

Please note the protocols within this list are highly complex and local policies for prescribing and supportive care should be referred to. The list below is advisory and not to be used as a prescribing template.

Multiple Myeloma		
REGIMEN	Indication	Drugs
CTD	Treatment of multiple myeloma This is for patients suitable for intensive treatment.	Cyclophosphamide 500mg orally once a week Days 1, 8 and 15 Thalidomide 100mg orally daily for first 3 weeks then increase dose incrementally aiming for 200mg daily Dexamethasone 40mg daily for days 1-4 (4 days) and 12-15 days (4 days) This regimen is three weekly. Given for 4-6 courses depending on response and tolerability
CTDa (attenuated)	Treatment of multiple myeloma This is for patients not suitable for intensive treatment.	Cyclophosphamide 500mg orally once a week Days 1, 8, 15 and 22 Thalidomide 50 orally daily for first 4 weeks then increase dose incrementally aiming for 200mg daily Dexamethasone 20mg daily for days 1-4 (4 days) and 15-18 days (4 days) This regimen is four weekly given for a minimum of 6 courses and maximum of 9 courses depending on response and tolerability

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Melphalan and prednisolone	Treatment of multiple myeloma This is for patients not suitable for intensive treatment.	<p>Melphalan 7mg/m² once daily orally days 1 to 4 (4 days)</p> <p>Prednisolone 40mg once daily orally days 1 to 4 (4 days)</p> <p>Every 28 days until plateau phase (stable M-protein for 3 months). Minimum 6 cycles. Maximum 12 cycles depending on response and tolerability</p>
Melphalan, prednisolone and thalidomide	Treatment of multiple myeloma This is for patients not suitable for intensive treatment.	<p>Melphalan 4mg/m² once daily orally days 1 to 7 (7 days)</p> <p>Prednisolone 40mg/m² once daily orally days 1 to 7 (7 days)</p> <p>Thalidomide 100mg daily continuously</p> <p>Every 28 days until plateau phase (stable M-protein for 3 months). Minimum 6 cycles. Maximum 12 cycles depending on response and tolerability</p>

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Lenalidomide, dexamethasone	Treatment of multiple myeloma (NICE approved after 2 or more previous lines of treatment)	<p>Lenalidomide 25mg once daily orally for 21 days then stop for 7 days</p> <p>First four courses: Dexamethasone 40mg daily for days 1-4 (4 days), 9-12 (4 days) and 17-20 (4 days)</p> <p>Fifth and subsequent courses: Dexamethasone 40mg daily for days 1-4 (4 days)</p> <p>Consider lower doses of dexamethasone in elderly population</p> <p>Each cycle is 28 days</p> <p>Continue until disease progression or lack of tolerability</p>
Bortezomib, melphalan, thalidomide	Treatment of multiple myeloma (not NICE approved)	<p>Bortezomib 1.3mg/m² (days 1, 4, 8, 11, 22, 25, 29, 32 cycles 1 to 4 then days 1, 8, 22, 29 cycles 5 to 9)</p> <p>Melphalan 9mg/m² once daily orally days 1 to 4 (4 days)</p> <p>Prednisolone 60mg/m² once daily orally days 1 to 4 (4 days)</p> <p>Each cycle is 6 weeks. 6-9 cycles of treatment depending on response and tolerability</p>
Bortezomib, doxorubicin, dexamethasone (PAD) (not NICE approved)	Treatment of multiple myeloma This is for patients suitable for intensive treatment. (not NICE approved)	<p>Bortezomib 1.3mg/m² days 1, 4, 8 and 11 bolus intravenously</p> <p>Doxorubicin 9mg/m²/day days 1-4 intravenously as a continuous infusion or alternatively given as a daily bolus (TOTAL DOSE is 36mg/m²)</p> <p>Dexamethasone 40mg orally daily days 1-4 (4 days)</p> <p>First cycle only dexamethasone 40mg orally daily days 8-11 (4 days) and 15-18 (4 days)</p> <p>Each cycle is 21 days. 4- 6 cycles of treatment depending on response and tolerability</p>

