

Transcription of Myelomatosis Case Letter

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UNIVERSITY of LONDON
Royal Postgraduate Medical School
Hammersmith Hospital, Ducane Road, London W12 OHS
Tel: 01-743 2030 Ext

MRC Leukaemia Unit [RPMS Logo]

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30th. September, 1976

Dr. L. J. Brandes,
Manitoba Cancer Treatment
and Research Foundation,
Manitoba Institute of Cell Biology,
700 Bannatyne Avenue,
Winnipeg, R3E OV9,
CANADA.

Dear Lorne,

Thank you for your letter. A week ago I started my first patient on weekly cyclophosphamide (Cy). He has had myelomatosis since June 1976, was entered into the 3rd MRC trial, received i.v. cyclophosphamide (1.2 g every 21 days) for 1 year and was then randomised for 'stop' or 'continue'. He drew 'stop' and was well for nearly 2 years when the Hb began to drop (this was his original features, with associated tiredness, loss of energy, but no bone pain and no lytic lesions). He had been very much upset by the i.v. Cy and said he was always ill for nearly a week after each injection. Towards the end of the year he nearly vomited when he entered the examination room at every visit. [Margin: + VCR*] So I gave him MI/Pred/* instead for nearly 2 years with little benefit. I stopped last September when he had a chest infection. He remained well till January when he had rib pain from a destructive lesion in the 10th rib. This pain resolved after 1000 rad but review shows that he now has, for the first time, lytic lesions in both humeri and femora and many ribs. I thought he was a suitable candidate for your schedule but after the previous experience with him didn't want to give i.v. Cy. So I gave it orally on 2 days in each week, at 200 mg daily, with prednisolone for 2 days. I suppose I'd better change to i.v. which will be a nuisance because he now lives in Oxford, and I am not keen to bring him to London every week. Perhaps I can get someone to give it there.

I imagine there is some variation in absorption of the drugs but it doesn't seem to be important in practice because the amount of depression of the neutrophil counts suggests that the activity is much the same from one patient to another. Cy of course is special because of the complex metabolism it undergoes [sp] in the liver with the release of active alkylating products.

Regarding your case report for the Lancet, would you like me to see the manuscript first? The Lancet seems to have a rather arbitrary policy which I never quite understand. It wouldn't necessarily help if you said you had discussed it with me. I tried to get them to take a first-class paper by Max Seligmann which they rejected, and they continued