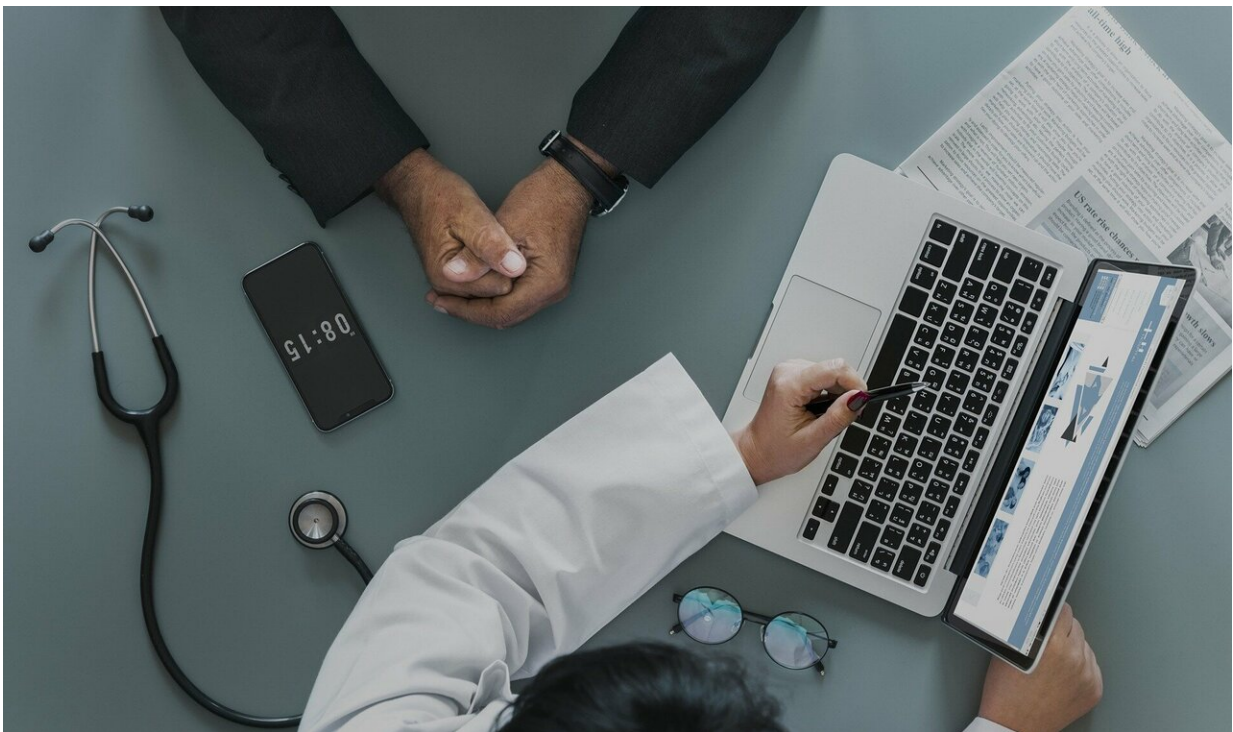


Cancer drug approved for NHS use in England gives some multiple myeloma patients another option

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A drug has been made available on the NHS in England for adults with a type of blood cancer called multiple myeloma who cannot receive standard treatment.

The National Institute for Health and Care Excellence (NICE) recommended the drug, [lenalidomide](#) (Revlimid), be offered in combination with the steroid [dexamethasone](#). But only for those who cannot take the current thalidomide-based standard of care or are not able to have a stem cell transplant.

They say the decision will benefit approximately 2,100 patients a year.

Rose Gray, Cancer Research UK's policy manager, said: "This decision is fantastic news for the myeloma patients who will be able to access this new [treatment](#), and their families."

Gray said this was an important step forward as it provides a new treatment option for patients who aren't well enough to have some existing treatments on offer.

Thalidomide is the [standard treatment](#) for [adult patients](#) with multiple myeloma on the NHS, but it can produce serious side-effects, like breathlessness and bruising, so isn't appropriate for everyone. This includes people with certain pre-existing conditions such as neuropathy.

The current alternative treatment for those who can't take thalidomide is a drug called [bortezomib](#) (Velcade). But once bortezomib treatment stops working, patients usually have to receive chemotherapy before they become eligible for newer therapy options.

Because of this, NICE concluded there was an unmet need for alternative treatments for these patients, which would allow bortezomib to be used later in a patient's treatment and delay or avoid the need for chemotherapy.

Lenalidomide is cost effective

The decision came after studies suggested that taking lenalidomide with dexamethasone substantially improved how long patients live without their disease getting worse as well as their [overall survival](#), compared with bortezomib therapy.

Patients in the trial were randomly split into 3 groups:

- 535 patients took lenalidomide and dexamethasone until their disease started to progress.
- 541 patients took the same treatment for 72 weeks.
- 547 people were given melphalan-prednisone-thalidomide (standard treatment) for 72 weeks.

It was found that the taking lenalidomide and dexamethasone until a patient's disease progressed was the best option for controlling the spread of the cancer. On average in this group patient's disease did not worsen for 25.5 months, compared with 21.2 months for those taking thalidomide.

Compared with the thalidomide group, those taking lenalidomide–dexamethasone until their [disease](#) progressed had a similar level of side effects.

Despite promising trial data, NICE said the precise benefit of taking lenalidomide was uncertain because the trial compared lenalidomide to thalidomide, instead of bortezomib.

But the evidence was enough for NICE to recommend lenalidomide as cost effective for patients who cannot take thalidomide. Additionally, clinical experts told NICE that they expected lenalidomide to produce less side effects than the alternatives.

Rose Gray added, "This treatment can significantly improve survival for

these patients compared to the best existing alternative and can also cause fewer side effects, so we're glad to see this approved."

NICE concluded that lenalidomide plus dexamethasone did not offer the NHS value for money compared to thalidomide treatment. Therefore, lenalidomide is not recommended for [patients](#) who are able to take [thalidomide](#) therapy.

More information: Lenalidomide plus dexamethasone for previously untreated multiple myeloma: [www.nice.org.uk/guidance/gid-t...
termination-document](http://www.nice.org.uk/guidance/gid-t...termination-document)

Provided by Cancer Research UK

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