soho2023
ELEVENTH ANNUAL MEETING

TREATMENT OF MULTIPLE MYELOMA WITH CYBORD AS A FIRST LINE THERAPY- OUR EXPERIENCE

Adriatik Berisha 1,2, Adriana Berisha 1, 3, Valon Krasniqi 3
University Clinical Center of Kosovo, Prishtina, Kosovo
University of Zagreb, Zagreb, Croatia
University of Prishtina, Prishtina, Kosovo

INTRODUCTION

Multiple Myeloma is a disease that causes significant morbidity and mortality in the population. It is a common hematological malignancy in Kosovo and the diagnosis and treatment of the disease in Kosovo has some significant challenges. With this study I want to share our experience in the treatment of Multiple Myeloma with the CyBorD chemotherapy protocol.

AIM

With this study I want to share our experience in the treatment of Multiple Myeloma with the CyBorD chemotherapy protocol.

Also we want to better understand the disease and the challenges of the treatment with chemotherapy and other supportive care, so we can improve the quality of care for the patients.

METHOD

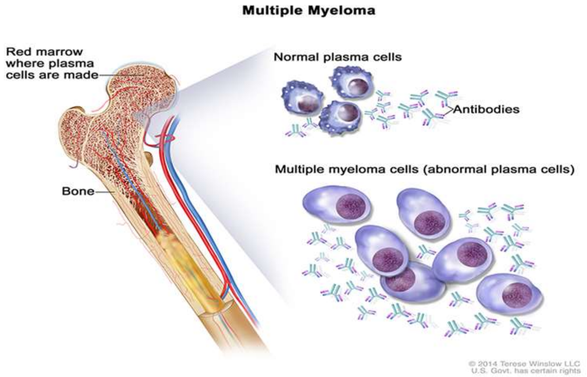
- Adults, age 18 and older, both genders with Multiple Myeloma, in the Hematology clinic of Kosovo treated with the CyBorD chemotherapy protocol.
- Cross sectional retrospective epidemiological study. The data was collected from the patients treated with this protocol.
- The data was collected from the chemotherapy treatment protocol books in the Hematology clinic of the University clinical center of Kosovo.

RESULTS

From the 34 patients treated with this protocol, 20 of them were women and 14 of them were men, 2 was age 43, 2 was 48 and the rest were over the age of 60. 22 of the patients had IgG and kappa light chain paraproteinemia and 6 of them had IgA paraproteinemia.

All patients had anemia and a high ESR. 16 had osteolytic lesions. 8 of the patients had renal failure. 14 of them had more than 50% plasma cells in bone marrow aspiration, 10 of them above 40% and 8 had more than 30% plasma cells in bone marrow aspiration.

All of the patients were treated with the CyBorD chemotherapy protocol. Bortezomib 1.3mg/m2 s.c on days 1, 8, 15, 22; Cyclophosphamide 300mg/m2 i.v on days 1, 8, 15, 22; Dexamethasone 40mg i.v on days 1-4, 9-12, 17-20 (cycle 1 and 2) and on days 1, 8, 15, 22 (cycles 3 and 4). After 4 cycles of the therapy a bone aspiration was done. After 4 cycles maintenance therapy was started with Lenalidomide 10mg/d p.o on days 1-21; Bortezomib 1.3mg/m2 s.c on 1, 8, 15, 22 every 5 weeks for 6 months.



CONCLUSIONS

Side effects reported during the treatment were: peripheral neuropathy-12 patients; Cytopenias-all patients; Hyperglycemia-14 patients; Dyspepsia-all. The dose of bortezomib was lowered on the patients that reported the neuropathy. CyBord produced a very rapid response based on the results of 14 patients. The anemia improved, the ESR and immunoglobulin levels decreased, the percentage of plasma cells in the bone marrow was reduced. 6 patients had disease progression with renal failure and increased plasma cells in the bone marrow. 18 patients had complete remission, 10 partial remission, 6 died because of disease progression.

REFERENCES

1. Andrew J Cowan et.al. Diagnosis and Management of Multiple Myeloma: A Review. JAMA. 2022 Feb 1;327(5):464-477. doi: 10.1001/jama.2022.0003.

2. Rajkumar, S.V., Kumar, S. Multiple myeloma current treatment algorithms. Blood Cancer J. 10, 94 (2020). https://doi.org/10.1038/s41408-020-00359-2

3. McCaughan, G.J., Verma, A., Ling, S. et al. Weekly cyclophosphamide, subcutaneous bortezomib and dexamethathasone (CyBorD) for initial treatment of transplant-eligible patients with multiple myeloma: experience of two transplant centres. Bone Marrow Transplant 56, 738–740 (2021). https://doi.org/10.1038/s41409-020-01086-9

4. Reeder, C., Reece, D., Kukreti, V. et al. Cyclophosphamide, bortezomib and dexamethasone induction for newly diagnosed multiple myeloma: high response rates in a phase II clinical trial. Leukemia 23, 1337–1341 (2009). https://doi.org/10.1038/leu.2009.26

5. Srivastava, G., Rana, V., Lacy, M. et al. Long-term outcome with lenalidomide and dexamethasone therapy for newly diagnosed multiple myeloma. Leukemia 27, 2062–2066 (2013). https://doi.org/10.1038/leu.2013.143

CONTACT INFORMATION

dr.adriatiku@gmail.com
+38344627289