

### **March 2011 Notes from Emory Workshop**

The regular AAMMSG Saturday meeting was replaced with the IMF Regional Community Workshop at Emory Winship Cancer Center. It was well attended with over 100 people present. The familiar experts from Emory were there to provide information and respond to questions: Dr. Heffner, Dr. Lonial, Dr. Kaufman, and Charise Gleason.

Dr. Heffner started with an overview of MM followed by Q&A session. He reviewed some of the terminology and history of the disease, with the name Multiple Myeloma starting in 1873. Statistically, MM represents 1% of all malignancies and 10% of hematologic malignancies. Estimated cases in 2010 were 20,180 with median age of onset at 65; 3% are less than age 40. Dr. Heffner continued with discussion of plasma cells where an MM diagnosis has more than 10% plasma cells in the bone marrow. M-spikes in blood and urine should be taken regularly and included with other symptoms for an MM diagnosis. He compared the tests available to track and identify bone lesions: skeletal x-rays for long bones and skull, MRI for spine, CT scans for confirmation of suspicious spots, and PET scans for activity after remission. There was review of the staging systems along with CRAB symptom analysis: Calcium levels high, Renal insufficiency, Anemia, and Bone lesions or damage.

Dr. Kaufman presented standard treatment for newly diagnosed MM patients. The first step is to determine if the patient is eligible for stem cell transplant. Generally, the patient must have adequate lung, liver, and heart function and general good health to be considered eligible for transplant. Studies are showing induction therapy with Revlimid, Velcade, and Dex are getting 100% response rate. After four cycles, stem cells are harvested for those eligible for transplant. There are several studies underway at this time using Revlimid as maintenance, with or without transplant. For patients not eligible for transplant, there are several studies looking at Melphalan and Prednisone (MP) with Thalidomide, Velcade, or Revlimid. Adding one of the new agents to MP improves response rates and overall survival in several trials. Dr. Kaufman concluded in his presentation that exciting new agents have been introduced in the last 5-10 years. These agents, along with autologous stem cell transplants, have improved overall survival. The potential for longer survival and cure exists in combinations with new drugs. Side effects are more manageable, but must be monitored.

Dr. Lonial spoke about relapsed MM and recent changes in treatment. Outcomes for patients have clearly improved over the last ten years. Once a relapse occurs, how are decisions made? Factors for treatment must consider disease profile, prior treatment, and patient factors. The disease profile looks at cytogenetic markers and duration and depth of response to initial therapy. Prior treatments are evaluated for duration and mode of administration. Patient factors include review of side effects and general health status. Dr. Lonial was very excited about the therapies available today for relapsed MM. So many new drugs are available and more coming in clinical trials. As future generations of known treatments are developed, results are seen even when previous drugs failed. For example, if Thalidomide did not control the disease, Revlimid may work, especially in a combination therapy to reduce the disease and alone for maintenance. The new drugs coming through clinical trials are showing great results with reduced side effects. Another factor in relapse treatment is the timing of when to start additional therapy. Dr. Lonial mentioned the CRAB criteria (see Dr. Heffner's discussion above) and close monitoring for the speed of progression. Dr. Lonial concluded that there is no easy algorithm for managing relapsed MM. Patient issues and prior therapy are key components of the decision. Clinical trials should be considered as a viable option for access to new drugs and combinations where other therapies may have failed. Feel free to contact the Emory team to learn about the extensive support system wrapped around clinical trial participation.

Charise Gleason gave a presentation on managing side effects of novel agents. Gastrointestinal (GI) side effects from treatment include: nausea, vomiting, diarrhea, and constipation. For nausea and vomiting: stay hydrated, eat bland food that is not warm, suck on mints or ice chips, get fresh air

when possible, and apply cool compress to forehead, neck, and wrists. For diarrhea and constipation: increase fluid intake, use fiber binding agents such as Metamucil or Citracil, use over the counter medication if recommended by a clinician. Other side effects include: anemia (low red blood cells); neutopenia (low white blood cells); thrombocytopenia (low platelets); deep vein thrombosis (blood clots); and pulmonary embolism (clots in lungs). Complete blood counts (CBC) are monitored closely at each office visit and action will be taken as necessary by the medical team. Patients should get a copy of their blood counts and track changes with the doctor. Understand actions that patients and caregivers can take and report any changes or additional symptoms immediately. Peripheral neuropathy is a common side effect that should be monitored. Symptoms should be reported to your medical team as soon as they occur and when any changes are detected. The doctor will discuss actions to reduce the pain and discomfort. Some options are: massage affected areas with cocoa butter; B-complex, folic acid, or amino acid supplements; acupuncture or physical therapy; prescription pain medication; or reduction in dose or suspension of treatment. Steroids (Dex and prednisone) are an important part of the treatment for MM and can cause side effects. Some of the potential side effects are: hyperactivity/fatigue; difficulty sleeping; mood swings/depression; increase in blood sugar or blood pressure; GI complications; muscle weakness or cramping; blurred vision. To manage side effects of steroids: take with food; adjust timing of medication (am vs. pm); over-the-counter or prescription medications for stomach problems. Report all symptoms to the medical team, especially fever or chills, dizziness or shortness of breath. Charise summarized the impact of myeloma and treatment on quality of life, which can be physical, psychological, financial, and changes to social relationships. There are many resources available to address these issues for the patient and the family. This disease takes its toll on all parties, so don't try to go it alone or "tough it out". Ask for and accept help and don't forget to include the caregiver in the scope of needed support.

Submitted by Nancy