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Velcade-Doxil-Dexamethasone Combination Treatment Is Highly Effective In Newly Diagnosed Multiple Myeloma Patients

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The VDD regimen, is highly effective for initial treatment of multiple myeloma, according to a recent article published in the *Journal of Clinical Oncology*.

A combination regimen of Velcade (bortezomib), Doxil (pegylated liposomal doxorubicin), and dexamethasone (Decadron), known as the VDD regimen, is highly effective for initial treatment of multiple myeloma, according to a recent article published in the *Journal of Clinical Oncology*.

Velcade, which is also approved for treatment as a single agent, suppresses tumor growth by inhibiting the enzymes that break down important proteins in cancerous cells. The second component of the VDD regimen, Doxil, blocks the process of DNA replication in cancerous cells, thus preventing them from multiplying. Finally, dexamethasone is a steroid that is used in chemotherapy as an anti-inflammatory and immunosuppressant.

The article reported results from a Phase 2 clinical trial, which was the first clinical study to evaluate the activity and safety profile of the VDD regimen in patients with newly diagnosed multiple myeloma. The forty patients selected for the trial received up to six 3-week cycles of treatment. For each cycle, patients received 1.3 mg/m² of intravenous Velcade on days 1, 4, 8, and 11; 30 mg/m² of intravenous Doxil on day 4; and 20 to 40 mg daily of dexamethasone. 30 patients underwent stem cell transplants after the VDD treatment.

After six cycles of treatment, the overall response rate reached 85 percent, with 37.5 percent of patients achieving complete response and 57.5 percent of patients achieving a very good partial response. After one year, 97.5 percent of the patients survived, and 92.5 percent of the patients did not experience progression of the disease.

Stem cell transplantation in addition to VDD therapy increased patient response. Among the 30 patients who underwent stem cell transplantation after VDD therapy, 53 percent experienced at least a very good partial response after treatment with VDD, and 77 percent responded after transplantation.

Side-effects from the treatment ranged from mild to moderate. Less than 10 percent of patients experienced severe blood cell-related side effects. The most common severe side effects that were not blood cell-related included fatigue, elevated serum glucose levels, and infection.

Results from the study suggest that VDD is a highly active combination regimen for newly diagnosed myeloma patients. The study authors point out that follow-up studies are still needed to clarify the relationship between the selection of an initial myeloma treatment and achievement of at least a very good partial response on long-term outcome.