How is bortezomib given?

Bortezomib is usually given as an injection under the skin (subcutaneous), but can also be given intravenously (into the vein). Bortezomib is most often given with the steroid dexamethasone. It can also be given in other combinations, such as with the chemotherapy drug cyclophosphamide (known as VCD), or the immunomodulatory drug (IMiD) thalidomide (VTD).

The exact dose of bortezomib, and how long you will have it for, depends on a number of factors, including:

- Your height and weight
- Whether you are receiving treatment in a once-weekly or twice-weekly schedule
- What treatment combination you are receiving

Other information about bortezomib

- You should not drink green tea or take green tea supplements while being treated with bortezomib because they can interfere with the way bortezomib works.
- You should also avoid having vitamin C in large doses as it can interfere with treatment with bortezomib.
- Alcohol intake should be strictly limited whilst taking bortezomib because it can exacerbate side effects such as dizziness and fatigue.

Bortezomib (Velcade®)

Treatment Guide

We're here for everything a diagnosis of myeloma brings

Get in touch to find out more about how we can support you

Call the Myeloma Infoline on 0800 980 3332
Email Ask the Nurse at AskTheNurse@myeloma.org.uk
Visit our website at myeloma.org.uk

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Registered Charity No: SC026116
What is bortezomib?

Bortezomib, also known as Velcade®, is a proteasome inhibitor drug used in the treatment of myeloma.

How does it work?

Bortezomib works by blocking the actions of proteasomes. Proteasomes are large molecules found in all cells of the body, and they are involved in the breakdown of damaged or unwanted proteins. Bortezomib temporarily blocks their function, stopping them from breaking down unwanted proteins. This causes proteins to build up to toxic levels, killing the cell. Myeloma cells rely more heavily on proteasomes than normal healthy cells; they are therefore much more sensitive to bortezomib.

Possible side effects of bortezomib

Bortezomib has a number of possible side effects which can vary considerably from patient to patient. It is important to report any side effects to your doctor or nurse as soon as possible so they can be treated or managed promptly.

Peripheral neuropathy

Peripheral neuropathy is damage to the nerves in hands, feet, arms or legs. It tends to come on quite quickly after starting treatment and can produce painful/uncomfortable burning, tingling and prickling sensations. It can be the most significant and problematic side effect of bortezomib.

For most patients, symptoms will improve or disappear after the dose and/or frequency of administration of bortezomib is reduced. However, if you have severe peripheral neuropathy, you may need to have other treatments in the future that are also known to cause it.

Fatigue

Fatigue usually resolves shortly after treatment has finished. There are a number of medical and non-medical ways to help manage fatigue. For example, treatment for anaemia may reduce fatigue if it is caused by low red blood cell counts.

Low blood pressure (hypotension)

Bortezomib can cause a drop in blood pressure which can make you feel dizzy, lightheaded or like you are about to faint. If you are on treatment to help lower your blood pressure, you may need to have its dose reduced or stopped whilst you are on bortezomib. Keeping well hydrated can help to prevent hypotension, especially during the time bortezomib is administered. If you feel dizzy or lightheaded when taking bortezomib, you should not operate machinery or drive a car.

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Pain and discomfort can be alleviated by gentle massage, warm baths, heat/cold packs, and specific nerve painkilling drugs, such as pregabalin and gabapentin.

Gastrointestinal disturbances

Bortezomib can cause diarrhoea, constipation, nausea and vomiting. While usually mild and manageable, these side effects can become problematic in some cases. Maintaining a good fluid intake and a balanced diet is important. Your doctor can prescribe specific treatment to help prevent or control these side effects.

Low blood counts

Bortezomib may cause a decrease in the number of red blood cells, white blood cells and platelets in your blood. This can cause anaemia and fatigue, as well as making you more susceptible to infection and increasing your risk of bleeding.

If necessary, you can be given supportive treatment to help with these side effects and to boost your blood cell counts.

Skin rashes

Some myeloma patients taking bortezomib can develop a skin rash, which may be itchy and need treatment with antihistamines and/or steroid creams.

If this is particularly problematic, it may be necessary to stop treatment temporarily or restart at a lower dose.
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Bortezomib has a number of possible side effects which can vary considerably from patient to patient. It is important to report any side effects to your doctor or nurse as soon as possible so they can be treated or managed promptly. Often the best way to manage the side effects associated with bortezomib is to lower the dose and/or change the schedule of bortezomib e.g. from twice-weekly to once-weekly.

You may also benefit from a temporary pause in treatment for a few weeks. This should not affect the activity of your myeloma and it does not mean that your myeloma will suddenly progress. Unfortunately, if side effects remain problematic, it may be necessary to stop treatment altogether and consider other options.

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If you have any questions about your treatment, speak to your medical team. They are the best people to ask if you have questions about your individual situation. The information in this publication is not meant to replace their advice.

We appreciate your feedback

Please fill in a short online survey about our patient information at myeloma.org.uk/pifeedback or email any comments to myelomauk@myeloma.org.uk

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