

ANTI-MYELOMA DRUGS

Drug Combinations

Most treatments for MM use more than one drug at one time. Different combinations are used at different times in a patient's life.

Visit www.cancer.net/cancer-types/multiple-myeloma/latest-research to learn more.

TYPE OF THERAPY	GENERIC (AND BRAND) NAMES	COMMON SIDE EFFECTS
<p>IMMUNODULATORY DRUGS (IMiDs)</p> <p>These drugs help the immune system find and attack multiple myeloma cells. These drugs are taken as a pill (orally).</p>	<ul style="list-style-type: none"> • Lenalidomide (Revlimid®) • Pomalidomide (Pomalyst®) • Thalidomide (Thalomid®) at a low dose (rarely used in the U.S.) <p><i>New IMiDs are being developed and tested.</i></p>	<ul style="list-style-type: none"> • Low blood counts • Fatigue • Muscle cramps • Risk of blood clots • Constipation • Diarrhea <p>More common for thalidomide:</p> <ul style="list-style-type: none"> • Neuropathy (painful nerve damage)
<p>PROTEASOME INHIBITORS</p> <p>Proteasome Inhibitors cause cell death in myeloma cells. These drugs are either given as a pill, intravenously (IV), or as a shot under the skin.</p>	<ul style="list-style-type: none"> • Bortezomib (Velcade®) as an injection • Carfilzomib (Kyprolis®) by IV (through a vein) • Ixazomib (Ninlaro®), pill approved for relapsed myeloma used with Revlimid and dexamethasone (a steroid) 	<ul style="list-style-type: none"> • Low blood counts • Nausea • Diarrhea • Constipation <p>More common for Velcade:</p> <ul style="list-style-type: none"> • Neuropathy (painful nerve damage)
<p>MONOCLONAL ANTIBODIES</p> <p>Monoclonal Antibodies are designed to attach to proteins on cancer cells. They help your immune system find and kill myeloma cells. Monoclonal antibodies are given by IV.</p>	<ul style="list-style-type: none"> • Daratumumab (Darzalex®) targets the CD38 protein in MM cells • Elotuzumab (Empliciti™) targets SLAMF7, found on MM cells 	<ul style="list-style-type: none"> • Fatigue • Low blood counts • Constipation • Diarrhea

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<p>CHEMOTHERAPY</p> <p>Chemotherapy drugs kill fast growing cancer cells. Unfortunately, they also kill fast-growing healthy cells.</p> <p>These are available as oral or IV drugs.</p>	<ul style="list-style-type: none"> • Melphalan (Alkeran® or Evomela®) • Cyclophosphamide (Cytoxan®) • Liposomal doxorubicin (Doxil®) 	<ul style="list-style-type: none"> • Hair loss • Nausea and vomiting • Low blood cell counts which can lead to anemia, infection, bruising, or bleeding • Neuropathy (painful nerve damage)
<p>HISTONE DEACETYLASE INHIBITOR (HDAC INHIBITOR)</p> <p>This type of drug can affect the lifecycle of myeloma cells. It is an oral medicine used for patients whose MM comes back after treatment (relapsed) or doesn't respond to other treatments (refractory).</p>	<ul style="list-style-type: none"> • Panobinostat (Farydak®), given in combination with Velcade and dexamethasone (a steroid) 	<ul style="list-style-type: none"> • Low blood counts • Low nutrient counts • Increased possibility of infections • Diarrhea • Fatigue • Nausea
<p>STEROIDS</p> <p>Steroids, in high doses, are used to trigger the death of myeloma cells. They also help decrease side effects like nausea and vomiting from chemotherapy. Some steroids are used to treat inflammation.</p>	<ul style="list-style-type: none"> • Dexamethasone (Decadron®) • Prednisone (Deltasone®, Liquid Pred®, Meticorten®, Orasone®) 	<ul style="list-style-type: none"> • Increased appetite • Sleeping problems