MEDICINE INFORMATION

CyBorD (cyclophosphamide, bortezomib and dexamethasone)

A patient guide to the three-medicine treatment for myeloma, including injection visits, tablet days and how to report nerve symptoms or signs of infection.

At a glance

Treatment	Cyclophosphamide + Bortezomib + Dexamethasone
When it may be used	For selected people with multiple myeloma. It is also used in some plans for a related condition called light-chain amyloidosis.
How it is given	Bortezomib is usually injected under the skin. Cyclophosphamide and dexamethasone are usually taken by mouth. Your plan may specify an injection or infusion.
Before you start	Ask for a calendar, how to take infection-prevention medicines and who to call for fever or new symptoms.

What this treatment is and how it works

Multiple myeloma is a cancer of plasma cells, a type of blood cell that normally makes antibodies. Bortezomib blocks a system that breaks down proteins inside cells. This makes it harder for myeloma cells to survive. Cyclophosphamide is chemotherapy that damages the genetic material cells need to divide. Dexamethasone is a steroid that can also help treat myeloma.

When it may be used

CyBorD is sometimes called VCd. Your team may discuss it as part of treatment for myeloma, including before a stem cell transplant. The choice depends on your previous treatment, kidney function, existing nerve problems and other factors. In light-chain amyloidosis, abnormal proteins can build up in organs. Some amyloidosis treatment plans use CyBorD with another medicine. Check the names on your plan and ask why the team has chosen this combination.

Before treatment

Tell your team about numbness, tingling, diabetes, dizziness on standing, kidney or heart problems and any previous shingles. Bring a list of prescriptions and supplements. The team usually checks blood counts, kidneys, liver and relevant myeloma tests. Ask if you need medicine to reduce the chance of shingles while having bortezomib. If you have diabetes, ask how to manage higher blood sugar on dexamethasone days.

How treatment is given

You usually have bortezomib as an injection under the skin, commonly in the tummy or thigh. Your team may choose a different route. Depending on your plan, you may receive cyclophosphamide through a drip or take it by mouth. Dexamethasone may be given in the unit or prescribed as tablets. Some plans have weekly visits. Others have more frequent visits. Confirm which medicines to take on each day, including during breaks.

Ask what to do if you miss or vomit a dose of an at-home medicine. Call the unit for advice before taking another dose. Tell the nurse straight away about a rash, dizziness, pain, swelling or breathing difficulty during treatment.

Tests and monitoring during treatment

Blood tests check blood counts and organ function before or during cycles. Your team follows markers of myeloma, such as the abnormal protein in blood or urine. Ask which results matter in your case and how they are changing. Tell the team how long any tingling lasts and whether it affects your grip, walking or sleep. Changes in bortezomib timing or dose may help limit worsening symptoms.

Side effects

Common side effects

- **Numbness, tingling or pain.** Bortezomib can affect nerves in the hands and feet. Report symptoms early, including difficulty walking or fastening buttons.
- **Low blood counts.** These can increase the risk of infection, bleeding and tiredness. Report a fever, unusual bruises or new breathlessness.
- **Bowel changes or nausea.** Constipation and diarrhoea can both occur. Follow your team’s plan and ask for help if you cannot drink.
- **Sleep, mood and blood sugar changes.** Steroids can make you feel hungry, restless or unable to sleep. Follow the plan for monitoring blood sugar.
- **Redness at an injection site.** Tell the nurse if pain, swelling or redness persists or worsens.

Less common and important side effects

Bortezomib can increase the chance of shingles. A painful rash or blisters, especially on one side of the body, needs a prompt call. Tell the team about repeated dizziness or fainting, especially when standing. Cyclophosphamide can irritate the bladder. Call if you see blood in your urine or have pain passing urine.

When to seek urgent help

Call your hospital's 24-hour cancer care number straight away for fever, shaking chills, sudden illness, new breathlessness, unexpected bleeding, blood in your urine, a painful blistering rash or trouble drinking. Follow your hospital's temperature instructions. If you have no written threshold, call at 37.5°C (99.5°F) or above, or below 36°C (96.8°F). Call if you feel very unwell even with a normal temperature.

Seek emergency care for severe breathing difficulty, chest pain, collapse, swelling of the face or throat, or bleeding that will not stop. Tell staff you are receiving CyBorD.

