How is ixazomib given?

Ixazomib is a capsule taken orally (by mouth). Ixazomib is given with the immunomodulatory drug (IMiD) lenalidomide (Revlimid®) and the steroid dexamethasone.

In this combination, ixazomib is usually taken once a week for three weeks followed by a seven-day rest period. This constitutes one 28-day (4 week) cycle.

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Ixazomib is taken as a continuous treatment, meaning it is taken until the myeloma shows signs it is beginning to come back.

The capsules should be swallowed whole with water and should be taken at least an hour before or two hours after food.

Ixazomib can be taken at any time of the day but it is best to take it at approximately the same time each day.

The standard starting dose is 4mg, however, the dose can be lowered to 3mg or 2.3mg if side effects are problematic.

Other information about ixazomib

As ixazomib is taken in combination with lenalidomide, you will be expected to follow the lenalidomide pregnancy prevention programme. This means you must use effective methods of contraception while on treatment if you are a woman of childbearing potential or if you are a man and your partner is a woman of childbearing potential.

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What is ixazomib?

Ixazomib, also known as Ninlaro®, is a proteasome inhibitor drug used in the treatment of myeloma.

How does it work?

Ixazomib works by blocking the actions of proteasomes. Proteasomes are large molecules found in all cells of the body, and they are involved in the breakdown of damaged or unwanted proteins. Ixazomib temporarily blocks their function, stopping them from breaking down unwanted proteins. This causes proteins to build up to toxic levels, killing the cell. Myeloma cells rely more heavily on proteasomes than normal healthy cells; they are therefore much more sensitive to ixazomib.

Possible side effects

Ixazomib has a number of possible side effects. They can vary considerably from patient to patient and may be mild or more serious. It is important to highlight any to your doctor or nurse so they can be treated or managed promptly.

Low platelet counts

Ixazomib may cause a decrease in the number of red blood cells, white blood cells and platelets in your blood. This can cause anaemia and fatigue, as well as making you more susceptible to infection and increasing your risk of bleeding. If necessary, you can be given supportive treatment to help with these side effects and to boost your blood cell counts.

Swelling of legs or feet

Fluid retention causing swelling of the legs or feet (peripheral oedema) can be a side effect of ixazomib. Your doctor will discuss a treatment plan for your fluid retention with you. This will usually involve taking diuretics (water tablets) to help your body remove the excessive fluid.

Back pain

Back pain is a common side effect of ixazomib. Your doctor will be able to discuss suitable pain relief to help alleviate this.

Skin rashes

Treatment with ixazomib can cause skin rashes, which may be itchy and need treatment with antihistamines and/or steroid creams. If this is particularly problematic, it may be necessary to stop treatment temporarily or restart at a lower dose.

Gastrointestinal disturbances

Ixazomib can cause diarrhoea, constipation, nausea and vomiting. While usually mild and easily manageable, these side effects can become problematic in some cases. Maintaining a good fluid intake and a balanced diet is important in the management of gastrointestinal disturbances. Your doctor may prescribe specific treatment which can help prevent or control the symptoms so it is very important to alert your doctor/nurse to the appearance of these side effects as soon as possible.

Peripheral neuropathy

Peripheral neuropathy is damage to the nerves in the hands, feet, arms or legs. This can lead to numbness, tingling, increased sensitivity and pain, most often in the feet or hands. Although they come from the same family of drugs, ixazomib is thought to cause much lower rates of peripheral neuropathy than bortezomib.

For most patients, symptoms will improve or disappear after the dose and/or frequency of administration of ixazomib is reduced. However, in some cases, ixazomib may need to be temporarily stopped or discontinued and other options discussed. If you have severe peripheral neuropathy you may not be able to have other treatments in the future that are also known to cause peripheral neuropathy.

Pain and discomfort can be alleviated by gentle massage, warm baths, heat/cold packs and specific nerve painkilling drugs, such as pregabalin and gabapentin.
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