

UPDATE IN THE TREATMENT OF MULTIPLE MYELOMA

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Multiple myeloma is a type of cancer formed by malignant plasma cells. Normal plasma cells are an important part of the immune system. Lymphocytes are the main cell type of the immune system with T-cells and B-cells being two types of lymphocytes. B-cells respond to infection and mature into plasma cells. The role of plasma cells in the immune system is to produce and release antibodies which are also known as immunoglobulins. If there is any damage or genetic changes that occur to the B-cells, this can result in an overgrowth or malignant type of plasma cell (ie; multiple myeloma).

Multiple myeloma disrupts bone marrow function, invading and destroying the bone. The disease also results in abnormal production of a monoclonal protein that is released into blood and/or urine. The American Cancer Society estimates approximately 19,900 new cases diagnosed in the year 2007.

Classifications of myeloma include the traditional Durie-Salmon staging system and the more current International Staging System (ISS).

Several treatment options and treatment initiation procedures were discussed. With monoclonal gammopathy of undetermined significance (MGUS) and asymptomatic myeloma, no therapy is necessary until the disease becomes active. Patients are simply monitored every three-six months. In symptomatic myeloma, treatment options are determined after it is assessed whether the patient is a transplant candidate. Agents used to treat myeloma include Thalidomide, Lenalidomide, Bortezomib, and Melphalan. Adjunctive therapies for myeloma include the use of bisphosphonates, erythropoietin, prophylactic anti-coagulation and other prophylaxis recommendations.

The presentation concluded with a discussion on the management of side effects from the disease, as well as the side effects from treatment. [OA](#)

