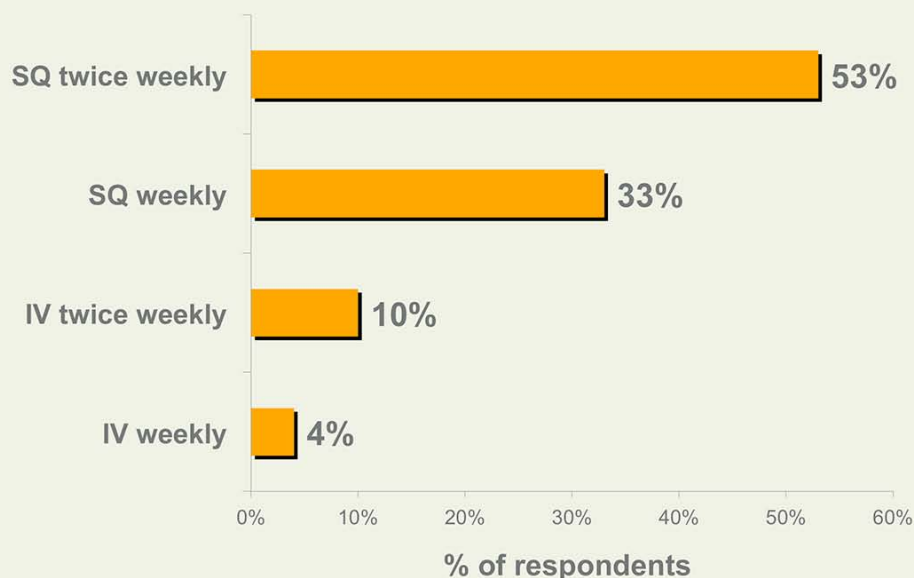


Use of subcutaneous versus intravenous bortezomib in pretransplant induction therapy

When administering bortezomib as part of induction therapy, which route of administration and schedule do you generally use?



EDITOR'S COMMENTS

Most patients receive pretransplant induction regimens that include bortezomib, and we were curious — after a landmark study several years ago demonstrated the feasibility of subcutaneous rather than intravenous (IV) bortezomib — whether this approach is used in induction treatment. We found that more than 80% of oncologists and the faculty generally administer bortezomib subcutaneously, mostly on a twice-weekly schedule, although Dr Vij notes that the equivalence in efficacy to IV treatment has been demonstrated only in the relapsed setting. Dr Munshi notes that when a rapid response is needed — for example, in patients with renal failure — IV administration might be preferred initially.

SELECT REFERENCES WITH LINKS

Moreau P et al. **Subcutaneous versus intravenous administration of bortezomib in patients with relapsed multiple myeloma: A randomised, phase 3, non-inferiority study.** *Lancet Oncol* 2011;12(5):431-40. [Abstract](#)

Arnulf B et al. **Updated survival analysis of a randomized phase III study of subcutaneous versus intravenous bortezomib in patients with relapsed multiple myeloma.** *Haematologica* 2012;97(12):1925. [Abstract](#)