MEDICINE INFORMATION

# VTD (bortezomib, thalidomide and dexamethasone)

A guide to the three-medicine treatment for myeloma, with practical advice for the injection and tablet schedule, nerve symptoms and the thalidomide pregnancy prevention programme.

## At a glance

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| **Treatment** | Bortezomib + Thalidomide + Dexamethasone |
| **When it may be used** | For selected people with multiple myeloma, including before a planned stem cell transplant. |
| **How it is given** | Bortezomib is usually injected under the skin. You take thalidomide and dexamethasone by mouth. |
| **Before you start** | Ask about pregnancy prevention, clot and shingles prevention, and who to call about infection or new nerve symptoms. |

## What this treatment is and how it works

Myeloma starts in plasma cells, which normally make antibodies. Bortezomib blocks a system that breaks down proteins inside cells. Thalidomide affects the immune system and how myeloma cells grow. Dexamethasone is a steroid that also helps treat myeloma. Both bortezomib and thalidomide can affect nerves, so tell your team about new symptoms early.

## When it may be used

VTD can be used as initial treatment for selected people with myeloma who are preparing for a transplant using their own stem cells. Your team will consider your overall health, previous treatment and the medicines available. Some plans add daratumumab, which makes a different combination. Ask for the full list of medicines and how the team will decide what comes next.

## Before treatment

Tell your team about numbness, constipation, dizzy spells, a slow heartbeat, diabetes or any previous blood clot or stroke. Bring a list of all medicines and supplements, particularly anything that makes you sleepy. The team usually checks blood counts and organ function and asks about your baseline nerve symptoms.

Thalidomide can cause severe harm to a developing baby. Follow the pregnancy prevention programme before starting. Ask about pregnancy tests and contraception, including precautions for partners. The team may also prescribe medicine to reduce the risk of blood clots and shingles.

## How treatment is given

Bortezomib is commonly injected under the skin. Your team will explain how often you need to attend. Thalidomide is taken on the days shown on your plan. It can cause sleepiness, so it is often prescribed at bedtime. Swallow the capsule whole. Dexamethasone is usually taken on specified days. Ask for a single calendar covering all three medicines, as the tablet and injection days may differ.

If you miss a dose or vomit after a tablet or capsule, check your instructions or call the team. Report dizziness, rash or breathing trouble to the nurse during a visit.

## Tests and monitoring during treatment

The team follows blood counts, kidney and liver function and myeloma results. It will ask about tingling, numbness, weakness and balance. Explain if you have difficulty with buttons, writing or walking. The team may change treatment early to reduce the chance of lasting nerve problems. Tell them if you have constipation, faintness or falls.

## Side effects

### Common side effects

- **Tingling, numbness or pain.** These can affect the hands and feet. Tell the team early even if the symptoms come and go.
- **Sleepiness or dizziness.** Thalidomide can make you drowsy. Check before driving and tell your team if you feel faint or unsteady.
- **Constipation.** Ask for a plan before it becomes troublesome. Report tummy pain, vomiting or a swollen tummy promptly.
- **Low blood counts and infections.** Call for fever, shaking chills, unexpected bruising or new breathlessness.
- **Sleep, mood or blood sugar changes.** Dexamethasone can cause these. Check what to monitor if you have diabetes.

### Less common and serious side effects

The combination can increase the risk of blood clots. One swollen, painful leg needs urgent advice. Sudden breathlessness or chest pain needs emergency assessment. Call for a painful blistering rash, which can be shingles. A rash with fever, peeling skin or mouth sores can also be serious.

## When to seek urgent help

Call your hospital's 24-hour cancer care number straight away for fever, shaking chills, sudden illness, a painful swollen leg, unusual bleeding, a new blistering rash or trouble drinking. Follow your hospital's temperature instructions. If you have no written threshold, call at 37.5°C (99.5°F) or above, or below 36°C (96.8°F). Call if you feel very unwell even with a normal temperature.

Seek emergency care for sudden or severe breathlessness, chest pain, fainting, stroke symptoms, swelling of your face or throat, or bleeding that will not stop. Tell staff you are receiving VTD for myeloma.

