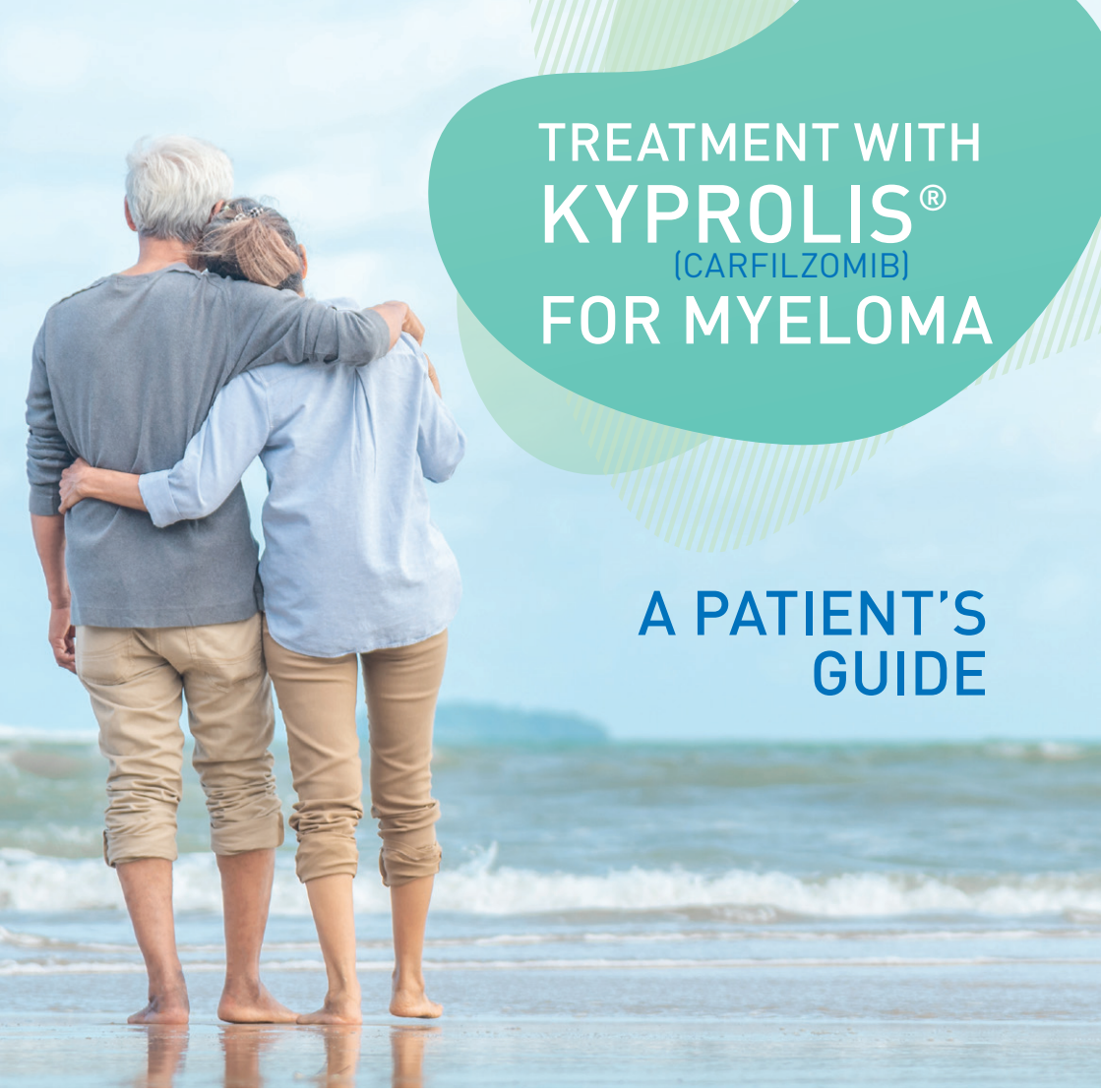


TREATMENT WITH KYPROLIS® (CARFILZOMIB) FOR MYELOMA

A PATIENT'S GUIDE

This booklet is only intented for patients who have been prescribed Kyprolis® (carfilzomib) in combination with dexamethsone or in combination with lenalidomide and dexamethsone.

Add the treatment combination your doctor has prescribed for you here:

AMGEN® care
www.amgencare.ie

This booklet has been produced and paid for by Amgen Ireland.

IMPORTANT CONTACTS

Please fill this in as you may find it useful for future reference.

Doctor's Name:

Phone Number:

Hospital Telephone Number:

Clinical Nurse Specialist's Name:

Phone Number:

Out of Hours Telephone Number:

Community Pharmacy Name:

Phone Number:

Other Contacts:

INTRODUCTION

This patient guide has been given to you because you have been prescribed Kyprolis® (carfilzomib) for the treatment of relapsed or refractory multiple ***myeloma***.

