

骨髄腫治療の際の支持療法

～ cryotherapyも含めて～

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KEY WORDS

- 多発性骨髄腫
- ボルテゾミブ
- サリドマイド
- レナリドミド
- ポマリドマイド
- パノビノスタット

Abstract

In the era of novel agents, the overall survival (OS) of patients with multiple myeloma (MM) have been significantly improved. It is very important to manage treatment related symptoms effectively to improve patient quality of life and prolong OS. Current therapeutic regimens for MM patients are including proteasome inhibitors, immunomodulatory agents and autologous stem cell transplantation (ASCT). This review discusses the effective symptom management approach when we treat MM patient with bortezomib, thalidomide, lenalidomide, pomalidomide, panobinoata and ASCT. Toxicities associated with new agents and ASCT used in the treatment of MM include peripheral neuropathy, myelosuppression, infection, fatigue, venous thromboembolism, gastrointestinal disorders and oral mucositis. Treatment specific clinical assessments will be important for optimizing dosing to increase therapy duration and decrease adverse events. In some case, it is important to implement supportive care like antiviral therapy, antibiotic regimens, growth factors, anticoagulant therapies and cryotherapy.

はじめに

多発性骨髄腫(multiple myeloma ; MM)に対する治療薬の開発は目覚ましく、日本でもプロテアゾーム阻害薬であるボルテゾミブ、免疫調整薬であるサリドマイド、レナリドミド、ポマ

リドマイド、ヒストン脱アセチル化酵素(histone deacetylase ; HDAC)阻害薬であるパノビノスタットが使用可能になった。それぞれの薬剤ごとに効果が異なるように、有害事象も大きく異なる。副作用を最低限に抑え治療を継続することがMMコントロールに重要

Supportive care of treatment related complications in multiple myeloma : including cryotherapy.
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