

Treating Myeloma - A Quick Guide



Contents

This is a brief summary of the information on 'Treating myeloma' from CancerHelp UK. You will find more detailed information on the website.

In this information there are sections on

- The stages of myeloma
- Statistics and outlook for myeloma
- Types of treatment for myeloma
- Chemotherapy
- Steroid treatment for myeloma
- Radiotherapy
- Biological therapy
- Intensive treatment for myeloma
- Controlling symptoms of myeloma
- Follow up for myeloma
- Myeloma research
- Questions for your doctor

The stages of myeloma

The stage of a cancer tells your doctor how far it has grown or spread. This information helps your specialist plan the treatment that is most appropriate for you.

Doctors now use the International Staging System (ISS) to help them predict how you might respond to treatment. The older Durie-Salmon staging system is now rarely used.

Doctors have recently simplified the way they classify myeloma to help them decide upon treatment. They look at whether your myeloma is affecting your body tissue and organs and causing symptoms. They can then group you as having either asymptomatic or symptomatic myeloma.

Relapsed multiple myeloma

Myeloma can respond very well to treatment and go into remission. This means that there is no sign of active disease in your body. Or the protein can remain at the same level. If the cancer comes back or the protein rises again, it is called relapsed myeloma or recurrent myeloma.

Statistics and outlook for myeloma

Outlook means your chances of getting better. Your doctor may call this your prognosis. The outcome of treatment for myeloma depends on a number of different factors.

On CancerHelp UK, we present further information about the likely outcome of myeloma. There are no national statistics available for different stages of cancer or treatments that people may have received. The statistics we present are pulled together from a variety of different sources,



including the opinions and experience of the experts that check each section of CancerHelp UK. For the more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Types of treatment for myeloma

The main treatments for myeloma are chemotherapy, steroids and biological therapy. Radiotherapy is also used. If you are fit enough, your specialist may suggest intensive treatment. The aim of your treatment is to try to get the myeloma under control (in remission).

Asymptomatic myeloma

If you have no symptoms, you may not have treatment straight away. This is because there may be a limit to the amount of treatments that will be effective over time. So your doctor may keep this treatment in reserve.

Symptomatic myeloma

You are most likely to have chemotherapy for symptomatic myeloma. You often have this alongside a steroid and biological therapy. Which drugs you have will depend on how the myeloma is affecting you, your general health and levels of fitness.

Treatment of myeloma that has come back

If your myeloma stays in remission for longer than 6 months after treatment, you

may have treatment with the same combination of drugs that you had before. But if it comes back sooner than that, your doctor may suggest another treatment.

Even if it is not possible to get your myeloma into remission, you can have treatment to help control the symptoms it causes.

About chemotherapy for myeloma

Chemotherapy uses anti cancer or 'cytotoxic' drugs to destroy cancer cells. These drugs work by disrupting the growth of cancer cells. As they circulate in the blood they can reach cancer cells, wherever they are in your body.

The type of chemotherapy that you have will depend on whether or not your doctor is planning for you to have a stem cell transplant. You can have chemotherapy drugs for myeloma by mouth as tablets (orally), or into your vein (intravenously).

Chemotherapy drugs for myeloma

For myeloma, your doctor may treat you with a combination of chemotherapy drugs with a biological therapy and steroids. A few of the drugs that are commonly used to treat myeloma are cyclophosphamide, melphalan, doxorubicin (Adriamycin), idarubicin, vincristine, and carmustine.

Side effects of chemotherapy for myeloma

Drugs affect people in different ways. Some people will have very few side effects, others will have more. The common side effects that you are likely to have with treatment for multiple myeloma are

- Tiredness (fatigue)



- A drop in your blood cell counts
- Feeling and being sick
- Hair loss or hair thinning
- Sore mouth and mouth ulcers
- Diarrhoea or constipation

What to ask your doctor about chemotherapy for myeloma

- Why do I need chemotherapy?
- How much treatment will I need?
- What will the side effects be?
- What can I do to help with side effects?
- Who can help me manage side effects?
- Can you prevent any of the side effects?
- Will any of the side effects be permanent?
- How long will the treatment take?
- When will you know if it has worked?
- What will happen if it doesn't work?
- What drugs are you going to give me?
- Is there written information I can have about these drugs?
- What should I do if I am at home and worried about a side effect?
- What should I do if I get a temperature?
- Will I have to stay in hospital and if so, for how long?
- Can I have any of this treatment as an outpatient?
- Who can I call if I have any questions about my treatment?

Steroid treatment for myeloma

Steroids are substances made naturally in the body. They can also be made artificially and used as drugs. Steroids are commonly used with chemotherapy to treat multiple myeloma. Doctors have found that treatment is more successful when patients

take steroids along with chemotherapy drugs.

Side effects

Because you will not be taking the steroids for very long without a break, you are not likely to have bad side effects from them. But there are quite a few side effects you may notice. These can include increased appetite, increased energy and wakefulness, and indigestion.

