

Regimen Monograph

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A - Regimen Name

PAD/VCD Regimen

Bortezomib-Pegylated Liposomal DOXOrubicin-Dexamethasone alternating with Bortezomib-Cyclophosphamide-Dexamethasone

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 - Previously Untreated - Multiple Myeloma Pre-Stem Cell Transplant) ([NDFP Website](#))

dexamethasone
ODB - General Benefit (dexamethasone)

[cyclophosphamide](#)

 ODB - General Benefit (cyclophosphamide - oral tablets)

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B - Drug Regimen
Cycles 1 and 3 (PAD):

bortezomib *	1.3 mg /m ²	Subcut	Days 1, 4, 8, 11
pegylated liposomal DOXOrubicin	30 mg /m ²	IV	Day 4

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

dexamethasone [^]	40 mg	PO	Days 1, 4, 8, 11
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Cycles 2 and 4 (VCD):

bortezomib *	1.3 mg /m ²	IV	Days 1, 4, 8, 11
cyclophosphamide	300 mg /m ²	PO	Days 1, 8
dexamethasone [^]	40 mg	PO	Days 1, 4, 8, 11

* Missed doses should not be made up, and there should be a minimum of 72 h between bortezomib doses.

[^]The dexamethasone dose should be reduced in elderly patients.

Note: For use as an induction regimen pre-stem cell transplant in primary plasma cell leukemia.

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C - Cycle Frequency
REPEAT EVERY 21 DAYS

For a total of 4 cycles (alternating cycles of PAD and VCD - 2 cycles each)

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low
Consider prophylaxis daily for cyclophosphamide PO

Other Supportive Care:

Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Approximate Patient Visit	Bortezomib days: 0.5 hour; PAD Day 4: 1 hour
Pharmacy Workload (average time per visit)	16.369 minutes
Nursing Workload (average time per visit)	27.5 minutes

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K - References

Royer B, Minvielle S2, Diouf M, et al. Bortezomib, doxorubicin, cyclophosphamide, dexamethasone induction followed by stem cell transplantation for primary plasma cell leukemia: a prospective phase II study of the Intergroupe Francophone du Myélome. J Clin Oncol 2016;34(18):2125-32.

PEBC Advice Documents or Guidelines

- [Treatment of Multiple Myeloma: ASCO and CCO Joint Clinical Practice Guideline](#)

September 2019 Added note on dexamethasone dose in the elderly

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M - Disclaimer

Regimen Abstracts

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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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