THALIDOMIDE

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.
- 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 - *see dose modification*
- Encourage patient to drink 3L fluid daily

Thalidomide *	50mg od initially	PO	days 1-28 (increase dose by 50mg every week if tolerated to max. 400mg od)

Dexamethasone may also be used – 20–40mg for 4 days every 2 -4 weeks

Repeat cycle every 28 days and continue until disease progression or until significant side-effects

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

PRESCRIPTION OF THALIDOMIDE & COUNSELLING MUST BE IN ACCORDANCE WITH THE CELGENE PREGNANCY PREVENTION PROGRAMME

Prophylaxis for acute & delayed emesis	Metoclopramide 10-20mg 4-6hrly
Other medications	Allopurinol 300mg od (if Cr.Cl <20ml/min use 100mg) for 5 days with cycle 1

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

- Limited information – clinical decision

Dose modifications for renal impairment

- Limited information – clinical decision

Dose modification for liver dysfunction

- Limited information – clinical decision

Thalidomide Toxicities	
Rash	Nausea (none - mild)
Alopecia (mild)	Peripheral neuropathy
Sedation	Tremor
Constipation	Oedema
Venous thromboembolism	Neutropenia (rarely reported)

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