

## C-THAL-DEX attenuated (CTDa) (based on 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 there is renal impairment*
- 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 & 22 ( <i>state dates on prescription</i> )
Thalidomide *	50mg od initially	PO	days 1-28 (increase dose by 50mg every 4 weeks if tolerated to max. 200mg od)
Dexamethasone	20mg od	PO	days 1-4 & days 15-18 ( <i>state dates on prescription</i> )

### Repeat cycle every 28 days for 6-9 cycles

\* DO NOT PRESCRIBE MORE THAN 28 DAYS THALIDOMIDE AT ANY TIME.

**PRESCRIPTION OF THALIDOMIDE & COUNSELLING MUST BE IN ACCORDANCE WITH THE CELLGENE PREGNANCY PREVENTION PLAN**

### Prophylaxis for acute & delayed emesis

Metoclopramide

### Other medications

Allopurinol 300mg od (if Cr.Cl  $< 20$ ml/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 one cycle then restart with dose reduction by 100mg **or** start GCSF for 2-3 days per cycle
- If there is treatment delay due to neutropenia of more than 2 weeks on  $> 1$  occasion Consider GCSF for 2-3 days per cycle

**Dose modifications for renal impairment**

- 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)
Rash	Amenorrhoea & infertility (offer semen cryopreservation)
Alopecia (mild)	Hyperglycaemia
Sedation	Peripheral neuropathy
Constipation	Tremor
Venous thromboembolism	Oedema
Gastric ulceration	

**Written by** Dr MP Macheta, Consultant Haematologist

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