## 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 $400 \mathrm{mg} / \mathrm{m}^{2}$
- 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 $^{1}$ $10 \mathrm{mg} / \mathrm{m}^{2}$ od | PO |  |
| :--- | :--- | :--- | :--- |
| Dexamethasone | 40 mg od | PO |  |
| Days 12-15 | Dexamethasone | 40 mg od | PO |

## Repeat cycle every 21 days for up to 6 cycles

1. Capsules are 5 and 10 mg
2. Reduce dose to 20 mg in elderly or frail patients

## Prophylaxis for acute emesis

Prophylaxis for delayed emesis

## Other medications

## Ondansetron

Ondansetron and metoclopramide
Allopurinol 300 mg od for 5 days with cycle 1
Omeprazole 20 mg od throughout Aciclovir 400 mg 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
- Neuts remain $<1.0$ despite delay
- Neuts recover to >1.0

Review weekly and delay for up to two weeks until >1.0.
Reconsider suitability for treatment or reduce to 50-75\% idarubicin - discuss with consultant

Proceed at $100 \%$ dose for $1^{\text {st }}$ delay, for subsequent delays reduce to $50-75 \%$ idarubicin or reconsider suitability for treatment - discuss with consultant

## Dose modification due to thrombocytopaenia (unless due to disease)

- Plats $<75$ on day 1
- Plats remain <75 despite delay
- Plats recover to >75

Review weekly and delay for up to two weeks until >75
Reconsider suitability for treatment or reduce to 50-75\% idarubicin - discuss with consultant
Proceed at $100 \%$ dose for $1^{\text {st }}$ delay, for subsequent delays reduce to $50-75 \%$ idarubicin or reconsider suitability for treatment - discuss with consultant

## Dose modification for renal dysfunction

- idarubicin
eGFR $20-50 \mathrm{ml} / \mathrm{min}$
eGFR $10-20 \mathrm{ml} / \mathrm{min} \quad 75 \%$ dose
eGFR $<10 \mathrm{ml} / \mathrm{min} \quad$ use $50 \%$ dose with caution


## For liver dysfunction (unless due to disease)

- idarubicin

| Bili $<40$ | $100 \%$ dose |
| :--- | :--- |
| Bili $40-85$ | $50 \%$ dose |
| Bili $>85$ | Omit |

## Z-Dex toxicities

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


| Authors: | Date | Review date |
| :--- | :--- | :--- |
| Dr MP Macheta, J King | $\mathbf{1 1}^{\text {th }}$ October 2022 | October 2024 |

