

The Progress of Myeloma Treatment for patients with comorbidity

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Over the last decade the outcome of patients with symptomatic multiple myeloma has improved. This is due to the introduction of three novel agents in the management of this disease: Thalidomide, bortezomib and lenalidomide when single agent bortezomib is administered to patients with refractory or relapsed multiple myeloma, at least a partial response occurs in 43% and the subsequent median time to progression is 6-2 months and median overall survival is 30 months. These outcomes are improved when liposomal doxorubicin are added to bortezomib. Bortezomib-based combinations are being used with increasing frequency for the treatment of newly diagnosed symptomatic patients with multiple myeloma. More specifically, when the combination of bortezomib, melphalan and prednisone is administered to elderly patients ineligible for high dose-therapy, at least a partial response occurs in 71% (including complete response in 40%), the median time to progression is 24 months and the three year overall survival is 72%. Combination of bortezomib with dexamethasone with or without thalidomide are being frequently used to younger patients as an induction regimen when stem cell collection is planned. Furthermore, bortezomib is the agent choice when myeloma patients present or develop renal impairment. This agent is not only well tolerated and active in such patients but it can also reverse renal impairment in at least 50% of them. Bortezomib-based regimens are active in patients with adverse cytogenetic features. Finally there is accumulating evidence to indicate that bortezomib may have an anabolic effect on bone formation.