



Myeloma Haematology and Transplant Unit

Bortezomib

This leaflet is offered as a guide to you and your family. The possible benefits of treatment vary; for some people chemotherapy may reduce the risk of the cancer coming back, for others it may control the cancer and its symptoms. Chemotherapy is the most commonly prescribed anti-cancer treatment but other types of treatment are also used. Your doctor will explain to you whether you will receive chemotherapy or another type of treatment, or a combination of both. Your doctor or nurse will be happy to answer any questions you have about your treatment. You will find it useful to refer to the booklet *Chemotherapy, a guide* which gives general information on chemotherapy and side effects.

Your treatment

Your doctor or nurse clinician has prescribed for you a combination of intravenous and tablet therapy for your myeloma: **bortezomib** and **dexamethasone**.

This will be given in cycles. Each cycle lasts 21 days (see chart overleaf).

Bortezomib can be given intravenously (IV or into a vein) or subcutaneously (under the skin) and belongs to a new class of drug called **proteasome inhibitors**. This is given on days 1, 4, 8 & 11 with a 10 day rest period. Bortezomib is given as an “IV push” over 3 to 5 seconds into a fast running normal saline infusion (only if given IV). The infusion is short and lasts for 3 to 5 minutes. It is important to drink plenty of fluids when having this therapy as it can affect the kidney function (up to 3 litres a day).

Dexamethasone are steroid tablets taken on the same day as the bortezomib and on the day after. These tablets should be taken with food. It is better to take them earlier in the day, since they can keep you awake if taken in the evening.

You will have a routine blood test before the start of each cycle.

This treatment can have serious or possibly life-threatening side effects. It is very important that you report side effects straight away. Don't delay, if you feel unwell, please ring The Christie Hotline on 0161 446 3658. The lines are open 24 hours a day.

Possible side effects

Chemotherapy can cause many different side effects. Some are more likely to occur than others. Everyone is different and not everyone gets all the side effects. Most side effects are usually temporary, but in some rare cases they can be life-threatening. It is important to tell your hospital doctor or nurse about any side effects so they can be monitored and, where possible, treated.

Common side effects (more than 1 in 10)

- **Increased risk of serious infection**

You are vulnerable to infection while you are having chemotherapy. Minor infections can become life-threatening in a matter of hours if left untreated. Symptoms of infection include fever, shivering, sweats, sore throat, diarrhoea, discomfort when you pass urine, cough or breathlessness. We recommend that you use a digital thermometer so you can check your temperature. You can buy one from your local chemist.

If you feel unwell, you have symptoms of an infection or your temperature is 37.5°C or above or below 36°C contact The Christie Hotline straight away.

- **Low white cell count**

There is a risk of infection or shingles.

- **Bruising or bleeding**

This treatment can reduce the production of platelets which help the blood clot. Let your doctor know if you have any unexplained bruising or bleeding, such as nosebleeds, bloodspots or rashes on the skin and bleeding gums. You may need a platelet transfusion.

- **Peripheral neuropathy (tingling & numbness in toes or fingers)**

Bortezomib can cause nerve damage. This causes numbness or pins and needles in your fingers or toes and muscle cramps and weakness in the legs. ***It is important to tell us if this happens*** as the dose of the bortezomib may have to be reduced or temporarily stopped, or in more severe cases, discontinued. The peripheral neuropathy is usually temporary, but can last for some time. However, it can become permanent, so please report these symptoms promptly to the myeloma nurse specialist or your doctor.

- **Gastrointestinal disturbance**

This treatment can cause constipation, diarrhoea, nausea, an increase or decrease in weight. It is important to drink plenty of fluids and maintain a balanced diet. Please report to your nurse or doctor if you develop any of these symptoms. You may be given medication to help with any of these side effects.

- **Fatigue**

Fatigue is quite common whilst receiving bortezomib. The fatigue may be a result of anaemia (a low red blood cell count) which can be managed with blood transfusions. It can also be managed through rest, good diet, drinking plenty of fluids and regular gentle exercise.

- **Low blood pressure**

If you have a history of hypotension (low blood pressure) or are on drugs to help lower your blood pressure, you may need to have your medication altered while you are having bortezomib therapy. Drinking plenty of fluids can help to prevent hypotension. Please tell your nurse or doctor if you have experienced dizziness or faints.

- **Steroid side effects**

The **dexamethasone tablets** should be taken with food as they may cause indigestion. The tablets may also increase your appetite. It is better to take them earlier in the day, since they can make you feel more alert and prevent sleep.

Dexamethasone tablets can alter your mood causing you too feel low, irritable or agitated. Please tell your doctor or nurse if this is a problem.

- **Blood sugar** - dexamethasone can cause your blood sugar to rise. If you are diabetic then you may need to increase the dose of any diabetic medication you take (insulin or tablets). You should discuss this with your doctor before starting the treatment. Dexamethasone can also induce diabetes in people not known to have this disease. This is normally reversible although you may need to take some diabetic medication while you are having treatment.

Uncommon side effects (less than 1 in 10)

- **Skin rashes**

Some people can get a rash when receiving bortezomib. The rash may be itchy and need treatment with antihistamines and/or steroid creams. If it is very troublesome, bortezomib may need to be stopped temporarily and restarted at a lower dose.

Serious and potentially life threatening side effects

In a small proportion of patients chemotherapy can result in very severe side effects which may rarely result in death. The team caring for you will discuss the risk of these side effects with you.

Late side effects

Some side effects may become evident only after a number of years. In reaching any decision with you about treatment, the potential benefit you receive from treatment will be weighed against the risks of serious long term side effects to the heart, lungs, kidneys and bone marrow. With some drugs there is also a small but definite risk of developing another cancer. If any of these problems specifically applies to you, the doctor will discuss these with you and note this on your consent form.

Contacts

If you have any general questions or concerns about your treatment, please contact the myeloma nurse specialist or the Haematology and Transplant Unit.

- Myeloma nurse specialist 0161 446 8167
- Haematology and Transplant Unit 0161 446 3925
- General enquiries 0161 446 3000

For advice ring The Christie Hotline on 0161 446 3658 (24 hours)

Your consultant is:

Your hospital number is:

Your key worker is:



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Details of the sources used are available, please contact Patient.Information@christie.nhs.uk

Bortezomib treatment chart

Day:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Date:																						
Cycle 1																						
Cycle 2																						
Cycle 3																						
Cycle 4																						
Cycle 5																						
Cycle 6																						
Bortezomib Dose:	■			■				■			■											
Dexamethasone Dose:	■	■		■	■			■	■		■	■										
Other medicines:																						