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Bortezomib Boosts Response When Myeloma Comes Back

By David Douglas, Reuters Health, New York, NY, April 20, 2007

Multiple myeloma treatment with melphalan, prednisone and thalidomide (MPT) appears to be improved with the addition of the proteasome inhibitor bortezomib, Italian researchers report in the April 1st issue of Blood.

MPT, lead investigator Dr. Antonio Palumbo told Reuters Health, "is now considered the new standard of care for these patients. The addition of a fourth drug to the previous combination may further increase the efficacy of the MPT regimen."

Such combinations, he added "are likely to improve the outcome of elderly patients, usually not candidates for autologous transplantation, that represent almost two-thirds of all patients."

Dr. Palumbo of the University of Turin and colleagues came to this conclusion after studying the effect of the MPT+ bortezomib (Velcade) combination (VMPT) in 30 patients with relapsed or refractory multiple myeloma. Their median age was 66 years and the median number of treatment cycles administered was 6.

In all, 20 (67%) achieved "at least" a partial response and in 13 of these patients (43%) the partial response reflected a reduction of myeloma protein of more than 90%.

In the 14 patients who received VMPT as second-line therapy, the partial response rate was 79% and the immunofixation-negative complete response rate was 36%.

The 1-year progression-free survival was 61%, and the 1-year survival from study entry was 84%.

"The combinations between old chemotherapy and new drugs have consistently shown additive or synergistic effects," continued Dr. Palumbo. Preliminary results using the bortezomib combination, he concluded, "showed a significant increase in response rate in comparison with MPT. The incidence of adverse events was not increased in comparison with MPT due to a different dosing and scheme of administration of the single drugs."

The researchers note that a phase III trial is now underway evaluating the combination in patients with disease at an earlier stage.

SOURCE:

• Blood 2007;109:2767-2772.