

## MELPHALAN & PREDNISOLONE (based on Myeloma IX Trial)

**INDICATION:** Myeloma

**Prior to a course of treatment**

- Check FBC, U&Es, creat – *see dose modification - discuss with consultant if there is renal impairment*
- If appropriate discuss possibility of pregnancy with female patients and need for contraception with both male and female patients. Discuss risk of infertility - offer semen cryopreservation to males
- In the absence of prior cytotoxic therapy cytopenias probably reflect marrow infiltration therefore give at least first cycle at full dose.
- Written consent for course

**Prior to each cycle**

- Medical review of fitness for chemotherapy – exclude active infection, major changes in organ function
- Check FBC – neutrophils must be > 1.0, platelets > 75 - *see dose modification*
- Encourage patient to drink 3L fluid daily

Melphalan	7mg/m <sup>2</sup> od	PO*	days 1-4
Prednisolone	40mg od	PO	days 1-4

**Repeat cycle every 28 days for up to 12 cycles**

\* tablets are 2mg

**Prophylaxis for acute & delayed emesis**

Metoclopramide

**Other medications**

Allopurinol 300mg od (100mg if Cr.Cl <20ml/min) for 4 days with cycle 1

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

- If neutrophils <1.0 and/or platelets <75      Delay treatment for up to 2 weeks
- If there is treatment delay > 2 weeks due to neutropenia on > 1 occasion      Consider GCSF for 2-3 days per cycle

**Dose modification for renal dysfunction**

- If creatinine > 200µmol/L despite rigorous hydration initially reduce dose of melphalan to 5mg/m<sup>2</sup>
- Then consider titrating dose according to haematological toxicity

**Melphalan & Prednisolone Toxicities**

Neutropenic sepsis & thrombocytopenia	Nausea (none-mild)
Alopecia (uncommon)	Amenorrhoea & infertility (offer semen cryopreservation)
Mucositis	Rash
Gastric ulceration	Hyperglycaemia
Second malignancies (late)	Pulmonary fibrosis (late)

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