VELCADE®, MILLENNIUM and are registered trademarks of Millennium Pharmaceuticals, Inc.
Other trademarks are property of their respective owners.
Millennium Pharmaceuticals, Inc., Cambridge, MA 02139
Copyright © 2013, Millennium Pharmaceuticals, Inc.
All rights reserved. Printed in USA V-12-0396 1/13

Living with multiple myeloma
A guide for patients and caregivers

VELCADE® (bortezomib) is approved for the treatment of patients with multiple myeloma (a cancer of the plasma cells).

Before you receive treatment with VELCADE, tell your doctor about all of your medical conditions. You should not receive VELCADE if you are allergic to bortezomib, boron, or mannitol. VELCADE must not be administered into your spinal fluid (intrathecally).

Please see Important Safety Information for VELCADE on pages 20–23 and accompanying full Prescribing Information.
Please see Important Safety Information for VELCADE on pages 20–23 and accompanying full Prescribing Information.
How to use this guide

This guide is designed to help you learn more about multiple myeloma and its treatment with VELCADE® (bortezomib). You may also want to share this guide with your family and friends, as it contains helpful resources.

This guide will provide you with information on:

▼ Multiple myeloma
▼ Understanding VELCADE
▼ Possible side effects and important safety information
▼ Financial assistance for VELCADE
▼ Record keeping
▼ Helpful terms
▼ Support and resources

Please keep in mind that this guide is not intended to replace conversations with your healthcare team. Your doctor and other healthcare providers are the most valuable resources for answering questions about multiple myeloma and treatment with VELCADE.
Multiple myeloma is a cancer of the blood. It affects part of your bone called bone marrow. Your blood is produced in your bone marrow, which is made up of many different types of cells, including red blood cells, white blood cells, platelets, and plasma cells.

The diagram above illustrates and labels the cells found in bone marrow.
**Plasma cells** are a type of white blood cell that normally produce *antibodies* to fight infections. Patients with multiple myeloma have cancerous plasma cells (called *myeloma cells*). These cells produce abnormal amounts of a single type of anti-body protein called M protein. Myeloma cells can build up and form tumors in bones and sometimes in various soft tissues of the body. Myeloma cells may also prevent the bone marrow from making enough red blood cells, white blood cells, and platelets.

**How multiple myeloma may affect you**

Myeloma cells multiply quickly and can build up in the bone marrow. When they do, they prevent bone marrow from making enough blood cells for the body to fight infection and other diseases. Some people with multiple myeloma have many symptoms, while others have few, if any. Common signs and symptoms of multiple myeloma may include:

- Bone pain and broken bones
- Nausea and vomiting
- Weakness and tiredness
- Frequent infections
- Nervous system problems
- *Anemia* (low red blood cells)
- *Hypercalcemia* (high calcium level in the blood)

These symptoms could also be signs of other medical problems. Talk with your doctor about any symptoms or questions you may have.
Testing for and treating multiple myeloma

Testing for multiple myeloma
Certain lab tests are designed to provide information that can help diagnose multiple myeloma and monitor your health and treatment progress. If this information creates any questions for you, be sure to speak with your healthcare team. Some tests are:

▼ Blood tests
▼ Urine tests
▼ Bone tests
▼ Disease staging tests

Treatment considerations for multiple myeloma
When you begin to have symptoms of multiple myeloma, the type of treatment you receive is based on a number of factors. These factors help your doctor determine your type of therapy. Treatment decisions are based on:

▼ Your age and general health
▼ Your disease stage
▼ Your signs and symptoms
▼ Your blood test and kidney function results

The treatment for multiple myeloma involves slowing the disease from progressing and improving overall survival.

Please see Important Safety Information for VELCADE on pages 20–23 and accompanying full Prescribing Information.

Find definitions of terms in italic on pages 28–30.
What is VELCADE?

The Food and Drug Administration (FDA) approved VELCADE (bortezomib) in 2003. VELCADE is a targeted therapy called a proteasome inhibitor. Since approval, VELCADE has been used to treat an estimated 350,000 patients worldwide.*

VELCADE is approved for the treatment of patients with multiple myeloma (a cancer of the plasma cells). VELCADE is also approved for the treatment of patients with mantle cell lymphoma (a cancer of the lymph nodes) who have already received at least 1 other treatment.

How does VELCADE work?

As a targeted therapy, VELCADE works by blocking or slowing down the action of proteasomes (PROH-tee-ays-oms) inside cells. Proteasomes break down proteins in both healthy and cancerous cells.

The goal of treatment with VELCADE is to target these rapidly dividing cells and stop them from thriving and multiplying. When proteasome activity is blocked or slowed down, proteins in the cells build up. This creates an imbalance of proteins that may cause cells to stop growing, because cancer cells divide and multiply more rapidly than most other cells.
How is VELCADE given?

VELCADE (bortezomib) may be given as part of a combination therapy or alone. Like many cancer medications, VELCADE is given in cycles. A cycle of therapy usually includes the weeks when you will receive the drug and the week(s) you will rest and not receive the drug.

The length or number of cycles you will receive depends on several factors, including how well you respond to treatment and whether side effects occur. Your doctor will discuss your treatment plan with you.

Your doctor will also decide the best way to give you VELCADE. VELCADE may be administered as a subcutaneous (sub-kyew-TAY-nee-es) injection, which is under the skin. It also may be administered as an intravenous (IN-truh-VEE-nus), or IV, injection, which is into a vein. Both ways are administered in a doctor’s office or at a clinic.
Please see Important Safety Information for VELCADE on pages 20–23 and accompanying full Prescribing Information.

