



## Gemtuzumab Ozogamicin (Mylotarg®)

This leaflet is offered as a guide to you and your family. The possible benefits of treatment vary; for some people chemotherapy may reduce the risk of the cancer coming back, for others it may control the cancer and its symptoms. Chemotherapy is the most commonly prescribed anti-cancer treatment but other types of treatment are also used. Your doctor will explain to you whether you will receive chemotherapy or another type of treatment, or a combination of both. Your doctor or nurse will be happy to answer any questions you have about your treatment. You will find it useful to refer to the booklet *Chemotherapy, a guide* which gives general information on chemotherapy and side effects.

### Your treatment

Your doctor or nurse clinician has prescribed for you a treatment called Gemtuzumab Ozogamicin (Mylotarg®). This form of cancer medication is known as a monoclonal antibody. It is mainly used in research trials to treat some types of Acute Myeloid Leukaemia (AML). Monoclonal antibodies are used to try to destroy some types of cancer cells while causing as little damage as possible to normal cells. Monoclonal antibodies are sometimes called targeted therapies because they are designed to recognise certain proteins found on the surface of some cancer cells. Gemtuzumab locks on to a protein (CD33) on the surface of leukaemia cells and some other developing white blood cells (myeloid cells). The antibody, Gemtuzumab, has a chemotherapy called Ozogamicin attached to it, so the chemotherapy is delivered directly to the cells which have the CD33 protein on them. You may sometimes hear the treatment called **Mylotarg®** or **GO (Gemtuzumab Ozogamicin)**.

**Gemtuzumab Ozogamicin (Mylotarg®)** is given via an infusion (drip) into a vein over approximately two hours.

Before you have your treatment with Gemtuzumab, you will have pre-medication: an intravenous (into a vein) injection of the anti-histamine (chlorphenamine). This can help to prevent any immediate allergic reactions.

You will have a routine blood test before the start of each cycle of treatment.

This treatment can have serious or possibly life-threatening side effects. It is very important that you report side effects straight away. Don't delay, if you feel unwell, please ring The Christie Hotline on 0161 446 3658. The lines are open 24 hours a day.

## **Increased risk of serious infection**

You are vulnerable to infection while you are having chemotherapy. Minor infections can become life-threatening in a matter of hours if left untreated. Symptoms of infection include fever, shivering, sweats, sore throat, diarrhoea, discomfort when you pass urine, cough or breathlessness. We recommend that you use a digital thermometer so you can check your temperature. You can buy one from your local chemist.

**If you feel unwell, you have symptoms of an infection or your temperature is 37.5°C or above or below 36°C contact The Christie Hotline straight away.**

## **Possible side effects**

Chemotherapy can cause many different side effects. Some are more likely to occur than others. Everyone is different and not everyone gets all the side effects. Most side effects are usually temporary, but in some rare cases they can be life-threatening. It is important to tell your hospital doctor or nurse about any side effects so they can be monitored and, where possible, treated.

### **Common side effects (more than 1 in 10)**

- **Anaemia (low number of red blood cells)**

While having this treatment you may become anaemic. This may make you feel tired and breathless. Let your doctor or nurse know if these symptoms are a problem. You may need a blood transfusion.

- **Bruising or bleeding**

This treatment can reduce the production of platelets which help the blood clot. Let your doctor know if you have any unexplained bruising or bleeding, such as nosebleeds, bloodspots or rashes on the skin, and bleeding gums. You may need a platelet transfusion.

You will have a routine blood test every day while you are in hospital to monitor the effects of the chemotherapy, but please tell your nurse if you experience any of the symptoms listed above.

- **Nausea and vomiting (sickness)**

The severity of this varies from person to person. Anti-sickness medication will be given along with your chemotherapy to prevent this. If you continue to feel or be sick, tell your nurse because your anti-sickness medication may need to be changed or increased.

- **Flu-like symptoms**

This can include a high temperature, chills, weakness, sweating, muscle aches, tiredness, dizziness and headache. These effects generally occur after the infusion. If necessary, your doctor can give you medication to help these symptoms.

- **Lethargy**

Some chemotherapy may make you feel tired and lacking in energy. It can be frustrating when you feel unable to cope with routine tasks. If you do feel tired, take rest when necessary. Gentle exercise such as walking can be beneficial.

## Uncommon side effects (less than 1 in 10)

- **Sore mouth**

Your mouth may become sore or dry, or you may notice small mouth ulcers during this treatment. Drinking plenty of fluids and cleaning your teeth regularly and gently with a soft toothbrush can help to reduce the risk of this happening. We can prescribe a mouthwash for you to use during treatment. You can dilute this with water if your mouth is sore. Ask your doctor or nurse for further advice. There is also general mouth care information in the chemotherapy booklet. If you continue to have a sore mouth, please contact The Christie Hotline.

Occasionally during treatment you may experience a **strange taste**, sometimes described as metallic or bitter. A strongly flavoured sweet or mint will help to disguise this.

- **High or low blood pressure**

This may happen during or for a period of time after the infusion. Your blood pressure will be monitored during the infusion and for a while afterwards.

- **Effects on the liver**

Mylotarg<sup>®</sup> may cause changes in the way your liver works. This may not harm you, but your medical team will monitor this closely by taking samples of your blood from time to time to measure your liver function. If your liver is affected, this will usually return to normal soon after your treatment is finished.

## Serious and potentially life threatening side effects

In a small proportion of patients chemotherapy can result in very severe side effects which may rarely result in death. The team caring for you will discuss the risk of these side effects with you.

## Sex, contraception & fertility

**Protecting your partner and contraception:** We recommend that you or your partner use a condom during sexual intercourse while you are having the course of chemotherapy. Chemotherapy is dangerous to unborn babies and this will also protect you and your partner from any chemotherapy drugs that may be present in semen and in the vagina. If you suspect that you may be pregnant please tell your doctor immediately.

**Fertility:** This chemotherapy may affect your ability to have children. Your doctor or nurse should have discussed this with you. If not, please ask them before you start treatment.

## Late side effects

Some side effects may become evident only after a number of years. In reaching any decision with you about treatment, the potential benefit you receive from treatment will be weighed against the risks of serious long term side effects to the heart, lungs, kidneys and bone marrow. With some drugs there is also a small but definite risk of developing another cancer. If any of these problems specifically applies to you, the doctor will discuss these with you and note this on your consent form.

## Contacts

If you have any general questions or concerns about your treatment, please contact the Haematology and Transplant Unit.

- Jo Tomlins, Haematology Nurse Clinician 0161 446 8010
- Haematology and Transplant day unit 0161 446 3924
- General enquiries 0161 446 3000
- For urgent advice ring The Christie Hotline 0161 446 3658 (24 hours)

Your consultant is: .....

Your hospital number is: .....

Your key worker is: .....



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