For the RETREATMENT of people whose multiple myeloma has come back (relapsed) after responding to VELCADE

Continue your treatment journey with VELCADE® (bortezomib)

“I am prepared to continue my fight knowing that VELCADE might work again for me.”

Visit VELCADE.com to join the patient support program and get easy access to the tips, information, and resources you need.

VELCADE (bortezomib) is approved for the treatment of people 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 inside this brochure and accompanying full Prescribing Information for VELCADE.
Retreatment with VELCADE® (bortezomib) may offer an additional benefit

- In a clinical trial, 130 people who had multiple myeloma that had come back (relapsed) at least 6 months after having achieved a benefit with VELCADE (bortezomib) received VELCADE again
  - Patients received VELCADE with or without dexamethasone
  - 3 out of 8 people responded to retreatment with VELCADE, with responses lasting about 6.5 months*

*Half the patients’ responses lasted less than 6.5 months and half the patients’ responses lasted more than 6.5 months.

“Given that VELCADE had worked before, I was thankful to know that retreatment was an option.”

If you achieved a benefit with your first therapy but have relapsed more than 6 months later, NATIONAL CANCER TREATMENT GUIDELINES RECOMMEND RETREATMENT with the same therapy you received before.

Retreatment schedule with VELCADE® (bortezomib)

- Your retreatment schedule with VELCADE (bortezomib) may be different from your original treatment schedule
- In a clinical trial, VELCADE retreatment was given twice a week for 2 weeks, followed by a 10-day rest period. This was repeated up to 8 times (about 6 months)

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- Your doctor may start your retreatment with VELCADE at the last dose you were receiving
- VELCADE can be given subcutaneously (under your skin) or intravenously (into your vein)
  - Your doctor may consider starting you on subcutaneous VELCADE if you have numbness, tingling, burning, or weakness in your hands or feet (peripheral neuropathy) or are at high risk for these symptoms
- It’s essential to take treatment as prescribed by your healthcare team. There are many things to consider when choosing a treatment plan that’s right for you

It’s important to stay committed to your treatment plan.

Get the most out of VELCADE.

Please see Important Safety Information inside this brochure.
While receiving VELCADE® (bortezomib), it’s important to speak up about how you feel

In a clinical trial of retreatment with VELCADE (bortezomib), the most common side effects were:

- Abnormal levels of blood cells as determined by regular blood tests
- Tingling or numbness in the hands, arms, feet, or legs (peripheral neuropathy)
- 13% of patients stopped treatment due to side effects.

Side effects did not get worse with retreatment.

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

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, boren, or marrow.

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 will 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 (bortezomib). Some of these events have been fatal. Tell your doctor if you experience any coughing, shortness of breath, wheezing, or difficulty breathing.

   - **Liver problems.** If you have liver problems, it can be more difficult 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.

   - **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.

   - **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 (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 cell), 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 website at VELCADE.com.
Have kidney disease. If you are on dialysis, may require close monitoring of your blood. Are taking medication for diabetes. VELCADE can affect your blood glucose levels. Your doctor will administer VELCADE after the dialysis procedure.

Develop a rash of any type while receiving VELCADE. If you have any rash, pyrexia (fever), and anorexia. The side effects of VELCADE may impair your ability to work. Contact your doctor if you experience any side effects. These are not all of the possible side effects with VELCADE. It is important to always talk to your healthcare team about managing side effects.

More than 1 in 5 patients (20%) receiving VELCADE may offer an additional benefit. Discuss with your doctor when it is safe to restart treatment with VELCADE.

Please see Important Safety Information inside this brochure and accompanying full Prescribing Information for VELCADE.
Please see full Prescribing Information at

velcade.com/Files/PDFs/VELCADE_PRESCRIBING_INFORMATION.pdf