*Find definitions of terms in italic on pages 28–30.*
VELCADE® (bortezomib)
for the initial treatment of patients with multiple myeloma

VELCADE plus MP demonstrates a significant survival advantage for patients with multiple myeloma who have not been treated before

Based on the results of a large, international clinical trial, VELCADE (bortezomib) was approved by the FDA for the treatment of multiple myeloma in patients who had not been treated before. The 682 patients in this study were not eligible for a stem cell transplant. This trial studied the treatment effects of VELCADE in combination with two drugs, melphalan and prednisone (MP), compared with the treatment effects of MP alone.

At the 5-year evaluation of this clinical trial, patients initially taking VELCADE plus MP lived longer (56.4 months) than patients taking just MP (43.1 months).

VELCADE continued to deepen responses with extending therapy

In this clinical trial, half of the patients received VELCADE therapy for at least 50 weeks out of 54 weeks planned.

In this clinical trial, the most commonly reported side effects included abnormal blood cell counts; numbness, tingling, burning, or weakness in hands or feet; nausea; diarrhea; and nerve pain.

In the same clinical trial, 11% of patients stopped treatment with VELCADE due to side effects, and 10% of patients stopped treatment with MP due to side effects. Talk with your doctor about any concerns you have about your therapy.
VELCADE® (bortezomib)
for patients with relapsed multiple myeloma

The only FDA-approved single agent to deliver an overall survival advantage in patients with relapsed multiple myeloma

Based on the results of a large, international clinical trial, VELCADE (bortezomib) was approved by the FDA for the treatment of patients with relapsed multiple myeloma. This trial studied the effects of treatment with VELCADE compared to treatment with high-dose dexamethasone. The 669 patients in this trial had previously been treated for myeloma and had relapsed (symptoms of the disease returned).

At 1 year, patients treated with VELCADE had a higher survival rate (80%) than patients treated with dexamethasone (66%).

In this clinical trial, one-third of all patients who had a response continued to have their responses improve after 18 weeks of therapy out of 39 weeks planned. VELCADE may be administered on a weekly maintenance schedule after 24 weeks of twice-weekly therapy in relapsed multiple myeloma.

In this clinical trial, the most commonly reported side effects in patients receiving VELCADE, included nausea; diarrhea; fatigue; numbness, tingling, burning, or weakness in hands or feet; decrease from normal number of platelets; and constipation.

In the same clinical trial, 25% of patients stopped treatment with VELCADE due to side effects, and 18% of patients stopped treatment with dexamethasone due to side effects. Talk with your doctor about any concerns you have about your therapy. For more information on side effects, please see pages 20–23.

Please see Important Safety Information for VELCADE on pages 20–23 and accompanying full Prescribing Information.

Find definitions of terms in italic on pages 28–30.
Subcutaneous VELCADE offers effectiveness similar to IV VELCADE

Based on the results of a clinical trial, VELCADE (bortezomib) was approved by the FDA to be given subcutaneously. This trial compared VELCADE given subcutaneously to VELCADE given intravenously (by IV). The 222 patients in this study had previously been treated for multiple myeloma and relapsed (symptoms of multiple myeloma returned).

The results of this trial showed that the effectiveness of subcutaneous VELCADE was consistent with the effectiveness of IV VELCADE. After 4 cycles (12 weeks) of treatment, 43% of patients responded to subcutaneous VELCADE compared with a 42% response to IV VELCADE; 7% of the subcutaneous group had a complete response compared with 8% from the group receiving IV VELCADE.

The results of this trial also showed a difference in rates of peripheral neuropathy for patients who received VELCADE subcutaneously and for patients who received VELCADE through an IV. In more severe cases of peripheral neuropathy, the rates were 6% with subcutaneous VELCADE compared to 15% with IV VELCADE. The rates for all cases were 37% with subcutaneous VELCADE compared to 50% with IV VELCADE.

If you have peripheral neuropathy or are at high risk of developing it, your doctor may consider starting you on subcutaneous VELCADE.

Other side effects were similar for subcutaneous and IV VELCADE. The most commonly reported side effects in this trial were numbness, tingling, burning, or weakness in hands or feet; abnormal blood cell counts, nerve pain, and diarrhea.

Your doctor will work with you to decide which way of receiving VELCADE is best for you. Both subcutaneous and IV VELCADE are administered in a doctor’s office or at a clinic.
**VELCADE® (bortezomib)**
for the initial treatment of patients with multiple myeloma

**Recommended treatment schedule**
For patients with multiple myeloma who have not been treated before, treatment may be given for 9 cycles (54 weeks). Each cycle lasts 6 weeks (42 days).

VELCADE (bortezomib) is given in combination with 2 oral medicines: melphalan and prednisone.

The calendar on the right is a typical treatment schedule.

In the first 24 weeks (four 6-week cycles, Cycles 1-4):

- VELCADE is given twice per week in weeks 1 and 2, followed by a 10-day rest period when you would not receive VELCADE.
  - Melphalan and prednisone are taken orally on the first 4 days of every 6-week treatment cycle.
- In weeks 4 and 5, VELCADE is again given twice per week, followed by another 10-day rest period.
- You must wait at least 3 days (72 hours) between each injection.
- At the end of 6 weeks, the next treatment cycle begins.

In the next 30 weeks (five 6-week cycles):

- VELCADE is given once per week in weeks 1 and 2, followed by a 13-day rest period.
  - Melphalan and prednisone are taken orally on the first 4 days of every 6-week treatment cycle.
- In weeks 4 and 5, VELCADE is again given once per week, followed by another 13-day rest period.

