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Treatment of Multiple Myeloma with Vincristine

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To the Editor,

The only literature data on vincristine (VCR) monochemotherapy in multiple myeloma are those of Alberts et al. [1], who successfully used it in stabilizing melphalan without VCR [2].

Table I. Response to VCR and to the association of VCR with PTC in 12 courses of therapy administered to 8 patients with multiple myeloma

BMPC = Bone marrow plasma cells; BT, AT = before and after therapy; $\Delta\%$ = percentage change; PR, CR = partial and complete response; NR = no response.

- 1 Patient with plasma cell leukemia.
- 2 Plasma cells = 69% BT and 2% AT.
- 3 Transfused.
- 4 U/dl.

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Since 1975 we have used VCR in the treatment of multiple myeloma. At first we administered this drug as the only cytostatic with the aim of consolidating partial or complete responses obtained with Pepti-chemio (PTC) or of treating relapses of the disease when cytopenia and/or alkylating resistance discouraged the use of these drugs. Subsequently, we associated VCR on the first day of PTC courses to induce remission in advanced relapsing myelomas resistant to MPH and/or cyclophosphamide. Our overall experience concerns 12 courses of therapy administered to 8 patients (table I). Their effect was evaluated from the changes of the level of the serum M component and

of other hematological parameters (hemoglobin, blood urea nitrogen, calcium, albumin) as well as from the survey of skeletal X rays and of bone marrow plasmacytoma-tous infiltrate. Our criteria are detailed elsewhere [3].

VCR monochemotherapy has given satisfactory results. PTC-induced remissions (observations 1–5), which are in themselves transient [3], were maintained (observations 1, 2 and 4) or improved (observations 3 and 5). Of 4 relapsing patients (observations 6–9), 2 (observations 6 and 7) achieved partial response and a third (observation 9) had clinical improvement and reduction of the bone marrow plasmacytomatous infiltrate from 92 to 64%. Almost constantly

VCR monochemotherapy courses significantly improved the peripheral hematological conditions. The rise of leukocyte and platelet counts in the patients treated with VCR owing to cytopenia deserves special clinical interest, since it allowed the subsequent use of more myelotoxic agents.

The association of VCR to PTC (observations 10–12) has potentiated the effectiveness of this alkylating agent. The total dose of PTC used for inducing remission was greatly reduced (200–320 mg/course) as compared to that administered in PTC monochemotherapy (320–800 mg/course, mean = 600 mg/course) [3]. The treatment times were shortened accordingly. The myelo-toxicity of VCR-PTC combination therapy seems somewhat higher than that of PTC alone, but we did not observe hematological complications of clinical relevance.

These results demonstrate that VCR is effective against the myelomatous plasma cells. VCR monochemotherapy can be employed not only to stabilize alkylating-induced remissions but also to treat relapsing

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Merlini, G.; Riccardi, A.; Gobbi, P. G. e Peru-gini, S.: Trattamento del plasmocitoma con Peptichemio. *Atti XXVI Congr. Soc. It. Emat.*, pp. 554–560 (Tipografia Viscontea, Pavia 1977). myelomas with complicating cytopenia and/ 2 or alkylating resistance. This drug is in fact well tolerated and appears to be lacking cross resistance with alkylating agents. The rationale for associating VCR to PTC is shown by the presented preliminary results obtained in advanced myelomas.

References

1 Alberts, D. S.; Durie, B. G. M., and Salmon, S. E.: Treatment of multiple myeloma in remission with anticancer drugs having cell cycle specific characteristics. *Cancer Treat. Rep.* 61: 381–388 (1977).