



KEEP ALL MEDICINE OUT OF THE SIGHT AND REACH OF CHILDREN

MPT

What is MPT?

MPT is the name of a combination of chemotherapy drugs used to treat myeloma that has spread or come back. It is made up of the drugs

- M = Melphalan
- P = Prednisolone (a type of steroid)
- T = Thalidomide

How you have MPT

- You usually have MPT chemotherapy as cycles of treatment. Each cycle of treatment lasts either 4 weeks or 6 weeks. Depending on your needs you have between 6 and 12 cycles of treatment. This takes between 6 and 18 months in total.
- You take all of the drugs as tablets or capsules.
- Melphalan – you have melphalan tablets once a day for either the first 4 or 7 days of each cycle of treatment, depending on your needs. You should swallow the tablets whole with a glass of water at least an hour before eating. You need to keep the tablets in the fridge.
- Prednisolone – you take prednisolone tablets once a day for either the first 4 or 7 days of the cycle of treatment. You swallow them whole with a glass of water and take them with food or immediately after eating.
- Thalidomide – you take thalidomide capsules at night with a glass of water. Swallow them whole. You take them every day throughout the time you are having treatment. You can take thalidomide with or without food. You usually start on a low dose and your doctor then increases the dose unless you get bad side effects.
- It is very important that you take medicines according to the instructions your doctor or pharmacist gave you. You should take the right dose, not more or less. And never stop taking a cancer drug without talking to your specialist first.
- The side effects of a combination of drugs are usually a mixture of those of each drug. The combination may increase or decrease your chance of getting each side effect or it may change the severity.
- Tests during treatment
- You have blood tests before starting treatment and regularly during your treatment. The tests check your levels of blood cells. They also check how well your liver and kidneys are working.
- You may have a few side effects. They may be mild or more severe. A side effect may get better or worse through your course of treatment. Or more side effects may develop as the course goes on. This depends on
 - How many times you've had the drug before
 - Your general health
 - The amount of the drug you have (the dose)
- The side effects may be different if you are having MPT with other drugs.
- Tell your doctor or nurse straight away if any of the side effects get severe.



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The importance of preventing pregnancy

- Thalidomide can cause birth defects in children. So you must not become pregnant or father a child if you are taking this drug. Your doctor will talk to you about contraception before you have the treatment.
- Some people worry about taking thalidomide but it does not cause physical defects in adults.
- Because thalidomide causes birth defects, you have to sign a consent form. You do this before you start treatment. This is to make sure you understand the risks of taking thalidomide and agree to use contraception for a specified period of time.
- Your doctor will give you a prescription for thalidomide for 4 weeks if you are a woman of child bearing age. After 4 weeks they give you another prescription. At the start of your treatment and with each new prescription, your doctor or nurse will tell you again about the importance of avoiding pregnancy. They will also talk to you about effective contraception whilst taking thalidomide.
- If you are a man or a woman of non child bearing age you can have a prescription for up to 3 months.
- Pregnant women should not touch or handle thalidomide. You must store it in a place where pregnant women or children cannot reach it.
- You will be required to do a survey to a toll free number. Men and woman of child bearing age do the survey monthly, woman who have had a hysterectomy or are in their menopause do the survey 6 monthly. You will be asked your personal identification number, which the chemo sister will give you and then you will be asked a few questions relating to the use of the medication. Follow the instructions given over the telephone.
- Once the survey has been completed please inform the pharmacist that you have done it, so that he/ she can do their survey and have the Thalidomide issued.

Common side effects

More than 10 in every 100 people have one or more of these effects.

- An increased risk of getting an infection from a drop in white blood cells – it is harder to fight infections and you can become very ill. You may have headaches, aching muscles, a cough, a sore throat, pain passing urine, or you may feel cold and shivery. If you have a severe infection this can be life threatening.
- Contact your treatment centre straight away if you have any of these effects or if your temperature goes above 38°
- Tiredness and breathlessness due to a drop in red blood cells (anaemia) – you may need a blood transfusion
- Bruising more easily due to a drop in platelets – you may have nosebleeds, bleeding gums after brushing your teeth, or lots of tiny red spots or bruises on your arms or legs (known as petechia)
- Drowsiness (feeling tired and sleepy) – this affects up to 8 in 10 people taking thalidomide (80%) so it is best to take the drug at bedtime and avoid drinking alcohol while having this treatment
- Nerve damage, which can cause numbness or tingling in fingers and toes in more than 5 out of 10 people (50%) – you may have difficulty with fiddly things such as doing up buttons. This starts



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within a few days or weeks and usually goes within a few months of finishing treatment. Some people may have permanent numbness

