About the International Myeloma Foundation

Founded in 1990, the International Myeloma Foundation (IMF) is the oldest and largest myeloma-specific charity in the world. With more than 350,000 members in 140 countries, the IMF serves myeloma patients, family members, and the medical community. The IMF provides a wide range of programs in the areas of Research, Education, Support, and Advocacy:

**RESEARCH** The IMF is the leader in globally collaborative myeloma research. The IMF supports lab-based research and has awarded over 100 grants to top junior and senior researchers since 1995. In addition, the IMF brings together the world’s leading experts in the most successful and unique way through the International Myeloma Working Group (IMWG), which is publishing in prestigious medical journals, charting the course to a cure, mentoring the next generation of innovative investigators, and improving lives through better care.

**EDUCATION** The IMF’s educational Patient & Family Seminars, Medical Center Workshops, and Regional Community Workshops are held around the world. These meetings provide up-to-date information presented by leading myeloma specialists and researchers directly to myeloma patients and their families. Our library of more than 100 publications, for patients and caregivers as well as for healthcare professionals, is updated annually and available free of charge. Publications are available in more than 20 languages.

**SUPPORT** Our toll-free InfoLine at 800-452-CURE (2873) is staffed by coordinators who answer questions and provide support and information via phone and email to thousands of families each year. The IMF sustains a network of more than 150 support groups and offers training for the hundreds of dedicated patients, caregivers, and nurses who volunteer to lead these groups in their communities.

**ADVOCACY** The IMF Advocacy program trains and supports concerned individuals to advocate on health issues that affect the myeloma community. Working both at the state and federal level, the IMF leads two coalitions to advocate for parity in insurance coverage. Thousands of IMF-trained advocates make a positive impact each year on issues critical to the myeloma community.

Learn more about the way the IMF is helping to improve the quality of life of myeloma patients while working toward prevention and a cure. Contact us at 800-452-CURE (2873) or 818-487-7455, or visit myeloma.org.
The Understanding series and 10 Steps to Better Care

The IMF’s Understanding series of booklets is designed to acquaint you with treatments and supportive care measures for multiple myeloma (which will be referred to as myeloma for the sake of brevity).

For a general overview of myeloma, the IMF’s Patient Handbook should be your first step, while the IMF’s Concise Review of the Disease and Treatment Options is a more in-depth summary for healthcare professionals and knowledgeable readers outside the medical community. Both publications, as well as the many booklets in the IMF’s Understanding series, are available on the IMF website, myeloma.org, where you will find a wealth of information. You can also order copies of IMF booklets by calling 800-452-CURE (2873) toll-free in the United States and Canada, or 818-487-7455 worldwide, or by emailing theIMF@myeloma.org.

To help you navigate the IMF website, we have organized our information according to the 10 Steps to Better Care®, which takes you from diagnosis (Step 1) through clinical trials and how to find them (Step 10). Information relevant to each step along the way, including guidelines for testing, treating, transplanting, assessing response, managing side effects, monitoring, and treating relapsed disease, is available under the appropriate step on the path to better care.

Words in **bold** type are explained in the “Terms and definitions” section at the end of this booklet. A more complete compendium of myeloma-related vocabulary, the IMF’s Glossary of Myeloma Terms and Definitions, is located at glossary.myeloma.org.

What you will learn from this booklet

It is vital for you to learn as much as possible about myeloma and its treatments so that you are empowered to make good decisions about your care with your doctor. This booklet is devoted to an important component of almost all myeloma therapies: the steroid dexamethasone.

Understanding Dexamethasone and Other Steroids fits into the 10 Steps to Better Care schema in:

- **Step 3: Initial treatment options, and**
- **Step 9: Relapse – Do you need a change in treatment?**

What is dexamethasone, and how does it work?

Dexamethasone (which is sometimes called “dex” for short) is also known by the brand names Decadron®, Dexasone®, Diodex®, Hexadrol®, and Maxidex®. It is one of the most frequently used medications in the treatment of myeloma. It is a synthetic **adrenocortical steroid**. Adrenocortical steroids are produced naturally by the **adrenal glands** in the body, and are also known as glucocorticosteroids or corticosteroids. To make things less confusing, these compounds will be referred to as “steroids” throughout this booklet.