When you have been taking steroids for some time you may notice some swelling in your hands, feet or eyelids. You may also put on weight. Steroids are irritating to the lining of your stomach. You **must** tell your doctor if you get stomach pains after taking steroids.

Your doctor will be looking out for other side effects of your steroids including raised blood pressure and sugar in your urine.

It is important for any doctor treating you for any reason to know you are taking steroids. Your doctor will give you a card to carry, saying you are taking steroids, and will ask you to carry the card with you at all times.

Radiotherapy for myeloma

Radiotherapy uses high energy rays to kill cancer cells. The radiation used is similar to that used for X-rays. Myeloma can cause a lot of damage to bones. Radiotherapy can treat localised bone damage or pain.

Sometimes radiotherapy is used as part of a stem cell or bone marrow transplant. Doctors call this total body irradiation and it involves giving a high dose of radiotherapy to the whole body. This kills off the bone



marrow, including myeloma cells, before you have your transplant.

You can find more information in the 'radiotherapy' section of CancerHelp UK.

Biological therapy for myeloma

Biological therapies are treatments that use substances that occur naturally within the body. Or they affect the way that particular substances work in the body. Some of the drugs used stimulate the immune system or occur naturally as part of the immune system. Biological therapies used in myeloma treatment include

- Thalidomide
- Velcade (bortezomib)
- Lenalidomide
- Interferon

CancerHelp UK has more information about these biological therapies.

Intensive treatment for myeloma

Some patients with multiple myeloma may be treated with high dose chemotherapy or radiotherapy. These intensive treatments are used to improve the chance of complete remission. Some trials show good results, with long periods of remission. Your specialist will only offer you intensive treatment if you are fit enough to get through it.

The main reason for having this treatment is that it is likely to give you the longest period of good health, with your disease in complete remission. Your specialist may also suggest intensive treatment because your myeloma is causing troublesome symptoms. If you have already had chemotherapy and your myeloma has not

responded, high dose treatment is unlikely to help you.

Intensive treatment will kill off all your healthy bone marrow cells. To replace them, you can either have a transfusion of

- Your own bone marrow (autologous bone marrow transplant)
- Stem cells from your own blood (peripheral blood stem cell rescue or autologous stem cell transplant)
- Someone else's bone marrow or stem cells (allogeneic transplant)

There is more information about bone marrow and stem cell transplants in the 'cancer treatment' section of CancerHelp UK.

Controlling symptoms of myeloma

If you are having troublesome symptoms from your myeloma, you may have treatment to try to reduce and control anaemia, infections, pain, tingling and numbness in the hands and feet, kidney damage and dizziness or stroke symptoms caused by thickening of the blood.

Palliative care teams

These teams include doctors, nurses and other health professionals who specialise in controlling symptoms of diseases, especially cancer. You may be referred to the palliative care team if you have pain that is proving difficult to control. The team will advise on treatments or drugs that will control your symptoms.

On CancerHelp UK, there is more information about how different treatments might help with controlling symptoms of myeloma.



Follow up for myeloma

As with many types of cancer, there is a possibility that myeloma could return after you have finished treatment. Because of this, your doctor will want you to have regular check ups following your treatment. These will usually be every 1 to 3 months and may continue for life. During these visits you will have blood tests and possibly X-rays.

At these check ups your doctor will check for any signs that the myeloma has returned so that it can be treated. The doctor will also be checking for any signs of short or long term side effects.

Your doctor will ask you how you are feeling and whether you have had any symptoms or are worried about anything.

What to do if you are concerned between appointments

If you are worried or notice any new symptoms between appointments, you must let your doctor know as soon as possible. You don't have to wait until your next appointment.

Myeloma research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

There is research looking into biological therapies (including Velcade, thalidomide, Revlimid and vaccines), transplants, treating bone pain and fractures, and targeted radiotherapy.

What to ask your doctor about treating myeloma

- What treatment would you recommend and why?
 - What are the risks and benefits of this treatment?
 - Are there any other treatment options?
 - How long will I be in hospital for?
 - How often will I have to come back to hospital?
 - What are the side effects of this treatment?
 - How long will they last?
 - What are the long term side effects?
 - What do you expect the treatment to achieve?
 - What is the chance of the myeloma coming back after I have been treated?
 - Will I be able to go back to work after this treatment?
 - Will I still be able to have children after this treatment?
 - Will the treatment cause an early menopause? If so, how will you treat this?
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- Can you arrange sperm banking for me before I start my treatment?
 - Will I have any hair loss? If so, when will my hair grow back?
 - Can you arrange a wig for me on the NHS?
 - Will I have difficulties with eating and drinking? If so, what can I do about my diet?
 - Is there a clinical trial I may be suitable for and will it help me?



More information

For more information about myeloma, visit our website
<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on
0808 800 4040 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in January 2011. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2011. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).