



PATIENT INFORMATION

VELCADE® is intended for use under the guidance and supervision of a health care professional. Please discuss the possibility of the following side effects with your doctor:

Effects on Ability to Drive or Operate Machinery or Impairment of Mental Ability:

VELCADE may be associated with fatigue, dizziness, light-headedness, fainting or blurred vision. Please exercise caution or avoid operating machinery, including automobiles, following use of VELCADE.

Pregnancy/Nursing:

Please use effective contraceptive measures to prevent pregnancy and avoid breast feeding during treatment with VELCADE.

Dehydration/Hypotension:

Following the use of VELCADE therapy, you may experience vomiting and/or diarrhea. Drink plenty of fluids. Speak with your doctor if these symptoms occur about what you should do to control or manage these symptoms.

If you experience symptoms of dizziness or light-headedness, consult a healthcare professional. Seek immediate medical attention if you experience fainting spells.

Concomitant Medications:

Please speak with your doctor about any other medication you are currently taking. Your doctor will want to be aware of any other medications.

Peripheral Neuropathy:

Contact your doctor if you experience new or worsening symptoms of peripheral neuropathy such as numbness, pain, or a burning feeling in the feet or hands.



Please see accompanying full Prescribing Information.



Indication: VELCADE® is approved for the treatment of multiple myeloma patients who have received at least two prior therapies and have demonstrated disease progression on the last therapy. The effectiveness of VELCADE is based on response rates. There are no controlled trials demonstrating a clinical benefit, such as improvement in survival. VELCADE is contraindicated in patients with hypersensitivity to bortezomib, boron, or mannitol.

Precautions: Risks associated with VELCADE therapy include new or worsening peripheral neuropathy, orthostatic hypotension, congestive heart failure, gastrointestinal adverse events, thrombocytopenia, and tumor lysis syndrome. Patients should be monitored for symptoms of peripheral neuropathy including neuropathic pain; patients experiencing new or worsening peripheral neuropathy may require a change in dose and schedule of VELCADE. Caution should be used when treating patients with a history of syncope, patients receiving medications known to be associated with hypotension, and patients who are dehydrated. Patients with existing heart disease or risk factors for heart disease should be closely monitored. Platelet counts should be monitored prior to each dose of VELCADE. VELCADE treatment should be held for platelet counts < 25,000/uL; transfusions may be used. Complete blood counts should be frequently monitored during VELCADE treatment. Gastrointestinal and intracerebral hemorrhage has been reported. Patients with high tumor burden should be monitored closely and appropriate precautions taken to prevent tumor lysis syndrome. Patients with renal and hepatic impairment should be closely monitored for toxicities. Patients who are concomitantly receiving VELCADE and drugs that are inhibitors or inducers of cytochrome P450 3A4 should be closely monitored for toxicities or reduced efficacy. In patients concomitantly receiving VELCADE and oral hypoglycemics, close monitoring of blood glucose levels and adjustment of antidiabetic medications may be required.

Pregnancy Category D: Women of childbearing potential should avoid becoming pregnant while being treated with VELCADE.

Safety Data: In 228 patients who were treated with VELCADE 1.3 mg/m²/dose in phase II studies, the most commonly reported adverse events were asthenic conditions (65%), nausea (64%), diarrhea (51%), decreased appetite including anorexia (43%), constipation (43%), thrombocytopenia (43%), peripheral neuropathy (37%), pyrexia (36%), vomiting (36%), and anemia (32%). Fourteen percent of patients experienced at least one episode of Grade 4 toxicity, with the most common toxicities being thrombocytopenia (3%) and neutropenia (3%). A total of 113 (50%) of the 228 patients experienced Serious Adverse Events (SAEs) during studies. The most commonly reported SAEs included pyrexia (7%), pneumonia (7%), diarrhea (6%), vomiting (5%), dehydration (5%), and nausea (4%).

**For more information call 1-866-VELCADE.
Please see accompanying full Prescribing Information.**

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QUESTIONS AND ANSWERS
FOR PATIENTS ABOUT





UNDERSTANDING YOUR TREATMENT WITH **VELCADE**[®] (bortezomib) FOR INJECTION

VELCADE is indicated for the treatment of multiple myeloma patients who have received at least two prior therapies and have demonstrated disease progression on the last therapy. The effectiveness of VELCADE is based on response rates. There are no controlled trials demonstrating a clinical benefit, such as improvement in survival.

Your doctor may have recommended treatment with VELCADE. This brochure has been designed to help answer your questions, as well as those of your family members and caregivers.

The information in this brochure is not intended to replace the advice of your doctor. He or she is a valuable resource for answering your questions. Remember, the more you know about your treatment plan, the better prepared you will be to take an active part in decisions about your medical care.

The health information contained in this brochure is provided for educational purposes only and is not intended to replace discussions between patients and their health care providers. All decisions regarding patient care must be made with a health care provider considering all the unique characteristics of the patient.