Adrenal glands produce hormones and steroids. These steroids influence many actions of the body’s systems. They are involved in regulation of carbohydrates, proteins, and fats. They also inhibit inflammatory, allergic, and normal immune responses. Synthetic versions can imitate the actions of the naturally occurring compounds or replace them in conditions that are associated with insufficient production of much-needed steroids that are normally produced by the adrenal glands.

- **Dexamethasone is available in many forms:** as an injection, in oral tablets, in solutions to treat eye infections, in nasal sprays, and in topical forms as a gel, cream, and spray. The injection and tablets are used to treat myeloma. Dexamethasone is used to treat a wide variety of medical conditions in addition to myeloma and other hematologic malignancies. As with steroids for myeloma treatment, steroids are generally additive or synergistic with treatments for other diseases. Steroids as a component of treatment for myeloma may also help improve these other conditions, some of which are listed below:
  - Endocrine disorders, including conditions in which the adrenal glands do not produce enough steroids, thyroiditis, or hypercalcemia;
  - Rheumatic/collagen disorders, including various types of arthritis, ankylosing spondylitis, lupus, and scleroderma;
  - Dermatologic diseases, including some types of rashes, redness of the skin, and mycosis fungoides (lymphoma involving the skin);
  - Allergic states, including those associated with asthma, dermatitis, drug hypersensitivity, perennial and seasonal allergies, and serum sickness;
  - Ophthalmic (eye) diseases, including a number of conditions that cause redness, swelling, and inflammation of the eyes and surrounding parts of the eyes;
  - Gastrointestinal (GI) diseases, such as enteritis (inflammation of the small intestine) and colitis (inflammation of the large intestine);
  - Respiratory diseases, including asthma, chronic obstructive pulmonary disease, some types of pneumonia, and sarcoidosis (inflammation of the lymph nodes and other organs);
  - Hematologic disorders, including some types of anemia, purpura (bleeding just below the skin), and thrombocytopenia (low levels of platelets in the blood);
  - Malignancies such as myeloma, and some types of leukemia and lymphoma.

Dexamethasone and other steroids, particularly prednisone, prednisolone, and methylprednisolone, have many uses in the treatment of cancer. They suppress certain actions of the immune system and also inhibit cytokines, which are chemicals in the body that control inflammation. Dexamethasone decreases inflammation or swelling by stopping white blood cells, which normally fight infection, from traveling to areas of the body where there is...
swelling. Its anti-inflammatory actions can stop the swelling around tumors (especially on the spine, brain, and bone) and the resulting pain and other symptoms caused by tumors pressing on nerve endings.

Dexamethasone can also alter normal immune system responses and is therefore useful in the treatment of conditions that affect the immune system, such as certain types of anemia (for example, aplastic anemia, and hemolytic anemia), thrombocytopenia, and purpura.

To treat myeloma, dexamethasone typically is given with other agents, such as Cytoxan® (cyclophosphamide), Thalomid® (thalidomide), Velcade® (bortezomib), Revlimid® (lenalidomide), Kyprolis® (carfilzomib), and Pomalyst® (pomalidomide). Steroids can increase the ability of chemotherapeutic agents and immunomodulatory drugs to destroy myeloma cells. In fact, dexamethasone and other steroids can sometimes be used alone to effectively treat the disease. Dexamethasone is also sometimes given in small doses intravenously along with infused therapies to help prevent possible allergic reactions and/or to help reduce nausea and vomiting.

**Dosages and dose scheduling used in steroid treatment**

Dexamethasone is typically given in combination with one or more other agents as frontline therapy for myeloma. It is most often given orally at a dose of 40 mg once weekly, based on the results of the famous ECOG E4A03 clinical trial published in *Lancet Oncology* in January 2010 with Dr. S. Vincent Rajkumar as first author. The ECOG E4A03 study is the legacy of Michael Katz, a patient, support group leader, and IMF board member who lost his battle with myeloma in 2015. On behalf of myeloma patients everywhere, Mike advocated for a study of low-dose dexamethasone. His perseverance and insight led to the large E4A03 study that evaluated high- and low-dose dexamethasone in combination with Revlimid in the frontline setting. The once-per-week low-dose dexamethasone schedule proved to be more effective (better survival at 1 year) and had significantly fewer side effects than the 4-day, 40 mg pulses that were previously the standard of care.

