

REPORT ON THE SECOND MYELOMATOSIS TRIAL AFTER

FIVE YEARS OF FOLLOW-UP

**MEDICAL RESEARCH COUNCIL'S
WORKING PARTY ON LEUKAEMIA IN ADULTS**

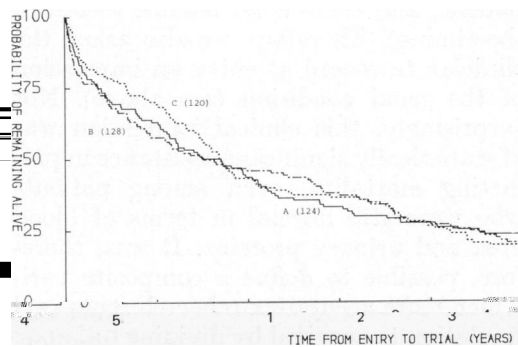
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centration (BUC) was over 13.3 mm.

STATISTICAL METHODS

treatment was delayed until the patient. These are as described in the report on



tion of high-molecular-weight protein (HMWP) in the urine

| BUC (mm) | HMWP (g/l) | | | Total | trend with respect to HMWP |
|-------------|------------|-----------|-----------|-------|----------------------------------|
| | < 0.1 | 0.1-0.99 | ≥ 1.0 | | |
| < 7.0 | 0.60 (81) | 0.80 (63) | 1.87 (17) | 0.73 | 12.16 ($P < 0.001$) |
| 7.0-13.9 | 1.03 (38) | 1.33 (49) | 1.17 (31) | 1.18 | 0.25 (NS) |
| ≥ 14.0 | 1.86 (19) | 1.79 (31) | 1.65 (26) | 1.75 | 0.09 (NS) |
| Total | 0.80 | 1.07 | 1.42 | 1.00 | 14.69 ($P < 0.001$) |

Numbers of patients in parentheses. The relative death rate for a cell of the table is the ratio of the observed number of deaths to that expected from the extent of exposure to risk of death experienced by

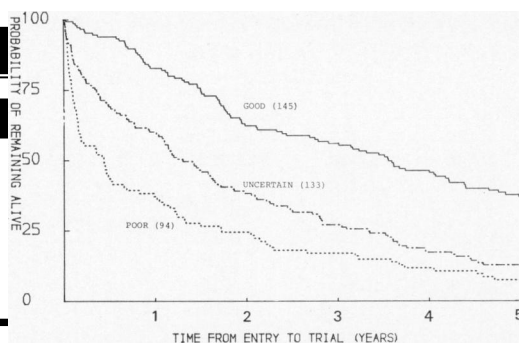
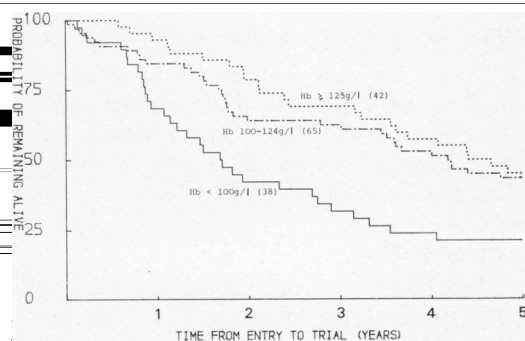


TABLE II.—*Relationship between renal function and haemoglobin concentration*

| Hb | No. (%) whose renal function was: | | | |
|-------|-----------------------------------|-----------|---------|-------|
| | Good | Uncertain | Poor | Total |
| (g/l) | | | | |
| < 75 | 5 (9) | 28 (53) | 20 (38) | 53 |
| 75–99 | 33 (28) | 49 (42) | 36 (31) | 118 |
| 100+ | 107 (53) | 56 (28) | 38 (19) | 201 |



was not explicitly requested in the second evidence of any material difference be-

trial, but it could be estimated for 330 of tween the 3 treatments (Fig. 4).