Your doctor will discuss your treatment plan with you. Your doctor will also discuss which way of receiving VELCADE—subcutaneously or by IV—is best for you. The dosing schedule is the same for both.

Please see Important Safety Information for VELCADE on pages 20–23 and accompanying full Prescribing Information.

Find definitions of terms in italic on pages 28–30.
Twice-weekly, 6-week cycles are repeated 4 times
Once-weekly, 6-week cycles are repeated 5 times

In this clinical trial, half of the patients received VELCADE therapy for at least 50 weeks, out of 54 weeks planned.
**VELCADE® (bortezomib)**
for the treatment of patients with relapsed multiple myeloma

**Recommended treatment schedule**

For patients with relapsed multiple myeloma, treatment may be given for 8 cycles (24 weeks). Each cycle lasts 3 weeks. Eight treatment cycles will last about 6 months.

The calendar on the right is a typical treatment schedule.

VELCADE (bortezomib) is given in 3-week (21-day) cycles. You would receive VELCADE twice per week in weeks 1 and 2, followed by a 10-day rest period. At the end of this rest period, the next cycle begins.

▶ You must wait at least 3 days (72 hours) between each injection.

▶ Eight cycles of treatment will last about 6 months.

For extended therapy (more than 8 cycles), you may be given:

▶ VELCADE once per week for 4 weeks, followed by a 13-day rest period (maintenance schedule).

**OR**

▶ VELCADE on a standard schedule of twice per week, as described above.

Your doctor will discuss your treatment plan with you. Your doctor will also discuss which way of receiving VELCADE—subcutaneously or by IV—is best for you. The schedule is the same for both.

---

*In this clinical trial, one-third of all patients who had a response continued to have their responses improve after 18 weeks of therapy out of 39 weeks planned.*

---

Please see Important Safety Information for VELCADE on pages 20–23 and accompanying full Prescribing Information.

*Find definitions of terms in italic on pages 28–30.*
Cycles 1–8

**TWICE WEEKLY, 3-WEEK CYCLES**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
</tbody>
</table>

- Twice-weekly, 3-week cycles are repeated 8 times

**for extended therapy**

Cycle 9 and beyond

**WEEKLY MAINTENANCE SCHEDULE**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>30</td>
<td>31</td>
<td>32</td>
<td>33</td>
<td>34</td>
<td>35</td>
</tr>
</tbody>
</table>

**OR**

**TWICE-WEEKLY STANDARD SCHEDULE**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
</tbody>
</table>

**VELCADE**

**VELCADE® (bortezomib) FOR INJECTION**

19
What is VELCADE used for?
VELCADE (bortezomib) is approved for the treatment of patients with multiple myeloma (a cancer of the plasma cells). VELCADE is also approved for the treatment of patients with mantle cell lymphoma (a cancer of the lymph nodes) who have already received other treatments.

How is VELCADE administered?
VELCADE is prescribed by a physician experienced in the use of medications to treat cancer. It is administered by a healthcare professional as an injection into your vein (intravenously, or IV) or under your skin (subcutaneously). VELCADE must not be administered into your spinal fluid (intrathecally).

Who should not receive VELCADE?
Before you receive treatment with VELCADE, tell your doctor about all of your medical conditions. You should not receive VELCADE if you are allergic to bortezomib, boron, or mannitol.

What are the possible side effects of VELCADE?
VELCADE can cause serious side effects, including:

▼ Peripheral neuropathy. VELCADE can cause damage to the nerves, a condition called peripheral neuropathy. You may feel muscle weakness, tingling, burning, pain, and loss of feeling in your hands and feet, any of which can be severe. Tell your doctor if you notice any of these symptoms. Your doctor may change the dose and/or schedule of VELCADE or stop it altogether. If you have peripheral neuropathy before starting VELCADE, your doctor could consider giving you VELCADE subcutaneously.

▼ Low blood pressure. VELCADE can cause a drop in blood pressure. Tell your doctor if you have low blood pressure, feel dizzy, or feel as though you might faint. If you are taking drugs that lower blood pressure, your medications might need to be adjusted. If you are not drinking enough liquids, your doctor may need to administer IV fluids.

Please see accompanying full Prescribing Information for VELCADE, including Warnings and Precautions.
▼ **Heart problems.** Treatment with VELCADE (bortezomib) can cause or worsen heart rhythm problems and heart failure. Your doctor may closely monitor you if you have, or are at risk for, heart disease. Tell your doctor if you experience chest pressure or pain, palpitations, swelling of your ankles or feet, or shortness of breath.

▼ **Lung problems.** There have been reports of lung disorders in patients receiving VELCADE. Some of these events have been fatal. Tell your doctor if you experience any cough, shortness of breath, wheezing, or difficulty breathing.

▼ **Liver problems.** If you have liver problems, it can be harder for your body to get rid of VELCADE. VELCADE has caused sudden liver failure in patients who were taking many medications or had other serious medical conditions. Symptoms of liver problems include a yellow discoloration of the eyes and skin (jaundice) and changes in liver enzymes measured in blood tests. Your doctor will closely monitor you if you have liver disease.

▼ **Posterior reversible encephalopathy syndrome (PRES).** There have been reports of a rare, reversible condition involving the brain, called PRES, in patients treated with VELCADE. Patients with PRES can have seizures, high blood pressure, headaches, tiredness, confusion, blindness, or other vision problems. Treatment with VELCADE should be stopped in cases of PRES.

