

Bortezomib as an alternate strategy for maintenance therapy

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Welcome to *Managing Myeloma*, I am Dr. Jacob Laubach. I would like to briefly review with you the use of bortezomib as an alternate strategy for maintenance therapy in patients with multiple myeloma.

The preponderance of data from phase III clinical trials evaluating the role of maintenance therapy in myeloma stems from trials involving lenalidomide as the maintenance option. There are, however, a number of situations where the use of lenalidomide as maintenance therapy is not feasible. Some patients are allergic to lenalidomide or intolerant of it. Other patients begin lenalidomide maintenance but experience side effects such as low blood counts, infection or diarrhea. Other patients choose not to receive the agent, perhaps because they are concerned about the possible increased risk of second primary cancers. In these instances, bortezomib represents an alternative approach to maintenance.

My practice with regard to the use of post-transplant maintenance therapy, or bortezomib maintenance in patients who are transplant-ineligible, is guided by the results of the HOVON/GMMG clinical trial. This trial incorporated bortezomib as a component of the patient's treatment regimen from the time of induction therapy through maintenance. In this trial, there was both a progression-free and overall survival benefit associated with the use of bortezomib from induction through maintenance therapy. In these instances, bortezomib is administered at the standard dose of 1.3 mg/m², either intravenously or subcutaneously every other week. Generally, bortezomib in this context is very well-tolerated. Important side effects are peripheral neuropathy, gastrointestinal symptoms, and increased risk of infection including shingles. Patients should receive appropriate supportive care addressing these issues.