NHS
The Christie
NHS Foundation Trust

Glofitamab, gemcitabine and oxaliplatin

The benefits of treatment are different for each person. For some people chemotherapy and immunotherapy can help stop the cancer coming back. For others, it can help control the cancer and ease its symptoms. Your doctor will talk to you about the treatment that is right for you. This may be chemotherapy or immunotherapy, another treatment, or a combination of treatments. If you have any questions, please ask your doctor or nurse. They will be happy to help. You may also find the booklet 'SACT, a guide' helpful. It explains systemic anti-cancer therapy and the possible side effects in more detail.

Your treatment

Your doctor has prescribed a course of treatment with **glofitamab**, **gemcitabine**, and **oxaliplatin**.

Glofitamab is a type of immunotherapy. It helps your immune system recognise and destroy cancer cells. On day 1 of treatment, an antibody treatment called **obinutuzumab** is given to reduce the circulating lymphoid B-cells which reduces the risk of cytokine release syndrome (CRS). **Gemcitibine** and **oxaliplatin** are chemotherapy drugs given intravenously (into the vein) used to treat lymphoma and other cancers.

Treatment schedule

This treatment is given every 3 weeks for up to 12 times (12 cycles), mainly as an outpatient.

Cycle 1

Day 1 Obinutuzumab

Day 2 Gemcitabine and oxaliplatin

Day 8 Glofitamab 2.5mg (inpatient stay: 24-hour observation)

Day 15 Glofitamab 10mg

Cycle 2

Day 1 Glofitamab 30mg (full dose)

Day 2 Gemcitibine and oxaliplatin

Cycle 3 to Cycle 8

Day 1 Glofitamab, gemcitibine, oxaliplatin

Cycle 9 to 12

Day 1 Glofitamab

You will have a routine blood test and medical review before the start of each cycle of treatment. This is so your team can monitor and manage any side effects as well as assess your response to treatment. Occasionally we may not be able to go ahead with your treatment until your blood counts are back to a safe level. If this happens, your treatment may be delayed.

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 having chemotherapy and immunotherapy. Minor infections can become life threatening in hours if untreated. Symptoms include fever, shivering, sweats, sore throat, diarrhoea, discomfort when you pass urine, cough or breathlessness.

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.

Flu vaccinations

It is safe to have a flu vaccination while you are having chemotherapy. However, the flu vaccine may not work as well during some types of chemotherapy. If you are thinking about having any other vaccinations, check with your Christie doctor first. Some vaccines may not be safe to have during your treatment.

COVID-19 vaccinations

We advise that all patients receive a COVID-19 vaccinations when this is offered. Your doctor will discuss with you the best time to have this.

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.

Side effects of obinutuzumab

You will be provided with a separate patient information leaflet for obinutuzumab.

Side effects of glofitamab

Glofitamab is given as an intravenous infusion (through the vein). To reduce the risk of infusion reactions, it is given using **'step up dosing'**, meaning the first doses are smaller and gradually increased (see schedule on page 1).

You may receive medicines before glofitamab to reduce the risk of reactions, such as steroids, paracetamol or antihistamines.

Cytokine release syndrome (CRS)

This is the most important side effect and can affect around 4 out of 10 patients. It can cause fever, chills, dizziness, headache, nausea, diarrhoea, low blood pressure, fast heart rate, or breathing difficulty. It usually happens during or soon after the infusion. You will be monitored closely. CRS most commonly happens during the first or second dose of glofitamab, but it can happen later. Contact The Christie Hotline straight away on **0161 446 3658** (24 hours a day, 7 days a week), if you have any of the above symptoms after you go home.

Common side effects (more than 1 in 10)

- **Infusion related reactions**

These may include flushing, fever, headache, nausea, or rash during the infusion.

- **Low blood counts**

Glofitamab can lower white cells, red cells, and platelets, increasing infection and bleeding risk. An increased bleeding risk may show itself though nose bleeds, bleeding gums, heavier periods, blood in

your urine or tiny red, brown or purple spots on the skin. Reduced red cells can result in anaemia causing shortness of breath during physical activity, fatigue (tiredness) and headache.

