Help for Patients with Multiple Myeloma

*New program at Huntsman Cancer Institute can offer more years to patients afflicted with myeloma*

December 17, 2007, Salt Lake City — Patients diagnosed with multiple myeloma, an often deadly bone marrow cancer, rarely live more than three years after diagnosis if treated with conventional chemotherapy or even some of the newer drug therapies. However, a new program at Huntsman Cancer Institute (HCI) at the University of Utah is now providing another treatment option that offers hope to multiple myeloma patients—a chance to live 10 or more years following diagnosis.

The new Utah Blood and Marrow Transplant and Myeloma Program is headed by Guido Tricot, M.D., Ph.D., who recently joined HCI from the Myeloma Institute for Research and Therapy at the University of Arkansas for Medical Sciences (UAMS) in Little Rock. While at UAMS, Tricot and his colleagues pioneered the use of a treatment technique that has increased the median survival for newly diagnosed myeloma patients from 2.5 years to 10 or more years.

Most transplant protocols in myeloma call for one round of high-dose chemotherapy. High-dose chemotherapy not only kills the cancerous cells, but also the patient’s own healthy bone marrow cells. Because of this, these patients need to be rescued by their own healthy stem cells that were collected prior to chemotherapy through a process called autologous stem cell transplant.
Tricot’s more aggressive strategy prescribes four rounds of chemotherapy, two of which are high-dose and coupled with an autologous stem cell transplant. If the high-dose chemotherapy treatment were to be given without stem cell support, it would take six to eight weeks before a patient’s blood counts would return to normal levels that prevent infection and bleeding. This would be too risky, especially for older patients. Giving stem cells back as soon as the high-dose chemotherapy is out of the body reduces the period of vulnerability to approximately one week.

“However, the problem with multiple myeloma,” Tricot explains, “is that the cancer cells are not easily destroyed, and some myeloma cells survive, even after high-dose chemotherapy and stem cell transplantation.” As a result, most patients will still ultimately relapse.

In an effort to delay this relapse, Tricot prescribes two years of maintenance therapy to combat any latent myeloma cells still lingering in the body. Tricot and his colleagues are also studying the genetic make-up of myeloma cells in order to understand what features make these cells resistant to even the most aggressive treatments and then to find out what can be done to achieve a cure.

Tricot has been named a professor in the University of Utah’s Department of Medicine and is the Director of the Utah Blood and Marrow Transplant and Myeloma Program at HCI. He brings with him a team from UAMS to augment the University of Utah’s already existing bone marrow transplant program. Tricot’s unique treatment schedule is one of only two such programs in the country.

“Dr. Tricot is internationally recognized and brings years of expertise in stem cell transplantation to our rapidly expanding translational research program,” explains Mary Beckerle, Ph.D., HCI executive director. “His novel treatment method is a direct result of the laboratory and clinical research he has conducted. Now, that research brings hope to multiple myeloma patients everywhere.”

“We are delighted to have Dr. Tricot as the new director of the Utah Blood and Marrow Transplant and Myeloma Program,” says John R. Hoidal, M.D., professor and chair of the department of Internal Medicine at the University of Utah. “Dr. Tricot’s cutting-edge research on multiple myeloma aims toward finding treatments that are non-cross-resistant with chemotherapy and towards individualizing therapies to ensure optimal outcomes. His pioneering approach, which is centered on the use of autologous stem cell transplant in an outpatient setting, represents a major step forward in myeloma
treatment.”

For more information, go to the Myeloma Program’s website: http://www.fightmyeloma.org

**Facts About Multiple Myeloma**

- The 5-year survival rate for people with multiple myeloma is only 32%, one of the lowest of all cancers.

- Approximately 50,000 people in the United States are living with multiple myeloma and an estimated 16,000 new cases are diagnosed every year. Approximately 10,790 deaths from myeloma are anticipated this year.

- Two-thirds of people diagnosed with myeloma are over the age of 65. Myeloma is uncommon in people under age 40, though recent statistics suggest that incidence is increasing and at an earlier age.

- Men are 50% more likely to develop multiple myeloma than women, and myeloma is twice as common in African Americans as in Caucasians.

- In the early stages of multiple myeloma, symptoms may be vague and resemble other conditions. Many cases are now discovered during routine blood testing, when only protein levels are found to be elevated. As myeloma advances, its symptoms include bone destruction, kidney damage, and increased risk of infection due to a crippled immune system.