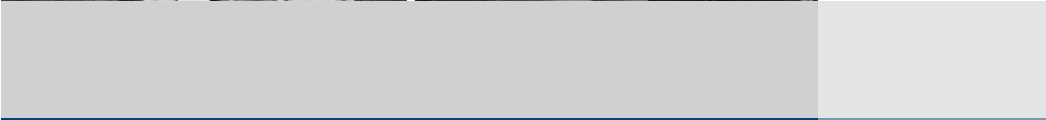


Myeloma Infoguide Series



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Introduction

This Infoguide is written for myeloma patients, their families and friends. It aims to answer the main questions you may have about clinical studies, also known as clinical trials.

- What are clinical studies?
- Why are clinical studies important?
- How are clinical studies carried out?
- What are the different types and phases of clinical studies?
- What are the important things I need to consider?
- What are the new treatments and clinical studies in myeloma?
- What questions should I ask?
- How do I find out about clinical studies that might be appropriate for me?

The Infoguide provides background information on the important role that clinical studies play in improving myeloma treatment and care. It also explains some of the more unusual or technical terms you may hear from your doctor or nurse. These appear in bold the first time they are used and are described in the medical terms explained section at the back of the Infoguide.

The content is designed to help you decide for yourself whether or not to take part in a clinical study. It raises issues to think about when you are deciding if taking part is right for you. The further information and useful organisations section towards the back lists other sources of information about myeloma and clinical studies.

If you would like to talk to someone about any aspect of myeloma, its treatment and management, call the **Myeloma Infoline on 0800 980 3332**. Your call will be answered by Myeloma Information Nurse Specialists who are supported by medical and scientific advisors. The Myeloma Infoline is open from Monday to Friday, 9am to 5pm, and is free to phone from anywhere in the UK. From outside the UK, call +44 131 557 3332 (charged at normal rate).

Disclaimer

The information in this Infoguide is not meant to replace the advice of your medical team. They are the best people to ask if you have questions about your individual situation.

How are new treatments developed?

The process behind developing new treatments is complicated, time consuming, very costly and one where the end results are never known at the outset.

Discovering a new treatment has been likened to searching for the proverbial needle in a haystack. Literally hundreds of thousands of chemical compounds are tested to find one that is effective with the minimal number of serious **side-effects**.

Many disciplines are involved in this process including traditional organic chemists, physiologists, statisticians, biochemists, toxicologists, pharmacologists and even computer scientists.

It is estimated that it takes between 8 to 10 years to develop a new treatment from bench to bedside and at a cost of between £700 and £900 million.

Although the recent trend has been to develop new treatments more quickly in about four to five years, the costs are going up because of the very expensive technology involved.

There is no standard route by which new treatments are developed. Sometimes scientists who work in university labs, for government or in the pharmaceutical industry consciously search for a new treatment for a specific use, but more often than not it is often serendipity or even luck.

As new treatments are intended to treat people, they eventually have to be tested in people. These tests, called clinical studies, are described in the remainder of this Infoguide.

If you would like an overview of what myeloma is, how it is diagnosed, the most commonly used treatments and many of the issues you may have to cope with in living with myeloma, you may wish to read *Myeloma – Your Essential Guide* and *Living with Myeloma – Your Essential Guide*. Myeloma UK also has a range of Infoguides and Infosheets available about different treatments including bisphosphonates, thalidomide, Velcade and Revlimid. To order your free copies, contact the **Myeloma Infoline on 0800 980 3332**. This information is also available 24/7 on our website at www.myeloma.org.uk

What are clinical studies?

Clinical studies are planned investigations in which patients take part and are designed to test new treatments or to compare different types of current treatment. Their purpose is to try and find better treatments for future patients.

Studies are run according to a strict set of procedures called a **protocol**. Patients involved in a study are closely monitored to determine the safety and effectiveness of their treatment.

The information collected during the course of the study is assembled and analysed by trained researchers. Final study results help to determine which of the treatments being tested is best and so help improve future treatments.

Why are clinical studies important?

Medical advances can only be made through research. Clinical studies are widely considered to be the most reliable way to test a new treatment.

After several stages of development, clinical studies normally culminate in a final phase III study which is used to compare one treatment to another. This comparison depends on a process called **randomisation**, by which the treatment you get is decided randomly by a computer rather than by the doctor choosing it. Study phases and randomisation are explained in more depth later in this Infoguide.

New treatments are not necessarily better than the current **standard treatments**. Clinical studies are needed to find out whether or not a new treatment has any real benefit for patients.

