotherapy, including thalidomide.

Novel treatment approaches for patients with relapsed and refractory multiple myeloma. Sinha R, Lonial S.

Curr Treat Options Oncol. 2006 May;7(3):246-57.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16615880&query_hl=1&itool=pubmed_DocSum

The authors address the newly developing treatment options for patients with relapsed myeloma. They note that the next generation of novel agents targeting heat shock proteins, the mitogenactivated protein kinase pathway, and monoclonal antibodies are further expanding the list of future potential agents and that the rapid clinical development of targeting agents will allow for more options to treat patients with relapsed or refractory myeloma, thereby improving quality of life and overall survival.

Smoldering multiple myeloma and monoclonal gammopathy of undetermined significance.

Blade J, Rosinol L. Curr Treat Options Oncol. 2006 May;7(3):237-45.

Related Articles, Links

🔜 http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16615879&query_hl=1&itool=pubmed_DocSum

The authors discuss special cases of smoldering multiple myeloma (SMM) and monoclonal gammopathy of undetermined significance (MGUS).

Maintenance therapy with thalidomide improves overall survival after autologous hematopoietic progenitor cell transplantation for multiple myeloma.

Brinker BT, Waller EK, Leong T, Heffner LT Jr, Redei I, Langston AA, Lonial S.

Cancer. 2006 May 15;106(10):2171-80.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list _uids=16598756&query_hl=1&itool=pubmed_DocSum

The authors review 112 patients with multiple myeloma who received autologous hematopoietic progenitor cell (HPC) grafts at their institution and conclude that combination chemotherapy provided no advantage over high-dose melphalan in patients with myeloma who underwent autologous HPC transplantation. The authors also noted that the post-transplantation use of thalidomide seemed to improve the survival of patients compared with historical controls from the pre-thalidomide era. Further prospective trials are underway to confirm the benefit of thalidomide in the post-transplantation setting.



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