



Mitoxantrone and ATRA (Tretinoin)

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 which includes the chemotherapy mitoxantrone along with a daily tablet of ATRA (tretinoin)

Day 1

Mitoxantrone is given as a short injection over 5 minutes or a 10 minute infusion into the vein.

Days 1 to 15

ATRA (tretinoin) tablets - take these tablets morning and evening.

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.

- **Nausea and vomiting (sickness)**

The severity of this varies from person to person. Anti-sickness medication may be given along with your chemotherapy to prevent this. You may also be given anti-sickness tablets to take at home. 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.

- **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.

- **Headaches and bone pain**

ATRA (tretinoin) can cause headaches and bone pain. If you experience this please tell your doctor or nurse who can give you painkillers.

- **Hair loss**

Hair loss is usually total. The hair falls out gradually 10 to 14 days following your first course of treatment. The time scale varies from person to person. Please remember that it is a temporary side effect and your hair will grow back when your treatment is completed. If you would like an appointment with the wig service, this can be arranged for you. Ask the staff for a copy of the 'Wig fitting service'.

- **Discolouration of urine**

Because of its blue/green colour, mitoxantrone may make your urine go green in colour. This is temporary and should only last for the first 24 hours following each treatment.

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.

- **Upset bowels**

You may get upset bowels with this chemotherapy:

Diarrhoea. If this is a mild problem while you are having treatment, anti-diarrhoea medication can be bought from a pharmacy or prescribed by your GP for a temporary period until this is resolved. If the problem persists or becomes severe, do not delay in contacting this hospital. Ask the staff for a copy of 'Eating: Help Yourself' which has useful ideas about diet when you are having treatment.

Constipation. Try to drink plenty of fluids and eat foods high in fibre. Tell your doctor who may prescribe a suitable laxative.

Rare side effects (less than 1 in 100)

- **Vein pain**

Mitoxantrone may cause pain along the vein during and after treatment. This should be temporary but contact your hospital doctor or nurse if this becomes severe.

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.

Extravasation is when chemotherapy leaks outside the vein. If you develop redness, soreness or pain at the injection site **at any time** please let us know straight away.

Other medicines

Other medicines can be harmful to take when you are having chemotherapy. Let your doctor/nurse know about any medications you are taking, including non-prescribed drugs such as complementary therapies and herbal medicines.

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:



The Christie Patient Information Service July 2014
CHR/HTU/CT/800/18.04.11 Version 2 Review date: July 2017

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