▼ **Gastrointestinal problems.** VELCADE treatment can cause nausea, vomiting, diarrhea, and constipation. If your symptoms are severe, your doctor may recommend IV fluids and/or medications.

(continued)
**Important Safety Information**
for **VELCADE® (bortezomib)**

**Neutropenia (low levels of neutrophils, a type of white blood cell).** VELCADE (bortezomib) can cause low levels of white blood cells (infection-fighting cells). If your white blood cells become low, you can be at higher risk for infections. Tell your doctor if you develop a fever or believe you have an infection.

**Thrombocytopenia (low levels of platelets).** VELCADE can cause low levels of platelets (clot-forming cells). If platelets become very low, there is an increased risk of bleeding. Your doctor may recommend a platelet transfusion.

You will have regular blood tests to check your cell counts during your treatment with VELCADE. If the number of these cells is very low, your doctor may change the dose and/or schedule of VELCADE.

**Tumor lysis syndrome (TLS).** TLS is a syndrome that causes a chemical imbalance in the blood that could lead to heart and/or kidney problems. TLS can occur with cancer treatments, and your doctor will be monitoring your blood and urine for any signs of this syndrome. If you develop TLS, your doctor will take appropriate steps to treat it.

More than 1 in 5 patients (20%) receiving VELCADE have experienced the following side effects: nausea, diarrhea, thrombocytopenia, neutropenia, peripheral neuropathy, fatigue, neuralgia (nerve pain), anemia, leukopenia (low levels of white blood cells), constipation, vomiting, lymphopenia (low levels of a certain type of white blood cells), rash, pyrexia (fever), and anorexia.
What other information should you discuss with your doctor?

Women should avoid becoming pregnant or breast-feeding while being treated with VELCADE. Discuss with your doctor when it is safe to restart breast-feeding after finishing your treatment.

You should also tell your doctor if you:

▼ Have kidney disease. If you are on dialysis, your doctor will administer VELCADE after the dialysis procedure.

▼ Are taking medication for diabetes. VELCADE can affect your blood glucose levels. Your doctor may require close monitoring of your blood glucose levels and change the dose of your diabetes medicine while you are being treated with VELCADE.

▼ Have liver disease.

▼ Are using any other medications, including prescription and over-the-counter drugs, herbal or dietary supplements, or holistic treatments. St. John’s wort should be avoided.

▼ Develop a rash of any type while receiving VELCADE.

The side effects of VELCADE may impair your ability to drive or operate machinery.

These are not all of the possible side effects with VELCADE. It is important to always contact your doctor if you experience any side effects while on VELCADE. If you have any questions about VELCADE, contact your doctor. Additional information is available on the Web site VELCADE.com.

Please see accompanying full Prescribing Information for VELCADE, including Warnings and Precautions.
Paying for treatment with VELCADE® (bortezomib)

If you have questions about paying for treatment with VELCADE, we may have some answers

The costs associated with multiple myeloma and its treatment may be overwhelming. Millennium Pharmaceuticals, Inc., distributor of VELCADE (bortezomib), may be able to help you, your caregivers, and your healthcare team with the reimbursement process.

Millennium may also be able to help with the cost of VELCADE through its Patient Assistance Program. This program can help in several ways:

- Provide a counselor to talk about insurance coverage and verification.
- Find support for appealing a claim.*
- Identify alternative and supplemental insurance coverage options.
- Find co-payment foundation support information.

To apply for the Patient Assistance Program, find out about eligibility, or ask general questions about paying for treatment with VELCADE, contact us at:

1-866-VELCADE (835-2233), option 2, Monday through Friday, 8 AM to 8 PM ET, or VELCADEassist.com

Please see Important Safety Information for VELCADE on pages 20–23 and accompanying full Prescribing Information.

Find definitions of terms in italic on pages 28–30.

*The VELCADE Patient Assistance Program does not file claims or appeal claims for callers. It also cannot guarantee that you will be successful in obtaining reimbursement.
Keeping records during your journey

We recommend using this space to help keep track of

▼ Your medical appointments and checkups
▼ Your test results
▼ Questions to ask your doctor

Please see Important Safety Information for VELCADE on pages 20–23 and accompanying full Prescribing Information.
Anemia: (uh-NEE-mee-uh) A low level of red blood cells or hemoglobin. This condition can cause a number of symptoms, including shortness of breath, weakness, and fatigue.

Antibodies: Special proteins made by certain white blood cells ("plasma cells") that fight infection and disease.

Bone marrow: (BOHN MAYR-o) The spongy inner part of the bones where blood cells are made.

Clinical trial: The testing of a new medical treatment on a selected disease population; helps to determine if the treatment is safe and effective enough to be offered to the larger population with that disease. Clinical trials are often done in phases.

Complete response (CR): The disappearance of all signs of cancer in response to treatment. This does not always mean the cancer has been cured. Also called complete remission.

Dexamethasone: (deks-uh-METH-uh-zone) A drug that is similar to a chemical produced by the adrenal glands. Dexamethasone is used to replace this chemical when the body does not produce enough of it. It is also used to treat certain types of cancer.

Hemoglobin: (HEE-muh-glow-bin) Substance in red blood cells that carries oxygen and gives these cells their red color.

Hypercalcemia: (hy-per-kal-SEE-mee-uh) A level of calcium higher than normal in the blood. This condition can cause many symptoms, including loss of appetite, nausea, thirst, fatigue (tiredness), muscle weakness, restlessness, and confusion.

Intravenous (IV): (in-truh-VEE-nuhs) Into a vein.