If the results of the study show that the new treatment has advantages over the current standard treatment, then it may, after completion of all phases of the study, go on to become the proposed new treatment.

Only your doctor can register you to take part in a clinical study; however, there are important questions to answer before the decision to take part is made. Most studies are restricted to very specific types of patients and sometimes only certain hospitals take part in a study. Your doctor is the best person to ask if there are any appropriate studies for you.

Important questions you should ask before deciding to take part in a study are addressed in the remainder of this Infoguide.

How are clinical studies carried out?

The study's **investigator**, usually a doctor, together with a team of other healthcare professionals, prepares an action plan for the study known as a protocol. A protocol describes what types of patients may participate. It sets out in detail the schedule of tests, procedures, medications, and dosages and the length of the study. The same study protocol is used by each doctor, no matter where they are located.

To ensure patient safety, every clinical study must receive permission from a research ethics committee before being allowed to proceed. These committees are made up of healthcare professionals, patients and other lay individuals such as clergy, lawyers, etc. who review the protocol to ensure that the research will not expose patients to unacceptable or unethical risks.

Each protocol describes the characteristics that all patients in the study must have. These are known as 'eligibility criteria' and will be different in every study depending on the purpose or research questions being asked.

These criteria may include gender, the stage of the myeloma, (i.e. newly-diagnosed or relapsed), whether the patient has had prior treatment and whether they have additional health problems (e.g. kidney failure or heart problems).

Many people are excluded from studies because they do not fit the entry criteria. If there is no study appropriate for you, this does not always mean that you will necessarily lose out and your doctor will discuss other treatment options with you.

Eligibility criteria are a very important part of a study. They help protect the safety of patients and ensure they are not exposed to unnecessary risks.

Depending on the study and its eligibility criteria, it may be possible for doctors to know which patient groups will benefit if the new treatment being studied has proved better than the current standard treatment.

What are the different types and phases of clinical studies?

Preclinical studies

The development of a new treatment begins in the laboratory and for every new idea and treatment developed, only a very few become effective treatments for patients. Treatments are first evaluated for their effect in killing cell lines which are derived from actual myeloma patients. This can help in deciding both the mode of action and the dose of the drug needed for it to be effective.

The next step is to understand if the treatment dose can be delivered safely to patients. The only way of achieving this is to give increasing doses to laboratory animals and to look for side-effects. If no side-effects are seen and the levels of treatment given are within the range where an effect may be seen, the treatment is suitable for evaluation in people.

When a new treatment has been approved for use in people, research typically includes studies at three or four different phases. Each phase answers different questions about the new treatment.

Usually, new treatments receive licensing approval for use in patients only after the completion of phase III studies. However, more and more treatments are now being approved on the strength of phase II data when the results clearly show that the proposed treatment is much better than the current existing treatments.

This means that the treatments can be available for patients while the phase III clinical studies are still being conducted. The new proteasome inhibitor **VELCADE® (bortezomib)** is an example of a recent treatment approved for use on the strength of phase II data.

Phase I

In phase I studies, researchers test a new treatment in a small group of patients for the first time to evaluate its safety, dosage range and identify side-effects. It is not the aim of phase I studies to identify whether a treatment works or not.

Phase II

Phase II studies are larger and aim to look at the size of the response obtained and compare it with previous treatments so that appropriate phase III studies can be designed.

Phase III

Phase III studies are even larger. They are randomised and compare the best current standard treatment with the new treatment. The new treatment will have been shown to be effective in the phase II study and the effect will be at least as good and indeed sometimes better than the best current standard treatment.

It is important to understand that in order for patients to be randomised, doctors will not know definitely which is the best treatment. Clinical studies are not random experiments testing treatments which may not be effective.

Randomisation

This is when a computer attempts to allocate patients randomly to one or other treatment group in the study. This is done to help avoid bias and ensures that the results are not affected by individual choice or other factors not related to the treatments being tested.

Phase IV

Phase IV studies are done after the treatment has been introduced into everyday use. These studies continue testing the treatment to collect information about its effects in various groups of patients and any side-effects associated with long-term use.

In addition to these different phases, there are also different types of study of which the most common are listed below.

Controlled studies

Controlled studies are normally only carried out in phase III and not phases I or II. When studies compare a standard treatment with a new treatment, the group receiving the standard treatment is known as the **control group** and those who are receiving the new treatment are called the **study group**. A randomised study that has a control group is called a 'randomised controlled study'.

