

## 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**

## 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<br><b>(Self-administered at home)</b> |      |                               |

### Treatment Regimen – MYEL – CBD

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

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

## REQUIRED MONITORING

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/m<sup>2</sup> at the discretion of the physician
- 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
- bortezomib may cause peripheral neuropathy; dose modification may be required