

Recommendations issued for myeloma-tied renal impairment

15 March 2016



cutoff hemodialysis membranes combined with antimyeloma therapy should be considered (grade B). The cornerstone for management of renal impairment remains bortezomib-based regimens (grade A). In addition, thalidomide is effective (grade B) and lenalidomide is effective and safe, mainly for patients with mild to moderate renal impairment (grade B).

"Carfilzomib can be safely administered to patients with creatinine clearance >15 mL/min, whereas ixazomib in combination with lenalidomide and dexamethasone can be safely administered to [patients](#) with creatinine clearance >30 mL/min (grade A)," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
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(HealthDay)—Recommendations have been developed for the diagnosis and management of multiple myeloma-related renal impairment; the guidelines were published online March 14 in the *Journal of Clinical Oncology*.

Meletios A. Dimopoulos, M.D., from the University of Athens in Greece, and colleagues reviewed published data through December 2015 and developed practical recommendations for the diagnosis and management of multiple myeloma-related [renal impairment](#).

The researchers recommend that all patients with myeloma should have serum creatinine, estimated [glomerular filtration rate](#), and electrolytes measurements, as well as free light chain, if available, at diagnosis and at disease assessment; they should also have urine electrophoresis of a sample from a 24-hour urine collection (grade A). High fluid intake is indicated with antimyeloma therapy for the management of renal impairment in patients with multiple myeloma (grade B). High-

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