In the years following the E4A03 study, there has been ample research published on the benefits of treatment with Revlimid plus low-dose dexamethasone among patients with relapsed and/or refractory myeloma as well as those with newly diagnosed disease. Of particular note are the results from the French myeloma group (Intergroupe Francophone du Myélome, IFM) which demonstrated the long-term safety and efficacy of weekly Revlimid/dexamethasone in patients with recurrent myeloma (Fouquet G, *Cancer*, August 2013) and with newly diagnosed disease in the so-called FIRST study (Benboubker L, *New England Journal of Medicine*, September 2014). Low-dose dexamethasone is also used with Pomalyst and Kyprolis and in more complex combinations, such as CyBorD (cyclophosphamide, bortezomib, and dexamethasone) and RVD (Revlimid, Velcade, dexamethasone).

Low-dose dexamethasone in combination with other agents has been well established as the standard of care in myeloma. Many oncologists are now prescribing dexamethasone at a dose lower than 40 mg per week, depending upon the age and fitness of the patient. For patients who cannot tolerate a full 40 mg per week, lower doses of dexamethasone have proven to be effective, even as low as 4 mg per week. The Mayo Clinic group presented a study at the 2015 American Society of Hematology (ASH) meeting that speaks to this issue entitled “Appropriate Dose Adjustment of Dexamethasone Does Not Compromise Outcomes in Relapsed Refractory Myeloma.” They demonstrated that in heavily pretreated patients, many of whom have cumulative steroid toxicities, reducing the dose of dexamethasone in combination with Pomalyst allows patients to remain on therapy significantly longer, resulting in improved overall survival. A Karolinska Institute (Stockholm, Sweden) study also presented at ASH 2015 demonstrated that on achieving at least a partial response (PR) with Revlimid/dexamethasone as second-line therapy, continuing with dexamethasone in addition to Revlimid does not add any benefit. Talk to your doctor about finding a dosing regimen that is well tolerated and appropriate to treat your myeloma.

**What are some possible side effects of dexamethasone?**

As is the case with any medication, use of dexamethasone can cause some unwanted side effects. Few, if any, patients experience all of these side effects. In fact, some patients do not experience any side effects at all while taking dexamethasone. There are certain precautionary measures that patients and their healthcare providers should take in order to reduce or avoid adverse effects. The most important side effects and precautions are described here. Members of your healthcare team can provide more information in greater detail about these and other possible side effects. They also can make recommendations about managing these side effects if they occur.

The longer you take a steroid, and the higher the dose you are taking, the greater are your chances of experiencing side effects. Most of the side effects can be reversed and will go away when treatment is completed. Do not stop taking any of your medications or reduce your doses on your own. Speak to your healthcare team if you are experiencing any side effects or if you have any questions.

Below are some of the more common and/or more serious possible side effects, some precautions worth remembering, and some tips on how to avoid or manage adverse events.

**Infections**

Because steroids block white blood cells from reaching sites of infection, these agents may cause existing infections to get worse or allow new infections to occur. A paradoxical effect is that
Any sign of an infection should be brought to the attention of your healthcare team as soon as possible. Make sure you wash your hands frequently, especially after being in public places.

Patients who have never had chickenpox or measles should be especially careful to avoid exposure to these childhood diseases. If you are exposed to either illness, you should notify someone on your healthcare team as soon as you become aware of the exposure.

Patients taking dexamethasone or any other steroid should avoid being vaccinated. There are certain types of vaccines that may be given if really needed, but you must consult with your doctor before you receive any vaccines for any reason. Your doctor can tell you if the vaccine in question is safe for you to take.

