

Myeloma-Supportive Care Mayo Consensus



Scottsdale, Arizona

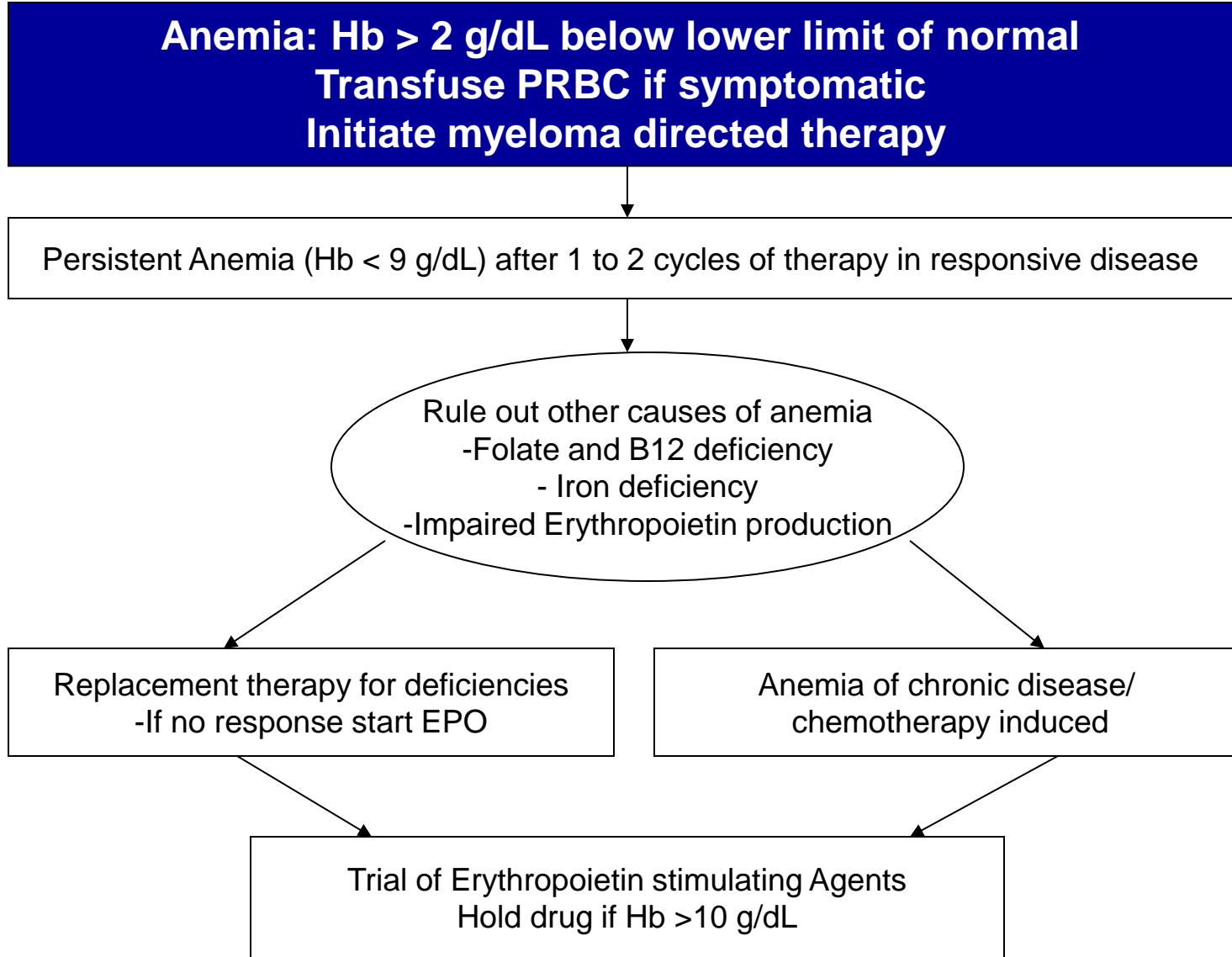


Rochester, Minnesota



Jacksonville, Florida

Multiple Myeloma with Anemia



Infection Prophylaxis

- **Bacterial Prophylaxis**
 - All patients should receive levofloxacin prophylaxis during induction for 2-3 months
- **PJP Prophylaxis**
 - Sulfamethoxazole/Trimethoprim SS daily (or equivalent) while on dexamethasone
- **Viral Prophylaxis**
 - Acyclovir or Valacyclovir prophylaxis for herpes zoster in patients receiving proteasome inhibitor or daratumumab containing regimens

Multiple Myeloma with Renal Failure

Suspected Myeloma with Renal Failure

- Initiate Bortezomib base chemotherapy†
- Identify and treat reversible factors*
- Initiate Standard Renal supportive Care

*Hypovolemia,
Hypercalcemia,
Drugs,
infections

Serum FLC
> 150 mg/dL

Serum FLC
< 150 mg/dL

Consider kidney biopsy

Most likely cast nephropathy; **
Consider renal biopsy only
if inadequate response

Treat based on Biopsy

**Use of plasma exchange is controversial,
and may be considered in some patients

† Bortezomib Based regimen: eg., VCD, VTD