

Regimen Reference Order – MYEL – CBD

ARIA: MYEL – [CBD]

Planned Course: Every 28 days for 4 to 6 cycles (maximum 9 cycles)

Indication for Use: Multiple myeloma or Plasma cell leukemia or Systemic AL amyloidosis

CVAD: At Provider's Discretion

Proceed with treatment if:

Day 1 ONLY

- **ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$**
 - ❖ **Contact Hematologist if parameters not met**

Note: Hepatitis B serology results must be reviewed in accordance with CCMB Policy Hepatitis B Monitoring for Oncology and Hematology Patients

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of cyclophosphamide treatment (Self-administered at home)		

Treatment Regimen – MYEL – CBD

Drug	Dose	CCMB Administration Guideline
bortezomib	1.5 mg/m^2	Subcutaneous once weekly on Days 1, 8, 15 and 22
cyclophosphamide	300 mg/m^2	Orally once daily in the morning on Days 1, 8, 15 and 22 Take with or without food. Swallow whole (Self-administered at home)
dexamethasone	40 mg	Orally once daily in the morning on Days 1, 8, 15 and 22 Take with food (Self-administered at home)
cyclophosphamide (PROCYTOX®) available dosage strengths: 25 mg and 50 mg tablets Classification: Cytotoxic, Hazardous		

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

REQUIRED MONITORING

Hepatitis B serology

- Hepatitis B surface antigen and Hepatitis B core antibody (drawn within preceding 5 years)

All Cycles

Day 1

- CBC, retic, serum creatinine, calcium, albumin, random glucose and liver enzymes as per Physician Orders
- Serum Protein Electrophoresis (SPEP)/ Free Light Chain Ratio (FLCH) (response assessment)

Days 8, 15 and 22

- No blood work required

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
valACYclovir	500 mg	Orally once daily
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- cyclophosphamide and dexamethasone are cancer therapies in this treatment regimen. Instruct patient to take cyclophosphamide and dexamethasone in the morning on the day they are scheduled for bortezomib treatment
- Remind patient to take valACYclovir (shingles prophylaxis) at home. valACYclovir treatment continues for 4 weeks after the last dose of bortezomib
- Instruct patient to:
 - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
 - Empty bladder every 2 hours while awake and at bedtime for 24 hours after each dose of cyclophosphamide
 - Obtain immediate assistance as per your clinic's contact instructions if:
 - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
 - Unable to drink recommended amount of fluid
- bortezomib has potential for drug-drug interactions. Patients should notify clinic prior to starting any new medication
- Advise patient to avoid green tea to prevent interactions with bortezomib
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade) and starfruit
- Reinforce safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- bortezomib may be modified to 1.3 mg/m² at the discretion of the physician
- bortezomib may cause peripheral neuropathy; dose modification may be required
- Consideration may be given to reducing dexamethasone dose at the physician's discretion to 20 mg for patients older than 75 years or for patients with a body mass index of less than 18.5
- All patients should be considered for bisphosphonate therapy
- Due to the risk of reactivation of Hepatitis B virus (HBV) while on this treatment regimen, prescriber must adhere to CCMB Policy **Hepatitis B Monitoring for Oncology and Hematology Patients** for ordering and interpreting HBV serology and prescribing antiviral prophylaxis