• Fatigue (tiredness)

Feeling tired or lacking energy is common with most anti-cancer therapy and your medical team should be able to offer some advice.

• Tumour flare

Glofitamab may cause a sudden, temporary worsening of lymphoma-related symptoms following the start of treatment. These symptoms may include; fever, swollen lymph nodes, pain or a rash. This is called tumour flare. Always tell your cancer team if you notice this. They can give you painkillers and other drugs to help.

Uncommon side effects (less than 1 in 10)

• Effects on liver and kidneys

This treatment can affect how your kidneys or liver work. This is usually mild and goes back to normal after treatment ends. You will have blood tests to check how well your kidneys and liver are working. Contact The Christie on the 24-hour number if you have blood in your urine and/or passing less urine or peeing less often than usual. Drinking fluids also helps protect your kidneys. The advice is usually to try to drink at least 2 litres (3½ pints) of fluid each day. But follow any advice from your doctor, nurse or pharmacist about how much is right for you.

• Headache

This treatment may cause headaches. If you have headaches, tell your doctor, or nurse. They can give you advice about painkillers that may help. Tell them if the headache does not get better or gets worse.

• Muscle or joint ache

Please contact your medical team for advice.

• ICANS (effects on the brain)

While the risk is very low, this treatment can cause temporary effects on the brain. This is called neurotoxicity or immune effector cell-associated neurotoxicity syndrome (ICANS). For most people, the side effects are mild. For example, you may notice changes in your handwriting. Or you may feel confused. But side effects can be more serious. You may need treatment and support to stop it getting worse. Some people will need treatment in intensive care until the symptoms improve. ICANS side effects are most likely to happen after your first injection but they can happen later. You must not drive or use heavy machinery if you have possible symptoms of ICANS.

If you have any of the following symptoms after you go home, contact The Christie Hotline straight away on **0161 446 3658**:

– difficulty speaking
– difficulty writing or doing fiddly tasks, such as fastening buttons or tying shoelaces
– drowsiness
– confusion
– reduced consciousness (being less alert)
– memory loss
– tremors or shaking
– muscle weakness
– loss of balance
– headaches
– seizures (fits)

Side effects of gemcitabine and oxaliplatin

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 to 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.

• Lethargy

Some chemotherapy may make you feel tired and lacking in energy. 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 helpful.

• Numbness in the fingers and toes

Oxaliplatin can increase the sensitivity of nerve endings. You may develop pins and needles, tingling or numbness, or pains like small 'electric shocks' and may have difficulty in carrying out delicate tasks such as buttoning clothes (this may sometimes occur in association with cramps) which may last for a few days. These symptoms are often triggered by exposure to cold. Take care with extreme drops in temperature, for example, opening fridge/freezers. Avoid drinking iced drinks and eating very cold food for 24 hours before the treatment and for 24 hours afterwards. The chance of these symptoms occurring increases as you receive more oxaliplatin and will improve over time once you stop treatment. Rarely, the numbness can be permanent. It may be necessary to interrupt or stop the oxaliplatin if numbness and tingling are causing you problems. Take care when using hot water as you may burn yourself. Use protective gloves when cooking and gardening.

• Skin and nail changes

Your skin will tan or burn in the sun more easily. Sit in the shade, avoid too much sun and use a high factor sunblock cream and wear a hat. You may have a blue tinge or darkening of the nails, flaking of the nails, or pain and thickening of the area where the nail starts growing.

Uncommon side effects (less than 1 in 10)

• Fluid retention

Your feet or legs may become swollen with this chemotherapy. If this is mild, no specific treatment is needed. Keeping your feet and legs raised may help. Tell your doctor if the swelling is severe.

• Skin rash

You may develop a skin rash. This is usually mild and easily treated. Please tell your doctor on your next visit.

