NHS
The Christie
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Thalidomide - Myeloma

The possible benefits of treatment vary; for some people this treatment 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 is 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 Christie information sheet ‘Supportive medications’ for details.

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.

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

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 (Warning!)

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

You are likely to become constipated. 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 The Christie booklet 'Eating: help yourself' which has useful ideas about diet when you are having treatment.

• Tingling and numbness in fingers or toes (peripheral neuropathy) (Warning!)

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

• Fatigue/drowsiness

Thalidomide can increase 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 risk of infection

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 nosebleeds 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 2 to 6 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 this treatment 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 and fertility (Warning!)

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 2 forms of birth control. Pregnancy tests are performed every 4 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 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.

Tingling and 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, 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.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

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

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