

What pain relievers are the best for each type of pain? For nerve, bone, muscle, etc. See attached Pain Relief Principals handout. **Make sure the Myeloma is being treated with Myeloma meds first to reduce pain of the disease.**

When is lidocaine infusion beneficial? How long does it last? This is the last choice for pain relief. Best to use a “test dose” first. It is beneficial for neuropathic pain and cancer pain. Studies show lidocaine infusion is a benefit for patients with the highest amount of pain and opioid refractory pain. Duration lasts on average 10 days. Typically could be infused every 1-2 weeks.

Transdermal patch for Revlimid? When can we expect it to become available? Only a proof of concept mouse study has been completed so far. No clinical (human) studies yet enrolling. Revlimid has a short life efficacy with many side effects. The patch would even out the dose and reduce side effects. Lenalidomide (oral) patent expires in 2021-2022. Would expect it to enter the market 2022-2023 at the earliest.

Is there a place on the body that is better to place a Fentanyl patch? Manufacturer cites: flat surface such as chest, back, flank or upper arm. A site that sticks and not freshly shaven. Shaven sites could release too much medicine too quickly. Medicine lives in the fat tissue.

What is ½ life efficacy? A half life is how long it takes your body to break down a drug, retain in your body and then leave your body. This varies for all drugs taken. Another explanation below: The half-life of a drug is the time taken for the plasma concentration of a drug to reduce to half its original value. Half-life is used to estimate how long it takes for a drug to be removed from your body. The second dose of the drug should be given again at ½ life and most times 5 days for effect.

What is the Opioid registry and how does it work? This is a statewide database logging all sales of controlled substances to patients.

Drug Repository? What is it? What do you take? What can be kept there? What are the requirements? Purpose of the program was to establish and maintain a drug repository program where unused drugs and supplies may be donated to a participating pharmacy and dispensed to any Wisconsin resident who may not be able to afford the supplies and medications. There are eligibility requirements for patients and the persons making the donations. These cannot be bottles of pills but possibly blister packs that meet the requirements of secure packaging. People have to sign forms to donate and receive these products. Strict requirements.

Was reading the list of side effects that come with each prescription and it is terribly confusing and overwhelming. Can you recommend an approach to reading these so we have a better sense of what to expect re: side effects? Talk to your health care team. Ask them what they usually see with this type of drug. Ask them what is most likely to happen. Chemocare.com is an excellent site for this type of information. Also <https://www.oralchemoedsheets.com> is another great resource.

My hair has become fine like baby hair. Am currently taking oxycontin, revlimid, velcade, acyclovir, prednisone and zometa. Which of these meds is likely the cause of this condition? Cameron did not say specifically that any one of the above medications could be the cause. May be a combination of several.

Common foods or drinks to avoid because of interactions with meds... such as Green Tea and Grapefruit. Seville oranges, salt substitutes and herbal supplements are some to avoid. Ask your

pharmacist about food interactions.

I have heard that taking too much pain meds long term can actually cause more pain. What are the dynamics that make that happen? When do you know that this is happening to you? Is it all pain meds or just a select few? The term for this is Opioid induced hyperalgesia. When progressively escalating opioid doses fail to provide relief, this can occur. (With the exclusion of other things such as progressive cancer.) Pain becomes more widespread or extends beyond the distribution of pre-existing pain. Pain appearing in other parts of the body that weren't affected originally. This may also indicate that the cancer is progressing.

How long do steroids stay in your system? Usually about 5 days.

The shingles vaccine vs. acyclovir specifically for Myeloma patients? Why are doctors prescribing the acyclovir instead of vaccinating? Doctors are prescribing Acyclovir because they see it as more effective and constant when patients adhere to dosing guidelines. Easier and safer.

What is the status of Ranitidine? Got Famotidine instead because the pharmacy was out of the other. Will it be coming back? Yes, it is likely to be available again.

IMF Info Line – If you or someone you care for has Myeloma, you have questions. Probably, lots of them. You can search the Internet all you want, but other than asking your doctor, there is no better way to get your questions answered than to call the IMF Info Line. Missy, Judy and Paul know their stuff and they want to share what they know with you. Just ask anyone who has called the IMF Info Line. Patients or caregivers are welcome to contact the Info Line staffed by trained specialists at 800-452-CURE (800-452-2873). The Info Line is staffed between 9am and 4pm Pacific Time, 11am to 6pm Central time or infoline@myeloma.org.

New information!

The Trillium Fund was established by our founding support group members to facilitate Multiple Myeloma research here in Madison at the Wisconsin Institute of Medical Research. If you or your family wish to donate or send a memorial to this program, checks can be made payable to the “UW Foundation – Trillium Fund” and sent to UW Carbone Cancer Center, University of Wisconsin Foundation, 1848 University Ave, Madison, WI 53726. Donations may also be made online at www.supportuw.org/give (Trillium Fund in Multiple Myeloma Research – 112903576). For any questions, please call Daniel Rosen at (608) 264-5437 or email curecancer@supportuw.org.