Background

Multiple myeloma (MM) accounts for 1% of all cancers and 10% of all hematologic malignancies. The treatment of this malignancy has changed dramatically in the past decade with the introduction of new drugs to therapeutic strategies both in frontline and relapse settings. However, many of these new drugs are not affordable for the health system of developing countries.

The combination of thalidomide, cyclophosphamide, and dexamethasone (ThaCyDex) represents an alternative for treatment in newly diagnosed multiple myeloma (NDMM) with overall response rate (ORR) ranging from 63.8% to 87.7%.

The does and cyclophosphamide protocols have been different between studies.

To describe the response rates and the main toxicities of ThaCyDex regimen as a primary induction.

Objectives

Thirty-three patients with NDMM were evaluated for their clinical responses and toxicities. The median of follow-up was 17 months (range, 3-57 months). The patient clinical characteristics are summarized in Table 1.

Patients were treated with marketed products under an off-label indication (Thalidomide, cyclophosphamide, and dexamethasone) as primary therapy. Grade 3/4 infectious complications occurred in 63.6%. There was not infectious-related mortality.

A total of 215 cycles of ThaCyDex therapy were delivered. This most frequently grade 1/2 reported non-hematologic toxicity was peripheral sensory neuropathy (60.7%) but serious adverse events associated with discontinuation of thalidomide treatment occurred in 2 patients. Grade 3/4 infectious complications occurred in 83.6%. There was not infectious-related mortality.

The treatment of this malignancy has changed dramatically in the past decade with the introduction of new drugs to therapeutic strategies both in frontline and relapse settings.

Conflicts of interest

No potential conflicts of interest were disclosed.

Conclusions

ThaCyDex as induction chemotherapy in newly diagnosed MM achieved an overall response of 93.5% with an acceptable toxicity profile. This therapy represent an alternative treatment for patients with limited access to other anti-myeloma therapies.

Only one patient (8.25%) with insufficient stem cell collection could not proceed to ASCT.

References