- Shaky hands (tremor)
- Dizziness
- Constipation happens in most people – your nurse can give you laxatives to help but tell them if you are constipated for more than 3 days
- Blood clots occur in just over 1 out of 10 people (11%) – to help prevent this, your doctor may prescribe aspirin or other blood thinning drugs when you start treatment. If you are at higher than normal risk of developing blood clots, your doctor will prescribe an injection under the skin that you will need to give yourself every day
- Skin changes – about 2 out of 10 people (20%) have a rash. Your skin may also be dry and itchy
- Feeling or being sick is usually well controlled with anti sickness medicines
- Aching joints (arthralgia) and muscles (myalgia) – it may start a couple of days after treatment and lasts for about 5 days
- Indigestion
- Stomach pains or discomfort
- A change in blood sugar levels – tell your doctor or nurse if you get very thirsty or if you are passing urine more than usual
- A puffy face and ankles due to fluid build up
- Increased appetite with possible weight gain
- Difficulty sleeping
- Mood swings
- Loss of fertility – you may not be able to become pregnant or father a child after this treatment. Talk to your doctor before starting treatment if you plan to have a baby in the future. Men may be able to store sperm before starting treatment
- Women may stop having periods (amenorrhoea), but this may only be temporary

Occasional side effects

Between 1 and 10 in every 100 people have one or more of these effects.

- Confusion
- Pain in the bones, muscles or stomach – mild painkillers usually control it
- Headaches
- A sore mouth
- Weakness
- Kidney changes that are usually temporary
- Swollen legs due to fluid build up (known as peripheral oedema)
- A runny nose and a sore throat (sinusitis) affects 1 in 20 people (5%)
- Low blood pressure – you may find that your blood pressure drops when you stand up too quickly and you may feel dizzy
- Loss of appetite
- Changes to your blood chemistry – the levels of calcium, sodium and potassium in your blood may be lower or higher than normal. You may not have any symptoms from this



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- A slow heart beat
- An increased risk of certain blood disorders (acute myeloid leukaemia and myelodysplastic syndromes – this affects 2 to 4 out of 100 people (2 to 4%))

Rare side effects

Fewer than 1 in 100 people have these effects.

- A serious reaction called Stevens Johnson syndrome, which is a painful inflammation of the eyes, eyelids and skin
- Low levels of thyroid hormones – this causes weight gain, tiredness and a lack of energy
- Blockage of the bowel – let your doctor or nurse know straight away if you have sudden abdominal pain and vomiting
- A low sex drive
- Men may have difficulty getting an erection
- Liver changes that are very mild and unlikely to cause symptoms – the liver will almost certainly go back to normal when treatment ends
- High uric acid levels in the blood due to the breakdown of tumour cells (tumour lysis syndrome) – you will have regular blood tests to check your uric acid levels and may need to take a tablet called allopurinol. Drink plenty of fluids to help flush out the excess uric acid
- An allergic reaction – let your nurse know straight away if you have any sudden skin rashes, itching, swelling of the eyes, mouth or face, or difficulty breathing

Important points to remember

Talk to your doctor, pharmacist or nurse about all your side effects so they can help you manage them. They can give you advice or reassure you. Your nurse will give you a contact number to ring if you have any questions or problems. If in doubt, call them.

Other medicines

Tell your doctor, nurse or pharmacist about any other medicines you are taking, including vitamins, herbal supplements and over the counter remedies. Some drugs can react together.

Breastfeeding

Do not breastfeed during this treatment because the drugs may come through in the breast milk.

Medical and dental treatment

If you need to go into hospital for any reason other than cancer, always tell the doctors and nurses that you are having chemotherapy. Give them contact details for your cancer doctor.

Talk to your cancer doctor or nurse if you think you need dental treatment. Always tell your dentist you are having chemotherapy.

Immunisations and chemotherapy

- You should not have immunisations with live vaccines while you are having treatment or for at least 6 months afterwards. These include rubella, mumps, measles (usually given together as MMR), BCG, yellow fever and Zostavax (shingles vaccine).



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MPT PATIENT INFORMATION LEAFLET

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- You can have other vaccines, but they may not give you as much protection as usual until your immune system has fully recovered from your treatment. It is safe to have the flu vaccine.
- It is safe for you to be in contact with other people who've had live vaccines as injections. There can be problems with vaccines you take by mouth (oral vaccines), but not many people have these now.
- So there is usually no problem in being with any baby or child who has recently had any vaccination. You might need to make sure that you aren't in contact with anyone who has had oral polio, cholera or typhoid vaccination recently, particularly if you live abroad.