• Mild nausea and vomiting (sickness)

You may have mild nausea and vomiting. You may be given anti-sickness tablets to take at home. If you continue to feel or be sick, contact your GP or The Christie. Your anti-sickness medication may be changed or increased.

• Hair thinning

Some hair loss may occur during treatment although this is unlikely. It is advisable to avoid perms, colours, use of hot brushes and vigorous, frequent washing that could increase hair loss. Please remember that this is a temporary side effect and your hair will grow back when your treatment is completed. Very rarely, hair loss can be permanent. The Christie cancer information centre offers a coping with hair loss service to all patients where support, information and advice will be given. Drop in or contact **0161 446 8100**. Please see The Christie leaflet 'The wig fitting service' for further information.

• Diarrhoea

You may develop diarrhoea with this chemotherapy. If this becomes a problem while you are having treatment, such as more than 3 to 4 episodes of watery diarrhoea in 24 hours, please contact The Christie Hotline.

• Constipation

If you become constipated, try to drink plenty of fluids and eat foods high in fibre. Tell your doctor who may prescribe a suitable laxative.

• Vein pain

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

• Infusion reactions

Sometimes you may experience unpleasant feelings in the throat, particularly when swallowing which can give the sensation of shortness of breath. These sensations usually occur while you are having oxaliplatin and may be dealt with by slowing the infusion of oxaliplatin from 2 to 6 hours. Also taking a warm (not hot) drink can help if cold air is causing you swallowing difficulties. Rarely, patients can experience jaw pain.

• Extravasation

This 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.

• Herbal medicine

Some herbal medicine including St John's Wort can affect the chemotherapy. You should let your doctor or nurse know if you are taking any herbal medication, complementary or alternative medicine, including vitamins, minerals and medicines purchased over the counter.

Rare side effects (less than 1 in 100)

• Inflammation of the lungs

Very rarely, this chemotherapy can cause inflammation of your lungs. This can make you breathless. Tell your doctor or nurse if you develop this problem while you are having this treatment.

• Allergic reactions

While receiving the oxaliplatin patients rarely can feel hot, faint, breathless, sick, or develop an itchy rash. These can be symptoms of an allergic reaction. If an allergic reaction is suspected the oxaliplatin drip will be stopped and medications can be given to settle the allergic reaction. Allergic reactions are more likely to occur after several months of treatment, or when the treatment is being re-started after a treatment break. If treatment is being re-started after a break, additional drugs are given to reduce the risk of an allergic reaction occurring. If you have an allergic reaction to oxaliplatin your doctor will discuss with you what treatment options are available.

• Severe skin reaction

Very rarely, you may develop a severe skin reaction. If you experience tender, red skin patches which subsequently blister, please seek urgent medical advice. The skin patches may be preceded by fever, chest symptoms and photophobia (a need to squint or close your eyes, which is worse in bright light). These symptoms may be caused by a condition called toxic epidermal necrolysis (TEN) and Stevens-Johnson syndrome (SJS).

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

Sex and contraception

During sex, use a barrier form of contraception, such as condoms, while you are having chemotherapy treatment. Chemotherapy can harm an unborn baby. This also helps protect your partner from any chemotherapy drugs that may be present in semen or vaginal fluids. If you think you may be pregnant, tell your doctor straight away.

Fertility

This treatment may affect your ability to have children in the future. Your doctor or nurse should have talked to you about this before treatment starts. If they have 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 ring:

Haematology day unit – **0161 446 3924**

Lymphoma clinical nurse specialists – **0161 446 8573**

Your consultant's secretary:

Professor Linton/Dr Phillips/Dr Gibb/Dr Broadbent/Dr Shotton – **0161 446 3753**

Dr Hague/Professor Illidge/Dr Brocklehurst – **0161 446 3332**

Dr Harris/Dr Chan – **0161 446 3302**

Professor Bloor – **0161 446 3869**

Palatine treatment ward – **0161 446 3925**

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 **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham, Salford or Macclesfield. 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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The Christie Patient Information Service
Tel: 0161 446 3000 www.christie.nhs.uk