

CyBorP Pred & Cyclo q2days  
Regimen:

**cyclophosphamide 50 mg - bortezomib  
1.3 - prednisone 50 mg Cycles 3 + (Part I)**

**ARIA Protocol Name:** CyBorP Pred & Cyclo q2days

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma



CC6620 0472 02 2024

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Allergies:**

**No Known**

Date: DD/MONTH/YYYY

Planned Administration Date: \_\_\_\_\_

Cycle \_\_\_\_\_ of \_\_\_\_\_

**Cycle Duration: 35 days**

Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to** 0.5 X 10<sup>9</sup>/L and platelets **greater than or equal to** 50 X 10<sup>9</sup>/L, otherwise notify Hematologist
- LFTs and Bilirubin assessed
- Creatinine clearance assessed
- Neurotoxicity assessment completed

**HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):**

**metoclopramide 10-20 mg PO** every 4 to 6 hours as needed

**acyclovir 800 mg PO** once daily until one month post completion of bortezomib treatment

Other: \_\_\_\_\_

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.

Doctor's Order Sheet

CyBorP Pred & Cyclo q2days Regimen:

**cyclophosphamide 50 mg - bortezomib 1.3  
- prednisone 50 mg Cycles 3 + (Part II)**

ARIA Protocol Name: CyBorP Pred & Cyclo q2days

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



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Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm      Body Surface Area (BSA) = \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**bortezomib 1.3 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**

Dose modification: **bortezomib 1.3 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**

**SC** on day 1, 8, 15 and 22

**CHEMOTHERAPY (FOR COMMUNITY PHARMACY):**

**cyclophosphamide 50 mg**

Dose modification: **cyclophosphamide 50 mg - \_\_\_\_\_ % = \_\_\_\_\_ mg**

**PO** every second day for 35 days (alternating with prednisone) starting on day 2

**prednisone 50 mg**

Dose modification: **prednisone 50 mg - \_\_\_\_\_ % = \_\_\_\_\_ mg**

**PO** every second day for 35 days (alternating with cyclophosphamide) starting on day 1

This prescription is NOT eligible for pharmacist prescribing by dispensing pharmacist

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

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