

## **1. Introduction**

This guideline has been developed to facilitate the safe self-administration (or administration by a designated carer) of subcutaneous Bortezomib/Velcade in patients with Multiple Myeloma. This allows this cohort of patients to have a choice of place of administration. This guideline applies to adult Haematology patients under the care of a Consultant Haematologist working within the University hospitals of Leicester.

Registered nurses authorising Velcade treatment must be Band 6 or above and have completed the Systemic Anti-Cancer therapy (SACT) course and be entered on the UHL SACT nurse register.

Bortezomib is recommended by NICE as a treatment option for patients with newly diagnosed or relapsed Myeloma.

Regimens include: VTD (Velcade<sup>®</sup> (bortezomib), thalidomide and dexamethasone - 28 day cycle), V(C)D (Velcade<sup>®</sup>, (bortezomib), cyclophosphamide and dexamethasone - 21 day cycle for Myeloma only), DVd (daratumumab, Velcade<sup>®</sup>, (bortezomib), dexamethasone - 21 day cycle) and VMP (Velcade, melphalan and prednisolone).

Bortezomib (VTD or VCD) is given as a subcutaneous injection either twice weekly (days 1, 4, 8 & 11 of a 21 day treatment cycle) or once weekly (days 1, 8, 15 & 22 of a 35 day treatment cycle in VTD/VCD or days 1, 8, 22 & 29 of a 42 day cycle in VMP-Lite) until maximum disease response is reached. This is usually between 3 and 6 cycles of treatment but can be up to 13.

Patients receiving DVd will continue to receive Velcade when they attend for Daratumumab.

All patients will receive the first dose of Velcade in each cycle in Velcade clinic. Subsequent doses for the next 7 days will be provided at that visit along with required oral medication. Doses for subsequent weeks can be collected by the patient or carer from the department for the remainder of that cycle on a weekly basis (this may be reviewed at a later date).

## **2. Guideline Standards and Procedures**

### **Assessment of patient suitability:**

The medical staff or myeloma CNS will refer potentially suitable patients to the Velcade clinic for formal assessment of ability to self-administer.

Prior to commencing a patient on self-administered Velcade in their own home, patient suitability will be assessed by a SACT trained nurse or myeloma CNS and appropriate steps taken to ensure that they are suitable and safe candidates for this mode of treatment.

The assessment should include:

- Patients ability to make informed decisions, a copy of the patients consent form must be kept in the medical notes.
- The patient's or carer's ability to cope with the practicalities of self administration including:
  - Does the patient or carer administer their own medications at home?
  - Does the patient or carer understand the purpose of treatment? Dose to take and when? Possible side effects and how to report?
  - Can the patient or carer open packaging and do they have the dexterity to inject?

- Can the patient or carer understand and are able to complete self-administration record?
- Is the patient/carer able to attend the hospital to collect the drug on an alternate week basis?

If the answer to any of the above questions is NO then the patient is not suitable for this method of administration. The patient should attend Velcade clinic.

If the answer to the above questions are YES then a teaching appointment will be given for the patient/carer (double appointment) to be shown how to self administer and confirm their ability to do so safely. Further out-patient appointments may be required for observation on a case by case basis. In addition the patient/carer should be provided with a leaflet on 'How to self administer Velcade' – see appendix 2.

### **Prescribing**

Velcade treatment must be prescribed on Chemocare by an appropriately trained doctor:

- Haematology consultant.
- Haematology registrar that has completed training in prescribing systemic anti cancer treatment.
- All prescriptions must be completed on Chemocare, Velcade may be given as twice weekly regime Tuesdays/Fridays or weekly either Tuesdays or Fridays. Patients on fortnightly Velcade are not suitable for self administration?? (drug expiry dates).

### **Administration.**

The patient or named designated carer may only self administer after successful completion of the assessment and education by the Chemotherapy CNS OR equivalent. The lead Chemotherapy nurse will keep a register of staff who are able to fulfil this role.

The first dose (or second) will be self-administered under supervision and the patients competency will be assessed using the form in Appendix 1: Bortezomib/Velcade self administration assessment & consent. The standard consent form for the patient to start this therapy will also be completed with the patient by the prescribing doctor.

The patient/patient's carer will record the date and time that they have administered their Velcade and the site of injection in order for rotation of injection site – **information leaflet (appendix 3).** A copy of page 2 of this leaflet will be given for each cycle of treatment.

Due to drug stability a maximum of 1 week supply will be dispensed from pharmacy. The patient will be given appropriate equipment sharps bin (purple lid) swabs and needles.

### **Monitoring and recording.**

The patient will be provided with information about possible side effects to treatment and will receive a record log to document the presence and severity of any side effects that may develop. The patient will be asked to bring this with them to all Haematology appointments to allow for any dose adjustments and to record tolerability of treatment in medical notes. Each patient will have details of the helpline number.

### **Stopping self-administration of Bortezomib/Velcade or discontinuation of treatment.**

If at any time the patient who is self administering has a change of mental capacity or there are any reasons why self administration becomes unsafe then home self administration must be stopped, and the patient will then restart having treatment in the Velcade clinic via nurse administration. Any unused medication must be returned to pharmacy.