Please also read the **Kyprolis® Patient Information Leaflet (PIL)** before you start using this medicine. Further information regarding side effects is contained within the PIL. If you do not have a copy, your doctor or nurse will be able to provide one or you can access it online at **www.medicines.ie/medicines/kyprolis-32623/patient-info**

Please keep the PIL or the website address in a safe place as you may need to refer to it quickly.

It is also recommended that you read the PIL of all medicines that you take in combination with Kyprolis®. For example the PIL will contain additional information about side effects.

If you have any questions, or concerns about any aspect of your treatment, please speak to your doctor, nurse or pharmacist, who will be able to advise you.

Throughout this patient guide, any words in ***black italic*** text have a more detailed explanation in the Useful Terms section.

CONTENTS

WHAT IS RELAPSED MYELOMA?

MYELOMA IS A CANCER OF THE BONE MARROW

Before being prescribed carfilzomib, you will already have received some treatment for myeloma. After this initial treatment, myeloma may go into ***remission***, which means there is no sign of active disease, and treatment may be stopped.

Myeloma can come back during or after treatment and the symptoms can return, this is known as a ***relapse***. If the relapse occurs whilst taking or soon after you stop taking a treatment the myeloma is said to be ***refractory*** to that treatment. This can happen several times during the course of the disease and your doctor will advise you at each stage on the appropriate treatment options.

TREATMENT OF RELAPSED MYELOMA

The type of treatment given at relapse will depend on several factors including previous treatments, general health and individual circumstances. Most often, myeloma treatment uses a combination of medicines that work in different ways to control myeloma, relieve symptoms and improve quality of life, so you may be given several medicines at the same time.

Treatment combinations are usually made up of two or three different classes of medicines that work well alongside each other and are usually given in courses that can last from weeks to months. There are several different classes of medicine which are used to treat myeloma, some are licensed only to be used at specific stages, for example at first diagnosis or at relapse. Some of these classes are listed in Table 1.

TABLE 1: CLASSES OF MEDICINES IN RELAPSED MYELOMA

TYPE OF TREATMENT	HOW IT WORKS
Chemotherapy	Stops rapidly dividing cells from multiplying to control myeloma. Treatment is usually given in combination with other drugs.
Corticosteroids	Corticosteroids, more often known as steroids, are anti-inflammatory medicines that are effective in myeloma.
Immunomodulatory medicines	Immunomodulatory medicines stimulate the body's ***immune system*** to control myeloma. They work in a number of ways: • Preventing the myeloma cells developing • Blocking growth of new blood vessels that supply myeloma cells with oxygen and nutrition • Stimulating the immune system to attack myeloma cells As these medicines work differently, your doctor may try more than one depending on how well you respond to treatment.
Targeted treatments	These medicines target and work against specific processes in myeloma cells, to prevent myeloma cell growth and development both directly and indirectly. These include ***proteasome inhibitors, monoclonal antibodies*** and ***histone deacetylase (HDAC) inhibitors***.

Carfilzomib is a targeted treatment known as a ***proteasome inhibitor***. It is used in combination with the corticosteroid ***dexamethasone*** and may also be combined with the immunomodulatory drug ***lenalidomide*** as well as dexamethasone.

Dexamethasone, or lenalidomide and dexamethasone are both effective treatments in combination with carfilzomib and your doctor will decide which combination you should receive based on your individual circumstances.

Maintaining your quality of life is very important and your doctor may offer other types of treatment to help control complications of myeloma. These may include ***radiotherapy*** for bone disease and pain and/or medicines to help strengthen your bones, as well as treatment for ***anaemia***.

Other medicines may also be given to help alleviate any treatment side effects.

ABOUT KYPROLIS® (CARFILZOMIB)[1,2]

WHAT IS CARFILZOMIB?

In most cases, myeloma cells produce large amounts of protein which must be removed from the cell for it to survive and grow. This is illustrated in the first part of Figure 1.

Myeloma cells are very sensitive to the action of ***proteasome inhibitors***, such as carfilzomib, which stop the proteasome from working properly and cause a build-up of unwanted proteins within myeloma cells. This eventually causes the myeloma cells to die. This is illustrated in the second part of Figure 1.

WHY HAVE I BEEN PRESCRIBED CARFILZOMIB?