Mantle cell lymphoma: (MAN-tul sel lim-FOH-muh) Cancer cells that may be present in the lymph nodes, spleen, bone marrow, blood, and gastrointestinal system.
Melphalan: (MEL-fuh-lan) A cancer drug from a class of drugs known as alkylating agents. A chemotherapy drug used to fight cancer; it works by slowing or stopping the growth of cancer cells.

Multiple myeloma: (MUL-tih-pul MY-eh-LOW-muh) A cancer of the plasma cells (white blood cells that produce antibodies).

Myeloma cells: (MY-eh-LOW-muh) Cancerous plasma cells.

Overall response rate (ORR): The percentage of patients whose cancer shrinks or disappears after treatment.

Partial response (PR): A decrease in the size of a tumor, or in the extent of cancer in the body, in response to treatment. Also called partial remission.

Peripheral neuropathy: (puh-RIF-er-uhl noo-RAWP-uh-thee) A disease or condition that causes tingling and burning in the hands or feet. It can be caused by issues with metabolism, infections, injuries, and exposure to drugs or toxins.

Plasma cells: Special white blood cells that produce antibodies.

Platelets: A type of blood cell that helps to prevent bleeding by causing the blood to form clots at the sites of blood vessel injuries (internal and external).

Prednisone: (PRED-nih-zohn) A steroid drug that prevents the release of substances in the body that may cause inflammation or swelling. It is used to treat allergies, skin conditions, ulcerative colitis, arthritis, lupus, psoriasis, breathing disorders, and cancer of the white blood cells.

Proteasome: (PRO-tee-uh-zohm) A part of a cell that breaks down unneeded proteins.

Proteasome inhibitor: A drug that blocks the action of proteasomes.
Protein: A molecule made up of amino acids and peptides. Proteins are needed for the body to function properly. They are the basis of body structures, such as skin and hair, and of other substances such as enzymes, cytokines, and antibodies.

Red blood cells: Cells that carry oxygen to all parts of the body.

Relapsed: The return of a disease or symptoms after apparent recovery.

Stem cell: An early cell that matures into various types of cells in the body. In multiple myeloma, specifically blood-forming stem cells.

Stem cell transplant: A procedure in which healthy stem cells are placed in the body through an IV to replace blood-forming stem cells in the bone marrow that have been damaged or destroyed by chemotherapy. The stem cells may come from a patient’s own blood [autologous (aw-TAH-uh-gus) transplant] or from a donor [allogeneic (al-o-JEN-e-ik) transplant].

Subcutaneous: (sub-kyew-TAY-nee-es) Under the skin.

White blood cells: Formed mainly in the bone marrow, these cells help protect the body from infection and disease.
**Helpful resources**

and patient testimonials

<table>
<thead>
<tr>
<th>Helpful resources</th>
<th>Patient testimonial</th>
<th>Patient testimonial</th>
</tr>
</thead>
</table>

**Helpful resources**

- [Www.rarediseases.org](http://www.rarediseases.org) 1-203-744-0100
- [National Organization for Rare Disorders (NORD)](http://www.rarediseases.org) 1-203-744-0100
- [National Cancer Institute](http://www.cancer.gov) 1-800-4-CANCER (1-800-422-6237)
- [Medicare](http://www.medicare.gov) 1-800-MEDICARE (1-800-633-4227)
- [American Cancer Society](http://www.cancer.org) 1-800-227-2345
- [Cancer Legal Resource Center](http://www.cancerlegalresourcecenter.org) 1-866-THE-CLRC (1-866-843-2572)
- [Cancer Support Community](http://www.cancercare.org) 1-888-793-9355
- [1-800-1-800-813-HOPE (1-800-813-4673)](http://www.cancercare.org)
- [1-800-1-800-813-HOPE (1-800-813-4673)](http://www.cancercare.org)
- [Leukemia & Lymphoma Society (LLS)](http://www.myeloma.org) 1-800-1-800-813-HOPE (1-800-813-4673)
- [International Myeloma Foundation (MMRF)](http://www.mmrf.org) 1-212-226-5525
- [Multiple Myeloma Research Foundation (MMRF)](http://www.mmrf.org) 1-203-229-0464
- [Cancer Advocacy Network (ACOR)](http://www.acor.org) 1-800-1-800-4-CANCER (1-800-422-6237)
- [Multiple Myeloma Survivorship (NCCS)](http://www.canceradvocacy.org) 1-888-1-888-793-9355

**Patient testimonials**

**Jim B.**

Jim is active in raising awareness for multiple myeloma and encourages others to work closely with their healthcare team to understand all treatment options.

**Lucy R.**

Lucy's greatest joy is in being a wife, mother, and grandmother. When multiple myeloma sidelined her, though, she began a treatment plan that included VELCADE® (bortezomib). Today, she continues to live with multiple myeloma as possible, and her children jump right in to help.

**Important**

- Do not use VELCADE if you are allergic to bortezomib, boron, spinal fluid (intrathecally), or mannitol.
- VELCADE must not be administered into your
- - -

**Resources**

- [Www.cancersupportcommunity.org](http://www.cancersupportcommunity.org)
- [Www.mmrf.org](http://www.mmrf.org)
- [Www.medicare.gov](http://www.medicare.gov)
- [Www.canceradvocacy.org](http://www.canceradvocacy.org)
- [Www.rarediseases.org](http://www.rarediseases.org)
- [Www.acor.org](http://www.acor.org)
- [Www.myeloma.org](http://www.myeloma.org)
- [Www.cancerlegalresourcecenter.org](http://www.cancerlegalresourcecenter.org)
- [Www.cancercare.org](http://www.cancercare.org)
- [Www.leukemia-lymphoma.org](http://www.leukemia-lymphoma.org)
- [Www.cancer.org](http://www.cancer.org)
- [Www.themmrf.org](http://www.themmrf.org)

**Important Safety Information**

See page 20–23 and accompanying full Prescribing Information.
VELCADE® (bortezomib) is approved for the treatment of patients with multiple myeloma (a cancer of the plasma cells).

