



The VRd Regimen

The triplet VRd regimen of **Velcade® (bortezomib) + Revlimid® (lenalidomide) + dexamethasone** is approved in the United States as well as in the European Union for patients with previously untreated myeloma who are ineligible for transplant.

The combination of Velcade (a proteasome inhibitor) with Revlimid (an immunomodulatory agent) and dexamethasone (a glucocorticosteroid) is highly effective and well tolerated.

The VRd clinical trial:

- VRd was approved based on SWOG 0777 phase III clinical trial data comparing VRd to Rd, which showed that VRd resulted in significant improvements in progression-free survival (PFS) and overall survival (OS) compared to Rd.
- The most recent follow-up data from this clinical trial shows OS at 7 years was 55% of patients in the VRd arm compared to 43% in the Rd arm.

Dose and schedule of VRd:

- Velcade is given at 1.3 mg/m² (milligram per square meter of body mass) on days 1, 4, 8, and 11 of a 21-day cycle. It is usually given as a subcutaneous injection (SQ) but may also be given as an intravenous infusion (IV).
- Revlimid is given as a capsule taken orally with water at 25 mg per day on days 1–14 of a 21-day cycle.

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- Dexamethasone is given in pill form either with food or after a meal at 20 mg on days 1, 2, 4, 5, 8, 9, 11 and 12 of a 21-day cycle.
- Doses of each of these medications can be adjusted as determined by your doctor. Velcade can be given at a lower dose and/or weekly instead of twice weekly, as needed. A “VRd-lite” regimen with weekly Velcade and a starting dose of 15 mg of Revlimid is used for patients who are older and/or frail.

ALL patients taking VRd should receive:

- An anticoagulant to prevent blood clotting (aspirin or another medication depending on the doctor’s assessment of blood clot risk).
- Antiviral therapy to prevent herpes zoster virus reactivation (shingles).

The most common side effects (occurring in 10% or more of patients) are:

- Fatigue (16%),
- Neuropathy (23%),
- Low hemoglobin (13%) – the part of red blood cells that carries oxygen,
- Low leukocytes (14%), neutrophils (19%), and lymphocytes (23%) – types of white blood cells,
- Low thrombocytes (18%) – platelets, blood cells that enable blood to clot.

As always, the IMF urges you to discuss all medical issues with your doctor, and to contact the IMF with your myeloma questions and concerns.



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