Placebo controlled studies

For some diseases, in situations where there is no standard treatment to compare with the study treatment, patients may be given a **placebo**. The placebo looks like the real treatment but is completely inactive and harmless. This kind of study is virtually unknown in myeloma.

Blind studies

These are studies in which patients are not told whether they are in the study group or the control group and the treatment will look identical in the two (or more) groups. A double blind study is when neither the patient nor the doctor knows which patients are in which group.

Making a study blind or double blind is aimed at reducing **bias** and reducing the influence that positive or negative feelings may have on the study outcome. If an unexpected problem occurs with the study treatment, your doctor can find out from the study coordinators which treatment you are having. Blind studies are only possible when the two treatments can be given in an identical manner.

Quality of life

In recent years, researchers have developed detailed tests and questionnaires which allow them to measure your 'quality of life'. These look at a new treatment's wider effects on your day-to-day life as a whole, and make it possible to compare these effects with those of other forms of treatment.

What will happen to the results from a study?

All clinical study protocols should state clearly the criteria the researchers will look at to decide which treatment is most effective and safe. These are often referred to as **end points** or outcomes. Typical end points or outcomes in myeloma include:

- Survival
- Progressive disease
- Minimal response
- Partial response
- Complete response

Results are often presented at large medical meetings and published in medical journals to ensure that as many doctors as possible get to know about the results.

This is how studies can improve the treatment and care for patients. Individual patients will not be identified in any report or publication. In the future, study results may be made directly available to those taking part, but it is not yet current practice to do so.

What do I need to consider?

There are many things to think about before you take part in a clinical study.

Possible reasons to take part might include:

1. You will get the best possible current treatment or a new treatment which might otherwise not be available to you
2. Your progress throughout the study will be closely monitored by specialist doctors and nurses
3. You will be helping researchers to improve the treatments given to patients in the future
4. Important questions will be answered more quickly if more people take part in studies

Possible reasons not to take part might include:

1. The new treatment might not be better than the current treatment
2. The new treatment might cause unexpected side-effects
3. The new treatment might not work for you (although the same could be said for any treatment)
4. You will get appropriate treatment even if you choose not to take part

Do I have to take part?

No, you do not have to take part in a study. It is always your decision and studies should not be entered into lightly. You will be given full support, information and time to discuss with family and friends before making a decision.

In most cases, choosing not to take part will not affect the standard of treatment you receive, nor should it affect your relationship with your doctor. Even if you decide to take part, you are free to pull out of the study at any time, although some follow-up may be needed on the original study treatment. In some studies however, pulling out may not be possible if you are mid-way through treatment.

What if there is a ‘miracle’ breakthrough?

Because clinical studies can last for several years, new information about the treatment you are taking or any other treatments may become available during that time.

Your doctor should keep you updated on any new developments and discuss whether you want to stay in the study. If you decide to continue in the study, even after a ‘miracle’ breakthrough, you may be asked to sign an updated consent form (as discussed on page 14).

What are my rights and how will they be protected?

All patients should get printed information about a study to take away and refer to.

Before and during a clinical study you have a number of rights and your interests will be protected in a number of ways. Knowing this can make you feel more comfortable about making a decision and protect you from treatments or procedures you do not want.

As already mentioned, whether to take part in a study or not is up to you and you have the right to withdraw at any time. A study may be only one of your treatment choices. Talk to your doctor and together you can decide what is best for you. If you do take part in a study, doctors and nurses will monitor your response to the treatment carefully. If they see that a treatment harms you, you will be taken off the study treatment.

If you decide to withdraw from the study treatment, all other treatment options available to you will be discussed. Follow-up may still be required on your original study treatment.

One of your rights is the right to information and **informed consent**. Informed consent means that you must be given all relevant details about a study in terms that you understand before you decide whether or not to take part.

This includes details about the treatments and tests you may receive, the possible benefits and risks they may have, length of the study and why the study is being done. You will be given an informed consent form which goes over the key facts. If you agree to take part, you will be asked to sign this form.

As mentioned previously, you may be required to sign an updated consent form if new information relating to the study or another treatment becomes available, and you want to continue on the study. Informed consent means that you have the right to information and are able to ask questions at any time during the study.

Signing this form does not mean you have to stay in the study. You can still withdraw at any time.

What are the new treatments and clinical studies in myeloma?

A great deal of research and development is going on to find more effective and less toxic treatments for myeloma. The treatments described here are not necessarily suitable for all patients and may, in fact, not be that widely available. If you are interested in trying a new treatment or finding out about the ones listed in this Infoguide, you should discuss this with your doctor or nurse.

