

IMF HOTLINE COORDINATORS ANSWER YOUR QUESTIONS

The IMF Hotline 800-452-CURE (2873) is staffed by Debbie Birns, Paul Hewitt, and Nancy Baxter. The phone lines are open Monday through Friday, 8am to 4pm (Pacific Time). To submit your question online, please email TheIMF@myeloma.org.

My doctor has just prescribed Revlimid® (lenalidomide) and dexamethasone and I've read that blood clots can be caused by this regimen. What can I do to guard against this?

As always, it is best to discuss this question with your own doctor. For example, prior blood clot issues or heart/lung/vascular problems may mean that Revlimid/dexamethasone is not a good choice for you. If you go ahead with Revlimid/dexamethasone, your doctor is in the best position to decide what medications you might need to help prevent blood clots based upon the drugs and dosages you are receiving and whether or not you are at a higher risk than average for blood clots. We can provide some general background that you can use as a basis for a discussion with your doctor. The IMF's International Myeloma Working Group has just had an article published in *Leukemia* (2008, vol. 22, pp. 414-423) on the prevention of blood clots in thalidomide- and Revlimid- based therapies. You can access the full article on our website www.myeloma.org. The IMF's Nurse Leadership Board has also created the Consensus Statement for the Prevention of Thromboembolic Events Associated with Novel Therapies in Patients with Multiple Myeloma, which will shortly be published in the *Clinical Journal of Oncology Nursing*, and will appear on our website at that time.

While the addition of both thalidomide and Revlimid to the arsenal of anti-myeloma treatments has extended survival for patients, there are some potential serious side effects of these treatments. Myeloma patients treated with thalidomide or Revlimid in combination with steroids or chemotherapy have an increased risk of blood clots: venous thromboembolisms (VTEs) or deep vein thrombosis (DVTs). Blood clots or DVTs are a serious condition and are potentially life threatening. DVT is a blood clot in a deep vein of the lower extremities (usually occurring in the leg or thigh, and very occasionally in the neck or upper arm). A blood clot from a DVT can break loose (embolize) and travel to the lung, causing a pulmonary embolism (PE), which is very dangerous. The symptoms of DVT are warmth, swelling, redness and/or pain in an extremity, or difficulty breathing. Any of these symptoms should be reported immediately to your doctor.

All patients on a regimen of thalidomide or Revlimid in combination with a steroid or chemotherapy should receive routine prophylaxis (medications taken to prevent something) in the form of a blood thinner to prevent blood clots. The choices of prophylaxis are several: aspirin (81–325 mg once daily), LMWH (low molecular-weight heparin) or full-dose warfarin.

Which drug is best for you depends upon both the regimen you are on and whether you have any additional risk factors for blood clots. The primary



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individual risk factors are: increased age, obesity, history of blood clots, having a central-venous catheter, prolonged inactivity (such as during a long airplane flight), varicose veins, other diseases (diabetes, infections, sickle cell disease, cardiac diseases), surgical procedures (including vertebroplasty and kyphoplasty) and inherited thrombophilia (genetic mutations that can increase the likelihood of forming a blood clot). In addition, myeloma itself is a risk factor, as is hyperviscosity (thickening of the blood).

Aspirin alone is recommended for patients who have either no risk factor or only one individual/myeloma-related risk factor. Thus, for a majority of patients receiving Revlimid combined with low-dose dexamethasone (i.e. dexamethasone taken only one day each week), aspirin alone is sufficient prophylaxis. Patients who have at least two individual/myeloma-related or therapy-related risk factors (high-dose dexamethasone, doxorubicin, or multi-agent chemotherapy) should receive LMWH or full-dose warfarin. The International Myeloma Working Group has stated that ongoing randomized trials comparing aspirin, warfarin, and LMWH will soon determine the optimal prophylaxis strategy.

The patient (and his or her doctor) must also keep in mind that there are side effects and risks associated with prophylaxis. Thus the doctor must weigh your entire situation when making a decision about what type of prophylaxis is best for you.

Again, we caution that this is a complicated issue and that the above information is designed to provide a basis for discussing this issue with your doctor. We encourage you to share the *Leukemia* article from the International Myeloma Working Group with your doctor, as well as the IMF Nurse Leadership Board consensus statement on this issue. **MT**

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