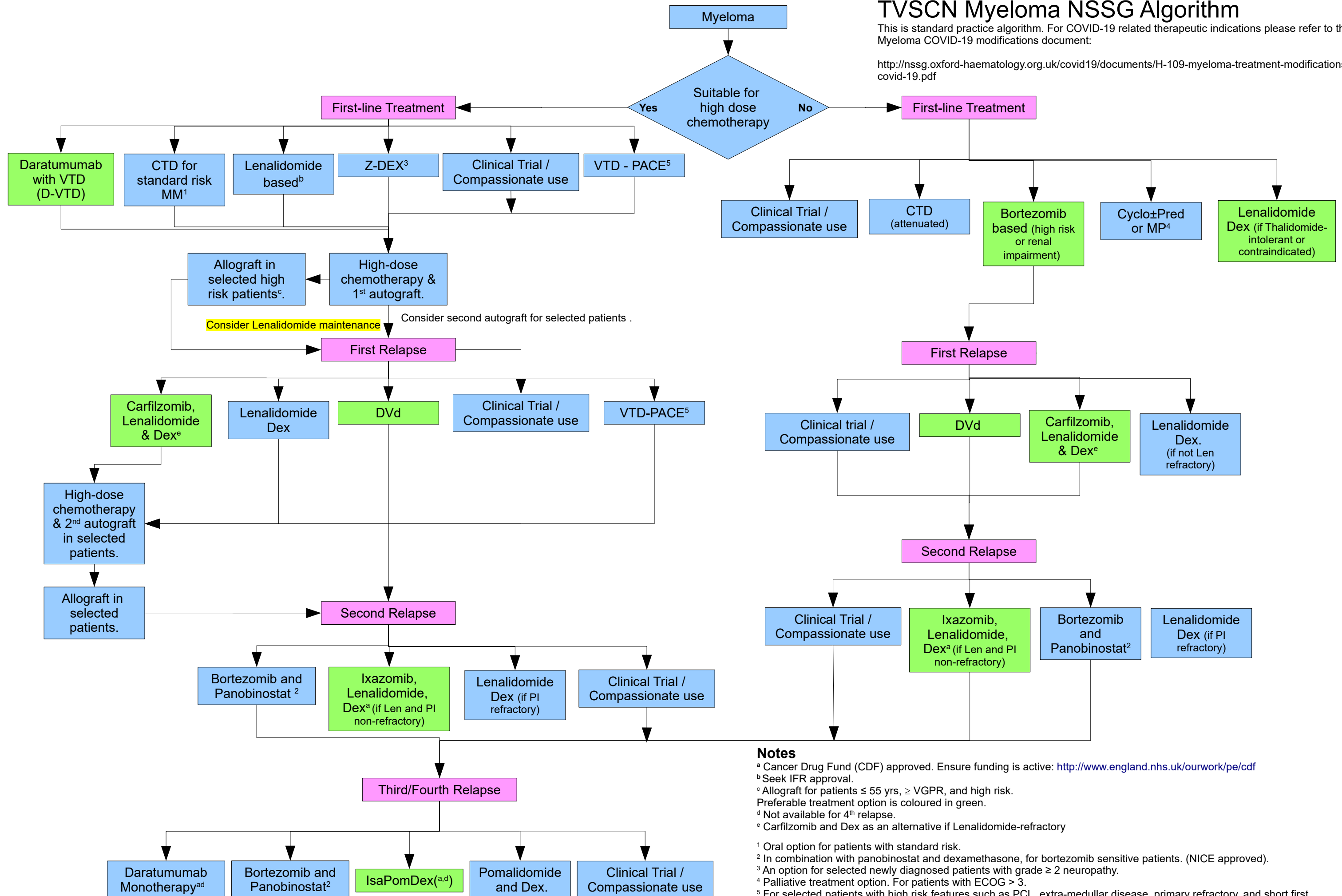


# TVSCN Myeloma NSSG Algorithm

This is standard practice algorithm. For COVID-19 related therapeutic indications please refer to the Myeloma COVID-19 modifications document:

<http://nssg.oxford-haematology.org.uk/covid19/documents/H-109-myeloma-treatment-modifications-covid-19.pdf>



## Notes

<sup>a</sup> Cancer Drug Fund (CDF) approved. Ensure funding is active: <http://www.england.nhs.uk/ourwork/pe/cdf>

<sup>b</sup> Seek IFR approval.

<sup>c</sup> Allograft for patients ≤ 55 yrs, ≥ VGPR, and high risk.

Preferable treatment option is coloured in green.

<sup>d</sup> Not available for 4<sup>th</sup> relapse.

<sup>e</sup> Carfilzomib and Dex as an alternative if Lenalidomide-refractory

<sup>1</sup> Oral option for patients with standard risk.

<sup>2</sup> In combination with panobinostat and dexamethasone, for bortezomib sensitive patients. (NICE approved).

<sup>3</sup> An option for selected newly diagnosed patients with grade ≥ 2 neuropathy.

<sup>4</sup> Palliative treatment option. For patients with ECOG > 3.

<sup>5</sup> For selected patients with high risk features such as PCL, extra-medullary disease, primary refractory, and short first remission. Bortezomib can be omitted for patients with neuropathy or for those in whom funding was not secured.

Supportive care – Aminobisphosphonates, thromboprophylaxis, vertebral augmentation, anti-viral prophylaxis, PJP, levofloxacin if available, and erythropoietin in selected patients.