Velcade is a new treatment for myeloma, which has been tested in clinical studies and is used to treat relapsed myeloma. Further studies are now taking place to test its effectiveness at other stages of myeloma, such as a first-line and maintenance treatment, and also its use in combination with other treatments, such as chemotherapy.

Thalidomide has been shown to be effective in myeloma and is currently being tested in clinical studies to see how effective it is at all stages of myeloma i.e. as initial, maintenance and relapse treatment. It is being studied as a single-drug and also when used in combination with steroids and / or chemotherapy. Thalidomide does not work in every patient and it is associated with side-effects that may outweigh the benefits in some patients.

Another treatment closely linked to thalidomide that is being investigated in myeloma is **REVLIMID® (lenalidomide)**. Revlimid is an IMiD (immunomodulatory drug); this group of drugs is thought to have several modes of action against myeloma. One of these actions is to limit new blood vessel formation, which makes it difficult for myeloma cells to survive. The hope is that Revlimid will be more effective than thalidomide, with fewer side-effects.

For more information please see Myeloma UK's Infoguides on *Velcade*, *Thalidomide* or *Revlimid*. To order your free copy, contact the **Myeloma Infoline on 0800 980 3332**.

In transplantation, a new type of allogeneic stem cell transplantation is being investigated by doctors around the world. This is known as a 'mini' or 'reduced intensity conditioned' allogeneic transplant. This type of transplant is expected to have a lower risk of complications than the standard allogeneic transplant. Another transplant technique being investigated in studies around the world is the tandem transplant.

This involves carrying out a second autologous transplant as soon as you recover from the first one, to try to extend the period of **remission**. These approaches have not yet been fully evaluated and therefore they should only be done in a hospital experienced in performing transplants and within the context of a clinical study.

For more information on autologous or allogeneic transplants, please see Myeloma UK's Infoguide *High-Dose Therapy and Stem Cell Transplantation*. To order your free copy, contact the **Myeloma Infoline on 0800 980 3332**.

Other new approaches in the treatment of myeloma include monoclonal antibodies, which are intended to attack myeloma cells while leaving healthy cells alone; vaccines, which try to boost the immune system's ability to attack myeloma cells; and targeted radiotherapy, which aims to direct cell killing radiation at myeloma cells without affecting the rest of the body.

Clinical studies are also taking place which test new combinations of treatments that are already in use. For example T-Dex (thalidomide and dexamethasone) and CTD combinations (cyclophosphamide, thalidomide, dexamethasone), Melphalan and Velcade (BM) and Velcade, Adriamycin and Dexamethasone (PAD).

As more is discovered about these experimental treatments and combinations of treatments, their role alongside more established treatments will become clearer. In time, if they are proven to be more effective and safer, they may replace some of the existing treatments.

As already mentioned, not all new treatments are better than the standard treatments and that is why it is very important to carry out clinical studies to test these new treatments thoroughly.

Questions for your doctor / medical team

Top tips

- Write your questions down and give a copy to your doctor at the beginning of your consultation.
- Carry a piece of paper with you to make a note of questions as they occur to you.

The study

- What is the purpose of this study and what type or phase is it?
- Why do you think the new treatment being tested will be effective?
- Who is organising the study and who has reviewed and approved it?
- If I am allocated a new treatment as part of the study and I benefit from it, can I still go on having it once the study has finished?
- How are study results and patient safety being checked?
- Where will study results and information go? When will they be published?
- How long has the study been running and how many other patients have been treated?

Possible risks and benefits

- What are the possible short and long-term risks, side-effects, and benefits to me?
- What are the standard treatments and other options available to me if I choose not to take part?
- How do the possible risks, side-effects, and benefits in the study compare with standard treatment and other options?

Your care

- What kinds of treatments, medical tests, or procedures will I have during the study? Will they be painful? How do they compare with what I would receive outside the study?
- How often and for how long will I receive the treatment, and how long will I need to remain in the study? Will there be follow-up after the study?
- Where will my treatment take place? Will I have to go to hospital? If so, how often and for how long?
- Will I be able to see my own doctor? Who will be in charge of my care?

- If I am in a controlled study and do not receive the study treatment, will I be offered it at the end if the standard treatment hasn't worked and the study treatment is shown to be effective?
- Will my standard of care be affected if I choose not to take part in the study?

Personal issues

- How could the study affect my daily life?
- What support is there for me and my family in the community? (e.g. travel to study centre, is there a patient travel grant?)
- Is there any long-term follow-up required?

