

# Bortezomib (Velcade<sup>®</sup>)

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AL amyloidosis  
Treatment Guide

# What is bortezomib?

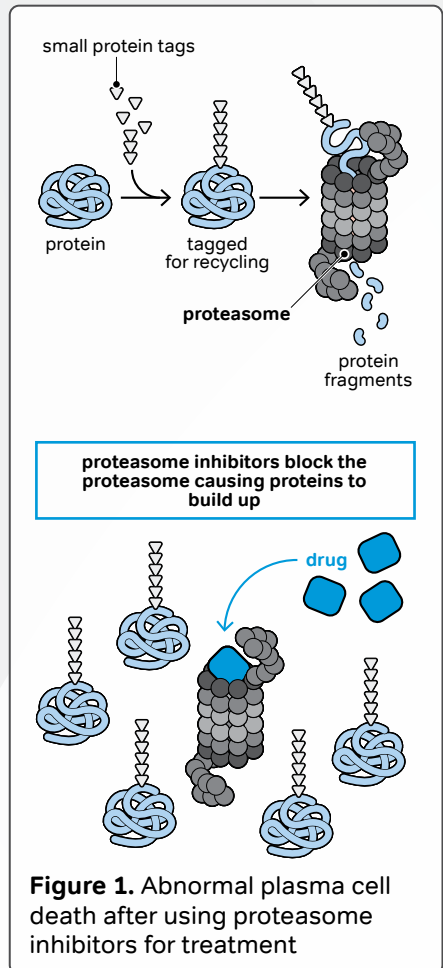
Bortezomib, also known as Velcade<sup>®</sup>, is a proteasome inhibitor drug used in the treatment of AL amyloidosis.

## How does it work?

Treatment for AL amyloidosis aims to kill the abnormal plasma cells, preventing more amyloid being produced and enabling the body to clear existing deposits gradually.

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.

The abnormal plasma cells in AL amyloidosis rely more heavily on proteasomes than normal healthy cells; they are therefore much more sensitive to bortezomib.



## How is bortezomib given?

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Bortezomib is usually given as a subcutaneous (under the skin) injection, but can also be given intravenously (into the vein).

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Bortezomib is usually given in combination with other anti-AL amyloidosis drugs including the combination of daratumumab, cyclophosphamide and dexamethasone (known as Dara-CyBorD).

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Individual treatment plans may vary. Your exact dose of bortezomib and your length of treatment will be discussed with you by your healthcare team. This is because your treatment will depend on factors including which treatment combination you are receiving.

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## Other information about bortezomib

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You should avoid drinking green tea, taking green tea supplements or having vitamin C in large doses whilst being treated with bortezomib because they can interfere with the way bortezomib works.

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Alcohol intake should be strictly limited whilst taking bortezomib because it can exacerbate side effects such as dizziness and fatigue.

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If you or your partner could become pregnant, you must use effective methods of contraception while on this treatment and for 3 months after treatment has finished. This is because the risk of this treatment to an unborn baby is unknown.

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You should not breastfeed when taking this treatment as it is unknown if the drug may pass to your baby in the milk.

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## Possible side effects

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 the AL amyloidosis and it does not mean that your AL amyloidosis will suddenly get worse. Unfortunately, if side effects remain problematic, it may be necessary to stop treatment altogether and consider other options.

The side effects listed here are those experienced most often. For a complete list of side effects please refer to the patient information leaflet which is included in the pack with the treatment. If you do not have this, ask your healthcare team for it.

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### Fatigue

Fatigue usually resolves shortly after treatment has finished. There are ways to help manage fatigue. For example, treatment for anaemia may reduce fatigue if it is caused by low red blood cell counts. Increasing your levels of activity and having complementary therapies, such as aromatherapy or massage, may also help.

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### 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 (causing shortness of breath, tiredness and weakness) and fatigue, as well as increasing your risk of infection and/or bleeding. If necessary, you will be given supportive treatment for these side effects and to boost your blood cell counts.

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### Skin rashes

Some AL amyloidosis patients taking bortezomib can develop a skin rash, which may be itchy and need treatment with antihistamines and/or steroid creams. This is often at the injection site. Occasionally, it may be necessary to stop treatment temporarily or restart at a lower dose.



## 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. This is particularly the case if you have been told you have autonomic nervous system involvement with your AL amyloidosis. 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 (however, you must make sure to stay within your fluid intake limit).

If you have very low blood pressure and severe dizziness you may be offered supportive treatment to help with these side effects.

If you feel dizzy or lightheaded when taking bortezomib, you should not operate machinery or drive a car.



## 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 balanced diet is important. Your doctor may prescribe specific treatment which can help prevent or control the symptoms.



## Peripheral neuropathy

Peripheral neuropathy is damage to the nerves in hands, feet, arms or legs. This can lead to numbness, tingling, increased sensitivity and pain, most often in the feet or hands. It tends to come on quite quickly after starting treatment. It can be the most significant and problematic side effect of bortezomib. This is particularly problematic for patients whose AL amyloidosis is affecting their peripheral nerves, and for those taking other drugs that can cause peripheral neuropathy, such as thalidomide.

For most patients, symptoms will improve or disappear after the dose and/or frequency of administration of bortezomib is reduced. However, in some cases, bortezomib may need to be temporarily stopped or discontinued and other options discussed. If you have severe peripheral neuropathy, you may not be able to have other treatments that are also known to cause it, in the future.

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



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're here for everything a diagnosis of AL amyloidosis brings

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Call the Myeloma UK Infoline on

 **0800 980 3332**

Email Ask the Nurse at

 **AskTheNurse@myeloma.org.uk**


Visit our website at

 **myeloma.org.uk**



### Myeloma UK

22 Logie Mill, Beaverbank Business Park,  
Edinburgh EH7 4HG

 0131 557 3332

 myelomauk@myeloma.org.uk

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