Practical advice for this treatment

Mark which medicines are due on each visit

Bortezomib, cyclophosphamide and dexamethasone may be given on different days. Check which are injections or infusions and which you take by mouth. Ask for the exact home times and report a missed or vomited dose before taking another.

Discuss shingles prevention and changes in sensation

Ask if you need antiviral tablets to lower the chance of shingles and how long they continue. Report a painful blistering rash promptly. Tell the team if numbness interferes with walking, eating or using your hands. Describe changes early, as they can affect the next bortezomib dose.

Plan for the steroid days

Check whether you should monitor your glucose, especially if you have diabetes. Tell the team if you feel dizzy on standing or notice changes in sleep or mood. Ask what to do if symptoms make it hard to eat or take medicines.

Medicines, interactions and vaccinations

Have the cancer pharmacist check new medicines, vitamins and herbal products. Take prescribed antiviral or other infection-prevention medicines on schedule. Ask when to stop them. Check vaccine timing with your team, especially for live vaccines.

Everyday life

Use a calendar for tablet and injection days. Stand up slowly if you are dizzy and tell the team if it keeps happening. Ask how much to drink if you have a kidney or heart problem. Choose footwear that helps you feel steady if your feet are numb.

Pregnancy, fertility and breastfeeding

Discuss fertility preservation, contraception and breastfeeding with your team before starting. Ask when precautions can end after treatment and whether the dates change if you are planning a transplant.

After treatment

Keep your appointments to check myeloma markers and blood counts. Ask if any tablets, such as medicine to prevent shingles, should continue and for how long. Report nerve symptoms that persist.

Frequently asked questions

Is VCd another name for CyBorD?

Yes. Both refer to cyclophosphamide, bortezomib and dexamethasone. Check your own schedule.

Are all three medicines injections?

Your plan may include tablets or infusions. The unit will explain which medicines you receive there and which you take at home.

Why do I need tablets to prevent shingles?

Bortezomib can increase the risk of shingles. Your team can explain whether you need an antiviral and how long to take it.

What should I do about new tingling?

Tell your team early. Explain where it is and whether it changes how you walk or use your hands.

What if I miss a dose at home?

Call your treatment team and tell them the medicine name and time it was due.

Can dexamethasone raise my blood sugar?

Yes. Ask what to monitor and when to call if you have diabetes or high blood sugar.

Why do I feel dizzy when I stand?

Several things can cause it, including a fall in blood pressure. Tell your team and seek urgent help if you collapse.

Do I need to take the steroid on a rest day?

Check your written calendar. Some doses may be due on days without a hospital visit.

What if there is redness where I had bortezomib?

Tell your nurse if redness or discomfort persists or worsens, or if you also have fever.

What should I do if urine looks red?

Call your team promptly. Tell them if you have pain, clots or difficulty passing urine.

How does my team check whether treatment is working?

They follow myeloma tests and your symptoms. Ask which marker they are using for you.

Why might a treatment day change?

Blood counts, nerve symptoms, infection or other tests can lead the team to delay or change a dose.

Can I have another medicine with CyBorD?

Some plans add another drug. Ask your team to confirm the exact combination and what extra checks are needed.

Will I have a stem cell transplant?

Some patients do. Your team considers your health, the response and your preferences when discussing the next step.

Do I still need kidney tests if one drug is given under the skin?

Yes. The blood tests check your kidneys, myeloma and how your body is coping with the whole combination. Keep the tests on your calendar and report much less urine, vomiting or difficulty drinking.

Individual medicine guides

- Cyclophosphamide
- Bortezomib
- Dexamethasone

Sources and further reading

Read this guide alongside your hospital's plan. Ask your pharmacist to confirm the exact product dispensed in India and follow the instructions for that product.

Summary of Product Characteristics (SmPC) and prescribing information

- Cyclophosphamide tablets - UK SmPC
- Cyclophosphamide injection - UK SmPC
- Bortezomib (Velcade) - EU product page with SmPC
- Dexamethasone tablets - UK SmPC
- Dexamethasone injection - UK SmPC

Clinical protocols and other references

- eviQ weekly CyBorD protocol for myeloma

Additional sources

- eviQ, CyBorD patient information for myeloma
- Macmillan Cancer Support, cancer drug treatment for myeloma
- eviQ, daratumumab and CyBorD for light-chain amyloidosis

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