Before you receive treatment with VELCADE, tell your doctor about all of your medical conditions. You should not receive VELCADE if you are allergic to bortezomib, boron, or mannitol. VELCADE must not be administered into your spinal fluid (intrathecally).

Please see Important Safety Information for VELCADE on pages 20–23 and accompanying full Prescribing Information.
Helpful resources

This list includes just some of the organizations that offer support and resources to people with multiple myeloma. It is meant to provide information only and not to replace your doctor’s medical advice.

American Cancer Society
1-800-227-2345
www.cancer.org

Association of Cancer Online Resources
1-212-226-5525
www.acor.org

CancerCare, Inc.
1-800-813-HOPE (1-800-813-4673)
www.cancercare.org

Cancer Legal Resource Center
1-866-THE-CLRC (1-866-843-2572)
www.cancerlegalresourcecenter.org

Cancer Support Community
1-888-793-9355
www.cancersupportcommunity.org

International Myeloma Foundation (IMF)
1-800-452-CURE (1-800-452-2873)
www.myeloma.org

The Leukemia & Lymphoma Society (LLS)
1-800-955-4572
www.lls.org

Medicare
1-800-MEDICARE (1-800-633-4227)
www.medicare.gov

Multiple Myeloma Research Foundation (MMRF)
1-203-229-0464
www.themmrf.org

National Cancer Institute
1-800-4-CANCER (1-800-422-6237)
www.cancer.gov

National Coalition for Cancer Survivorship (NCCS)
1-888-650-9127
www.canceradvocacy.org

National Organization for Rare Disorders (NORD)
1-203-744-0100
www.rarediseases.org
Resources for VELCADE® (bortezomib)
1-866-VELCADE (835-2233), option 2
Use this toll-free line to talk directly with a medical information specialist who can provide

▼ Help with paying for treatment*

▼ Healthcare provider and caregiver resource information

For more information about VELCADE (bortezomib), please visit VELCADE.com.

Please see Important Safety Information for VELCADE on pages 20–23 and accompanying full Prescribing Information.

*The VELCADE Patient Assistance Program does not file claims or appeal claims for callers. It also cannot guarantee that you will be successful in obtaining reimbursement.
Lucy R.

Lucy’s greatest joy is in being a wife, mother, and grandmother. When she was diagnosed with multiple myeloma, she turned to her family for support. Together, they found a healthcare provider to partner with, and she began a treatment plan that included VELCADE® (bortezomib). Today, Lucy encourages others to count their blessings and not take their health for granted.

Shortly after my husband had quadruple bypass surgery, I began feeling very fatigued and had severe back pain. I mentioned this to my doctor at a regular check-up, and blood tests showed I had elevated protein levels. I was referred to an oncologist who, before I could sit down, announced that I had multiple myeloma.

I wanted to arm myself with as much information about multiple myeloma as possible, and my children jumped right in to help. Together, we found a healthcare team I was comfortable partnering with, and I began a treatment plan that includes VELCADE, which I take subcutaneously. I have struggled with various side effects, but am happy for the opportunity to fight my cancer. Each day is a blessing. The unfailing love and support my family provides each day has given me the courage and determination to fight this disease.

Lucy’s results with VELCADE reflect the personal experience of one person. Results and experiences vary from patient to patient. It is important to contact your doctor to discuss what’s best for you.
What is VELCADE used for?
VELCADE (bortezomib) is approved for the treatment of patients with multiple myeloma (a cancer of the plasma cells). VELCADE is also approved for the treatment of patients with mantle cell lymphoma (a cancer of the lymph nodes) who have already received other treatments.

How is VELCADE administered?
VELCADE is prescribed by a physician experienced in the use of medications to treat cancer. It is administered by a healthcare professional as an injection into your vein (intravenously, or IV) or under your skin (subcutaneously). VELCADE must not be administered into your spinal fluid (intrathecally).

Who should not receive VELCADE?
Before you receive treatment with VELCADE, tell your doctor about all of your medical conditions. You should not receive VELCADE if you are allergic to bortezomib, boron, or mannitol.

What are the possible side effects of VELCADE?
VELCADE can cause serious side effects, including:

▼ **Peripheral neuropathy.** VELCADE can cause damage to the nerves, a condition called peripheral neuropathy. You may feel muscle weakness, tingling, burning, pain, and loss of feeling in your hands and feet, any of which can be severe. Tell your doctor if you notice any of these symptoms. Your doctor may change the dose and/or schedule of VELCADE or stop it altogether. If you have peripheral neuropathy before starting VELCADE, your doctor could consider giving you VELCADE subcutaneously.

▼ **Low blood pressure.** VELCADE can cause a drop in blood pressure. Tell your doctor if you have low blood pressure, feel dizzy, or feel as though you might faint. If you are taking drugs that lower blood pressure, your medications might need to be adjusted. If you are not drinking enough liquids, your doctor may need to administer IV fluids.

