MEDICINE INFORMATION

KPd (carfilzomib, pomalidomide and dexamethasone)

Patient information about KPd for multiple myeloma, with heart, kidney and blood pressure checks and safe capsule use.

At a glance

Treatment	Carfilzomib + Pomalidomide + Dexamethasone
When it may be used	KPd has been studied in multiple myeloma after previous treatment.
How it is given	Carfilzomib is given by drip into a vein. You take pomalidomide capsules and usually take dexamethasone tablets by mouth.
Before you start	Tell the team about heart or kidney problems, high blood pressure, blood clots, infections or pregnancy plans.

What this treatment is and how it works

Carfilzomib blocks a system that breaks down proteins inside cells. Pomalidomide changes immune and myeloma cell activity. Dexamethasone is a steroid used against myeloma.

When it may be used

The choice depends on what you have already had, how well it worked and your other health conditions.

Before treatment

Ask about clot prevention, anti-viral medicines and the pregnancy prevention programme.

How treatment is given

Carfilzomib is given by drip. Pomalidomide is taken as capsules and dexamethasone is given according to the calendar. Ask how much fluid is suitable, especially if you have a heart or kidney condition.

Tests and monitoring during treatment

The team checks blood counts, kidney function and blood pressure and measures myeloma activity. Report swelling, quick weight gain, changes in urination or difficulty breathing.

Side effects

Common or more frequent side effects

- **Changes in blood counts.** Treatment can lower the white cells that fight infection, the red cells that carry oxygen and the platelets that stop bleeding. You may feel tired or get breathless sooner than usual. Let the unit know about nosebleeds, new bruises or small red or purple spots. Fever or shaking chills needs a call to the urgent number even if your next blood test is already booked.
- **Effects of steroid medicines.** A steroid may make it harder to sleep or cause changes in appetite, mood or blood sugar. Tell the unit if thirst or urination increases, especially if you have diabetes. Do not change the dose or timing on your own. Ask before treatment which symptoms should prompt a blood sugar check.
- **Changes in bowel habits.** Report persistent diarrhoea or constipation, and tell the team what else you take for it. If you have loose stools, note whether you can still drink and pass urine normally. Ask the pharmacist how to take your capsules on days when you feel unwell.

Other reported side effects

Tell the team about muscle cramps, dizziness or a painful blistering rash. New breathlessness, even if mild at first, should be reported.

Serious effects to recognise

- **Heart, blood pressure and fluid changes.** New swelling, weight gain, difficulty breathing or unusual fatigue can need assessment during carfilzomib. Ask your team about fluid limits and blood pressure checks. Chest pain or severe or sudden breathing difficulty needs emergency help.
- **Blood clots.** Some myeloma or lymphoma medicines raise clot risk. Ask what prevention applies given your blood counts and other conditions. A painful swollen leg or arm needs prompt advice. Sudden chest pain or severe breathing difficulty needs emergency help.

Tell the team if you pass much less urine than usual. Seek emergency care for new chest pain, sudden shortness of breath or stroke symptoms.

When to seek urgent help

Call your hospital's 24-hour cancer care number straight away for fever, chills, unexpected bleeding, reduced urine, new swelling or persistent breathlessness. Follow your hospital's written 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 when your temperature is normal.

Seek emergency care for severe breathing difficulty, swelling of the face or throat, chest pain, collapse or bleeding that will not stop.

Practical advice for this treatment

Report new shortness of breath or swelling

Carfilzomib can affect the heart, blood pressure or fluid balance. Tell your team if you gain weight quickly, develop swollen ankles or feel more breathless walking or lying down. Fluids sometimes given around the drip are adjusted to your individual heart and kidney needs.

Keep the capsule schedule and safety instructions available

Follow the written instructions for pomalidomide days and breaks, and the pregnancy prevention programme. Ask about any tests required before you collect a new supply. Do not share capsules. Ask the pharmacist how to handle unused or damaged capsules.

Ask how the team plans to reduce clot and infection risk

Pomalidomide and dexamethasone can raise clot risk. The team will consider prevention alongside your blood counts and other medicines. Tell it about any history of clots and if you develop swelling or pain in one leg. Ask if you need antiviral prevention or what to do about infection symptoms when counts are low.

Medicines, interactions and vaccinations

Check with the team before new medicines or vaccines. Use clot prevention and antiviral medicines only as prescribed. Ask how to manage blood sugar on steroid days.

Everyday life

Keep the capsules in their prescribed packaging and note the dates of any breaks. Record your blood pressure or weight if the team asks you to monitor them.

Pregnancy, fertility and breastfeeding

Pomalidomide can seriously harm a developing baby. Follow the pregnancy prevention programme and advice on testing, contraception and breastfeeding.

After treatment

Ask when myeloma tests and heart or kidney checks will be repeated. Confirm which preventive medicines and pregnancy precautions continue.

Frequently asked questions

Is KPd the same as KRd?

The P stands for pomalidomide. KRd uses lenalidomide.

Should I increase my fluid intake?

Ask the team for an individual plan. Too much fluid can be a problem for some people.

Which changes should I report between visits?

Report increasing ankle swelling, rapid weight gain, worsening breathlessness or much less urine. Bring any home weight or blood-pressure readings your team asked you to record. Seek emergency care for severe breathlessness, chest pain or collapse.

Why might I need a blood thinner?

Pomalidomide can raise the risk of clots. The team chooses prevention based on your risks.

What if I forget a capsule?

Follow the pharmacist’s instructions or call the unit. Do not take extra to catch up.

Why are blood pressure checks important?

Carfilzomib can raise blood pressure. The team may adjust monitoring or medicines.

Which symptoms should I record on my dexamethasone days?

Note large changes in sleep, mood or blood glucose and tell the team if they interfere with eating, rest or safety. If you monitor glucose at home, bring the results to your visit.

Individual medicine guides

- Carfilzomib
- Pomalidomide
- 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
- Pomalidomide (Imnovid) - EU product page with SmPC
- Dexamethasone tablets - UK SmPC

Additional sources

- Study of KPd in relapsed or refractory multiple myeloma

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