



Myeloma

Haematology and Transplant Unit

MPT

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 tablet treatment for myeloma. This treatment is called MPT: melphalan, prednisolone and thalidomide.

These tablets are given in cycles, each cycle lasting 28 days (see information sheet overleaf). MPT is given for a minimum of 6 cycles.

The 3 tablets which make up MPT are:

Melphalan: chemotherapy tablets given daily for 4 days every 4 to 6 weeks. It is important to drink plenty of fluids when taking these tablets (up to 3 litres a day).

Prednisolone: steroid tablets given daily for 4 days. Prednisolone should be taken with food. It is better to take them earlier in the day, for example, with breakfast or lunch, since they can keep you awake if taken late in the day.

Thalidomide: taken every night/evening throughout treatment.

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

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.

Supportive medication

We will give you additional 'preventative' medications to take along side your chemotherapy. These medicines are taken for the duration of your chemotherapy treatment. New supplies will be issued at each clinic visit. Occasionally the type or dose of medication is changed, according to your symptoms.

Some of the commonly prescribed medications are listed below.

Aciclovir – antiviral

Co-trimoxazole (septrin) – antibiotic

Fluconazole – antifungal

You will also be given medication to prevent gastric irritation due to the steroids. This will either be **Lansoprazole** or **Omeprazole**.

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)

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

- **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.

- **Constipation**

It is very common to become constipated with thalidomide. Try to drink plenty of fluids and eat foods high in fibre. Tell your doctor who may prescribe a suitable laxative. Ask the staff for a copy of 'Eating: Help Yourself' which has useful ideas about diet when you are having treatment.

- **Peripheral neuropathy (tingling & numbness in toes or fingers)**

Thalidomide can cause nerve damage. This causes numbness or pins and needles in your fingers or toes. ***It is important to tell us if this happens*** as the dose of thalidomide may have to be reduced or stopped. This is usually mild or temporary, but can last for some time. However, it can become permanent, so please report these symptoms promptly to the myeloma nurse specialist or your doctor.

- **Blood clots/ thrombosis**

There is a slight increased risk of developing blood clots with thalidomide. You are likely to be prescribed an anti-clotting agent such as aspirin or a heparin injection to help prevent blood clots from forming. Please report immediately to your doctor or nurse if you develop a red and swollen leg or sudden onset of shortness of breath.

- **Steroid side effects**

Take the **prednisolone tablets** with food as they may cause indigestion. The tablets may also increase your appetite. It is better to take them earlier in the day, for example with breakfast and lunch, since they can make you feel more alert and prevent sleep.

Steroids tablets can alter your mood causing you to feel low, irritable or agitated. Please tell your doctor or nurse if this is a problem.

Steroids can cause your blood sugar to rise. If you are diabetic then you may need to increase the dose of any diabetic medication you take (insulin or tablets). You should discuss this with your doctor before starting the treatment.

Uncommon side effects (less than 1 in 10)

- **Nausea and vomiting**

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

- **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.

- **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 and get help with household chores. If necessary, take time off work. Gentle exercise such as walking can be beneficial.

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

 Because of the devastating side effects caused in the past to unborn children, it is of the highest importance that thalidomide is used safely.

Women who have any chance of becoming pregnant **MUST** use two forms of birth control. Pregnancy tests are performed every four weeks prior to a new prescription of thalidomide.

Thalidomide can be present in semen, so male patients must use a condom whenever they have sexual intercourse (even if they have had a vasectomy).

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 myeloma nurse specialist or the Haematology and Transplant Unit.

- Myeloma nurse specialist 0161 446 8167
- Haematology and Transplant Unit 0161 446 3925
- General enquiries 0161 446 3000

For urgent advice ring The Christie Hotline on 0161 446 3658 (24 hours)

Your consultant is:

Your hospital number is:

Your key worker is:



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Details of the sources used are available, please contact Patient.Information@christie.nhs.uk

MPT Treatment Chart

| Day: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
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| Cycle 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cycle 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cycle 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cycle 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cycle 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Melphalan Dose: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prednisolone Dose: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thalidomide Dose: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other medicines: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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