

# HIGH DOSE DEXAMETHASONE

Initial treatment of multiple myeloma where chemotherapy is contra-indicated (e.g. patients presenting with pancytopenia or those requiring extensive local radiotherapy)  
It is also used in patients presenting with renal failure.

Drug/Dosage:           **Dexamethasone**           40mg po once daily on Days 1 to 4 of every cycle  
**plus:**  
extra 4-day “pulses” of dexamethasone may also be given during the first and second cycles only, as dexamethasone 40mg po daily on Days 8 to11 +/- Days 15 to 18.

Administration:           to be taken in the morning with or after food

**Other drugs:**           Allopurinol (dose according to renal function) – review after 4 weeks  
Consider PCP prophylaxis – prescribe according to unit practice/protocol  
Omeprazole 20mg po od (or ranitidine) is recommended whilst treating with steroids  
Fluconazole 100mg od for antifungal prophylaxis  
Aciclovir prophylaxis (400mg bd) only if history of VZV or HSV reactivation

Frequency:               4 weekly cycle  
Treat until paraprotein stable for 3 months.

Main Toxicities:           steroid side effects

Anti-emetics:            none required

Regular                    FBC                           before each cycle  
Investigations:           U&Es                       baseline and as indicated  
                                  LFTs                        baseline and as indicated  
                                  Ca<sup>2+</sup>                        baseline and as indicated  
                                  Paraprotein and/or serum free light chains           every 4 weeks  
  
                                  Blood glucose monitoring    see Comments  
                                  Blood pressure monitoring    see Comments

Comments:                Blood glucose and blood pressure monitoring to be tailored according to individual patient needs.

## Dose Modifications

Haematological           No dose adjustment necessary  
Toxicity:

Renal or Hepatic        No dose adjustment necessary  
Impairment:

Reason for Update: overdue review	Approved by Chair of Alliance TSSG: Dr A Laurie
Version: 4	Date: 6.2.17
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Prepared by: S Taylor	Checked by: C Tucker

Other: If severe steroid-related side effects develop, consider reducing dose and/or frequency

Patient Information: Macmillan produce a Steroid leaflet, which may be used as required

References: Alexanian R, Barlogie B and Dixon D; Ann Intern Med 1986; 105: 8 – 11  
Alexanian R et al; Blood 1992; 80: 887 - 890

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