## Practical advice for this treatment

### Prepare for drowsiness, constipation and nerve changes

Thalidomide can make you sleepy and constipated. Both thalidomide and bortezomib can affect nerves. Ask for a bowel plan and report new numbness or reduced balance early. Ask whether it is safe to drive or use machinery.

### Take pregnancy prevention instructions to every refill

Thalidomide can cause severe birth defects. Follow the pregnancy prevention programme, including tests if required, and ask how to handle capsules safely. Do not share capsules. Ask the pharmacist how to return unused ones.

### Discuss clot prevention and infection precautions

Ask whether your plan includes a blood thinner or antiviral medicine. Tell the team about past clots, shingles or problems with bleeding. Call for new painful swelling of a limb or a painful blistered rash. Seek immediate help for sudden chest pain or severe breathlessness.

## Medicines, interactions and vaccinations

Ask your cancer pharmacist to check new medicines, including sleeping tablets, strong pain medicines and supplements. Follow the prescribed plan for clot or infection prevention. Ask about safe vaccination timing and how long to avoid live vaccines.

## Everyday life

Keep the calendar and hospital number handy. Take extra care on stairs or when handling hot items if your feet or hands are numb. Check with your team about driving, alcohol or medicines that can add to sleepiness. Ask for help if constipation, fatigue or dizziness affects your usual activities.

## Pregnancy, fertility and breastfeeding

Follow the thalidomide pregnancy prevention programme. Ask your team which tests and contraception apply, including precautions for partners and how long they continue after treatment. Never share capsules. Contact the team immediately if pregnancy is possible. Discuss fertility preservation and breastfeeding before starting.

## After treatment

If a transplant is planned, ask when you will be assessed for stem cell collection. Keep blood tests and follow-up appointments. Report nerve symptoms that remain or worsen and ask whether clot or infection prevention medicines should continue.

## Frequently asked questions

### Is VTD the same as DVTD?

DVTD also contains daratumumab. Check the medicines listed on your treatment plan.

### Why might I take thalidomide at bedtime?

It can make you sleepy. Follow your team's instructions on timing.

### What if I miss a capsule?

Check the written instructions or call your team. Tell them when you were due to take it.

### Why do I need special pregnancy precautions?

Thalidomide can seriously harm a developing baby. The programme sets out the tests and precautions to protect you or your partner.

### Why am I taking medicine to prevent clots?

VTD can increase clot risk. Your team assesses your individual risk and chooses the prevention that fits.

### What if my fingers or toes tingle?

Tell the team about tingling or numbness before starting and report any change between visits. Both bortezomib and thalidomide can affect nerves. Changes in balance, grip or foot sensation help the team decide whether to adjust treatment.

### Can I take a laxative?

Ask the team for a bowel care plan. Call promptly if constipation comes with pain, vomiting or a swollen tummy.

### What if I feel sleepy during the day?

Tell the team, especially if it affects safety or daily activities. Ask before driving or using machinery.

### Why might I take an antiviral?

Bortezomib can increase the risk of shingles. Your team will tell you whether you need prevention and when to stop it.

### Do I take dexamethasone every day?

Follow the dates on your plan. The steroid is often taken only on certain days of a cycle.

### Can the team change treatment if I get nerve symptoms?

It may adjust one or more medicines after assessing your symptoms. Early reporting helps the team decide.

### How will I know if VTD is working?

The team checks your myeloma results and symptoms. Ask which tests it uses and when you will review them.

### Will everyone go on to a transplant?

The decision depends on your response, health, treatment plan and preferences.

### Can I stop the prevention medicines after my last injection?

Ask which medicines to continue and for how long. Some precautions remain important after the last treatment.

## Individual medicine guides

- Bortezomib
- Thalidomide
- Dexamethasone

### Sources and further reading

Read this guide alongside your hospital's plan. Ask your pharmacist to confirm the exact product dispensed in India and follow the instructions for that product.

### Summary of Product Characteristics (SmPC) and prescribing information

- Bortezomib (Velcade) - EU product page with SmPC
- Thalidomide BMS - EU SmPC
- Dexamethasone tablets - UK SmPC
- Dexamethasone injection - UK SmPC

### Additional sources

- Macmillan Cancer Support, thalidomide
- Cancer Research UK, first treatment for myeloma

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