WHAT IS MULTIPLE MYELOMA?

Multiple myeloma is a type of cancer of the bone marrow that affects certain white blood cells called plasma cells.¹ Plasma cells help protect the body from infection and disease by producing antibodies (proteins that rid the body of harmful substances, also known as immunoglobulins).¹ When cancer involves plasma cells, the body keeps producing more and more of these cells. The cancerous plasma cells are called myeloma cells.¹

Myeloma cells tend to collect in the bone marrow, sometimes forming a single mass, or tumor, called a plasmacytoma.¹ In most cases, however, the myeloma cells collect in many bones, often forming multiple tumors—which is why the disease is called multiple myeloma.¹ These myeloma cells produce changes in the body that can cause serious medical problems, such as bone damage and pain; increased calcium in the blood; a weakened immune system; a reduction in red blood cells (causing anemia); and even kidney problems.¹

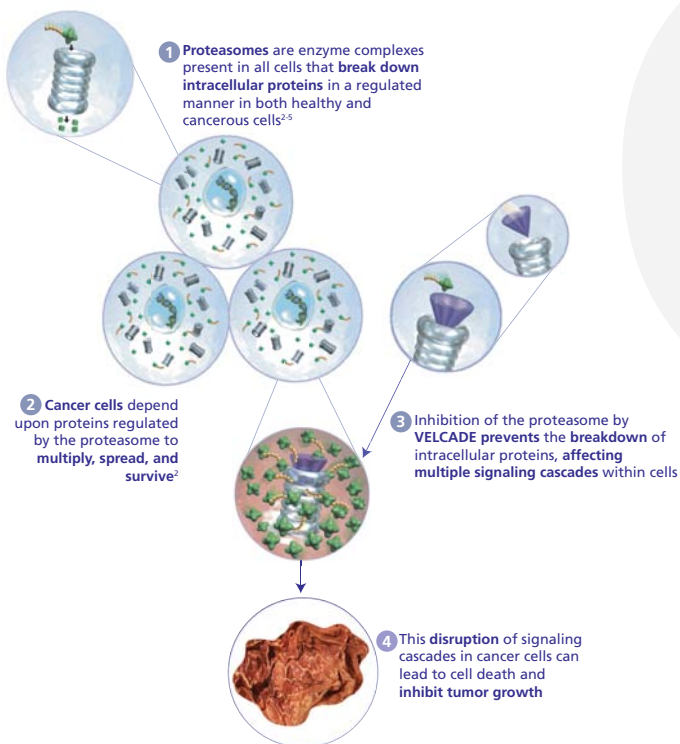
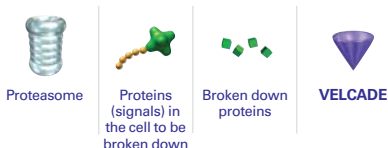




HOW DOES VELCADE® (bortezomib) FOR INJECTION WORK?

VELCADE is the first in a new class of drugs called proteasome inhibitors that act in a different way from other anti-cancer therapies. The diagram below, based on laboratory studies, shows how VELCADE may work.

MECHANISM OF ACTION OF VELCADE



HOW AND WHEN IS VELCADE[®] ADMINISTERED?

VELCADE may be given at a clinic or in your doctor's office. It is injected into a vein in a brief, 3- to 5-second procedure.

VELCADE is given twice weekly for 2 weeks followed by a 10-day rest period. Doses are typically given on Monday and Thursday or Tuesday and Friday. The 2-week dosing period plus the 10-day rest period is called a treatment cycle. Your doctor will advise you on how long you should receive treatment. In clinical trials, patients who responded to VELCADE were treated for 8 or more cycles.

Standard dosing schedule

Day 1	Day 4	Day 8	Day 11	10-DAY REST PERIOD	REPEAT CYCLE
VELCADE	VELCADE	VELCADE	VELCADE		

WHAT CAN I EXPECT FROM TREATMENT WITH VELCADE?

In clinical trials, on average, most patients who responded to VELCADE had improvement in their disease about 6 weeks after treatment was started. It is important to remember that no two patients respond to any drug therapy, including VELCADE, in the same way. Therefore, your results may vary from those seen in clinical trials.

You may also experience side effects during treatment with VELCADE (see pages 6 and 7).





WHAT ARE THE POSSIBLE SIDE EFFECTS OF VELCADE® (bortezomib) FOR INJECTION?

In clinical trials, the most common side effects associated with VELCADE were asthenic conditions (fatigue, malaise, weakness), nausea, diarrhea, decreased appetite, constipation, low platelet count, peripheral neuropathy (numbness, tingling and/or pain in the hands, arms, feet, or legs), fever, vomiting, and anemia. The most commonly reported serious side effects were fever, pneumonia, diarrhea, vomiting, dehydration, and nausea.

