How is pomalidomide given?
Pomalidomide is a capsule which is taken orally (by mouth). It is usually given with the steroid dexamethasone.
Pomalidomide is normally taken for 21 days followed by a seven-day rest period. This constitutes one 28-day (4 week) cycle.
Pomalidomide 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 can be taken either with or without food.

You should take pomalidomide at approximately the same time each day.

The standard starting dose is 4mg per day. However, the dose can be lowered to 3mg, 2mg or 1mg per day if side effects are problematic.

Other information about pomalidomide

Women must not take pomalidomide if they are pregnant, and must not become pregnant whilst taking pomalidomide, as it is expected to be harmful to an unborn baby.

You will be required to adhere to a pregnancy prevention programme. This means you must use effective methods of contraception while you are 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 pomalidomide?

Pomalidomide, also known as Imnovid®, is an immunomodulatory drug (IMiD) used in the treatment of myeloma.

How does it work?
Pomalidomide works by affecting the body’s immune system. It helps to kill myeloma cells in a number of different ways:

1. Directly killing or stopping the growth of myeloma cells
2. Blocking the growth of new blood vessels that supply the myeloma cells with oxygen and nutrition (anti-angiogenesis)
3. Boosting the immune response against the myeloma cells
4. Altering the production of chemical messages involved in the growth and survival of the myeloma cells
5. Preventing the myeloma cells from sticking to the bone marrow stroma (the tissues and cells not involved in blood cell production)

Possible side effects

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

Birth defects

It is important that anyone taking pomalidomide is aware of the possible birth defects pomalidomide can cause. This risk to an unborn baby can be passed on from both men and women who are taking pomalidomide. Every effort is therefore taken to ensure that this does not occur and pomalidomide is stored, prescribed, handled and taken safely.

Gastrointestinal disturbances

Pomalidomide can cause diarrhoea, constipation and nausea. While this is usually mild and easily managed, 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.

Low blood counts

Pomalidomide may cause a decrease in the number of red and 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. You may be given supportive treatment to help alleviate these side effects and boost your blood cell counts.

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Blood clots or venous thromboembolic events

Pomalidomide can cause blood clots in veins, which is called a venous thromboembolic event (VTE). This most often occurs in the legs (known as deep vein thrombosis (DVT)). More rarely, clots can travel to the lungs causing a pulmonary embolism (PE). This can be a serious complication. You may be prescribed an anticoagulant (anti-clotting) drug such as aspirin, low-dose heparin or warfarin either to prevent or to treat VTE.

It is very important that you tell your doctor or nurse if you notice any red, swollen or painful areas in your body, particularly in your calf, and the area is warm to touch. Any new episodes of shortness of breath and/or chest pains must be reported immediately.

Peripheral neuropathy

Peripheral neuropathy is damage to the nerves in the hands, feet, arms or legs. This can cause numbness, tingling, increased sensitivity and pain. For most patients, symptoms will improve or disappear after the dose and/or frequency of administration of pomalidomide is reduced. However, sometimes, pomalidomide may need to be temporarily stopped or discontinued and other options discussed. If you have severe peripheral neuropathy you may not able to have other treatments in the future that are also known to cause it.

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

Figure 1: Mechanisms of action of pomalidomide

- immune cells
- abnormal plasma cells
- chemical signals
- bone marrow stromal cells
- new blood vessels
- immune cells
- abnormal plasma cells
- chemical signals
- bone marrow stromal cells
- new blood vessels

Fatigue

Fatigue usually resolves shortly after treatment has finished. There are a number of medical and non-medical ways to help manage fatigue. For example, treatment for anaemia may reduce fatigue if it is caused by low red blood cell counts. Increasing your levels of activity and having complementary therapies such as aromatherapy or massage may also help.

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