Cardiac conditions and fluid retention

Use of dexamethasone and other steroids can cause increases in blood pressure, salt and water retention, and potassium and calcium excretion. These changes are more likely to occur when steroids are taken in large doses. Salt retention may lead to edema or swelling. You may notice that your ankles and feet are swollen. Fluid retention and loss of potassium can be a problem for patients who have cardiac conditions, especially congestive heart failure and hypertension.

Prevention and treatment of cardiac conditions and fluid retention

Changes in diet may be needed. You may have to restrict your salt intake and take supplements to replace lost potassium and calcium. Speak with members of your healthcare team to make sure that you are eating the right foods and taking the proper supplements.

Dermatologic effects

Patients taking dexamethasone or other steroids may notice that it takes longer than usual for wounds to heal. Patients may develop acne and rashes while taking dexamethasone. Increased sweating is seen in some patients during steroid therapy.

Prevention and treatment of dermatologic conditions

Be careful when you cut or scratch yourself. Proper hygiene is important. Wash any wound and keep the area clean. If you notice that a cut or wound isn’t healing quickly or properly, you should call your healthcare team. Do not use any over-the-counter products to treat wounds before consulting with a member of your healthcare team.

Endocrine effects

Steroids, including dexamethasone, may interfere with the way patients metabolize carbohydrates and can cause blood glucose levels to rise. This is especially important in patients who have diabetes. Patients with diabetes can take steroids, but additional treatment, including insulin therapy, may be needed to control blood sugar levels. Steroids can also cause menstrual irregularities.

Prevention and treatment of endocrine effects

Patients with diabetes may need to monitor their blood glucose levels more frequently. These patients may need to adjust the doses of their insulin or diabetes medications. This decision needs to be made by healthcare professionals and not by patients themselves. If you have diabetes, tell the doctor who is treating your diabetes that you are taking dexamethasone.

Patients of childbearing age should be advised that the effects of steroids on the developing child are unknown. Women, especially those experiencing menstrual irregularities, should take added precautions not to become pregnant while taking dexamethasone.

Gastrointestinal effects

Steroids can have various effects on your GI tract. They increase the risk of GI perforations. Therefore, patients who have peptic ulcers, diverticulitis, and ulcerative colitis should use corticosteroids cautiously to minimize the risk of perforation. For these reasons, many physicians automatically recommend antacid therapy of some type for patients taking steroids (e.g., Pepcid®). Other possible GI side effects seen with dexamethasone therapy are increased or decreased appetite, stomach bloating, nausea, vomiting, hiccups, and heartburn.

Prevention and treatment of gastrointestinal effects

To avoid or minimize GI irritation, dexamethasone should be taken with food or after meals. Alcoholic beverages, which also irritate the stomach, should be avoided while taking dexamethasone. Limiting intake of caffeine-containing foods and drinks (such as colas, coffee, tea, and chocolate) may also help. Eating small, frequent meals may decrease nausea. Antacids taken between meals may also be helpful, but should not be taken unless approved by your healthcare team. Treatment for persistent hiccups

Prevention and treatment of infections

Generally, steroids should not be administered to a patient who has a known infection. Nevertheless, there are some situations in which steroids may be important or necessary during the time that an active infection is being treated with appropriate antibiotics. For example, steroids are useful in the treatment of septic shock, an infection that involves the whole body, and in treating any serious infection (bacterial, viral, or fungal).

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may require such prescription drugs as baclofen, Thorazine®, or Phenergan®. Tell someone on your healthcare team if you experience any GI adverse effects while taking dexamethasone. They can offer advice on how to manage or avoid these unpleasant effects.

**General effects**
Some patients may experience coughing or hoarseness. Resting the voice can help with this condition.

Use of steroids, including dexamethasone, can cause weight gain.

**Prevention and treatment of weight gain**
Some weight gain is to be expected during steroid therapy. Dexamethasone has a tendency to increase patients’ appetites. Patients need to control their caloric intake. Reduced carbohydrate intake is especially helpful during steroid therapy. Let your healthcare team know immediately if there is a sudden, large weight gain (more than 5 pounds over a day or two).