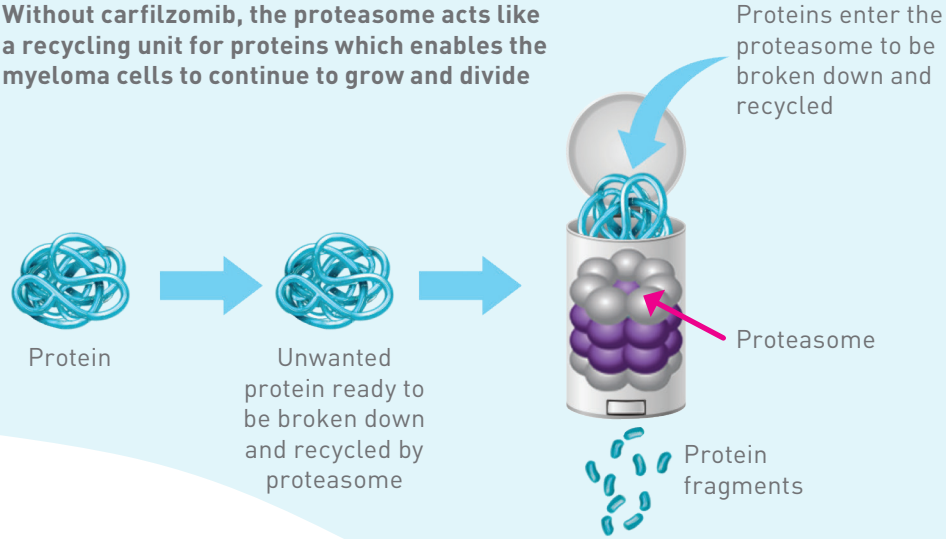
Carfilzomib is used when myeloma relapses.

Your doctor has decided that carfilzomib is the most appropriate treatment because myeloma has relapsed or is no longer responding to your current or previous treatment.

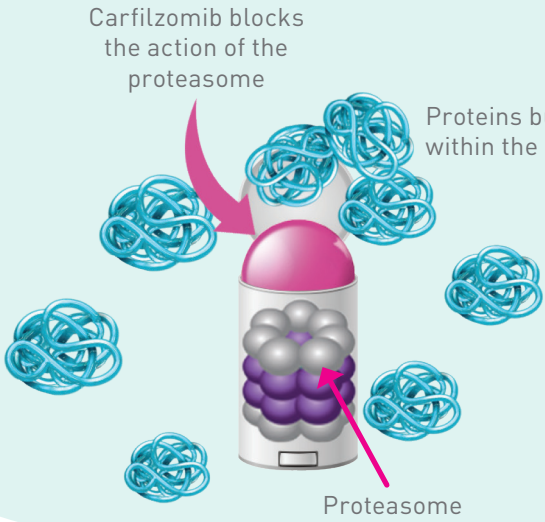
The overall aim of treatment with carfilzomib is to control myeloma for as long as possible.

FIGURE 1: HOW CARFILZOMIB WORKS[2]

Without carfilzomib, the proteasome acts like a recycling unit for proteins which enables the myeloma cells to continue to grow and divide



Carfilzomib blocks the proteasome from recycling proteins. This causes the proteins to build up inside the myeloma cell, eventually killing it and stopping it from being able to grow and divide

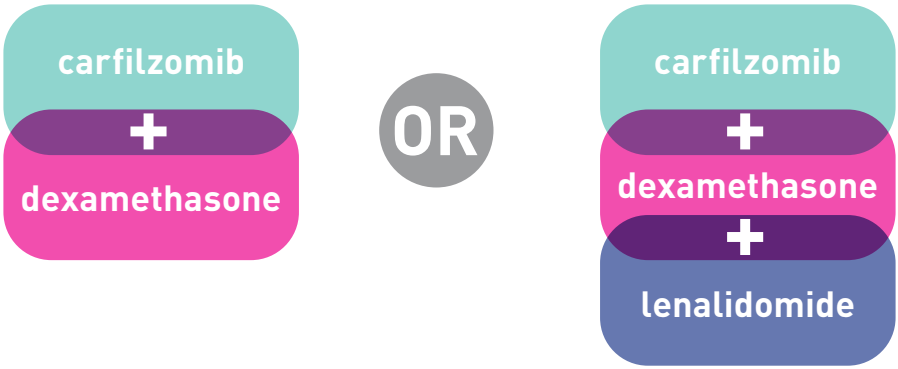


ADMINISTRATION

HOW WILL I BE GIVEN CARFILZOMIB?

Carfilzomib will be given to you by a doctor or nurse.

Carfilzomib will be given to you in combination with dexamethasone **OR** with both dexamethasone and lenalidomide. Please refer to the front cover of the patient guide for details of the combination you will receive.



Carfilzomib is given ***intravenously*** as a 10 or 30 minutes infusion, depending on which combination of treatment you have been prescribed. Lenalidomide is taken ***orally*** and dexamethasone can be taken ***orally or intravenously***.