| <i>categories</i> | <i>O/E</i> | χ^2 |
|-------------------|------------|----------|
| | .40 | 0.1 |
| | .83 | NS |
| | .03 | |
| | .81 | |
| | .75 | <0.01 |
| | .12 | NS |
| | .99 | |
| | .02 | 0.01 |
| | .00 | NS |
| | .64 | |
| | .21 | 2.4 |
| | .09 | NS |

it for a group
mpares the Os
icates a non-

($\chi^2=26.3$). This effect was clearly present significant correlation of type with sur-

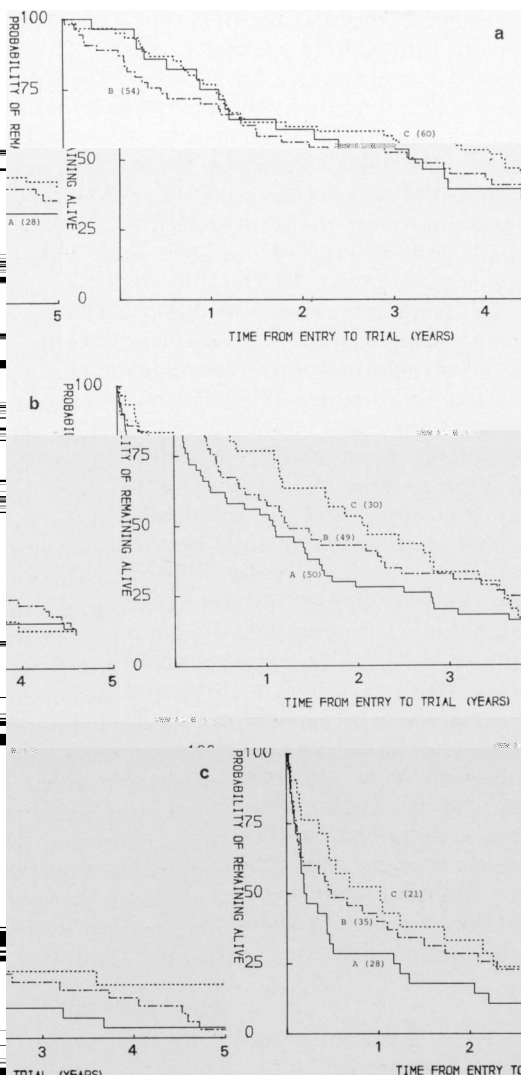
in the good renal-function groups ($\chi^2=$ vival, but among patients whose para-

20.2); Fig. 5(b): less definitely present in protein level was raised (≥ 40 g/l for IgG

4.6, $P < 0.05$) and absent in those with worse prognosis than those with IgG
poor renal function ($\chi^2 < 0.01$). Among the ($\chi^2 = 3.88$, $P < 0.05$). Patients with only

87 patients with good renal function and BJP presented on average with more BJP

haemoglobin level ≥ 100 g/l who had in their urine (4.46 g/l) than patients who
IgM measurements, the group of 33 with also had IgA or IgG (1.15 g/l) and a



DISCUSSION

The present trial was designed to compare 3 treatment schedules for myelomatosis, but has not demonstrated any

difference in length of survival between the groups. Moreover, no difference could be found within the most favourable group

of patients: those whose disease was uncomplicated by features, particularly ad-

vanced renal failure, that could not be

reversed by a reduction of the tumour-cell

mass. Treatment with 7-day courses of melphalan at monthly intervals is generally accepted as better tolerated than daily cyclophosphamide, but the addition

ment in survival. However, preliminary analysis of the trial suggested that

an effect of the mveloma on iron utilization was found to be of important and inde-
or on some other aspect of marrow func- pendent prognostic significance. In the

unimpaired renal function, an occult effect less independent importance. Although

laboratory services for the trial, and Mrs V. Godwin staging system for multiple myeloma, *Cancer*, **36**,

who prepared the typescript.

842.

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myelomatosis, *Br. J. Haematol.*, **16**, 599.

ALEXANIAN, R., HAUT, A., KHAN, A. V. and 5 others Comparison of melphalan and cyclophosphamide