MEDICINE INFORMATION

KCd (carfilzomib, cyclophosphamide and dexamethasone)

A guide to the three-medicine myeloma treatment sometimes called CyCarDex, including infusion visits, fluid advice and when to report changes in your breathing or urine.

At a glance

Treatment	Carfilzomib + Cyclophosphamide + Dexamethasone
When it may be used	For selected people with multiple myeloma, including when further treatment is needed after earlier therapy.
How it is given	Carfilzomib is given by drip into a vein. Cyclophosphamide and dexamethasone are given by mouth or through a vein, depending on the plan.
Before you start	Tell the team about heart or kidney problems. Check your treatment calendar, fluid instructions and the hospital's 24-hour number.

What this treatment is and how it works

Multiple myeloma is a cancer of plasma cells, the blood cells that normally make antibodies. Carfilzomib blocks a system that breaks down proteins inside cells. Cyclophosphamide is chemotherapy that damages the genetic material cells need to divide. Dexamethasone is a steroid that also helps treat myeloma.

When it may be used

Your team may offer KCd when myeloma has come back or has not responded well enough to earlier treatment. Previous treatments, kidney function, heart health and other options all matter. Ask what the team hopes to achieve and which tests will show whether the treatment is helping.

Before treatment

Tell your team about breathlessness, chest pain, swollen ankles, high blood pressure, kidney disease, trouble passing urine or past shingles. Bring your medicine list, including supplements. The team usually checks blood counts, organ function and blood pressure. Depending on your heart history and symptoms, it may arrange further tests.

Ask how much you should drink on treatment and rest days. Carfilzomib can be given with extra fluid, and the amount needs to fit your heart and kidney health. If you have diabetes, ask how to monitor blood sugar on steroid days.

How treatment is given

You receive carfilzomib through a drip at the cancer unit. Cyclophosphamide may be given by drip or as tablets, depending on your plan. Dexamethasone may be given at the unit or prescribed for home. The combination may be given on several days in a cycle, with rest days between. Ask for the exact dates because the schedule can change later.

Staff may give medicine for nausea and fluids around some infusions. Tell the nurse straight away about fever, shivering, dizziness, chest tightness, breathing trouble or pain or swelling at the drip site. Reactions can also occur after a visit. Ask who to call once you are home.

Tests and monitoring during treatment

You will have regular blood counts, kidney tests and blood pressure checks. The team may also check blood salts and whether fluid is building up. Report rapid weight gain, ankle swelling, difficulty breathing when lying flat or reduced urine. The team follows myeloma markers, such as an abnormal protein in blood or urine, to assess the response.

Side effects

Common side effects

- **Tiredness and low blood counts.** Call for fever or shaking chills and tell the team about unusual bruising, bleeding or new breathlessness.
- **Nausea or bowel changes.** Take the medicines you were given as directed and call if you cannot drink or keep fluids down.
- **Raised blood pressure.** Follow the plan if your team asks you to check it at home. Ask which readings need a call.
- **Sleep, mood or blood sugar changes.** Dexamethasone can cause these. Ask for help if the changes are difficult to manage.
- **Aches or headache.** Tell the team if these persist, and ask which pain medicine is safe for you.

Less common and serious side effects

Carfilzomib can affect the heart, lungs and kidneys. New breathlessness, a racing heart, swelling or markedly reduced urine needs prompt assessment. Cyclophosphamide can irritate the bladder. Call the unit for blood in the urine or pain when passing it. Tell the team about a painful blistering rash because shingles can occur during treatment.

When to seek urgent help

Call your hospital's 24-hour cancer care number straight away for fever, shaking chills, sudden illness, new breathlessness, swelling or rapid weight gain, blood in the urine, very little urine, unexpected bleeding or repeated vomiting. 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 sudden or severe breathing difficulty, chest pain, collapse, a seizure, stroke symptoms or bleeding that will not stop. Tell staff you are receiving KCd.

