Regimen Monograph

A - Regimen Name

DEXA(PO) Regimen

Dexamethasone (oral)

Disease Site	Hematologic - Multiple Myeloma
Intent	Palliative
Regimen Category	**Evidence-Informed :** Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.
Rationale and Uses	Treatment of refractory multiple myeloma
Supplementary Public Funding	**dexamethasone** ODB - General Benefit (dexamethasone) (ODB Formulary)

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B - Drug Regimen

dexamethasone* ^	40 mg	PO Daily for 4 days	Days 1 to 4, 9 to 12 and 17 to 20

(Outpatient prescription in multiples of 4mg tablets)

*May give 40mg PO for 4 days every 10-14 days

^The dexamethasone dose should be reduced in elderly patients.

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Until disease progression, or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Not applicable

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E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated.

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F - Adverse Effects

Most frequently occurring adverse effects

- Hyperglycemia
- Gastric irritation – peptic ulcer

- Fluid retention
- Cataracts
- Insomnia
- Mood changes
- Cushingoid syndrome
- Muscle weakness

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I - Recommended Clinical Monitoring

Recommended Clinical Monitoring

- Clinical toxicity assessment (including gastrointestinal, glucose intolerance and muscle weaknesses).
- Routine blood glucose test.
- CBC before each cycle.
- Clinical exam for proximal muscle myopathy.
- Baseline ophthalmologic exam for evidence of cataracts.
- Full assessment by ophthalmologist if cataracts suspected.
- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

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J - Administrative Information

Outpatient prescription for home administration

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K - References

Alexanian R, Barlogie B, Dixon D et al. High-dose glucocorticoid treatment of resistant myeloma. Ann Intern Med 105: 8-11, 1986.

Friedenberg WR, Kyle RA, Knospe WH, et al., High-dose dexamethasone for refractory or relapsing multiple myeloma. Am J Hematol, 1991. 36(3): p. 171-5.

September 2019 Added note on dexamethasone dose in the elderly

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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