### **Summary of responsibilities**

<b>ACTION</b>	<b>PERSON RESPONSIBLE</b>
MDT decision to treat with Velcade and patient wishes to self administer. Consent taken.	Haematology consultant/registrar to prescribe treatment on Chemocare and consent patient to treatment.
Assesment of capacity/suitability to self admininster/or carer.	Haem chemo CNS/ Chemo trained nurse on register.
Velcade and supportive medicines prescribed.	Haematology consultant/registrar to prescribe treatment on Chemocare.
Supply of medication.	Velcade – aseptic lab and oral medication supplied by trust med pharmacy.
Educaton plus supply of necessary paperwork for patient.	Haem Chemo CNS/chemo trained nurse.
Recording of of self administration and site of injection.	Patient and/or patients carer.
Recording and reporting of any side effects.	Patient and/or carer.
Reassessing of suitability for self-administration (on-going).	Doctor/nurse/carers.
Discontinuation of treatment (always notify pharmacy)	Haematology consultant/Regisitrar.

### **Schedule of patient visits**

Prior to each cycle of treatment patients will have blood tests as directed by the medical team. They will then be reviewed by a consultant or registrar (face-to-face or telephone appointment) to confirm that chemotherapy will continue. Patients will attend velcade clinic for the first dose of each cycle of treatment where they will be given the oral medication for that cycle and velcade injections as appopriate.

They will then attend Velcade clinic on a weekly basis where they will be given the subsequent dose and collect a further dose for home administration.

They should report any side effects or concerns by telephone or at Velcade clinic and will be reviewed by a doctor when required.

### **3. Education and Training**

Registered nurses authorising Velcade treatment must be Band 6 or above and have completed the Systemic Anti-Cancer therapy (SACT) course and be entered on the UHL SACT nurse register.

Patients and/or carers to be educated to be able to slf administer and record administration of treatment. Training to be conducted by Haematology Chemotherapy CNS OR Chemotherapy nurse on SACT register.

*Are there any new skills required to implement the guideline? Is a training programme being provided to support implementation or is it more a case of 'awareness raising'*

*If there are no education or training requirements please state 'None'.*

#### **4. Monitoring Compliance**

<b>What will be measured to monitor compliance</b>	<b>How will compliance be monitored</b>	<b>Monitoring Lead</b>	<b>Frequency</b>	<b>Reporting arrangements</b>
Monitor patient satisfaction	Patient questionnaire/ feedback  Local friends and family test	Rachel Moore/ Cath Morrow	6 monthly	Myeloma MDT/ Peer review
Monitor patient adherence to recording administration/completion of paperwork	Audit	Rachel Moore / Cath Morrow	Annual	Myeloma MDT/ Peer review

#### **5. Supporting References (maximum of 3)**

A Lassalle et al, "Home administration of bortezomib in multiple myeloma is cost-effective and is preferred by patients compared with hospital administration: results of a prospective single-center study," *Annals of Oncology*, November 2015

#### **6. Key Words**

Myeloma, Velcade, Bortezomib, self-administration.

List of words, phrases that may be used by staff searching for the Guidelines on PAGL. If none – state none.

<b>CONTACT AND REVIEW DETAILS</b>	
<b>Guideline Lead (Name and Title)</b> Rachel Moore	<b>Executive Lead</b> <b>Katherine Hodgson</b>
<b>Details of Changes made during review: New guideline</b>	

Appendix 1

**Assessment of competence for the administration of Velcade/Bortezomib**

Attach addressograph label

Tel No

Mobile

**PART ONE – REFERRAL -TO BE COMPLETED BY CONSULTANT OR MYELOMA  
CNS**

**Patient Treatment Regimen**

**Pre-Treatment talk done      Yes    No      Name & Signature of Nurse**

**Date      /      /**

**Written information re  
regimen and drugs given**

**Yes      No**

**Patient cognition**

**Normal**

**Yes      No**

**If No.....    AMT score**

AMT <8 Patient may have impaired  
cognition/memory problems which may  
impair ability to self-administer Velcade

**Clinical Frailty Score**

CFS >4 Patient may have impaired  
functional skills which may impair ability to  
self administer Velcade

**Has the patient a relative or    Yes    No  
carer who will be able to  
administer injection?**

**Name**

**Tel No**

**Patient to be referred for assessment to self-administer      Yes      No**

**Date Regimen to start**

**Patient informed of Date and time to attend clinic      Yes**

**Other relevant information**

**PART TWO TO BE COMPLETED BY CHEMO CNS SACT TRAINED NURSE**

<b>ACTION</b>	<b>Y</b>	<b>N</b>	<b>Name &amp; signature of Nurse</b>	<b>Date</b>
Has the patient signed a Chemotherapy consent form for the treatment?				
Does the patient have the ability to understand the treatment and safely self administer Velcade?				
Does the patient/carer have sufficient manual dexterity to self administer a subcutaneous injection?				
Has the patient received education on self-administration in both written and verbal format?				
Has received demonstration of injection technique?				
Has the patient been supervised during first self-administration?				
Is the patient/or carer competent to administer Velcade?			To be signed by SACT trained nurse.	
Patient/carer can describe and recognise the potential side effects and who to contact if they occur?				
Patient and carer can describe the circumstances when they would not give the injection?				
<b>PATIENT INFORMATION</b>			<b>Instructions</b>	<b>Sign &amp; Date</b>
Explain dose and frequency of treatment to patient/carer			1.3mg/m <sup>2</sup> Weekly or twice weekly	
Explain all possible sites of administration.			Rotation of injection site is necessary to minimise local irritation.	
Safe storage			?? store injections in the fridge Allow to come to room temperature before giving to reduce discomfort.	
Safe disposal of equipment				
Obtaining supplies/injections/blood tests			Supportive medication will be given on day 1 of each cycle/blood tests to be done at date/time as requested by the prescriber	

**Patient or Carer competent to self-administer Velcade  
Signed (Nurse)**

**Date**

**Patient /Carer I have had the self-administration of Velcade explained to me and I am happy to self-administer Velcade injections at home**

**Signed(Patient or Carer)**

**Date**