Medical terms explained

Bias: Human choices or any other factors beside the treatments being tested that affect a study's results. Clinical studies use many methods to avoid bias, because biased results may not be correct.

Clinical studies: Research studies that involve people. Each study tries to answer scientific questions and to find better ways to prevent or treat cancer.

Control group: In a clinical study, the group of people that receives standard treatment for their cancer.

Double blind study: Is when neither the doctor nor the patient knows who is in which study group.

End points: An event used by a clinical study to evaluate whether or not a study therapy is working, e.g. in myeloma, achieving remission or a fall in paraprotein below a certain level.

Informed consent: The process in which a person learns key facts about a clinical study or research study and then agrees voluntarily to take part or decides against it. This process includes signing a form which describes the benefits and risks that may occur if the person decides to take part.

Investigator: A researcher in a treatment study.

Oncologist: A doctor who specialises in treating cancer.

Placebo: A tablet, capsule, or injection that looks like the drug or other substance being tested but contains no drug.

Protocol: An action plan for a clinical study. The plan states what will be done in the study and why. It outlines how many people will take part, what tests they will receive and how often, and the treatment plan.

Randomisation: A method used to prevent bias in research. People are assigned by chance to either the treatment or control group.

Remission: When the signs and symptoms of cancer go away, the disease is said to be 'in remission'. A remission can be temporary or permanent.

Revlimid (also known as lenalidomide): Chemically similar to thalidomide, Revlimid is an immunomodulatory drug (IMiD) which works by affecting and modifying the immune system. The exact way in which IMiDs work is not yet fully understood, but like thalidomide, it is thought they have multiple mechanisms of action.

Side-effects: Problems that occur when treatment affects healthy cells. Common side-effects of standard cancer treatments are fatigue, nausea, vomiting, decreased blood cell counts, hair loss, and mouth sores. New treatments being tested may have these or other unknown side-effects.

Single blind study: A method used to prevent bias in treatment studies. In a single blind study, the patient is not told whether he / she is taking the standard treatment or the new treatment being tested. Only the doctors know.

Standard treatment: The best treatment currently known for a cancer, based on results of past research.

Study group: In a clinical study, the group of people that receives the new treatment for their cancer.

Treatment group: The group that receives the new treatment being tested during a study (see control group).

Velcade (also known as bortezomib): The first of a new type of cancer drugs called proteasome inhibitors. The proteasome is a large structure inside all cells that controls cell growth, and function. It works by breaking down the many different proteins that control the cell's lifecycle. Velcade works by blocking the proteasome, which can lead to slowed cell growth or cell death.

Further information and useful organisations

The following organisations are able to provide additional information on all aspects of clinical studies.

Cancerbackup

www.cancerbackup.org.uk

0808 800 1234 (Monday–Friday, 9am–7pm)

Cancerbackup helpline workers are trained oncology nurses who can provide information and support to people affected by cancer. Also produce a wide range of printed patient information.

Cancer Research UK

www.cancerhelp.org.uk

Its website contains patient information on all types of cancer and gives details of current research and clinical studies.

Consumers for Ethics in Research (CERES)

www.ceres.org.uk

CERES has a range of written materials available about medical research and new treatments. Their leaflet *Medical research and you* is available from CERES, PO Box 1365, London, N16 0BW.

Leukaemia Research

www.lrf.org.uk

020 7405 0101 (Monday–Friday, 9am–5pm)

Leukaemia Research fund research into leukaemia and related blood disorders. They publish patient information on leukaemia and other blood disorders, including myeloma.

Macmillan Cancer Support

www.macmillan.org.uk

CancerLine 0808 808 2020 (Monday–Friday, 9am–6pm)

The CancerLine is staffed by specialist advisors who provide information, practical and emotional support to those affected by cancer.

Medical Research Council (MRC)

www.mrc.ac.uk

The MRC is a national organisation promoting research into all areas of medical and related science. It is currently conducting the MRC Myeloma IX study.

National Cancer Research Institute (NCRI)

www.ncri.org.uk

020 7061 8460

NCRI is a partnership of health departments, the Medical Research Council and major cancer charities which aims to develop common plans for cancer research.

NHS Direct / NHS24

www.nhsdirect.nhs.uk

In England, Northern Ireland and Wales call NHS Direct on 0845 46 47

In Scotland call NHS24 on 08454 24 24 24

Trained medical professionals provide 24-hour access to information on all aspects of health and healthcare.