▼ **Heart problems.** Treatment with VELCADE can cause or worsen heart rhythm problems and heart failure. Your doctor may closely monitor you if you have, or are at risk for, heart disease. Tell your doctor if you experience chest pressure or pain, palpitations, swelling of your ankles or feet, or shortness of breath.

▼ **Lung problems.** There have been reports of lung disorders in patients receiving VELCADE. Some of these events have been fatal. Tell your doctor if you experience any cough, shortness of breath, wheezing, or difficulty breathing.
Liver problems. If you have liver problems, it can be harder for your body to get rid of VELCADE (bortezomib). VELCADE has caused sudden liver failure in patients who were taking many medications or had other serious medical conditions. Symptoms of liver problems include a yellow discoloration of the eyes and skin (jaundice) and changes in liver enzymes measured in blood tests. Your doctor will closely monitor you if you have liver disease.

Posterior reversible encephalopathy syndrome (PRES). There have been reports of a rare, reversible condition involving the brain, called PRES, in patients treated with VELCADE. Patients with PRES can have seizures, high blood pressure, headaches, tiredness, confusion, blindness, or other vision problems. Treatment with VELCADE should be stopped in cases of PRES.

Gastrointestinal problems. VELCADE treatment can cause nausea, vomiting, diarrhea, and constipation. If your symptoms are severe, your doctor may recommend IV fluids and/or medications.

Neutropenia (low levels of neutrophils, a type of white blood cell). VELCADE can cause low levels of white blood cells (infection-fighting cells). If your white blood cells become low, you can be at higher risk for infections. Tell your doctor if you develop a fever or believe you have an infection.

Thrombocytopenia (low levels of platelets). VELCADE can cause low levels of platelets (clot-forming cells). If platelets become very low, there is an increased risk of bleeding. Your doctor may recommend a platelet transfusion. You will have regular blood tests to check your cell counts during your treatment with VELCADE. If the number of these cells is very low, your doctor may change the dose and/or schedule of VELCADE.

Tumor lysis syndrome (TLS). TLS is a syndrome that causes a chemical imbalance in the blood that could lead to heart and/or kidney problems. TLS can occur with cancer treatments, and your doctor will be monitoring your blood and urine for any signs of this syndrome. If you develop TLS, your doctor will take appropriate steps to treat it.

(continued)
Important Safety Information
for VELCADE® (bortezomib) continued

More than 1 in 5 patients (20%) receiving VELCADE (bortezomib) have experienced the following side effects: nausea, diarrhea, thrombocytopenia, neutropenia, peripheral neuropathy, fatigue, neuralgia (nerve pain), anemia, leukopenia (low levels of white blood cells), constipation, vomiting, lymphopenia (low levels of a certain type of white blood cells), rash, pyrexia (fever), and anorexia.

What other information should you discuss with your doctor?
Women should avoid becoming pregnant or breast-feeding while being treated with VELCADE. Discuss with your doctor when it is safe to restart breast-feeding after finishing your treatment.

You should also tell your doctor if you:

▼ Have kidney disease. If you are on dialysis, your doctor will administer VELCADE after the dialysis procedure.

▼ Are taking medication for diabetes. VELCADE can affect your blood glucose levels. Your doctor may require close monitoring of your blood glucose levels and change the dose of your diabetes medicine while you are being treated with VELCADE.

▼ Have liver disease.

▼ Are using any other medications, including prescription and over-the-counter drugs, herbal or dietary supplements, or holistic treatments. St. John’s wort should be avoided.

▼ Develop a rash of any type while receiving VELCADE.

The side effects of VELCADE may impair your ability to drive or operate machinery.

These are not all of the possible side effects with VELCADE. It is important to always contact your doctor if you experience any side effects while on VELCADE. If you have any questions about VELCADE, contact your doctor. Additional information is available on the Web site VELCADE.com.

Please see accompanying full Prescribing Information for VELCADE, including Warnings and Precautions, included in this brochure.

For more information about VELCADE, please visit VELCADE.com.
Jim B.

Jim fulfilled his love of adventure through skydiving, reading James Bond novels, and racing go-karts. When multiple myeloma sidelined him, though, he and his doctor decided on a treatment plan that included VELCADE® (bortezomib). Today, Jim is active in raising awareness for multiple myeloma and encourages others to work closely with their healthcare team to understand all treatment options.

“In the months after my diagnosis, I felt rushed, without any control over my treatment. I was referred to an oncologist who told me I could expect to live for six months if I wasn’t treated immediately. He suggested a course of treatment and I took his advice. But I realize now that I was just going through the motions. I hadn’t educated myself about my treatment options. Fortunately, the treatment did work and my multiple myeloma was stable for a while.

When my cancer markers started going up again, I was seeing a new specialist. One of the treatment plans we discussed included subcutaneous VELCADE, which he thought would be a good option for me. I have had some side effects, including headaches, constipation, and flu-like symptoms. I always keep my doctor informed about my side effects, though, so we can take steps to manage them if possible.

Finding the right healthcare team was a big step for me. The doctor I see now listens to my concerns about treatment while taking steps to treat my disease. I’m also fortunate to have the love of a great caregiver in my wife, Marion, and also my stepson, who helps with tasks I can no longer do by myself. I’ve been through a lot of changes since my diagnosis, and I know that what matters to me most is the love of family and friends.

Jim’s results with VELCADE reflect the personal experience of one person. Results and experiences vary from patient to patient. It is important to contact your doctor to discuss what’s best for you.
What is VELCADE used for?
VELCADE (bortezomib) is approved for the treatment of patients with multiple myeloma (a cancer of the plasma cells). VELCADE is also approved for the treatment of patients with mantle cell lymphoma (a cancer of the lymph nodes) who have already received other treatments.

