

PHARMACIST ROLE IN HEALTH OUTCOME OF VD-PACE SAVAGE REGIMEN IN ADULT FEMALE PATIENT WITH RARE RELAPSED AND REFRACTORY IgD LAMBDA MULTIPLE MYELOMA

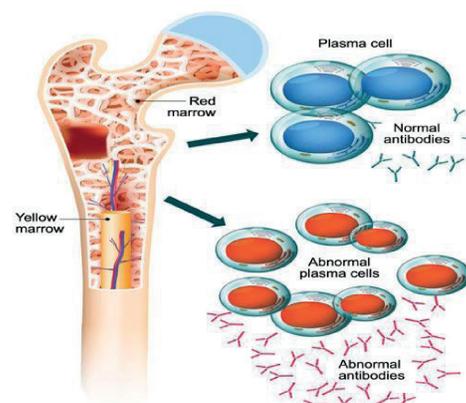
ALBERTO VERGATI, TOMMASO GREGORI, ARTURO CAVALIERE HOSPITAL PHARMACY, ASL VITERBO, ITALY

BACKGROUND

Patients with multiple relapses and/or refractory Multiple Myeloma are difficult to manage as the therapeutic options become limited and the response to chemotherapy is often short lived.

Despite significant advances in treatment options some patients have ultimately developed resistance to existing therapies. High-risk-MM is considered challenging to treat because of the risk of early relapse and increased mortality.

MULTIPLE MYELOMA



AIM AND OBJECTIVES

A 60-year-old caucasian female patient with a rare IgD-lambda-RRMM has received six VTD courses and an autologous stem cell transplant (ASCT) before a three months new relapse, fourteen KRd cycles and an other extramedullary relapse. Then Physicians asked Pharmacists which regimen could be used and to explain treatment details.

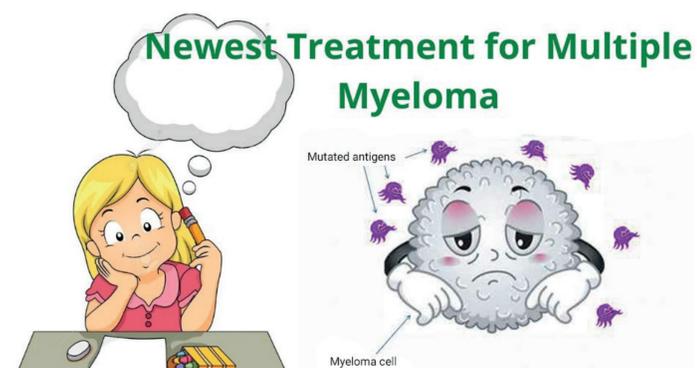
MATERIAL AND METHODS

Pharmacists and Physicians have chosen VD - PACE as salvage off - label therapy, using the Stony Brook University Medical Center, NY, USA regimen, according to guidelines and available literature. This regimen uses cisplatin and etoposide to which most patients with MM are not exposed. The 24h infusion of PACE was aimed at providing continuously high plasma drug levels to target slowly dividing, resistant plasma cell clones, and to reduce cardiotoxicity related to doxorubicin. The bortezomib in the TOTAL-THERAPY-3 protocol and comparative studies have shown sustained remissions and improvement in OS.

RESULTS

The patient has received six 28-day cycles of VD-PACE regimen before a new meningeal involvement, that consisted of:

- **Bortezomib** (1mg/m²) **subcutaneously** (days 1,4,8,11)
- **Dexamethasone** (40mg) **PO once daily** (days 4-7) **30-60 minutes** before starting chemotherapy
- **Cyclophosphamide** (400mg/m²), **Etoposide** (40mg/m²), **Cisplatin** (10mg/m²) that have been mixed in **1L 0.9%**
- **NaClbag infused over 24 hours** (days 4-7) via 0.2micron in-line filter
- **Doxorubicin** (10mg/m²) **IV infused over 24 hours** (days 4-7) mixed in **250mL D5W**



CONCLUSION

With no doubt the pharmacists had played an important role, also in promoting rational chemotherapy use and suggesting the most fitting regimen for this patient. In conclusion, cycles of VD-PACE can be used to reduce disease burden in patients with RRMM who have exhausted most other available therapies.

In fit patients with aggressive disease, VD-PACE can help in obtaining a window for SCT or can be used to reduce disease burden while waiting enrollment in a clinical trial or innovative less intensive chemotherapy.

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ALBERTO VERGATI



TOMMASO GREGORI



ARTURO CAVALIERE

REFERENCE AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.