## Z-Dex

Indication: palliative management of multiple myeloma

## Prior to a course of treatment

- Check eGFR, LFTs if abnormal discuss with consultant & see dose modification
- Check FBC. Patient should have adequate bone marrow reserve, i.e neutrophils > 1.0, platelets >75 unless cytopaenia is due to disease, e.g marrow infiltration *if not discuss with consultant*
- Check hepatitis B and C serology discuss with consultant if positive
- Review previous exposure to anthracyclines note maximum cumulative dose of idarubicin is 400mg/m<sup>2</sup>
- If appropriate discuss possibility of pregnancy with female patients and need for contraception with both male and female patients.
- If appropriate discuss risk of infertility offer referral for fertility preservation
- Written consent for course

## Prior to each cycle

- Medical review of fitness for chemotherapy exclude active infection, major changes in organ function
- Check FBC, eGFR, LFTs neuts should be >1.0 and plats >75 (see dose modification)

Day 1-4	Idarubicin <sup>1</sup>	10mg/m <sup>2</sup> od	PO		
	Dexamethasone	40mg od	PO		
Days 12-15	Dexamethasone	40mg od	PO		
Repeat cycle every 21 days for up to 6 cycles					
<ol> <li>Capsules are 5 and 10mg</li> <li>Reduce dose to 20mg in elderly or frail patients</li> </ol>					
Prophylaxis for acute emesis Ondansetron					

Prophylaxis for delayed emesis	Ondansetron and metoclopramide
Other medications	Allopurinol 300mg od for 5 days with cycle 1 Omeprazole 20mg od throughout Aciclovir 400mg bd throughout (reduced with renal impairment)

## **Dose modifications**

Dose modifications are described for haematological, renal and liver dysfunction but note modifications may be indicated for other toxicities also. Discuss all dose reductions or delays with the relevant consultant since the approach may be different depending on the clinical circumstances and treatment intent. Note abnormal liver and renal function tests and blood counts may also be due to the disease being treated.

Dose modification neutropenia (unless due to disease) and neutropenic sepsis					
• Neuts < 1.0 on day 1	Review weekly and d	Review weekly and delay for up to two weeks until >1.0.			
• Neuts remain < 1.0 despite delay		Reconsider suitability for treatment or reduce to 50-75% idarubicin – <i>discuss with consultant</i>			
<ul> <li>Neuts recover to &gt;1.0</li> </ul>	reduce to 50-75% ida	Proceed at 100% dose for 1 <sup>st</sup> delay, for subsequent delays reduce to 50-75% idarubicin or reconsider suitability for treatment - <i>discuss with consultant</i>			
Dose modification due to thrombocytopaenia (unless due to disease)					
• Plats < 75 on day 1	Review weekly and d	Review weekly and delay for up to two weeks until >75			
• Plats remain <75 despite delay		Reconsider suitability for treatment or reduce to 50-75% idarubicin – <i>discuss with consultant</i>			
<ul> <li>Plats recover to &gt;75</li> </ul>	reduce to 50-75% ida	Proceed at 100% dose for 1 <sup>st</sup> delay, for subsequent delays reduce to 50-75% idarubicin or reconsider suitability for treatment - <i>discuss with consultant</i>			
Dose modification for renal dysfunction					
• idarubicin	eGFR 20-50ml/min eGFR 10-20ml/min eGFR <10ml/min	75% dose 75% dose use 50% dose with caution			
For liver dysfunction (unless due to disease)					
<ul> <li>idarubicin</li> </ul>	Bili <40 Bili 40-85 Bili >85	100% dose 50% dose Omit			

Z-Dex toxicities	
General	Severe and life-threatening infection, Thrombocytopaenia. bruising and bleeding, alopecia, nausea & vomiting, fatigue, tumour lysis syndrome, diarrhoea, mucositis, amenorrhoea and infertility, myelodysplasia/AML, second cancers
Dexamethasone	Weight gain, GI disturbance, hyperglycaemia and diabetes mellitus, cushingoid changes, CNS disturbance and mood changes, dyspepsia and GI ulceration
Idarubicin	Cardiac arrythmias, cardiomyopathy

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Dr MP Macheta, J King	11 <sup>th</sup> October 2022	October 2024