MyelomaUK

Ixazomib

Treatment Guide

What is ixazomib?

Ixazomib is a proteasome inhibitor used in the treatment of myeloma.

How does it work?

Ixazomib works by blocking the actions of proteasomes. Proteasomes are found in all cells of the body and help to break down damaged and unwanted proteins. This is shown in Figure 1.

Ixazomib blocks the proteasomes, stopping them from breaking down the damaged and unwanted proteins. This causes proteins to build up to toxic levels, killing the myeloma cell. This is shown in Figure 2.

Myeloma cells rely heavily on proteasomes, as they produce more proteins than normal healthy cells. They are therefore more sensitive to ixazomib.

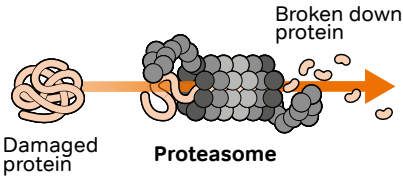

Figure 1. Proteasome breaking down damaged proteins

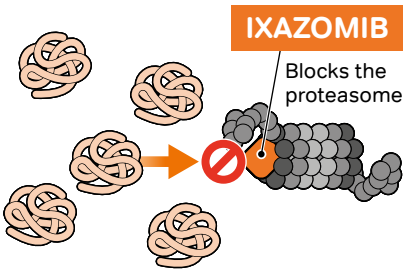

Figure 2. Ixazomib blocking the proteasome, causing damaged proteins to build up in the myeloma cell

How is ixazomib given?

Ixazomib is a capsule which is given by mouth (orally). The capsule should be taken at least 1 hour before or 2 hours after food, and should be swallowed whole with water.

Ixazomib is normally given in combination with other myeloma treatments.

Ixazomib is usually given once a week for 3 weeks, followed by one week off, in a 4 week cycle.

Ixazomib is normally given until your myeloma starts to become active. Individual treatment plans vary, and your healthcare team will discuss your specific plan.

Possible side effects

Ixazomib 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 them all. 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.

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 557 3332 **AskTheNurse@myeloma.org.uk**

myeloma.org.uk

Peripheral neuropathy

Ixazomib can cause damage to nerves called peripheral neuropathy. This causes numbness, tingling, and pain, often in the hands or feet. These sensations can be eased with gentle massage, using hot or cold packs, and nerve painkillers such as gabapentin and pregabalin. Symptoms generally improve or disappear after the dose of ixazomib is reduced or stopped.

For more information see the **Peripheral neuropathy Infosheet** from Myeloma UK.

Risk of bleeding

Ixazomib can decrease the number of platelets, increasing your risk of bleeding or bruising. Treatment can boost your platelet counts.

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

Gut problems

Ixazomib can cause diarrhoea or constipation. Drinking at least 2 litres (3 to 4 pints) a day and having a balanced diet can help to ease these symptoms. You may also be prescribed laxatives to help you go to the toilet, or medicine to reduce any diarrhoea.

Ixazomib may also 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 cannot keep anything down, contact your healthcare team for advice.

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

Risk of infection

Ixazomib 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 when 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.

Fatigue

Ixazomib may cause fatigue. Fatigue is a feeling of extreme tiredness that is not relieved by sleep. It usually resolves after treatment has finished. Your treatment, any side effects and your mental health can all impact fatigue. Treating any medical causes can help to manage fatigue. Allowing time for rest, gentle exercise, and complementary therapies such as massage may also help.

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

Fluid retention

Ixazomib can cause swelling of the legs or feet, caused by fluid building up. This is called peripheral oedema. If you are struggling with fluid retention, your healthcare team may prescribe some water tablets (diuretics) to help your body remove the excess fluid.

Skin rash

Ixazomib can cause a skin rash which may be itchy and need treatment with steroid creams or antihistamines. Some rashes need urgent treatment, including: rashes with swelling of the eyes or mouth, or any problems breathing; rashes with skin peeling or blisters; rashes that start in one area but begin to spread widely; and rashes with high temperatures.

Back pain and joint pain

Back pain and joint pain are common side effects of ixazomib. Your healthcare team can suggest suitable pain relief to help.

For more information see the **Pain and myeloma Infoguide** from Myeloma UK.

Important information about ixazomib

You must not take ixazomib during pregnancy as it may harm the baby. If you or your partner could become pregnant, you must use effective contraception during treatment and for 3 months after treatment has finished. If you are taking hormonal contraception (such as the pill) you should also use a barrier form of contraception (such as a condom).

As ixazomib is taken in combination with lenalidomide, you will need to follow the strict lenalidomide pregnancy prevention programme. Lenalidomide must not be taken during pregnancy as it is expected to be harmful to the baby.

You should not breastfeed while taking ixazomib, or for some time after treatment ends, 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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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**