Regimen Name: Z-DEX

INDICATION: Multiple myeloma
Palliative treatment of multiple myeloma

DRUG REGIMEN:
Days 1-4: Idarubicin 10mg/m² daily p.o.
(see below for subsequent dosing)
Days 1-4: Dexamethasone 40mg daily p.o.
Additional 40mg day 8 to 11 and 15 to 18 may be given in 1st cycle

N.B. Idarubicin available as 5 and 10mg capsules only

Cycle frequency: Repeat every 21 days
Number of cycles: continue to plateau phase (paraprotein stable for 3 months), then stop. Not normally more than 6 courses.

CONCURRENT MEDICATION:
Consider allopurinol p.o.300mg o.d. (100mg if CrCl<20ml/min) for first 4 weeks of treatment, and gastroprotection with an H₂-antagonist for at least the first 7 days of each cycle.

ANTI EMETIC GUIDELINES:
Moderate

DOSE MODIFICATIONS:

<table>
<thead>
<tr>
<th>Counts</th>
<th>Give</th>
<th>Discuss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutrophils x 10⁹/L</td>
<td>1.0</td>
<td>&lt;1.0</td>
</tr>
<tr>
<td>Platelets x 10⁹/L</td>
<td>50</td>
<td>&lt;50</td>
</tr>
</tbody>
</table>

Haematological:
If counts not above required level treatment should be deferred, however if persistent cytopenias are considered to be due to marrow infiltration, delay is not necessarily indicated.

Subsequent courses:
Dose reductions of idarubicin should be made depending on the ANC nadir (day 14):
ANC nadir <0.2 x 10⁹/L – 75% dose reduction
ANC nadir <0.5 x 10⁹/L – 55% dose reduction

Renal:
Reduce dose of idarubicin by 50% if creatinine 100-175micromol/L. Clinical decision if creatinine >175micromol/L.

Hepatic:
Reduce dose of idarubicin by 50% if bilirubin between 40-85 micromol/L. Omit if bilirubin >85 micromol/L.

**Other side effects:**
Note: maximum cumulative dose of idarubicin is 400mg/m². Consider previous exposure to anthracyclines.

**INVESTIGATIONS:**
FBC, U+Es, Ca2+, LFTs, glucose, urate
Paraprotein or urinary protein/BJP/SFL
Consider ECG+/−echocardiogram if clinical suspicion of cardiac dysfunction

**SIDE EFFECTS:**
Myelosuppression, nausea, vomiting, fatigue, mucositis, taste changes, alopecia, discoloration of urine, skin sensitivity to sunlight, steroid-related side effects (GI side effects, hyperphagia, oedema, hyperglycaemia, mood changes).

**REFERENCES:**
Cook G et al. A phase I/II trial of Z-Dex (oral idarubicin and dexamethasone), an oral equivalent of VAD, as initial therapy at diagnosis or progression in multiple myeloma. Br J Haem 1996; 93: 931-934.

*multiple myeloma. Lancet 1989;2:882-5*