**Regimen Monograph**

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | References | Other Notes | Disclaimer

## A - Regimen Name

# BORTDEXAPOMA Regimen

**Bortezomib-Dexamethasone-Pomalidomide**

**Disease Site**

Hematologic
Multiple Myeloma

**Intent**

Palliative

**Regimen Category**

**Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

**Supplementary Public Funding**

**bortezomib**
New Drug Funding Program (Bortezomib - Relapsed or Refractory Multiple Myeloma)

**dexamethasone**
ODB - General Benefit (dexamethasone) (ODB Formulary)

| | |
|---|---|
| **Additional Information** | Regimen may also be used for light-chain amyloidosis |

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## B - Drug Regimen

Pomalidomide may only be prescribed and dispensed by physicians and pharmacists registered with a controlled distribution program. Patients must also be registered and meet all conditions of the program.

**Cycles 1 to 8:**

| | | | |
|---|---|---|---|
| **bortezomib** | 1.3 mg /m² | IV / Subcut | Days 1, 4, 8, 11 |
| **dexamethasone** | 20 mg | PO | Days 1, 2, 4, 5, 8, 9, 11, 12* |
| **pomalidomide** | 4 mg | PO Daily | Days 1 to 14 |

**(This drug is not currently publicly funded for this regimen and intent)**

**Cycle 9 and onwards:**

| | | | |
|---|---|---|---|
| **bortezomib** | 1.3 mg /m² | IV / Subcut | Days 1, 8 |
| **dexamethasone** | 20 mg | PO | Days 1, 2, 8, 9* |
| **pomalidomide** | 4 mg | PO Daily | Days 1 to 14 |

**(This drug is not currently publicly funded for this regimen and intent)**

*In elderly patients (>75 years), the dexamethasone dose should be reduced (i.e. to 10 mg on the days above).

**Alternative Schedule 1** (bortezomib weekly; **q21 day** schedule for all cycles)**:**

| | | | |
|---|---|---|---|
| **bortezomib** | 1.3 mg /m² | IV / Subcut | Days 1, 8 and 15 |
| **dexamethasone** | 20 mg | PO | Days 1, 2, 8, 9, 15, 16* |

* In Richardson et al, dexamethasone was given on the day of bortezomib treatment and the day after. In elderly patients (> 75 years), the dexamethasone dose should be reduced (i.e. to 10 mg on the days above)

| | | | |
|---|---|---|---|
| **pomalidomide** | 4 mg | PO Daily | Days 1 to 14 |

**(This drug is not currently publicly funded for this regimen and intent)**

**Alternative Schedule 2** (bortezomib weekly; **q28 day** schedule for all cycles)**:**

| | | | |
|---|---|---|---|
| **bortezomib** | 1.3 mg /m² | IV / Subcut | Days 1, 8, 15 and 22 |
| **dexamethasone** | 40 mg | PO | Days 1, 8, 15 and 22** |

**In Richardson et al, dexamethasone 20mg was given on the day of bortezomib treatment and 20 mg on the day after. In elderly patients (>75 years), the dexamethasone dose should be reduced by 50%.

| | | | |
|---|---|---|---|
| **pomalidomide** | 4 mg | PO Daily | Days 1 to 21 |

**(This drug is not currently publicly funded for this regimen and intent)**

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## C - Cycle Frequency

**REPEAT EVERY 21 DAYS**

Until disease progression or unacceptable toxicity

**Alternative Schedule 1:** REPEAT EVERY 21 DAYS

**Alternative Schedule 2:** REPEAT EVERY 28 DAYS

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## D - Premedication and Supportive Measures

**Antiemetic Regimen:** Low
No routine prophylaxis for pomalidomide

- Also refer to CCO Antiemetic Recommendations.

**Screen for hepatitis B virus in all cancer patients starting systemic treatment.** Refer to the hepatitis B virus screening and management guideline.

**Other Supportive Care:**

- Prophylactic antithrombotics, such as low dose aspirin, low molecular weight heparins or warfarin, are recommended.
- Patients at risk of tumour lysis syndrome should have appropriate prophylaxis and be monitored closely.
- Consider the use of antiviral prophylaxis against herpes zoster (shingles) during bortezomib therapy.

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## K - References

Lacy MG, LaPlant BR, Laumann KM et al. Pomalidomide, bortezomib and dexamethasone (PVD) for patients with relapsed lenalidomide refractory multiple myeloma. Blood 2014;124(21):304.

Mikkhael JR, Roy V, Richardson PG, et al. A phase I/II trial Of pomalidomide, bortezomib and dexamethasone In patients with relpased Or refractory multiple myeloma. ASH Annual Meeting, 2013 (abstract 1940)

Pomalidomide drug monograph. Ontario Health (Cancer Care Ontario).

Pomalidomide - pCODR Expert Review Committee Final Recommendation, September 18, 2019.

Richardson PG, Oriol A, Beksac M,et al. Pomalidomide, bortezomib, and dexamethasone for patients with relapsed or refractory multiple myeloma previously treated with lenalidomide (OPTIMISMM): a randomised, open-label, phase 3 trial. Lancet Oncol 2019 Jun;20(6):781-794.

**PEBC Advice Documents or Guidelines**

- Treatment of Multiple Myeloma: ASCO and CCO Joint Clinical Practice Guideline

**April 2023** Updated Premedication and Supportive Measures section

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## M - Disclaimer

***Regimen Abstracts***

*A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

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***Regimen Monographs***

*Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.*

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