



LETTER TO THE EDITOR

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Treatment outcome of thalidomide based regimens in newly diagnosed and relapsed/refractory non-transplant multiple myeloma patients: a single center experience from Thailand

Pimjai Niparuck*, Ladda Sorakhunpipitkul, Vichai Atichartakarn, Suporn Chuncharunee, Artit Ungkanont, Pantep Aungchaisuksiri, Teeraya Puavilai, Saengsuree Jootar

Abstract

Background: Thalidomide based regimen is an effective and well tolerated therapy in multiple myeloma (MM) patients, however, there were a small number of studies written about the results of thalidomide therapy in non-transplant MM patients. We therefore conducted a retrospective study of 42 consecutive patients with newly diagnosed and relapsed/refractory MM treated with thalidomide- based induction regimens followed by thalidomide maintenance therapy.

Results: Induction regimens with thalidomide and dexamethasone, and the oral combination of melphalan, prednisolone and thalidomide were administered in 22 and 16 patients, respectively. The remaining 4 patients received other thalidomide- containing regimens. Twenty-nine patients received thalidomide as a salvage regimen. Twenty-three out of 26 patients achieving complete remission (CR) and very good partial remission (VGPR) received thalidomide maintenance. Of the 41 evaluable patients, median time of treatment was 21 months (3- 45 months), ORR was 92.7% with a 63.4% CR/VGPR. With a median follow up of 23 months, 3-year- PFS and 3-year-OS were 58.6 and 72.6%, respectively. Median time to progression was 42 months. While 3-year-PFS and 3-year-OS in non-transplant patients receiving thalidomide maintenance therapy were 67 and 80%, respectively.

Conclusions: Prolonged thalidomide therapy enhanced survival rate and less frequently developed serious toxicity in non-transplant multiple myeloma patients.

To the editor:

Thalidomide based therapy for multiple myeloma (MM) improves the response and the complete remission (CR) rates in previously untreated and relapsed/refractory MM (overall response rate was 48- 73% with a 5- 10% CR) [1,2]. In this study, we performed a retrospective study of 42 newly diagnosed and relapsed/refractory MM patients treated with thalidomide based regimens without upfront ASCT at Ramathibodi Hospital during January 2005-October 2008. Thirteen and 29

patients were previously untreated and relapsed/refractory MM, respectively (Table 1). Twenty-two patients received thalidomide 200 mg/day and oral dexamethasone 20- 40 mg/day (d1-4) every 2 weeks, 16 patients received oral melphalan 4 mg/m²/day (d1-7), prednisolone 40 mg/m²/day (d1-7) and thalidomide 100 mg/day every 4 weeks, 3 patients received thalidomide 200-400 mg/day and the remaining 1 patient received thalidomide 100 mg/day, pegylated liposomal doxorubicin i.v. 40 mg/m²/day (d1) and oral dexamethasone 40 mg/day (d1-4, 9-12) every 4 weeks. Eighty-eight percents (23/26 patients) achieving CR/VGPR (very good partial remission) received thalidomide maintenance therapy (100-

* Correspondence: niparuckblue@gmail.com

Division of hematology, Department of Medicine, Ramathibodi Hospital, Mahidol University, Thailand

prolonged use of thalidomide induction. Thalidomide maintenance in CR/VGPR patients provided impressive survival benefit. Hence, thalidomide is an effective therapy for MM and prolonged thalidomide use had the survival benefit and had minimal serious toxicity in non-transplant MM patients. To date, MM remains incurable. Novel agents continue to be developed and are eagerly awaited [5-7].

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