**Musculoskeletal effects**
Because steroids decrease calcium absorption and increase its excretion, they affect bones. These effects can lead to pain and osteoporosis in adults. Patients with myeloma who are already subject to severe bone loss and bone pain must be watched carefully and given appropriate supportive care to prevent further bone damage. Patients taking steroids may also experience muscle pains because they may be losing potassium.

**Prevention and treatment of musculoskeletal effects**
You may have to take some type of supplements to replace the calcium and potassium you are losing. However, do not take any supplements on your own. You can increase your calcium intake by eating foods that have high calcium content: milk, cheese, yogurt, and other dairy products, dark green vegetables such as spinach, kale, and collard greens, canned fish such as sardines and salmon, and soy beans. Bananas and some other fruits and vegetables can be good sources of potassium. Consult with your healthcare team before you start taking any supplements or change your diet.

Many patients with myeloma take bisphosphonate therapy as treatment for myeloma-related bone disease. Bisphosphonate therapy also combats the negative effects of steroids on bone strength and density.

**Ophthalmologic effects**
Prolonged steroid treatment may produce elevated intraocular pressure that could lead to glaucoma, optic nerve damage, eye infections, and cataracts. Cataracts occur commonly in older age and usually take years to develop to the point where surgery is indicated. Steroids can speed up this process. With ongoing steroid treatment, it is not uncommon for myeloma patients to develop mature cataracts requiring surgery. This involves removal of the cataract and implantation of a new lens in the eye, which usually allows for enhanced vision.

**Prevention and treatment of ophthalmologic effects**
Have your eyes checked regularly. Any change in vision should be reported immediately to your healthcare team.

**Psychiatric and neurologic effects**
Steroids can also cause irritability, mood swings, personality changes, and severe depression. They also can cause insomina. Emotional instability or psychotic tendencies are aggravated and may become worse during steroid therapy.

Patients also have reported experiencing headaches and dizziness.

**Prevention and treatment of psychiatric and neurologic effects**
If you are having problems sleeping, ask your healthcare team if you can adjust the time you take dexamethasone so it doesn't interfere with your sleep during the night. Taking the steroids before going to bed can be very effective in allowing sleep during the night, with increased activity delayed until morning. However, regular sleep medications can be helpful or necessary for some patients.

Do not hesitate to contact your local healthcare team if you are experiencing any mood or personality effects. Your doctor may need to reduce or stop your steroid therapy temporarily or permanently. Do not stop steroid therapy on your own without consulting your doctor.

Family members should be advised that you may be more irritable and difficult to live with when you are receiving steroid therapy. Counseling is a good option at this time, both for the patient and for family members. The stresses and pressures of a cancer diagnosis added to life's other challenges may lead to psychological overload not only for a patient who is receiving steroids, but for the patient's family members as well. A consultation with a family counselor can be most helpful.

**Allergic reactions**
Allergic and hypersensitivity reactions to steroids are possible in patients who are susceptible or have had allergic responses to other drugs. Allergic reactions can include difficulty breathing, closing of the throat, swelling of lips and tongue, and hives. Such allergic reactions to steroids are exceedingly rare.

**Prevention and treatment of allergic reactions**
Special precaution should be used before administering dexamethasone or any other corticosteroid to patients who have histories of any type of allergic reactions to medications. Be sure to alert your healthcare team if you have a history of allergic responses when given any medication.

*Remember: Speak with your doctor or nurse if you notice any changes in your health.*
Can other drugs interact with dexamethasone?

Interactions are possible with dexamethasone and other medications. Patients with myeloma typically need to take a number of medications to treat the disease as well as other medical conditions that also may be present. Chances of drug interactions increase with multiple medications. Below is a partial list of medications or classes of medications that may interact with dexamethasone. These interactions may increase or decrease the actions of any of the drugs. It is very important to tell all members of your healthcare team about all prescription and over-the-counter medications, as well as any herbal preparations or vitamins that you are taking.

