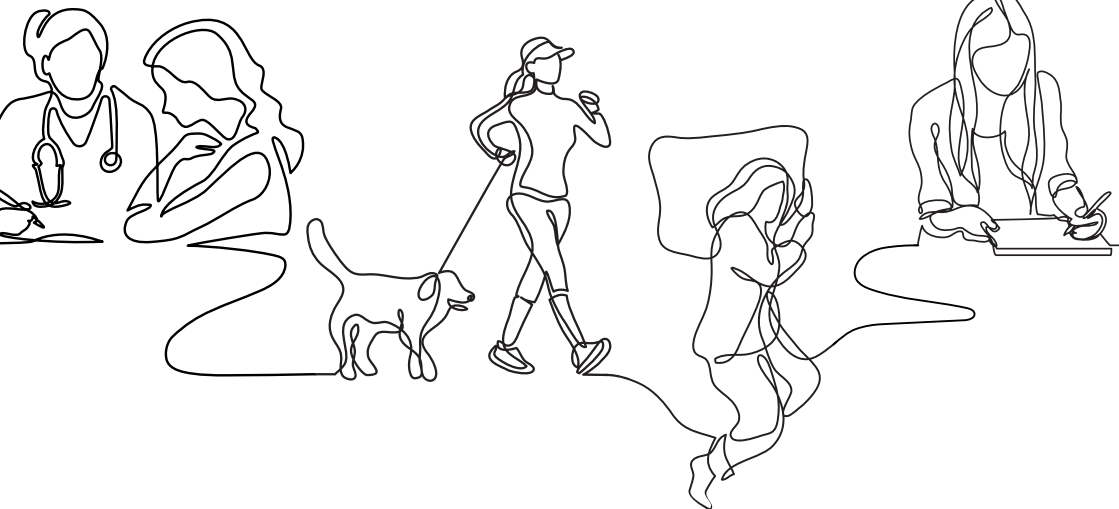
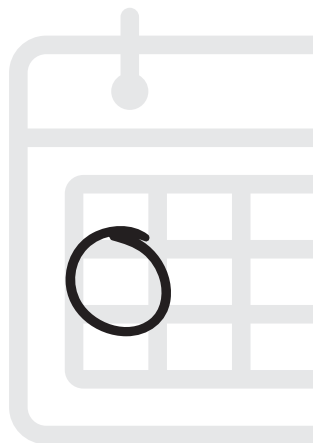


KYPROLIS® (carfilzomib) TREATMENT CYCLE TRACKER

Keeping track of your 4-week treatment cycles can help you stay organized. It's important to follow the treatment schedule your doctor has prescribed for you.

To help you remember, circle in this tracker the days you have received Kyprolis® (carfilzomib), dexamethasone and, depending on your treatment combination, lenalidomide. If you are not receiving lenalidomide you may cross out the lenalidomide line in each of the weeks.



If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. Side effects can be reported directly to the Health Products Regulatory Authority (HPRA) using the available methods via www.hpra.ie. By reporting side effects you can help provide more information on the safety of this medicine. Side effects should also be reported to Amgen Limited on +44 (0) 1223 436441 or Freephone 1800 535 160.

Visit the patient website www.amgencare.ie for more information *(for quick access, scan the below QR code with your phone's camera or QR reader App)*



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care
www.amgencare.ie

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IE-KYP-0520-00003 January 2021
Amgen Ireland Ltd
21 Northwood Court, Santry, Dublin 9, Ireland

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CYCLE NUMBER: _____ START DATE: DD/MM/YYYY

WEEK 1	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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Things to tell my healthcare professional:

Use this space to note any side effects or changes in symptoms to tell your healthcare professional at your next appointment

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CYCLE NUMBER: _____ START DATE: DD/MM/YYYY

WEEK 1	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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CYCLE NUMBER: _____ START DATE: DD/MM/YYYY

WEEK 1	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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CYCLE NUMBER: _____ START DATE: DD/MM/YYYY

WEEK 1	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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CYCLE NUMBER: _____ START DATE: DD/MM/YYYY

WEEK 1	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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CYCLE NUMBER: _____ START DATE: DD/MM/YYYY

WEEK 1	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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CYCLE NUMBER: _____ START DATE: DD/MM/YYYY

WEEK 1	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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CYCLE NUMBER: _____ START DATE: DD/MM/YYYY

WEEK 1	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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CYCLE NUMBER: _____ START DATE: DD/MM/YYYY

WEEK 1	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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CYCLE NUMBER: _____ START DATE: DD/MM/YYYY

WEEK 1	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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CYCLE NUMBER: _____ START DATE: DD/MM/YYYY

WEEK 1	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 2	Kyprolis®†	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 3	Kyprolis®	M	T	W	T	F	S	S
	dexamethasone	M	T	W	T	F	S	S
	lenalidomide	M	T	W	T	F	S	S

WEEK 4	dexamethasone	M	T	W	T	F	S	S
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