A ***treatment cycle*** with carfilzomib lasts 28 days (4 weeks). Cycles of treatment are repeated, so the 29th day of treatment is the first day of cycle number two, and so on.

If you are receiving

For all treatment cycles:

- You will receive carfilzomib during Weeks 1, 2, and 3. On Week 4 of each cycle you will not receive carfilzomib.
- Carfilzomib is usually given on two consecutive days each week (e.g. Monday and Tuesday or Wednesday and Thursday) on weeks 1, 2 and 3. You doctor may decide differently on the number of days per week.
- You should receive dexamethasone on the first two days of each week for all 4 weeks of the treatment cycles. On days when you receive both carfilzomib and dexamethasone, you should receive dexamethasone 30 minutes to 4 hours before your carfilzomib infusion.

If you are receiving

For each of the first 12 treatment cycles:

- You will receive carfilzomib and lenalidomide during Weeks 1, 2, and 3. On Week 4 of each cycle you will not receive carfilzomib or lenalidomide.
- Carfilzomib is usually given on two consecutive days each week (e.g. Monday and Tuesday or Wednesday and Thursday) on weeks 1, 2 and 3. You doctor may decide differently on the number of days per week.
- You should take lenalidomide once a day during Weeks 1, 2, and 3 of each treatment cycle.
- You should receive dexamethasone on the first day of each week for all 4 weeks of the treatment cycles. On days when you receive both carfilzomib and dexamethasone, you should receive dexamethasone 30 minutes to 4 hours before your carfilzomib infusion.

From treatment cycle 13 onwards:

- You will not receive carfilzomib on Week 2 or 4 of each cycle.
- You will keep receiving lenalidomide and dexamethasone as in the first 12 cycles.

Fill in the **Treatment Cycle Tracker** on pages 26 to 34 of this booklet by circling the days on which you receive your carfilzomib infusion, dexamethasone and lenalidomide (if you are receiving carfilzomib in combination with dexamethasone and lenalidomide).

Treatment will continue as long as your doctor believes you are continuing to benefit and you are tolerating treatment.

BEFORE STARTING YOUR TREATMENT[2]

Before your first dose of carfilzomib your doctor will want to be sure that you are well hydrated. You may be asked to drink 6-8 cups of liquid in the 48 hours before your first dose of the first cycle. Your doctor may ask you to repeat this before further doses of carfilzomib.

Avoid caffeinated drinks if you can - water or diluted cordial are good alternatives. You may also be given additional fluids intravenously before and after your carfilzomib dose in cycle 1 and in subsequent cycles if required.

It is important to be aware that the volume of fluids may need to be adjusted in people with heart problems so please follow the specific advice given by your doctor or nurse.

You will receive treatment for as long as myeloma improves or remains stable unless your doctor or nurse advises otherwise.

IMPORTANT INFORMATION

WHAT SHOULD I DISCUSS WITH MY DOCTOR/NURSE[1,2]?

Before starting your treatment

Your doctor will ask you if you are allergic to any of the ingredients in this medicine. For your information the list of ingredients can be found in section 6 of the patient information leaflet.

Kyprolis® contains sodium and cyclodextrin. Please speak with your nurse or doctor if this is important for your care.

If your GP or other healthcare professional prescribes you any other medicines during your treatment make sure that you tell them you are being treated with Kyprolis®.

Other medicines

Tell your doctor or nurse if you are taking any medicines now or plan to take medicines in the future, including those you obtained without a prescription, such as medicines from the chemist, and/or vitamins or herbal supplements.

It is also recommended that you read the patient information leaflets of all medicines you take in combination with Kyprolis®, so that you understand the information related to those medicines.

Medical conditions

Your doctor or nurse may discuss previous/existing medical conditions with you before you start receiving Kyprolis®. Specifically they may ask if you have had or are experiencing any of the conditions in Table 2 on the following page.

