

LSCCN HAEMATOLOGY PROTOCOLS

MELPHALAN

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 10mg od PO* for 3-5 days

Repeat cycle every 28 days for up to 12 cycles

* tablets are 2mg

Precise duration of therapy will depend on patient's age, performance status, comorbidity, prior therapy, renal function and aim of treatment.

Prophylaxis for acute & delayed emesis

Metoclopramide

Other medications

Allopurinol 300mg od (100mg if Cr.Cl <20ml/min) for 3-5 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 modifications for renal insufficiency

- If creatinine > 200µmol/L despite rigorous hydration initially reduce dose of melphalan to 5mg/m²
- Then consider titrating dose according to haematological toxicity

Melphalan Toxicities

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

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