Talk with your doctor if you experience any uncomfortable side effects during your treatment with VELCADE. He or she may prescribe other medications to help minimize or avoid the side effect. If the side effect is severe, your doctor may lower your dose of VELCADE or stop treatment temporarily or permanently.

UNDERSTANDING THE SIDE EFFECTS OF VELCADE

Asthenic conditions (fatigue, malaise, weakness) may be experienced early in treatment. Most patients who have fatigue with VELCADE are able to continue therapy. If you experience fatigue, you should be cautious when operating machinery, including driving a car.

Gastrointestinal side effects (e.g., nausea, diarrhea, constipation, and vomiting) are generally mild to moderate and can often be managed with appropriate medications. Ask your doctor about medications that can be taken before your next dose of VELCADE that may help prevent these side effects from occurring. Increasing your fluid intake is recommended to prevent dehydration.

Low platelet counts may temporarily occur during treatment with VELCADE[®]. Platelets are blood cells that help blood to clot. Platelet counts generally return toward their starting level during the rest period of the treatment cycle. Your physician may decide that a transfusion of platelets is needed to bring the platelets back to an acceptable level.

Peripheral neuropathy may occur throughout therapy with VELCADE. It is usually felt as a mild tingling or numbness in the hands, arms, feet, or legs, but can progress to discomfort, pain, or a burning sensation. Signs of neuropathy should be reported to your doctor immediately; the dose of VELCADE may need to be lowered, or treatment stopped, until your symptoms get better. When your symptoms improve, your doctor may decide to restart VELCADE at a lower dose. Your doctor may also suggest medications or therapies to improve neuropathy symptoms.

Fever may occur after VELCADE is administered, even after you go home from your doctor visit. If your temperature goes up, contact your doctor.

Low blood pressure may occur during treatment with VELCADE. If you experience a reduction in blood pressure, your doctor may adjust your medications or recommend increasing your fluid intake.





ARE THERE ANY PRECAUTIONS THAT A PATIENT NEEDS TO KNOW ABOUT WHEN TREATED WITH VELCADE® (bortezomib) FOR INJECTION?

- ▶ Be cautious when operating machinery, including driving a car, while on VELCADE
- ▶ Use effective contraceptive measures to prevent pregnancy and avoid breast feeding during treatment with VELCADE
- ▶ Make sure your doctor is aware of any preexisting heart disease
- ▶ Avoid dehydration during treatment with VELCADE by drinking plenty of fluids; contact your doctor if you have fainting spells or feel dizzy or light headed
- ▶ Contact your doctor immediately if you experience new or worsening numbness, tingling, pain or burning in your hands, arms, feet, or legs
- ▶ Contact your doctor immediately if you experience shortness of breath or swelling in your legs
- ▶ Make sure your doctor is informed of other medications you are currently taking that may be associated with peripheral neuropathy or lowered blood pressure
- ▶ If you are taking medication for diabetes, your blood sugar levels may increase or decrease on VELCADE; your doctor may monitor blood sugar levels and adjust your antidiabetic medication if necessary

WHERE CAN I GET MORE INFORMATION ABOUT VELCADE?

You can call 1-866-VELCADE toll-free to talk with a health care professional about VELCADE. Information about insurance coverage and the VELCADE Reimbursement Assistance Program is also available at this number.



WHERE CAN I GET MORE INFORMATION ABOUT MULTIPLE MYELOMA AND PATIENT SUPPORT SERVICES?

You can learn more about multiple myeloma and patient support services by calling these organizations or by visiting their informative web sites.

American Cancer Society

1-800-227-2345

www.cancer.org

Association of Cancer Online Resources

www.acor.org

Cancer Care, Inc.

1-800-813-4673

www.cancercare.org

International Myeloma Foundation

1-800-452-2873

www.myeloma.org

Multiple Myeloma Research Foundation

1-203-972-1250

www.multiplemyeloma.org

National Cancer Institute

1-800-4-CANCER

(1-800-422-6237)

www.nci.nih.gov

References: 1. National Cancer Institute. What you need to know about™ multiple myeloma. Available at: <http://www.cancer.gov>. Accessed March 26, 2003. 2. Adams J, et al. Proteasome inhibitors: a novel class of potent and effective antitumor agents. *Cancer Res.* 1999;59:2615-2622. 3. Adams J, et al. Proteasome inhibition: a new strategy in cancer treatment. *Invest New Drugs.* 2000;18:109-121. 4. Glickman MH, et al. The ubiquitin-proteasome proteolytic pathway: destruction for the sake of construction. *Physiol Rev.* 2002;82:373-428. 5. Hideshima T, et al. The proteasome inhibitor PS-341 inhibits growth, induces apoptosis, and overcomes drug resistance in human multiple myeloma cells. *Cancer Res.* 2001;61(7):3071-3076.

Please see accompanying full Prescribing Information.





PATIENT DOSING CALENDAR

Complete in consultation with your health care provider

S	M	T	W	Th	F	S

NOTES:

