

Thalidomide

Treatment Guide

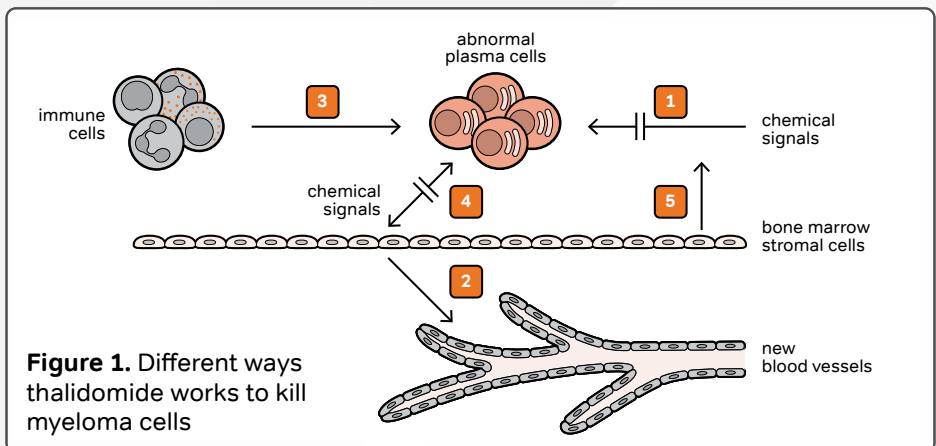
What is thalidomide?

Thalidomide is an immunomodulatory drug (IMiD) used in the treatment of myeloma.

How does it work?

Thalidomide 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)



How is thalidomide given?



Thalidomide is a capsule which is given orally (by mouth). The capsules should be swallowed whole with water.



Thalidomide is usually given in combination with other anti-myeloma drugs.



Thalidomide is usually given daily over a 6 week cycle for up to 12 cycles. Individual treatment plans may vary, your healthcare team will let you know your specific plan.

Other information about thalidomide



You must not take thalidomide if you are pregnant, and you must not become pregnant whilst taking thalidomide, as it can cause severe harm or death to an unborn baby. This means you must use effective methods of contraception 4 weeks before this treatment, during 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 is, or could become, pregnant. You will be required to adhere to a strict pregnancy prevention programme.



You should not breastfeed whilst taking thalidomide. If you are already breastfeeding, you should stop before beginning thalidomide treatment. This is because thalidomide may pass to the milk.

Possible side effects

Thalidomide 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 as soon as possible 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.



Birth defects

It is important that anyone taking thalidomide is aware of the possible birth defects thalidomide can cause. This risk to an unborn baby can be passed on from either parent if they are taking thalidomide. Every effort is therefore taken to ensure that this does not occur and thalidomide is stored, prescribed, handled and taken safely and a pregnancy prevention programme is in place.



Blood clots

Thalidomide can cause the formation of blood clots in veins, which is called a venous thromboembolic event (VTE). This most often occurs in the legs, where it is 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 thalidomide. 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.



Constipation

Constipation can be a problem, particularly with higher doses of thalidomide. It can be prevented or minimised with a good fluid intake (2 to 3 litres per day) and a high fibre diet with plenty of fresh fruit and vegetables. It may be necessary to use laxatives as prescribed by your doctor.



Skin rashes

Thalidomide can sometimes cause a rash which may begin on the trunk (body) and spread to the arms and legs. This can occur within the first 2–6 weeks of starting treatment but usually clears up by itself. Sometimes the rash may need treatment with antihistamines and/or steroid creams.

Rarely, some rashes are a sign of a potentially more serious reaction to thalidomide causing the skin to turn red, blister and peel (Stevens-Johnson syndrome or toxic epidermal necrolysis). If this happens, you should tell your doctor immediately and thalidomide should be stopped straight away



Low blood counts

Thalidomide may cause a decrease in the number of red blood cells, white blood cells and platelets in your blood. This can cause anaemia (which can cause shortness of breath, tiredness and weakness) 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.



Drowsiness

Drowsiness usually lessens with continued use at the same dose but you may need a dose reduction if severe drowsiness occurs. Sleepiness during the day can be minimised by taking thalidomide in the evening before going to bed. It will vary from patient to patient but generally, thalidomide is best taken 2–3 hours before bedtime.



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 thalidomide is reduced. However, in some cases, thalidomide 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 be alleviated by gentle massage, warm baths, cold/heat packs and specific nerve painkilling drugs, such as pregablin and gabapentin.



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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