

# SQ Velcade®

**Velcade® (bortezomib) is the first in a class of drugs called proteasome inhibitors.**

- Velcade is approved by the FDA (U.S. Food and Drug Administration) for the treatment of multiple myeloma (MM) alone and in combination with other agents, both as an intravenous (IV) infusion and as a subcutaneous (SQ) injection. Velcade may be administered throughout the MM disease course.
- SQ Velcade is given on the same schedule and at the same dose as IV Velcade, but is given as an injection under the skin (commonly known as a “shot”) in the doctor’s office.
- **SQ and IV Velcade show similar efficacy in patients with relapsed MM.**
- As with IV Velcade, patients receiving SQ Velcade should receive antiviral therapy to prevent shingles infection. Ask your healthcare provider which antiviral medication is right for you.
- **SQ Velcade causes significantly less peripheral neuropathy (PN) than IV Velcade.** SQ administration may be considered for MM patients who have pre-existing PN or who are at risk of developing PN.
- You should report any signs of PN – numbness, tingling, or pain in the hands, feet, or legs – before receiving your SQ Velcade injection.
- SQ Velcade may have reduced GI side effects.
- SQ Velcade can be more cost effective, less time-consuming, and more convenient than IV Velcade.
- Approximately 6% of patients in clinical trials with SQ Velcade have had site reactions (itching, swelling, pain, and/or redness at the injection site).
- Other side effects of SQ Velcade are the same as those for IV Velcade. For details, see the IMF publication *Understanding VELCADE® (bortezomib) for Injection*.

***Ask your doctor if SQ Velcade is appropriate for you.***

***As always, the IMF urges you to discuss all medical issues with your doctor, and to contact the IMF for information about myeloma.***

The IMF InfoLine is staffed by trained information specialists.

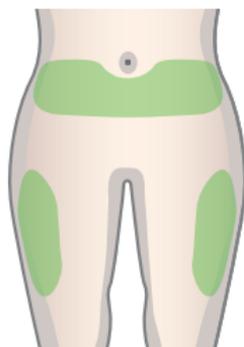
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## How SQ Velcade should be administered



- Choose an injection site on the abdomen or thigh where there is adequate adipose (fat) tissue and ensure that the drug is deposited in the subcutaneous tissue (see diagram). Injection of Velcade into the back of the upper arm has not been studied in clinical trials and may be more likely to cause local skin reactions due to thinner skin and less fat tissue in this part of the body.
- Rotate injection sites. Administer new injections at least 1" from an old site.
- Calibrate needle size to the amount of subcutaneous fat, and adjust needle angle to 90° for needles 4-6 mm and 45° angle for needles  $\geq$  8 mm to ensure that medication is administered in subcutaneous tissue and not muscle.
- Ensure that the drug is room temperature before it is administered into the body.
- Never inject into an area where the skin is tender or bruised.
- After drawing up the drug and before administration, the needle should be changed to a new, clean, sharp, dry needle.
- One technique is the "air-sandwich" with a fresh SQ needle that is not primed after the syringe is filled, followed by drawing 0.5–1.0 mL of air into the syringe so that when the syringe is inverted for injection, there are pockets of air in the syringe before and after the drug.
- Inject slowly and steadily to allow for absorption by the surrounding tissue while avoiding fluid backtracking into the skin.
- Use the proper concentration for the route of administration: 2.5 mg/mL for SQ injection and 1 mg/mL for IV administration.

## What to do if you have a site reaction

- If a local injection site reaction still occurs following proper SQ administration, a less concentrated solution of 1 mg/mL instead of 2.5 mg/mL may be administered split between two SQ injections.
- Some patients also use topical hydrocortisone cream and find it helpful. The application of cool compresses is not recommended immediately after SQ injection of Velcade as it may interfere with absorption. Cool compresses can be safely applied 4 hours after injection.



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