

Myeloma Haematology and Transplant Unit

Thalidomide

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. 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 thalidomide capsules as part of your myeloma treatment.

Thalidomide is taken in capsule form, usually once a day. It can be used on its own or in combination with chemotherapy and/or steroid tablets.

Thalidomide can be used as initial therapy for your myeloma or as a maintenance therapy after a transplant procedure, or it can be used when myeloma has returned.

The dose can vary according to how well you tolerate the medicine and how well the myeloma responds.

Alongside your chemotherapy, we will give you other medications to prevent side effects. Please see the separate sheet 'Supportive medications' for details.

Thalidomide is not chemotherapy but it has some possible side effects.

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.

Possible side effects

This treatment 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)



- **Blood clots/thrombosis**

There is a slightly increased risk of developing blood clots with thalidomide. You are likely to be prescribed an anti clotting agent such as aspirin or heparin injections to help prevent blood clots forming. Please contact us immediately if you develop a red and swollen leg, or sudden onset of shortness of breath.

- **Constipation**

This is likely to occur. 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.



- **Tingling & numbness in the fingers or toes (peripheral neuropathy)**

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 only usually mild and temporary but sometimes lasts for some time or becomes permanent. Please report these symptoms to your myeloma nurse specialist or to your doctor.

- **Fatigue/drowsiness**

Thalidomide may cause increased tiredness. This can be reduced by taking the medicine at bedtime. If the tiredness becomes excessive, please contact the myeloma nurse specialist or your doctor.

- **Increased infection risk**

Thalidomide can increase your risk of developing serious infections. Please tell the myeloma team if you develop a fever or flu-like symptoms.

- **Bruising and bleeding**

If you notice any signs of bleeding, such as nose bleeds or bruising, please report this to the myeloma team.

- **Steroid side effects**

Your **dexamethasone tablets** should be taken with food as they may cause indigestion. They 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.

These dexamethasone tablets can **alter your mood** causing you to feel low, irritable or agitated. Please tell the doctor at your next clinic visit if this is a problem.

Dexamethasone 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 chemotherapy. Dexamethasone can also induce diabetes in people not known to have this disease. This is normally reversible although you may need to take some diabetic medication while you are having treatment.

Uncommon side effects (less than 1 in 10)

- **Skin rash**

Occasionally you may develop a rash with thalidomide. This often occurs within the first two to six weeks of starting therapy, and usually resolves itself. If you develop a rash, please let us know.

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 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 before 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. If any of these problems specifically applies to you, the doctor will discuss these with you and note this on your consent form.

Tingling & numbness in the fingers or toes: On rare occasions, this may be permanent.

Contacts

If you have any general questions or concerns about your treatment, please contact the Haematology team:

- Anne-Marie Kelly or Emma Whitham **0161 446 8167**
Haematology nurse specialists
- Haematology and transplant day unit **0161 446 3924**
- 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:

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

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For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centres at Withington, Oldham or Salford.

Contact The Christie Hotline for
urgent support and specialist advice

**The Christie Hotline:
0161 446 3658**

Open 24 hours a day, 7 days a week

The Christie NHS Foundation Trust
Wilmslow Road
Withington
Manchester M20 4BX
Tel: 0161 446 3000
www.christie.nhs.uk

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