Health Bulletin

Clinical Trials Promise New Insight Into Understanding Multiple Myeloma

(NAPSA)—There's encouraging news for the estimated 40,000 Americans who have multiple myeloma, one of the most common blood cancers.

The U.S. has seen a 35 percent increase of multiple myeloma deaths from 1973 to 1999. While some progress has been made in identifying some risk factors and finding therapies to control the disease, thousands of patients still die each year. However, there are several new treatments in development focused on effectively treating multiple myeloma and saving lives.

Multiple myeloma is a cancer of the plasma cells. Plasma cells are normally present in the bone marrow and are responsible for the production of antibodies (proteins that fight infection and disease). In multiple myeloma, a single defective plasma cell gives rise to a much larger number of myeloma cells which build up in the bone marrow, displacing normal bone marrow cells and disrupting the normal immune system.

In many patients, multiple myeloma may not cause symptoms until after it has reached an advanced stage. Symptoms can include:

- bone pain in the lower back, hip bones or skull;
- fatigue due to multiple myeloma-induced anemia;
- weakness, fatigue, confusion, constipation, nausea, vomiting, increased thirst and increased urine production;
- kidney failure, with or without kidney pain; and
- frequent recurring infection such as bacterial pneumonia and urinary-tract infection.

There are 14,000 new cases of multiple myeloma each year, and the numbers are on the rise...

Currently, the primary treatment for multiple myeloma is chemotherapy, although side effects are frequent. It is usually treated with a combination of drug therapies, such as melphalan and prednisone.

Multi-drug resistance of cancer is one major cause of patient failure on chemotherapy.

Newer approaches to treatment in clinical trials and other research include:

- thalidomide, a drug first available in the late 1950s;
- bone marrow transplantation;
- the investigational proteasome inhibitor VELCADE™ (Bortezomib) for Injection (formerly known as MLN341, PS-341 and LPD-341), which is currently being evaluated in clinical trials as a potential treatment.

Patients are currently being sought for clinical trials to evaluate VELCADE. The drug works by inhibiting the proteasome, an enzyme complex in the cells that breaks down a variety of proteins, including many that regulate cells.

To be eligible for the study, patients must have

- a history of one to three prior treatment regimens for multiple myeloma;
- have progressive or refractory multiple myeloma currently requiring treatment;
- have measurable disease based on the presence of characteristic soft-tissue tumors or certain blood or urine test results;
- have Karnofsky performance status greater than 60 percent (a measure of a person's ability to perform daily activities);
- have a life expectancy of greater than three months; and
- fulfill additional hematologic criteria specified by the research protocol.

For more information on clinical trials, being conducted at 42 centers nationwide, call 1-866-VELCADE (835-2233).