

# Pomalidomide (Imnovid®)

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## Treatment Guide

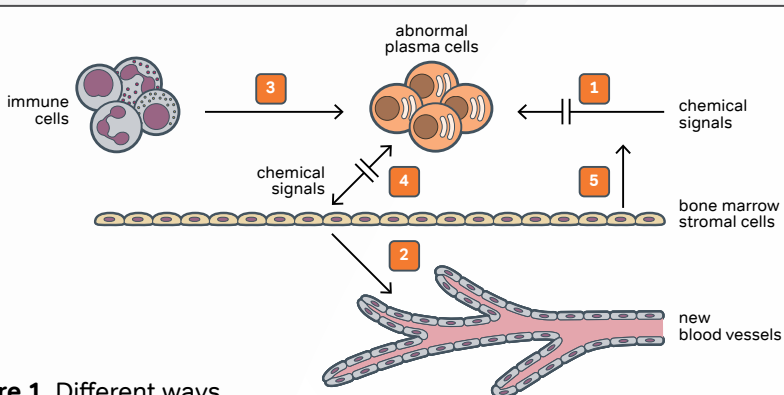
# What is pomalidomide?

Pomalidomide, also known as Imnovid<sup>®</sup>, 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
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 tissue and cells not involved in blood cell production)



**Figure 1.** Different ways pomalidomide works to kill myeloma cells

## How is pomalidomide given?

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Pomalidomide is a capsule which is taken orally (by mouth).

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Pomalidomide is usually given with the steroid dexamethasone.

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Pomalidomide is normally taken for 21 days followed by a 7 day rest period. This constitutes one 28 day (4 week) cycle. Pomalidomide is taken until there is disease progression, meaning there are signs your myeloma is becoming more active. Individual treatment plans may vary, your healthcare team will let you know your specific plan.

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## Other information about pomalidomide

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You must not take pomalidomide if you are pregnant, and you must not become pregnant whilst taking pomalidomide, as it is expected to be harmful to an unborn baby. This means you must use effective methods of contraception while on this treatment and for at least 4 weeks after treatment has finished if you could become pregnant, or during and for at least 7 days after treatment if your partner could become pregnant. You will be required to adhere to a strict pregnancy prevention programme.

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It is not known if pomalidomide passes into milk when breastfeeding. If you intend to breastfeed during treatment with pomalidomide, you should talk to your healthcare team for advice.

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## Possible side effects

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

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.



### Low blood counts

Pomalidomide 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 will be given supportive treatment to help with these side effects and to boost your blood cell counts.



### 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 either parent, if they are taking pomalidomide. Every effort is therefore taken to ensure that this does not occur and pomalidomide is stored, prescribed, handled and taken safely and a pregnancy prevention programme is in place.



## Gastrointestinal disturbances

Pomalidomide can cause diarrhoea, constipation and nausea. While usually mild and manageable, these side effects can become problematic in some cases. Maintaining a good fluid intake and a balanced diet is important. Your doctor may prescribe specific treatment which can help prevent or control the symptoms.



## 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.

For most patients, symptoms will improve or disappear after the dose and/or frequency of administration of pomalidomide is reduced. However, in some cases, pomalidomide 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 that are also known to cause it in the future.

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.



## Fatigue

Fatigue usually resolves shortly after treatment has finished. There are a number of medical and nonmedical strategies you may try 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.



## Blood clots

Pomalidomide can cause formation of 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 of pomalidomide. 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.



If you have any questions about your treatment, speak to your medical 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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