Drugs that can interact with dexamethasone and other corticosteroids

- Amphotericin B and diuretics that affect potassium levels (such as amiloride, spironolactone, and triamterene);
- Antibiotics (such as erythromycin, clarithromycin, rifampicin, and azithromycin);
- Anticoagulant medications (such as warfarin and aspirin);
- Barbiturates (such as amobarbital, butalbital, pentobarbital, and secobarbital);
- Diabetes medications (such as insulin, glibenclamide, metformin);
- Cyclosporine;
- Digitalis;
- Ephedrine, which is most commonly found in weight-loss products;
- Estrogen-containing medications, including oral contraceptives and hormone-replacement therapy products;
- Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin, ibuprofen, indomethacin, and naproxen;
- Phenytoin.

How is dexamethasone given and are there any special considerations when taking it?

To treat myeloma, dexamethasone is typically given in an infusion or orally, either with other anti-cancer agents or alone. The amount of dexamethasone patients receive depends on many factors. To reduce the chances of side effects, the smallest dose necessary of dexamethasone that can produce the desired response should be used. Doses of dexamethasone are determined by members of the healthcare team who are familiar with each patient’s medical history and case.

Dexamethasone can irritate the stomach; taking it with food can reduce the chances of this happening. Alcohol should be used cautiously or avoided altogether while taking dexamethasone, as alcohol and dexamethasone together can damage the stomach lining.

As with other glucocorticosteroids, dexamethasone therapy cannot be stopped abruptly. It is necessary to stop this group of drugs gradually. Abrupt discontinuation can lead to withdrawal symptoms.

Your healthcare team will determine how best to administer dexamethasone to avoid or minimize adverse effects as much as possible.

Are other corticosteroids used in the treatment of myeloma?

In addition to dexamethasone, other corticosteroids are used to treat patients with myeloma. Because these drugs all belong to the glucocorticosteroids class of drugs, they act very similarly and can be used to treat many of the same medical conditions. They behave the same way chemically in the body to treat diseases. Because they are so similar in their mechanisms of action, many of the side effects and associated precautions are the same. Results of clinical trials have shown these agents all to be equally effective in the treatment of myeloma. Some of the steroids may be less well tolerated than others, depending on the patient and the drug. An Italian study presented at ASH 2015 demonstrated that in post-autologous transplant maintenance therapy, the use of prednisone in combination with Revlimid added no benefit and was not well tolerated. The current NCCN (National Comprehensive Cancer Network) guidelines for 2016 list thalidomide and Revlimid without steroids as the preferred regimens for maintenance therapy.

The uses, side effects, precautions, and considerations described previously for dexamethasone are relevant for the entire class of corticosteroids and thus pertain to prednisone, prednisolone, and methylprednisolone. Prednisolone is a metabolite of prednisone. Methylprednisolone, although structurally similar, may be less toxic and appears to be associated with less sodium and fluid retention than prednisolone. Thus, it is worth discussing with the healthcare team if any particular type of steroid (e.g., methylprednisolone vs. dexamethasone) might be more useful or appropriate in your care.

As with dexamethasone, the smallest dose necessary of the corticosteroids that can produce the desired response should be used in order to avoid or minimize unwanted side effects.

In closing

While a diagnosis of cancer is something you cannot control, gaining knowledge that will improve your interaction with your doctors and nurses is something you can control, and it will have a significant impact on how well you do throughout the disease course.

This booklet is not meant to replace the advice of your doctors and nurses, who are best able to answer questions about your specific healthcare management plan. The IMF intends only to provide you with information that will guide you in discussions with your healthcare team. To help ensure effective treatment with good quality of life, you must play an active role in your own medical care.

We encourage you to visit myeloma.org for up-to-date information about myeloma, and to contact the IMF InfoLine with your myeloma-related questions and concerns. The IMF InfoLine consistently provides callers with the best information about myeloma in a caring and compassionate manner. IMF InfoLine specialists can be reached at InfoLine@myeloma.org, or 800-452-CURE (2873) or 818-487-7455.
Terms and definitions

**Adrenal glands:** Glands located at the top of the kidneys that are chiefly responsible for releasing sex hormones and cortisol, a hormone that helps human beings respond to stress.

