

**BIAXIN, LOW DOSE THALIDOMIDE, AND DEXAMETHASONE [BLT-D] ARE HIGHLY ACTIVE IN WALDENSTROM'S MACROGLOBULINEMIA**

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Twelve patients with Waldenstrom's macroglobulinemia (WM) underwent treatment at the Center for Lymphoma and Myeloma with a non-myelosuppressive combination of Biaxin (BXN or clarithromycin) 500 mgm orally once-a-day or at night only, and dexamethasone (DXM) 40 mgm orally once-a-week. Medication modifications were as follows: BXN could be reduced to 250 mgm twice-a-day for gastrointestinal toxicity, THAL could be escalated or reduced by 50 mgm biweekly (as tolerated) to a maximum of 200 mgm once-a-day and DXM reduced to 40 mgm every 2 wks., 20 mgm every 2 weeks, and 10 mgm every 2 weeks as tolerated. Additional medication included omeprazole 20 mgm orally twice-a-day for 2 days with the DXM, and enteric-coated aspirin 81 mgm orally once-a-day.

Response criteria consisted of complete remissions (absence of all disease); near complete responses (retention of monoclonal spike but normal levels of IgM); major responses (reduction of monoclonal immunoglobulins by >75%); and partial responses (reduction of monoclonal immunoglobulins by >50%).

Twelve patients have been evaluated. All patients had received at least one purine analogue or one alkylating agent prior to therapy. Five patients had a reduction in either the leucocyte and/or platelet counts prior to treatment, three of whom were deemed disease related and not due to prior therapy. Median age of the patients was 62 years. All patients received a minimum of six weeks of therapy.

Of the twelve patients, ten had a significant response (83%) consisting of 3 near complete responses, 3 major responses, 4 partial responses, and 2 minor responses. Three of five patients had restoration of reduced leucocyte or platelet counts present prior to therapy. Patients with minor responses were unable to receive sufficient dose escalation due to toxicity. Median time on therapy was seven months. Patients were removed from therapy primarily due to toxicity or physicians' choice of an alternative treatment. Drug resistance occurred in three patients, one of whom had transformation to large cell lymphoma.