

C-THAL-DEX (CTD) (based on the MRC Myeloma IX Trial)**INDICATION:** Myeloma**Prior to a course of treatment**

- Check FBC, U&Es, creat, LFTs – *see dose modification and discuss with consultant if abnormal*
- In the absence of prior cytotoxic therapy cytopenias probably reflect marrow infiltration therefore give at least first cycle at full dose
- Women of child-bearing age must have a negative pregnancy test
- Discuss the need for contraception with both male and female patients. Discuss risk of infertility - offer semen cryopreservation to male patients
- Written consent for course

Prior to each cycle

- Medical review of fitness for chemotherapy – exclude active infection, major changes in organ function
- Women of child-bearing age must have a negative pregnancy test
- Check FBC, U&Es, creat, LFTs – neutrophils must be > 1.0, platelets > 75 - *see dose modification*
- Encourage patient to drink 3L fluid daily

Cyclophosphamide	500mg od	PO	days 1,8,15 (<i>state dates on prescription</i>)
Thalidomide*	100mg od initially	PO	days 1-21 (increase dose to 200mg od if tolerated)
Dexamethasone	40mg od	PO	days 1-4 & days 12-15 (<i>state dates on prescription</i>)

Repeat cycle every 21 days for 4-6 cycles

* DO NOT PRESCRIBE MORE THAN 21 DAYS THALIDOMIDE AT ANY TIME.

PRESCRIPTION OF THALIDOMIDE & COUNSELLING MUST BE IN ACCORDANCE WITH THE CELGENE PREGNANCY PREVENTION PLAN**Prophylaxis for acute & delayed emesis**

Metoclopramide

Other medications

Allopurinol 300mg od (if Cr.Cl <20ml/min use 100mg) for 7 days with cycle 1

Anti-infective prophylaxis according to local policy

Dose modifications for haematological toxicity (unless considered due to marrow infiltration)

- If neutrophils <1.0 and/or platelets <75 Omit cyclophosphamide for 1-3 weeks, then restart with dose reduction by 100mg **or** commence GCSF for 2-3 days per cycle
- If there is treatment delay due to neutropenia of more than 2 weeks on > 1 occasion Start GCSF for 2-3 days per cycle

Dose modifications for renal insufficiency

- If creatinine > 300µmol/L despite vigorous hydration omit cyclophosphamide

Dose modification for liver dysfunction

- Limited information – clinical decision

C-Thal-Dex Toxicities

Neutropenic sepsis & thrombocytopenia	Nausea (none-mild)
Alopecia (mild)	Amenorrhoea & infertility (offer semen cryopreservation)
Sedation, somnolence	Hyperglycaemia
Constipation	Peripheral neuropathy
Gastric ulceration	Tremor
Venous thromboembolism	Oedema

Written by Dr MP Macheta, Consultant Haematologist

Date July 2013

Review date July 2015