TABLE 2: PREVIOUS/EXISTING MEDICAL CONDITIONS

Heart problems including a history of chest pain (angina), heart attack, irregular heartbeat, high blood pressure or if you have ever taken a medicine for your heart
Lung problems including a history of shortness of breath at rest or with activity (dyspnoea)
Kidney problems including kidney failure or if you have ever received dialysis
Liver problems including a history of hepatitis, fatty liver, or if you have ever been told your liver is not working properly
Unusual bleeding including easy bruising, bleeding from an injury, such as a cut, that takes longer than expected to stop, or internal bleeding such as coughing up blood, vomiting up blood, dark tarry stools, or bright red blood in your stools; or bleeding in the brain leading to sudden numbness or paralysis on one side of the face, legs or arms, sudden severe headache or trouble seeing or difficulty speaking or swallowing. This can indicate you have low numbers of platelets (cells that help the blood to clot)
Clotting problems in the veins a history of blood clots in your veins e.g. leg or lungs
Leg or arm pain or swelling (which could be a symptom of blood clots in the deep veins of the leg or arm), chest pain or shortness of breath (which may be a symptom of blood clots in the lungs)
Any other major disease for which you were hospitalised or received any medicine.
Hepatitis B. Tell your doctor if you have ever had or might now have a hepatitis B infection. This is because this medicine could cause hepatitis B virus to become active again. Your doctor will check you for signs of this infection before, during and for some time after treatment with this medicine. Tell your doctor right away if you get worsening tiredness, or yellowing of your skin or white part of your eyes.
Progressive Multifocal Leukoencephalopathy (PML). At any time during or after your treatment, tell your doctor or nurse immediately if you: experience blurred, loss of or double vision, difficulty speaking, weakness in an arm or a leg, a change in the way you walk or problems with your balance, persistent numbness, decreased sensation or loss of sensation, memory loss or confusion. These may all be symptoms of a serious and potentially fatal brain condition known as PML. If you had these symptoms prior to treatment with carfilzomib, tell your doctor about any change in these symptoms.

PREGNANCY & BREASTFEEDING

For women taking Kyprolis®:

- **Do not take Kyprolis® if you are pregnant, think you may be pregnant or are planning to have a baby, or are breastfeeding.**
- If you become pregnant while taking Kyprolis®, notify your doctor or nurse immediately.
- Lenalidomide is expected to be harmful to the unborn child. As Kyprolis® is given in combination with lenalidomide, you must follow the Pregnancy Prevention Programme (see package leaflet for lenalidomide for information on pregnancy prevention and discuss with your doctor, pharmacist or nurse).

For men taking Kyprolis®:

- **If your partner becomes pregnant whilst you are taking Kyprolis® or within 90 days after stopping treatment, notify your doctor or nurse immediately.**

CONTRACEPTION

For women taking Kyprolis®:

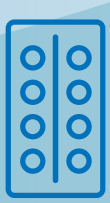
- While taking Kyprolis®, and for 30 days after stopping treatment you should use a suitable method of contraception to ensure you do not become pregnant. You should talk to your doctor or nurse about suitable methods of contraception.

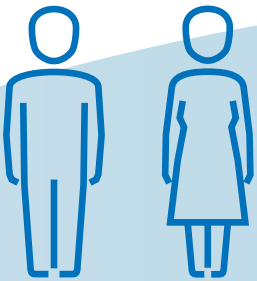
For men taking Kyprolis®:

- While taking Kyprolis® and for 90 days after stopping treatment, you should use a condom even if your partner is pregnant.

DRIVING AND MACHINERY

During treatment you may feel tired, dizzy, faint and/or experience low blood pressure. Do not drive or operate machines if you have any of these symptoms.





TREATMENT AIMS

WHAT WILL MY DOCTOR BE LOOKING FOR?

The overall aim of treatment is to control the myeloma and to reduce complications and symptoms.

Your doctor will investigate whether the myeloma is under control from results of regular blood and urine tests and occasional X-rays and bone marrow biopsies. You may also notice an improvement in your symptoms.

Signs that treatment is working include (but are not restricted to):

- Improved blood test results, for example a fall in ***paraprotein*** levels
- A reduction of myeloma cells in your bone marrow
- Improvement in your symptoms, which may include:
  - More energy
  - Reduced pain
  - Generally feeling better

There are many ways your condition can improve gradually over time, and many patients keep a symptom and side effect diary to record small changes. You may want to use the **treatment cycle tracker** enclosed in this patient guide to record these and discuss them with your doctor or nurse at your appointments.

Your doctor and/or nurse will carry out regular tests and check on your general wellbeing. You may be asked how you are feeling and if you are experiencing improvement in your symptoms. It is important to discuss any treatment side effects you may be experiencing, have experienced, or are worried about.

POSSIBLE SIDE EFFECTS[1,2]

MANAGING POSSIBLE SIDE EFFECTS

Like all medicines, Kyprolis® can cause side effects, although not everybody gets them.

Tell your doctor or nurse if you experience any side effects and they will advise you on how to manage them. They will find it useful if you note them down when they occur. You can use the treatment cycle tracker provided to do this.

Symptoms to look out for

There are certain serious side effects that can occur which your doctor or nurse need to be made aware of and which may require immediate attention. **If you experience any of the symptoms in Table 3 and 4 on the following pages, report these to your doctor or nurse straight away using the contact details written on page 2 this patient guide.**

Please read the patient information leaflet (PIL) available at www.medicines.ie/medicines/kyprolis-32623/patient-info for a complete list of possible side effects and their frequency.

Always read the patient information leaflet that comes with your medicine.