UK Myeloma Forum (UKMF)

www.ukmf.org.uk

UKMF is an organisation of people professionally engaged in the field of myeloma who are working to improve the outlook for patients with myeloma and related disorders.

On behalf of the British Committee for Standards in Haematology, UKMF has produced guidelines on the diagnosis and management of myeloma.

UK National Electronic Library for Health (NHS)

www.nelh.nhs.uk

Its website is aimed at NHS staff, patients and the general public, and covers all aspects of health, illness and treatment.

With Myeloma UK you can...

Call our Myeloma Infoline on 0800 980 3332

You will immediately access information and support relating to all aspects of myeloma. Your call will be answered in confidence by Myeloma Information Nurse Specialists who are supported by medical and scientific advisors. Lines are open Monday to Friday, 9am to 5pm, and are free to phone from anywhere in the UK. From outside the UK call +44 131 557 3332 (charged at normal rate).

Contact us by email

If you have a specific question about any aspect of myeloma, treatment or living with myeloma, you can also contact our Myeloma Information Nurse Specialists by email at askthenurse@myeloma.org.uk

Order our free patient information

Myeloma UK has a range of Essential Guides, Infoguides and Infosheets which give information on myeloma and related disorders, providing details of treatment options and disease management. You will find a list of the information available from us at the back of this Infoguide.

Attend our Patient and Family Myeloma Infodays

These are full-day meetings, where you can learn about the latest in the treatment and management of myeloma from a panel of experts. They are also a valuable opportunity to meet others affected by myeloma.

Subscribe to *Myeloma Matters*

The only myeloma-specific newsletter available in the UK, *Myeloma Matters* offers a fantastic range of features, articles and stories to help you keep abreast of the latest developments in treatment and research.

Visit our website - www.myeloma.org.uk

Developed to provide immediate, 24-hour access to information about myeloma and related disorders to individuals affected by the disease and to the people caring for them.

We need your help

Each year, Myeloma UK sends Infoguides and Infosheets to nearly 10,000 patients and their families, and helps thousands more through providing services such as the Myeloma Infoline and Patient and Family Myeloma Infodays.

That is why we need your help

We depend on the support and generous donations from people like you to provide these important services which are available free to myeloma patients, their families and carers.

Will you help us to help others?

- £5 will pay for an Infopack to be sent to help one more patient
- £20 will allow one of our highly trained Myeloma Information Nurse Specialists to help two callers on our Myeloma Infoline
- £50 will pay for a family of three to attend a Myeloma Infoday
- £250 will pay for 2,000 patient information Infosheets

Simply choose the amount that is right for you, or, if you prefer, choose an amount of your own. To donate you can either post your donation (by cheque or CAF), use your credit card to donate by telephone or use the Myeloma UK website www.myeloma.org.uk

We can make your money go further if you are a UK taxpayer. If you pay tax at the basic rate we can claim 28p on every pound you donate. For example, if you donate £10 then we are able to claim back £2.80, so your donation becomes £12.80. This extra comes from the taxman and doesn't cost you anything. This process is called Gift Aid.

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Other information available from Myeloma UK

Booklets

Myeloma – Your Essential Guide

Living with Myeloma - Your Essential Guide

Infoguides

Balloon Kyphoplasty

Bone Disease and Bisphosphonates

High-Dose Therapy & Stem Cell Transplantation

MRC Myeloma IX

Percutaneous Vertebroplasty

Revlimid

Serum Free Light Chain Assays

Thalidomide

Velcade

Infosheets

Infosheet topics include:

Chemotherapy; Erythropoietin; Fatigue; Growth Factors; Managing Your Finances (including Benefits); Mouthcare; Nutrition / Diet; Radiotherapy; Peripheral Neuropathy; Plasmapheresis; Steroids; Support Groups; The Kidney; Travel Insurance; Travelling

Leaflets

Myeloma – An Introduction

There are a number of conditions closely associated with myeloma. Myeloma UK has information available on AL amyloidosis, Waldenström's macroglobulinaemia and MGUS.

To order these free publications please contact Myeloma UK.

Myeloma Infoline: 0800 980 3332 (freephone number) or 0131 557 3332

www.myeloma.org.uk email: myelomauk@myeloma.org.uk

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All Myeloma UK's publications are extensively reviewed by patients and healthcare professionals prior to publication.

www.myeloma.org.uk
Infoline 0800 980 3332



For more information or to access any of the information and support services listed, contact Myeloma UK

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Company No. 190563
Charity No. SC 026116

Annual UK Myeloma Awareness Week 21-28 June