MyelomaUK

Melphalan

AL amyloidosis Treatment Guide

What is melphalan?

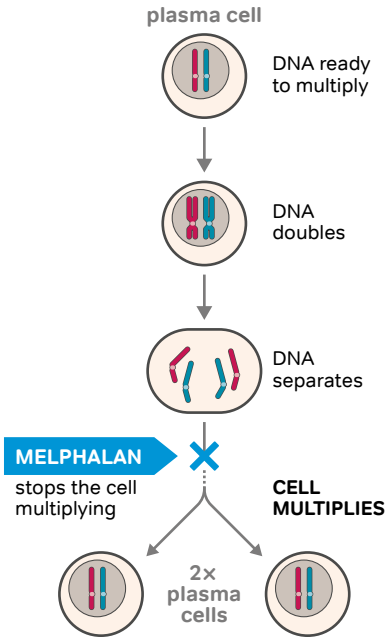
Melphalan is a chemotherapy drug used in the treatment of AL amyloidosis. It belongs to a class of chemotherapy drugs called alkylating agents.

How does it work?

Treatment for AL amyloidosis aims to kill the abnormal plasma cells. This prevents more amyloid being produced and enabling the body to clear existing deposits gradually.

DNA is the genetic makeup of cells. It carries the instructions for cells and how they function.

Melphalan works by damaging the DNA within the abnormal plasma cells. Damaging the DNA stops the abnormal plasma cells multiplying and results in their death.



Melphalan damaging the DNA of the abnormal plasma cells, resulting in their death

How is melphalan given?

Melphalan can be given by mouth (orally), or into a vein (intravenously).

Melphalan is most often given in combination with other AL amyloidosis treatments.

Individual treatment plans vary, your healthcare team will discuss your specific plan.

A high dose of intravenous melphalan is used as part of a treatment procedure in AL amyloidosis called stem cell transplant.

Possible side effects

Melphalan 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 all of them. 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.

Side effects of melphalan are more common in the parts of the body where there are rapidly dividing cells, for example the hair follicles, bone marrow, skin, and the lining of the mouth and gut.

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 980 3332 **AskTheNurse@myeloma.org.uk**

myeloma.org.uk

Gut problems

Melphalan can cause diarrhoea. Unless you have been advised otherwise, drinking at least 2 litres (3 to 4 pints) a day and having a balanced diet can help. You may also be prescribed medicine to reduce the diarrhoea.

Melphalan may also cause nausea or vomiting, and appetite loss. 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.

It is important to stay hydrated if you have been vomiting. Contact your healthcare team if vomiting is ongoing and you cannot keep food or drink down.

For more information on gut problems see the Coping with symptoms and side effects chapter of the **AL amyloidosis: Your Essential Guide** from Myeloma UK.

Anaemia and bleeding

Melphalan can decrease the number of red blood cells. This is called anaemia. Symptoms include: looking pale, shortness of breath, and fatigue. Melphalan can also decrease the number of platelets, increasing your risk of bleeding or bruising. You may be given treatment for these side effects and to boost your blood cell counts.

For more information on anaemia and fatigue see the Coping with symptoms and side effects chapter of the **AL amyloidosis: Your Essential Guide** from Myeloma UK.

Risk of infection

Melphalan 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, peeing (passing urine) more often or pain on when peeing, 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 on infection see the Coping with symptoms and side effects chapter of the **AL amyloidosis: Your Essential Guide** from Myeloma UK.

Sore mouth and throat

Melphalan can cause pain and inflammation of the mouth and throat, called mucositis. This can make eating and drinking difficult. You may need intravenous fluids and nutritional supplements until you are able to eat and drink normally. You may also be prescribed mouthwashes and painkillers to help.

For more information on mouth problems see the Coping with symptoms and side effects chapter of the **AL amyloidosis: Your Essential Guide** from Myeloma UK.

Hair thinning or loss

You may have some thinning of your hair, but it is unlikely that you will lose it completely. Thinning or loss of your hair usually starts within 2 to 4 weeks of your first dose of melphalan. You may also have thinning or loss of eyelashes, eyebrows, and other body hair.

Hair thinning or loss is nearly always temporary and your hair should start to grow around a month after finishing treatment. Try to avoid hair dyes and use a mild shampoo to avoid scalp irritation.

For more information on hair thinning or loss see the Coping with symptoms and side effects chapter of the **AL amyloidosis: Your Essential Guide** from Myeloma UK.

Effects on fertility

Melphalan may affect your fertility and ability to have a child. Talk to your healthcare team about how this may affect you and what your options are. Melphalan may also bring on an early menopause.

Important information about melphalan

It is important that you follow the instructions for taking melphalan as prescribed. If you are sick shortly after taking it or if you miss a dose, you should contact your healthcare team immediately for advice before taking the next dose.

You must not take melphalan during pregnancy, as it is expected to be harmful to the baby. You must use effective contraception while on this treatment, and for 6 months after treatment has finished, if you or your partner could become pregnant.

You should not breastfeed when taking melphalan as it is not known if the drug 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.

MyelomaUK

We're here for everything a diagnosis of AL amyloidosis brings

Get in touch to find out more about how we can support you

Call the Myeloma UK Infoline on
0800 980 3332

Email Ask the Nurse at
AskTheNurse@myeloma.org.uk

Visit our website at
myeloma.org.uk/al-amy

Trusted Information Creator
Patient Information Forum

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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**