If you have any questions about side effects, or any other aspect of your treatment, please speak to your doctor or nurse.

REPORTING OF SIDE EFFECTS:
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.

TABLE 3: SERIOUS SIDE EFFECTS AND SYMPTOMS[1,2]

SERIOUS SIDE EFFECTS TO LOOK OUT FOR
Chest pains, shortness of breath, or if there is swelling of your feet, which may be symptoms of heart problems
Difficulty breathing, including shortness of breath at rest or with activity or a cough (dyspnoea), rapid breathing, feeling like you can't breathe in enough air, wheezing, or cough, which can be signs of lung toxicity
Very high blood pressure, severe chest pain, severe headache, confusion, blurred vision, nausea and vomiting, or severe anxiety, which may be signs of a condition known as hypertensive crisis
Shortness of breath with everyday activities or at rest, irregular heartbeat, racing pulse, tiredness, dizziness, and fainting spells, which can be signs of a condition known as pulmonary hypertension
Swollen ankles, feet or hands, loss of appetite, passing less urine, or abnormal blood test results, which may be symptoms of kidney problems or kidney failure
A side effect called tumour lysis syndrome, which can be caused by the rapid breakdown of tumour cells and may cause irregular heartbeat, kidney failure or abnormal blood test results
Fever, chills or shaking, joint pain, muscle pain, facial flushing, or swelling of the face, lips, tongue and/or throat which may cause difficulty breathing or swallowing (angioedema), weakness, shortness of breath, low blood pressure, fainting, slow heart rate, chest tightness, or chest pain can occur as a reaction to the infusion
Unusual bruising or bleeding, such as a cut, that takes longer than usual to stop bleeding; or internal bleeding such as coughing up blood, vomiting up blood, dark tarry stools, or bright red blood in your stools
Bleeding in the brain leading to sudden numbness or paralysis on one side of the face, legs or arms, sudden severe headache or trouble seeing or difficulty speaking or swallowing
Leg or arm pain or swelling (which could be a symptom of blood clots in the deep veins of the leg or arm), chest pain or shortness of breath (which may be a symptom of blood clots in the lungs)
Yellowing of your skin and eyes (jaundice), abdominal pain or swelling, nausea or vomiting, which could be symptoms of liver problems including liver failure. If you have ever had hepatitis B infection, treatment with this medicine may cause the hepatitis B infection to become active again
Bleeding, bruising, weakness, confusion, fever, nausea, vomiting and diarrhoea, and acute kidney failure, which may be signs of a blood condition known as thrombotic microangiopathy
Headaches, confusion, seizures (fits), visual loss, and high blood pressure (hypertension), which may be symptoms of a neurologic condition known as posterior reversible encephalopathy syndrome (PRES).

TABLE 4: OTHER POSSIBLE SIDE EFFECTS[1,2]

VERY COMMON SIDE EFFECTS (MAY AFFECT MORE THAN 1 IN 10 PEOPLE)	
Serious lung infection (pneumonia)	Dizziness
Respiratory tract infection (infection of the airways)	High blood pressure (hypertension)
Low platelets, which may cause easy bruising or bleeding (thrombocytopenia)	Shortness of breath
Low white blood cell count, which may decrease your ability to fight infection and may be associated with fever	Cough
Low red blood cell count (anaemia) which may cause tiredness and fatigue	Diarrhoea
Changes to blood tests (decreased blood levels of potassium, increased blood levels of creatinine)	Nausea
Decreased appetite	Constipation
Difficulty sleeping (insomnia)	Vomiting
Headache	Stomach pain
Numbness, tingling, or decreased sensation in hands and/or feet	Back pain
	Joint pain
	Pain in limbs, hands or feet
	Muscle spasms
	Fever
	Chills
	Swelling of the hands, feet or ankles
	Feeling weak
	Tiredness (fatigue)

COMMON SIDE EFFECTS (MAY AFFECT UP TO 1 IN 10 PEOPLE)	
Infusion reaction	Lung infection
Heart failure and heart problems including rapid, strong or irregular heartbeat	Liver problems including an increase in liver enzymes in the blood
Heart attack	Flu-like symptoms (influenza)
Kidney problems, including kidney failure	Reactivation of the chicken pox virus (shingles) that can cause a skin rash and pain (herpes zoster)
Blood clots in the veins (deep vein thrombosis)	Urinary tract infection (infection of structures that carry urine)
Feeling too hot	Cough which could include chest tightness or pain, nasal congestion (bronchitis)
Blood clot in the lungs	Sore throat
Fluid in the lungs	Inflammation of the nose and throat
Wheezing	
Serious infection including infection in the blood (sepsis)	

