

# *Review of Clinical Pharmacology and Pharmacokinetics*

ΕΠΙΘΕΟΡΕΣΕ ΚΛΙΝΙΚΕΣ ΦΑΡΜΑΚΟΛΟΓΙΑΣ ΚΑΙ ΦΑΡΜΑΚΟΚΙΝΗΤΙΚΕΣ  
ΕΠΙΘΕΩΡΗΣΗ ΚΛΙΝΙΚΗΣ ΦΑΡΜΑΚΟΛΟΓΙΑΣ ΚΑΙ ΦΑΡΜΑΚΟΚΙΝΗΤΙΚΗΣ  
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## Letter from Guest Editor

The progress and contributions of 20<sup>th</sup> century pharmacology has been immense with over 20 pharmacologists to have received Nobel Prizes. This field of medical studies covers many areas; it is built upon and at the same time incorporates many disciplines such as biochemistry, biology physiology, pathology, anatomy, molecular biology, while the development of new analytical and experimental techniques and instruments has given a new boost in pharmacological research. Yet, although a remarkable progress has been made in developing new drugs and in understanding how they act, the challenges are endless. Integrating a depth of knowledge in many related scientific disciplines, pharmacologists offer a unique perspective to solving drug and chemical related problems which impinge on human health, with ultimate goal the treatment and prevention of major diseases.

The 5<sup>th</sup> Panhellenic Congress of Pharmacology focuses on four *hot* subjects: Regenerative Pharmacology, Herbal Medicines, Pharmacology of Abuse and Dependence, and Education in Pharmacology.

- *Regenerative Pharmacology* is one of the newest areas in Pharmacology, represents a groundbreaking field of research and has the potential to radically alter the treatment of diseases and disorders.

- *Herbal Medicines* have acquired an important percentage among the drug used; according to WHO 80% of people worldwide rely on herbal medicines for some aspect of their primary health care. This continuously increasing use of plant medicines imposes the need for establishing new regulations.

- *Pharmacology of Abuse and Dependence*, still not a well defined area, presents a lot of challenge for researchers and clinicians.

- *Education in Pharmacology* remains a hot subject in the Medical education, following the knowledge *explosion* of the last decades accompanied by a decreasing reliance on didactic teaching. The crucial question is: how and what should we teach?

We hope that the round table discussions along with the invited lectures, included in this abstract book, will raise new and intriguing ques-

tions that will further stimulate research, and will contribute to new therapeutic approaches and attitudes.

I would like to thank the Editorial Board of *Review of Clinical Pharmacology and Pharmacokinetics* in particular Journal Editors Prof. S.T. Plessas and Dr C.T. Plessas for invitation and for providing the suitable and high-standard forum through which new research findings will become available to the scientific community.

*The Guest Editor*

*Charis Liapi*

Assist. Professor in Pharmacology  
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## New Treatment Approaches in Multiple Myeloma Therapy

E. Kastritis

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Multiple myeloma (MM) remains an incurable hematologic malignancy accounting for 10% of all hematologic cancers, second only to non-Hodgkin lymphomas. New insights into the biology of this disease resulted in the development of new and effective treatments and changed the therapeutic landscape of the disease. Cytogenetics and gene expression studies have revealed the heterogeneity of the disease. Karyotype and FISH studies provide significant prognostic information and should be performed in all newly diagnosed MM patients before treatment. Alkylating agents and steroids remained the backbone of antimyeloma therapy for more than 3 decades until the 90s when intensification of treatment with high-dose melphalan and autologous stem cell transplantation showed that we can improve responses and subsequently progression free and overall survival, at least in patients eligible for the procedure. However, it was 1999 when the introduction of thalidomide, an immunomodulator with potent antiangiogenic activity showed efficacy in patients with relapsed or refractory disease. New biologic agents, bortezomib and lenalidomide followed over the next few years. Novel agents have proven their efficacy and superiority over conventional approaches in patients

with relapsed or refractory disease. However, recent and ongoing studies have shown their efficacy and still explore these agents in the upfront treatment of MM. For patients not eligible for stem cell transplantation; the combination of thalidomide with melphalan and prednisone (MPT) is superior to melphalan and prednisone (MP) and is now considered the new standard of care. The combination of bortezomib with MP (VMP) was recently shown that improves overall response and complete response rates, progression free and overall survival compared to MP. Lenalidomide in combination with MP is also very active and is compared to MP in an ongoing phase III study. For younger patients, eligible for stem cell transplantation, the incorporation of novel agents in the induction regimens improves response rates before and after transplantation, and significantly fewer patients need a second transplantation. However, longer follow up will show whether this is translated to survival benefit. Consolidation regimens containing novel agents, after high dose melphalan, can also improve the outcome of some patients. Advances in the management of complications of the disease have also improved the quality of life of MM patients.



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