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What are the common side effects of bortezomib?

Hi, my name is Donald Harvey and I am director of the phase I clinical trials program and a pharmacist at the Winship Cancer Institute of Emory University. I wanted to talk some about some frequently asked questions in patients receiving different drugs for myeloma. I am frequently asked about the common and serious side effects of the proteasome inhibitor bortezomib. Bortezomib has been included in a lot of different regimens for both upfront as well as relapsed and refractory management of patients with myeloma. And things that clinician need to be concerned about specifically with bortezomib are, number one, the most common adverse event or the most potentially serious adverse event is neuropathy. Patients need to understand that over time they may have increasing likelihood of developing nerve damage with bortezomib, which tends to manifest initially as a tingling sensation which may progress to pain. Certainly newer ways of giving bortezomib, like the subcutaneous route and weekly administration, tend to reduce that likelihood of neuropathy; however, patients still need to be counseled that it may occur. Also patients may reactivate or develop varicella infection, and so all patients getting bortezomib need to be concurrently treated with an antiviral regimen, for example acyclovir* 400 mg orally twice a day has been utilized frequently and is effective in preventing varicella. Obviously other antivirals like valacyclovir* or famciclovir,* as examples, may be used. Patients with myeloma tend to certainly have renal dysfunction as part of their disease, and bortezomib does not require renal adjustment because it is all hepatically cleared and thus in the more rare instance where patients may have hepatic impairment, bortezomib doses do need to be adjusted.

^{*}Acyclovir, valacyclovir, and famciclovir are not FDA-approved for the prevention of varicella in multiple myeloma patients.