How is VELCADE administered?
VELCADE is prescribed by a physician experienced in the use of medications to treat cancer. It is administered by a healthcare professional as an injection into your vein (intravenously, or IV) or under your skin (subcutaneously). VELCADE must not be administered into your spinal fluid (intrathecally).

Who should not receive VELCADE?
Before you receive treatment with VELCADE, tell your doctor about all of your medical conditions. You should not receive VELCADE if you are allergic to bortezomib, boron, or mannitol.

What are the possible side effects of VELCADE?
VELCADE can cause serious side effects, including:

▼ **Peripheral neuropathy.** VELCADE can cause damage to the nerves, a condition called peripheral neuropathy. You may feel muscle weakness, tingling, burning, pain, and loss of feeling in your hands and feet, any of which can be severe. Tell your doctor if you notice any of these symptoms. Your doctor may change the dose and/or schedule of VELCADE or stop it altogether. If you have peripheral neuropathy before starting VELCADE, your doctor could consider giving you VELCADE subcutaneously.

▼ **Low blood pressure.** VELCADE can cause a drop in blood pressure. Tell your doctor if you have low blood pressure, feel dizzy, or feel as though you might faint. If you are taking drugs that lower blood pressure, your medications might need to be adjusted. If you are not drinking enough liquids, your doctor may need to administer IV fluids.

▼ **Heart problems.** Treatment with VELCADE can cause or worsen heart rhythm problems and heart failure. Your doctor may closely monitor you if you have, or are at risk for, heart disease. Tell your doctor if you experience chest pressure or pain, palpitations, swelling of your ankles or feet, or shortness of breath.

▼ **Lung problems.** There have been reports of lung disorders in patients receiving VELCADE. Some of these events have been fatal. Tell your doctor if you experience any cough, shortness of breath, wheezing, or difficulty breathing.
Liver problems. If you have liver problems, it can be harder for your body to get rid of VELCADE (bortezomib). VELCADE has caused sudden liver failure in patients who were taking many medications or had other serious medical conditions. Symptoms of liver problems include a yellow discoloration of the eyes and skin (jaundice) and changes in liver enzymes measured in blood tests. Your doctor will closely monitor you if you have liver disease.

Posterior reversible encephalopathy syndrome (PRES). There have been reports of a rare, reversible condition involving the brain, called PRES, in patients treated with VELCADE. Patients with PRES can have seizures, high blood pressure, headaches, tiredness, confusion, blindness, or other vision problems. Treatment with VELCADE should be stopped in cases of PRES.

Gastrointestinal problems. VELCADE treatment can cause nausea, vomiting, diarrhea, and constipation. If your symptoms are severe, your doctor may recommend IV fluids and/or medications.

Neutropenia (low levels of neutrophils, a type of white blood cell). VELCADE can cause low levels of white blood cells (infection-fighting cells). If your white blood cells become low, you can be at higher risk for infections. Tell your doctor if you develop a fever or believe you have an infection.

Thrombocytopenia (low levels of platelets). VELCADE can cause low levels of platelets (clot-forming cells). If platelets become very low, there is an increased risk of bleeding. Your doctor may recommend a platelet transfusion. You will have regular blood tests to check your cell counts during your treatment with VELCADE. If the number of these cells is very low, your doctor may change the dose and/or schedule of VELCADE.

Tumor lysis syndrome (TLS). TLS is a syndrome that causes a chemical imbalance in the blood that could lead to heart and/or kidney problems. TLS can occur with cancer treatments, and your doctor will be monitoring your blood and urine for any signs of this syndrome. If you develop TLS, your doctor will take appropriate steps to treat it.

(continued)
Important Safety Information for VELCADE® (bortezomib) continued

More than 1 in 5 patients (20%) receiving VELCADE (bortezomib) have experienced the following side effects: nausea, diarrhea, thrombocytopenia, neutropenia, peripheral neuropathy, fatigue, neuralgia (nerve pain), anemia, leukopenia (low levels of white blood cells), constipation, vomiting, lymphopenia (low levels of a certain type of white blood cells), rash, pyrexia (fever), and anorexia.

What other information should you discuss with your doctor?

Women should avoid becoming pregnant or breast-feeding while being treated with VELCADE. Discuss with your doctor when it is safe to restart breast-feeding after finishing your treatment.

You should also tell your doctor if you:

▼ Have kidney disease. If you are on dialysis, your doctor will administer VELCADE after the dialysis procedure.

▼ Are taking medication for diabetes. VELCADE can affect your blood glucose levels. Your doctor may require close monitoring of your blood glucose levels and change the dose of your diabetes medicine while you are being treated with VELCADE.

▼ Have liver disease.

▼ Are using any other medications, including prescription and over-the-counter drugs, herbal or dietary supplements, or holistic treatments. St. John’s wort should be avoided.

▼ Develop a rash of any type while receiving VELCADE.

The side effects of VELCADE may impair your ability to drive or operate machinery. These are not all of the possible side effects with VELCADE. It is important to always contact your doctor if you experience any side effects while on VELCADE. If you have any questions about VELCADE, contact your doctor. Additional information is available on the Web site VELCADE.com.

Please see accompanying full Prescribing Information for VELCADE, including Warnings and Precautions, included in this brochure.

For more information about VELCADE, please visit VELCADE.com.
Please see full Prescribing Information at

velcade.com/Files/PDFs/VELCADE_PREScribing_INFORMATION.pdf