**Adrenocortical steroid:** Any of the steroidal hormones produced by the adrenal cortex (the outer part of the adrenal gland) or their synthetic (man-made) equivalents. Also known as adrenocorticoids, glucocorticosteroids, or corticosteroids.

**Anemia:** A decrease in hemoglobin (the part of the red blood cell that carries oxygen to the body’s tissues and organs), usually below 10 g/dL, with over 13–14 g/dL considered normal.

**Ankylosing spondilitis:** A form of chronic inflammation of the spine and the sacroiliac joints.

**Blood glucose:** The measured blood level of a type of sugar that comes from carbohydrates. It is the main source of energy used by the body.

**Chemotherapeutic agents:** Any drugs used to kill cancer cells. “Combination chemotherapy” uses more than one drug in a cancer treatment regimen.

**Congestive heart failure:** A condition that occurs when the heart’s pumping function is weakened, causing a cascade of events that result in the body retaining fluid and salt. If fluid builds up in the arms, legs, feet, ankles, lungs, or other organs, the body becomes congested.

**Cytokines:** Proteins secreted by cells which can stimulate or inhibit growth/activity in other cells. Cytokines are produced locally (i.e., in the bone marrow) and circulate in the bloodstream. They are normally released in response to infection.

**Glaucoma:** A disease associated with the build-up of pressure inside the eye that, if untreated, can result in vision loss and blindness.

**Hematologic malignancy:** A cancer of the bone marrow or blood cells.

**Hypersensitivity reaction:** Undesirable reactions, sometimes in response to a medication, produced by the normal immune system, including allergies and autoimmunity. These reactions may be damaging, uncomfortable, or fatal.

**Hypertension:** A chronic medical condition in which the blood pressure in the arteries is elevated. Also known as high blood pressure.

**Immunomodulatory drug (IMiD®):** A drug that affects, enhances, or suppresses the immune system.

**Lupus:** Systemic lupus erythematosus (SLE) is a chronic inflammatory autoimmune disorder that can affect the skin, joints, kidneys, and other organs.

**Multiple myeloma:** A cancer arising from the plasma cells in the bone marrow. The plasma cells in patients with myeloma form abnormal antibodies, which can damage the bone, bone marrow, and other organs.

**Partial response (PR):** Sometimes defined as “partial remission.” At least 50% reduction in monoclonal protein in response to therapy.

**Scleroderma:** A connective tissue disorder characterized by tightening of the skin of the arms, face, or hands, puffy hands and feet, and joint stiffness that can affect one part of the body or the entire body.

**Serum sickness:** A hypersensitivity reaction caused by the administration of a foreign serum; it causes fever, swelling, skin rash, and enlargement of the lymph nodes.

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**10 Steps to Better Care®**

A UNIQUE TOOL FOR DIAGNOSTIC AND TREATMENT INFORMATION

One of the most daunting aspects of being diagnosed with multiple myeloma (MM) is learning about – and understanding – an unfamiliar disease that is quite complicated. From diagnosis to long-term survival, the 10 Steps to Better Care® will guide you through the MM journey:

1. **Know what you’re dealing with. Get the correct diagnosis.**
2. **Tests you really need.**
3. **Initial treatment options.**
4. **Supportive care and how to get it.**
5. **Transplant: Do you need one?**
6. **Response Assessment: Is treatment working?**
7. **Consolidation and/or maintenance.**
8. **Keeping Track of the Myeloma: Monitoring without mystery.**
9. **Relapse: Do you need a change in treatment?**
10. **New Trials: How to find them.**

Visit [10steps.myeloma.org](http://10steps.myeloma.org) to gain a better understanding of the disease and diagnosis, and proceed through the steps to learn the best tests, treatments, supportive care, and clinical trials currently available.

As always, the International Myeloma Foundation (IMF) urges you to discuss all medical issues thoroughly with your doctor. The IMF is here to equip you with the tools to understand and better manage your MM. Visit the IMF website at myeloma.org or call the IMF InfoLine at 800-452-CURE (2873) or 818-487-7455 to speak with our trained information specialists about your questions or concerns. The IMF is here to help.