

Thalidomide and dexamethasone combination for refractory multiple myeloma.

[Dimopoulos MA](#), [Zervas K](#), [Kouvatseas G](#), [Galani E](#), [Grigoraki V](#), [Kiamouris C](#), [Vervessou E](#), [Samantas E](#), [Papadimitriou C](#), [Economou O](#), [Gika D](#), [Panayiotidis P](#), [Christakis I](#), [Anagnostopoulos N](#).

Source

Department of Clinical Therapeutics, University of Athens School of Medicine, Greece.
mdimop@cc.uoa.gr

Abstract

BACKGROUND:

Thalidomide is effective in approximately 30% of patients with refractory multiple myeloma. Dexamethasone is active in 25% of patients with disease resistant to alkylating agents. We investigated the combination of thalidomide with dexamethasone as salvage treatment for heavily pretreated patients with multiple myeloma, in order to assess its efficacy and toxicity.

PATIENTS AND METHODS:

Forty-four patients with refractory myeloma were treated with thalidomide, 200 mg p.o. daily at bedtime, with dose escalation to 400 mg after 14 days, and dexamethasone, which was administered intermittently at a dose of 20 mg/m² p.o. daily for four days on day 1-4, 9-12, 17-20, followed by monthly dexamethasone for four days. Patients' median age was 67 years. All patients were resistant to standard chemotherapy, 77% were resistant to dexamethasone-based regimens and 32% had previously received high-dose therapy.

RESULTS:

On an intention-to-treat basis twenty-four patients (55%) achieved a partial response with a median time to response of 1.3 months. The thalidomide and dexamethasone combination was equally effective in patients with or without prior resistance to dexamethasone-based regimens and in patients with or without prior high-dose therapy. Toxicities were mild or moderate and consisted primarily of constipation, morning somnolence, tremor, xerostomia and peripheral neuropathy. The median time to progression for responding patients is expected to exceed 10 months and the median survival for all patients is 12.6 months.

CONCLUSION:

The combination of thalidomide with dexamethasone appears active in patients with refractory multiple myeloma. If this activity is confirmed, further studies of this combination as second-line treatment for patients resistant to conventional chemotherapy, and as primary treatment for patients with active myeloma, should be considered.

Comment in

- [The revitalization of thalidomide](#). [Ann Oncol. 2001]