MyelomaUK

Melphalan

Treatment Guide

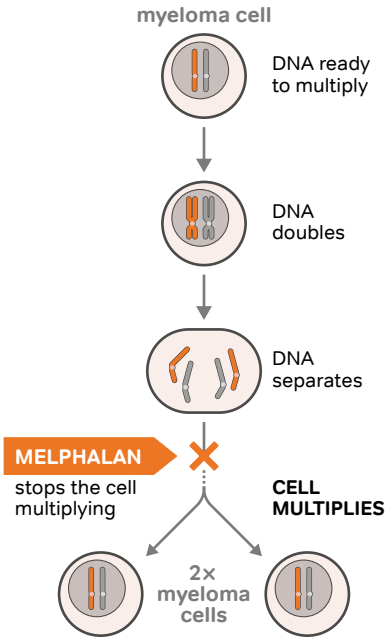
What is melphalan?

Melphalan is a chemotherapy drug used in the treatment of myeloma. It belongs to a class of chemotherapy drugs called alkylating agents.

How does it work?

DNA is the genetic makeup of cells. It carries the instructions for cells and how they function.

Melphalan works by damaging the DNA within myeloma cells. Damaging the DNA stops the myeloma cells multiplying and results in their death.



Melphalan damages DNA to stop myeloma cells multiplying, resulting in their death.

How is melphalan given?

Melphalan can be given orally (by mouth) or intravenously (into a vein).

Melphalan is most often given in combination with other anti-myeloma treatments.

Melphalan is usually given on the first 4 days of each cycle, with each cycle lasting 4 or 5 weeks. You usually have up to 8 cycles. Individual treatment plans vary, your healthcare team will let you know your specific plan.

A high dose of intravenous melphalan is used as part of a treatment procedure in myeloma called stem cell transplantation.

Possible side effects

Melphalan has a number of possible side effects which can vary from patient to patient. You will experience some side effects, but it is unlikely you will experience all of them, and most side effects will ease once treatment has finished. Always report any side effects to your healthcare team as soon as possible so they can be treated quickly.

Side effects of melphalan are more common in the parts of the body where there are rapidly dividing cells, for example, the hair follicles, bone marrow, skin and the lining of the mouth and gut.

The side effects listed here are those experienced most often. For a complete list of side effects please refer to the patient information leaflet which is included in the pack with the treatment. If you do not have this, ask your healthcare team for it.

Myeloma UK provides a wide range of information booklets about side effects and their management. Relevant booklets are signposted beneath each side effect on the following pages.

You can find these along with all of our information booklets online at **myeloma.org.uk/library**.

You can also find out more about the management of these side effects by asking your healthcare team or by contacting Myeloma UK.

0800 980 3332 **AskTheNurse@myeloma.org.uk**

myeloma.org.uk

Nausea, vomiting and appetite loss

Melphalan can cause nausea or vomiting. You may be given anti-sickness (anti-emetic) medicine to prevent or reduce nausea and vomiting. You must take them as prescribed rather than waiting until you feel sick. There are several types of anti-sickness medicine, and if the one you have is not effective, ask to try another.

Drink plenty of fluids to avoid dehydration, especially if you have been vomiting. If vomiting is prolonged and you can't keep anything down, contact your healthcare team for advice.

Melphalan can alter your sense of taste and smell. This is usually temporary and should disappear when you have finished treatment. Nausea, vomiting and changes to your sense of taste and smell can all affect your appetite.

For more information see the **Gastrointestinal disturbances Infosheet** from Myeloma UK.

Diarrhoea

Generally, diarrhoea is temporary and your normal bowel pattern should return once treatment has finished. You should drink plenty of fluids to prevent dehydration and avoid highly spiced or fatty foods, caffeine and alcohol. You may be prescribed treatment for diarrhoea. If your diarrhoea is severe, contact your healthcare team as you may need fluids via a drip.

For more information see the **Gastrointestinal disturbances Infosheet** from Myeloma UK.

Anaemia and bleeding

Melphalan can decrease the number of red blood cells, called anaemia. Symptoms include: looking pale, shortness of breath and fatigue. Melphalan can also decrease the number of platelets, increasing your risk of bleeding or bruising. You may be given treatment for these side effects and to boost your blood cell counts.

For more information see the **Fatigue and myeloma Infoguide** and **Thrombocytopenia and myeloma Infosheet** from Myeloma UK.

Sore mouth and throat

Melphalan can cause pain and inflammation of the mouth and throat, called mucositis. This can make eating and drinking difficult. You may need intravenous fluids and nutritional supplements until you are able to eat and drink normally. You may also be prescribed mouthwashes and painkillers to ease any discomfort.

For more information see the **Mouth care Infosheet** from Myeloma UK.

Risk of infection

Melphalan may reduce the number of your white blood cells, increasing your risk of infection. Common signs include: high or low temperature (37.5°C or above, or below 36°C), feeling shivery or cold, passing urine more often or pain on passing urine, and cough or cold symptoms.

Infections can become serious if not treated quickly. Contact your healthcare team or out of hours service immediately if you think you have an infection.

For more information see the **Infection and myeloma Infosheet** from Myeloma UK.

Hair thinning or loss

You may have some thinning of your hair but it is unlikely that you will lose it completely. Thinning or loss of your hair usually starts within 2 to 4 weeks of your first dose of melphalan. You may also have thinning or loss of eyelashes, eyebrows and other body hair.

Hair thinning or loss is nearly always temporary and your hair should start to grow back around a month after finishing treatment. Try to avoid hair dyes and use a mild shampoo to avoid scalp irritation.

Effects on fertility

Melphalan may affect your fertility and ability to have a child. Talk to your healthcare team about how this may affect you and what your options are. Melphalan may also bring on an early menopause.

For more information on fertility or hair loss see the **Infopack for living well with myeloma** from Myeloma UK.

Important information about melphalan

It is important that you follow the instructions for taking melphalan as prescribed. If you are sick shortly after taking it or if you miss a dose, you should contact your healthcare team immediately for advice before taking the next dose.

You must not take melphalan during pregnancy, as it is expected to be harmful to the baby. You must use effective contraception while on this treatment, and for 6 months after treatment has finished, if you or your partner could become pregnant.

You should not breastfeed when taking melphalan as it is not known if it can pass to the milk.

Supplements or herbal medicines that have not been prescribed by your haematologist may cause harm when taken alongside your prescribed treatment.

You must speak to your healthcare team before taking any kind of supplement or alternative treatment, including herbal, traditional or natural medicines and remedies, and vitamins or wellbeing supplements, to ensure it is safe to do so.

If you have any questions about your treatment, speak to your healthcare team. They are the best people to ask if you have questions about your individual situation. The information in this publication is not meant to replace their advice.

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MyelomaUK

We're here for everything a diagnosis of myeloma brings

Get in touch to find out more about how we can support you

Call the Myeloma Infoline on
0800 980 3332

Email Ask the Nurse at
AskTheNurse@myeloma.org.uk

Visit our website at
myeloma.org.uk

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Myeloma UK
22 Logie Mill, Beaverbank Business Park,
Edinburgh EH7 4HG
0131 557 3332
myelomauk@myeloma.org.uk
Registered Charity No: SC026116

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We appreciate your feedback

Please fill in a short online survey about our patient information at **myeloma.org.uk/pifeedback** or email any comments to **patientinfo@myeloma.org.uk**

For a list of references used to develop our resources, visit **myeloma.org.uk/references**