Practical advice for this treatment

Understand your fluids and blood pressure plan

Before carfilzomib, tell the team about heart failure, high blood pressure or kidney problems. Ask who should review your blood pressure medicines if readings change. Report rapid weight gain, swollen ankles or new breathlessness. A large change in fluid intake may require advice from the team.

Check cyclophosphamide and steroid arrangements

Ask whether cyclophosphamide is oral or through a vein in your plan. Check whether extra fluids are recommended and whom to call if you see blood or feel pain when passing urine. If you have diabetes, ask if you need additional glucose checks on dexamethasone days.

Know how to get results between visits

The team uses your blood tests to monitor counts, kidneys and response. Ask who will contact you about abnormal results if tests are taken outside the treatment centre. Record symptoms that begin after the drip as well as those that develop over several weeks.

Medicines, interactions and vaccinations

Ask your cancer pharmacist to check new medicines and supplements. Take any prescribed infection-prevention medicines as directed. Ask when vaccinations are appropriate and whether a live vaccine needs to wait.

Everyday life

Use a calendar for visits, steroid doses and blood tests. If your team asks you to track blood pressure or weight, ask which changes to report. Arrange help with meals or transport if frequent visits are tiring. Follow your fluid instructions and call if you cannot keep up with them.

Pregnancy, fertility and breastfeeding

Ask about fertility preservation before starting. Discuss contraception, pregnancy and breastfeeding, including how long precautions continue after the last treatment.

After treatment

Ask when you will review the myeloma results and whether infection prevention, blood pressure checks or other monitoring will continue. Tell the team about ongoing changes in breathing, urine or everyday activity.

Frequently asked questions

Is CyCarDex the same as KCd?

Both names refer to carfilzomib, cyclophosphamide and dexamethasone. Check your hospital's calendar for the schedule it uses.

How is this different from KRd?

KCd uses cyclophosphamide. KRd uses lenalidomide. Ask your team which combination is on your plan.

Will I need to have every medicine on every visit?

Some medicines may be given on different days. Your calendar should show what you will have at each visit.

Why might my fluid plan change?

Carfilzomib can affect the heart and kidneys. Staff adjust the fluids to your tests, symptoms and overall health.

Should I report ankle swelling?

Yes. Tell the team if it is new or increasing, especially if you are also short of breath or gaining weight rapidly.

Why is my blood pressure checked each visit?

Carfilzomib can raise blood pressure. The team may recheck it or adjust your plan before giving treatment.

What if I see blood in my urine?

Call your hospital promptly and describe the colour, any clots and whether you have pain or trouble passing urine.

Can I take painkillers at home?

Check which medicines are suitable with your team, especially if you have a kidney problem or low platelets.

What if I miss a tablet?

Call your unit for advice and tell them the medicine name and the time you were meant to take it.

Could a steroid affect my sleep or blood sugar?

Yes. Ask about timing and a monitoring plan before your first dose.

Why am I taking an antiviral medicine?

It may lower the chance of shingles. Ask how long you should take it.

What if my next treatment is delayed?

Ask which tests or symptoms the team needs to recheck and when your next visit will be.

How do I know if the treatment is working?

Your team reviews myeloma markers and how you are feeling. Ask when the results will be discussed.

What if I feel unwell after a drip?

Call the unit and tell them when the infusion was and when your symptoms started. Get emergency help if the symptoms are severe.

When should I report shortness of breath after carfilzomib?

Tell the nurse immediately if you become breathless during the infusion. If new breathlessness starts after you leave, call the 24-hour treatment number. Seek emergency care for severe trouble breathing, chest pain or fainting.

Individual medicine guides

- Carfilzomib
- Cyclophosphamide
- 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

- Carfilzomib (Kyprolis) - EU SmPC
- Cyclophosphamide tablets - UK SmPC
- Cyclophosphamide injection - UK SmPC
- Dexamethasone tablets - UK SmPC
- Dexamethasone injection - UK SmPC

Clinical protocols and other references

- eviQ KCd protocol for multiple myeloma

Additional sources

- eviQ, KCd for multiple myeloma
- Macmillan Cancer Support, cancer drug treatment for myeloma

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