

HIGH DOSE DEXAMETHASONE

INDICATION

Treatment of multiple myeloma in patients in whom cytotoxic chemotherapy is contraindicated, i.e. some patients presenting with severe pancytopenia or those requiring extensive local radiotherapy.

Short courses of dexamethasone can be administered in myeloma patients with renal impairment or presenting with spinal cord compression as per spinal cord compression pathway. This is a pre-phase treatment before definitive treatment is agreed at the MDT.

GENERAL PRE-ASSESSMENT

1. Ensure all the following staging investigations are done:

- FBC & film
- Clotting screen
- U&Es
- LFTs
- Calcium
- Albumin
- Uric acid
- CRP
- Virology : HIV, Hepatitis B (including core antibody), and Hepatitis C
- Calculated creatinine clearance (CrCl), urine protein/ creatinine ratio
- Electrophoresis and immunofixation for quantitation of serum paraprotein and immunoglobulins.
- Serum free light chain assay (Freelite)
- β_2 microglobulin
- Myeloma FISH should be performed in all patients at diagnosis, and in selected patients at relapse/progression to help guide treatment decisions Samples should be sent to Wessex Regional Genetics Laboratory (address below)
- Urine pregnancy testing for pre-menopausal women younger than 55 before each cycle.
- Group and save
- Imaging as per NICE/network guidance and clinical presentation
- Bone marrow aspirate and trephine (with immunophenotyping for kappa/lambda if appropriate)

Wessex Regional Genetic Laboratory
Salisbury NHS Foundation Trust
Salisbury District Hospital
Salisbury
Wiltshire
SP2 8BJ

Additional investigations:

- Plasma viscosity if hyperviscosity suspected
- If allogeneic transplant an option: Tissue typing of patient and siblings and CMV serology

This is a controlled document and therefore must not be changed

1 of 3

MM.14

High dose Dexamethasone

Authorised by Myeloma lead Dr. K. Ramasamy

July 2017

V.4.4

2. Hydration –fluid intake of at least 3 litres/ day should be attempted.
3. Counselling - all patients should receive verbal and written information on oral chemotherapy. Ensure pre-chemotherapy counselling in line with NPSA recommendation and chemotherapy measures
4. Give written information and get verbal consent.

DRUG REGIMEN

Dexamethasone	40 mg po once daily 20 mg po once daily if elderly/frail	Days 1 to 4
----------------------	---	-------------

CYCLE FREQUENCY

Every 2 weeks. For initial urgent treatment, 4 day courses may be used weekly. Recheck paraprotein after 3 cycles. If responding, reduce frequency to 4 weekly.

Continue to plateau phase (paraprotein stable for 3 months).

DOSE MODIFICATIONS

If patient experiences steroid related side effects, consider reducing dose and/or frequency.

INVESTIGATIONS - First Cycle

- Ensure all staging investigations (as listed under the PRE-ASSESSMENT heading above) are done.

INVESTIGATIONS - Subsequent Cycles

- FBC, Creatinine and U&Es, Calcium and glucose.

ADDITIONAL INVESTIGATIONS - Alternate Cycles

- Monitor disease response (PP, free light chain assay or BM) in non-secretory myeloma as appropriate).

CONCURRENT MEDICATIONS

1. Allopurinol 300 mg daily for 7 days for cycle 1 only.
2. Bone protection as per NSSG Bone Protection protocol MM.3.
3. Consider prophylactic fluconazole if steroid related side effects develop.
4. Proton pump inhibitor or H2 antagonist at clinician’s discretion.
5. Prophylactic aciclovir 200 mg bd to tid (depending on renal function)

EMETIC RISK

None.

REFERENCE

1. Bird J A, Owen R G, D'Sa S, Snowden J A, et al; 2014. Internet. Guidelines for the diagnosis and management of multiple myeloma. Online. Available at: http://www.bcshguidelines.com/documents/MYELOMA_GUIDELINE_Feb_2014_for_BCSH.pdf (last accessed: 27/6/16).

REVIEW

Name	Revision	Date	Version	Review date
Manuela Sultanova Service coordinator	Formatting	May 2016	4.3	May 2018
Manuela Sultanova Service coordinator	Formatting, update of the Wessex lab address, standardisation of pre-assessment	July 2017	4.4	May 2018