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	approved)	
Bortezomib, dexamethasone	Treatment of multiple myeloma (NICE approved for first relapse)	<p>Bortezomib 1.3mg/m² days 1, 4, 8 and 11 bolus intravenously Dexamethasone 20mg orally daily days 1-2 (2 days), 4-5 (2 days), 8-9 (2 days) and 11-12 (2 days)</p> <p>Each cycle is 21 days. Assess response after 4 courses. If less than a partial response then according to NICE guidance treatment should be stopped Typically 6-8 cycles of treatment – if CR is achieved then only a further 2 cycles should be delivered.</p>
C weekly	Treatment of multiple myeloma This is for patients not suitable for intensive treatment	<p>Cyclophosphamide 300mg/m² orally given once weekly</p> <p>OR</p> <p>Cyclophosphamide 300mg/m² intravenously once weekly</p> <p>C-weekly can be used with prednisolone 40mg/m² once daily for 6 weeks after first dose of cyclophosphamide and then tail off over 2 weeks</p> <p>Every 7 days continue until plateau phase (stable M-protein for 3 months) and then stopped or until disease progression</p>

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C Z-Dex/Z-Dex	Treatment of multiple myeloma This is for patients not suitable for intensive treatment	Cyclophosphamide 500mg orally Days 1, 8 and 15 Idarubicin 10mg/m ² daily for 4 days 1-4 (4 days) Dexamethasone 40mg daily for 4 days (4 days) Repeat every 21 days for 4-6 cycles depending on response and tolerability In the Z-Dex regimen the Cyclophosphamide is omitted
Melphalan – intermediate dose	Treatment of multiple myeloma	Melphalan 70-100mg/m ² IV as conditioning for a stem cell autograft in patients who have had a poor response (less than PR) to induction treatment Melphalan 20-70mg/m ² IV as treatment of relapsed or refractory myeloma without stem cell reinfusion. Doses may be repeated once after 4 to 6 weeks
CVAD/VAD	Treatment of multiple myeloma	Cyclophosphamide 500mg orally Days 1, 8 and 15 Doxorubicin 9mg/m ² /day given as a continuous IV infusion over 4 days mixed with vincristine (ie TOTAL dose 36mg/m ²) Vincristine 0.4mg/day given as a continuous IV infusion over 4 days mixed with doxorubicin (ie TOTAL 1.6mg) Dexamethasone 40mg once daily for days 1 to 4 (4 days) and days 12 to 15 (4 days) Every 21 days to maximal response, usually 4-6 cycles depending on response and tolerability In the VAD regimen the Cyclophosphamide is omitted

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High dose dexamethasone	Treatment of multiple myeloma	<p>Dexamethasone 40mg once daily for days 1 to 4 (4 days)</p> <p>Initially every 2 weeks until response occurs then reducing to every 4 weeks usually for 4-6 cycles</p>
Thalidomide dexamethasone or Thalidomide alone	Treatment of multiple myeloma. Usually in relapsed setting	<p>Thalidomide 50-400mg daily depending on tolerability (start with 50-100mg daily and increase incrementally every 1-4 weeks as tolerated)</p> <p>Dexamethasone 20 to 40mg daily (depending on age and tolerability) for days 1-4 (4 days) and 15-18 days (4 days)</p> <p>Cycle is 28 days. Continue until plateau phase (stable M-protein for 3 months) and then stop</p> <p>Thalidomide alone may be given as maintenance in selected patients post stem cell transplant but there is conflicting data regarding efficacy of this approach</p>

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Amyloid		
REGIMEN	Indication	Drugs
Regimens used in the treatment of multiple myeloma are all applicable to the treatment of AL amyloidosis		
Melphalan and dexamethasone	Treatment of AL amyloidosis	<ul style="list-style-type: none"> • Day 1-4: Oral melphalan 0.22 mg/kg daily • Day 1-4 and 15-18 Dexamethasone 40mg daily orally if tolerated <p>The cycle is repeated every 28 days for a minimum of 3 cycles.</p> <p>After the third cycle, patients will continue with chemotherapy until they achieve a plateau, a complete response or to a maximum of 6 cycles.</p>
Melphalan and dexamethasone attenuated	Treatment of AL amyloidosis	<ul style="list-style-type: none"> • Day 1-4: Oral melphalan 0.22 mg/kg daily • Day 1-4 and 15-18 Dexamethasone 20mg daily p.o.; for patients with poor tolerance and no improvement after optimisation of diuretic doses then dexamethasone can be dose reduced to 10mg or less for further cycles. <p>The cycle is repeated every 28 days for a minimum of 3 cycles.</p> <p>After the third cycle, patients will continue with chemotherapy until they achieve a plateau,, a complete response or to a maximum of 6 cycles.</p>