Continued overleaf

COMMON SIDE EFFECTS (MAY AFFECT UP TO 1 IN 10 PEOPLE) *CONTINUED*

Runny nose, nasal congestion or sneezing	Change in voice or hoarseness
Viral infection	Indigestion
Infection of the stomach and intestine (gastroenteritis)	Toothache
Bleeding in the stomach and bowels	Rash
Changes to blood tests (decreased blood levels of sodium, magnesium, protein, calcium or phosphate, increased blood levels of calcium, uric acid, potassium, bilirubin, c-reactive protein or sugar)	Bone pain, muscle pain, chest pain
Dehydration	Muscle weakness
Anxiety	Aching muscles
Feeling confused	Itchy skin
Blurred vision	Redness of the skin
Cataract	Increased sweating
Low blood pressure (hypotension)	Pain
Nose bleed	Pain, swelling, irritation or discomfort where you received the injection into your vein
	Ringing in the ears (tinnitus)
	A general feeling of illness or discomfort

UNCOMMON SIDE EFFECTS (MAY AFFECT UP TO 1 IN 100 PEOPLE)

Bleeding in the lungs	Swelling of the lining of the heart (pericarditis), symptoms include pain behind the breast bone, sometimes spreading across to the neck and shoulders, sometimes with a fever
Inflammation of the colon caused by a bacteria called Clostridium difficile	Fluid build-up in the lining of the heart (pericardial effusion), symptoms include chest pain or pressure and shortness of breath
Allergic reaction to Kyprolis	A blockage in the flow of bile from the liver (cholestasis), which can cause itchy skin, yellow skin, very dark urine and very pale stools
Multi-organ failure	Perforation of the digestive system
Reduced blood flow to the heart	Cytomegalovirus infection
Bleeding in the brain	Hepatitis B infection activated again (viral inflammation of the liver)
Stroke	
Difficulty breathing, rapid breathing and/or fingertips and lips looking slightly blue (acute respiratory distress syndrome)	
Inflammation of the pancreas	

WHAT CAN I DO FOR MY GENERAL WELLBEING?

THERE ARE A FEW SIMPLE THINGS THAT YOU CAN DO EACH DAY TO HELP LOOK AFTER YOURSELF BOTH PHYSICALLY AND EMOTIONALLY.

Know the signs of infection and how to reduce the risk of one developing.

Your ability to fight infection can be reduced by myeloma as well as by some of the treatments for myeloma. This may mean that you can develop infections more easily, such as repeated colds, flu, coughs, chest and other infections. You can minimise the risk by avoiding situations where you may be exposed to infection, such as crowded places, hospitals, day nurseries and schools, as much as you can. Where possible, avoid close contact with people who currently have infections that can be easily transmitted, including chickenpox, shingles and measles.

Also ensure that you wash your hands regularly with hot soapy water, especially after going to the toilet and before eating. Using an antibacterial hand gel can also help after touching shared surfaces and using public transport.

It is also important for you and your carers to know what symptoms to look out for that might indicate that you are developing an infection. If you have any of the following symptoms, please contact your doctor or nurse straight away, using the contact details at the front of this patient guide:

- A temperature of 38°C (100.4°F) or higher
- Fever or shivering
- A cough
- Feeling hot and cold
- Discomfort or pain when passing urine
- Feeling generally unwell

Eat well

When you are unwell it is especially important to eat well to boost your immune system and maintain your energy levels.

There is no specific diet for patients with myeloma, but try to keep at a healthy weight and ensure you eat a well-balanced diet and wash all fruit and vegetables before use. Avoid foods which are very high in sugar if you can, as these can cause your blood sugar to crash, which feels like an energy slump. Your nurse may be able to give you advice on the best kinds of food to eat especially if you are feeling sick.

Stay adequately hydrated

Myeloma may affect kidney function. Drinking lots of fluid can help your kidneys work well. It is recommended that you drink 2 to 3 litres (or 3 to 5 pints) of liquid per day (including water, juice, decaffeinated tea, squash and sparkling water). Tea, coffee and alcohol can be included in moderation. Some complications may mean that your fluid intake should be reduced – your doctor will always advise you.

Sleep well

A good night's sleep not only boosts your immune system but can also help with the emotional fatigue of myeloma. If you are having trouble sleeping, talk to your doctor or nurse. Creating a bedtime routine can be helpful: a warm (not hot) bath or shower before bed, going to bed at the same time every night, and avoiding the use of televisions, phones, or e-readers/tablets an hour before bed can help aid restful sleep.

Take some exercise

Try to take 30 minutes of light exercise a day (walking is particularly good) as it can help improve your physical and emotional ability to carry on with day-to-day life. It is advisable to avoid intense weight bearing or high impact exercise, and stick to light to moderate exercise to avoid potential damage to your bones.

Emotional support

It is often helpful to speak to other patients with myeloma to share experiences and gain emotional support. There are several forums that can help you to do this, including Multiple Myeloma Ireland and the Irish Cancer Society. Your doctor or clinical nurse specialist may also be able to provide you with information about local support groups and counselling.

WHAT SUPPORT IS AVAILABLE?

Irish Cancer Society

Irish Cancer Society Support Line Freephone: **1800 200 700**

Call our Support Line and speak to one of our cancer nurses for confidential advice, support and information.

Our Support Line is open Monday-Friday 9am-5pm. You can also email us any time on **supportline@irishcancer.ie**; or visit our Online Community at **www.cancer.ie**

Multiple Myeloma Ireland

Multiple Myeloma Ireland is the only charity organisation focused on Multiple Myeloma in Ireland. Multiple Myeloma Ireland provide information and support for Multiple Myeloma patients, families and carers. They promote and facilitate ongoing education and research in Multiple Myeloma in Ireland and aim to raise public awareness of Multiple Myeloma.

Phone: **+353 860 226 992**
Email: **info@multiplemyelomaireland.org**
Website: **www.multiplemyelomaireland.org**

USEFUL TERMS

Anaemia	Insufficient ***red blood cells*** leading to tiredness.
Antibodies	Molecules produced by ***white blood cells*** that fight infection.
Bone marrow	The soft, spongy tissue in the centre of bones that produces blood cells.
Chemotherapy (also known as cytotoxic chemotherapy)	Medicines that kill cancer cells.
Corticosteroids (also known as steroids)	A natural product produced by the body that regulates inflammation, metabolism and growth. They are also produced synthetically and used to treat many conditions.
Cycle (of treatment)	A set period of time during which regular doses of medicine are given. Cycles may be repeated for a set period of time or dependent on treatment outcome and tolerability.
Dexamethasone	A type of steroid.
Histone deacetylase (HDAC) inhibitors	A class of medicine which act against cancer cells by stopping an essential enzyme from breaking up proteins the cancer cell doesn't need any more. The enzyme is called Histone Deacetylase, and when it can't work properly waste products build up in the cell, eventually causing it to die.
Immune system	The tissues and cells that defend the body against infection and disease.
Immunomodulatory medicines (IMiDs)	Medicines that use the immune system to help fight disease.
Intravenously (infusion)	Administration of medicine into a vein.
Lenalidomide	Lenalidomide is a biological therapy that can be given to patients with newly diagnosed or relapsed myeloma.
Monoclonal antibodies	Medicines designed to work with your immune system and act directly on the diseased cells by attaching an antibody to them, like a flag or target, so your immune system knows which cells to attack.

Myeloma	A cancer of the bone marrow caused by abnormal plasma cells which can result in bone damage, low blood cell counts, increased infections and kidney damage.
Orally	Administration of medicine taken through the mouth
Paraprotein (also known as M-Protein)	An abnormal antibody produced by plasma cells. Measurements of paraprotein in the blood can be used to diagnose and monitor myeloma.
Plasma cells	White blood cells that produce antibodies that defend the body against infection and disease.
Proteasome	A type of drug that blocks the action of proteasomes in myeloma cells and causes the build-up of damaged proteins (such as paraprotein), eventually killing the cells.
Proteasome inhibitor	A set period of time during which regular doses of medicine are given. Cycles may be repeated for a set period of time or dependent on treatment outcome and tolerability.
Radiotherapy	The use of radiation (such as X-rays) to treat cancer by killing the cancer cells directly.
Red blood cell	Blood cells that carry oxygen around the body. Also called erythrocytes.
Refractory	The term refractory is used to refer to myeloma that is no longer responding to the current or most recent treatment and is therefore described as refractory to treatment.
Relapse	When myeloma has come back after a period of remission.
Remission	A period of time during and/or after treatment when myeloma is under control.
Targeted treatments	This is a general term that refers to any medicine which acts directly on cancer cells. These are often monoclonal antibodies but could be other types of medicine. Targeted treatments work by attaching themselves to a specific part of the cell and preventing the cell from growing or multiplying.
White blood cell	Part of the immune system that protects the body from infection and disease.

TREATMENT CYCLE TRACKER

Keeping track of your 4-week treatment cycles can help you stay organised. This tracker can help you keep a record of your treatment schedule to ensure that you are receiving/taking your medications as prescribed by your doctor.

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.

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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

Things to tell my healthcare professional

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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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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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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)

References

1. Kyprolis® (carfilzomib) Patient Information Leaflet. Amgen. Accessed via www.medicines.ie/medicines/kyprolis-32623/patient-info

2. Kyprolis® (carfilzomib) Summary of Product Characteristics (SPC). Accessed via www.medicines.ie/medicines/kyprolis-32623/smpc

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