Ontario Health
Cancer Care Ontario

elranatamab

Pronunciation: EL-rah-NA-tah-mab
Other Name(s): Elrexfio™
Appearance: colourless to pale brown solution

This handout gives general information about this cancer medication.

You will learn:

- who to contact for help
- what the medication is
- how it is given
- what to expect while on medication

This handout was created by Ontario Health (Cancer Care Ontario) together with patients and their caregivers who have also gone through cancer treatment. It is meant to help support you through your cancer treatment and answer some of your questions.

This information does not replace the advice of your health care team. Always talk to your health care team about your treatment.

Who do I contact if I have questions or need help?

My cancer health care provider is: ____

During the day I should contact: ____

Evenings, weekends and holidays: ____

What is this treatment for?

- Elranatamab is used to treat a certain type of blood cancer called multiple myeloma.
- Elranatamab is a T-cell engaging antibody. For more information on T-cell engaging antibodies, see Treating cancer with T-cell engaging antibodies: What you need to know.

What should I do before I start this treatment?

Tell your health care team if you have or had significant medical condition(s), especially if you have / had:

- kidney, liver or heart problems
- problem with your nervous system (brain and nerves)
- an active infection, or
- any allergies

Remember To:

- ✓ Tell your health care team about all of the other medications you are taking.
- ✓ Keep taking other medications that have been prescribed for you, unless you have been told not to by your health care team.

You will have a blood test to check for hepatitis B before starting treatment. See the Hepatitis B and Cancer Medications pamphlet for more information.

How is this treatment given?

- This drug is given under your skin using a small needle (subcutaneous or Subcut).
- You may be admitted to hospital when you get your first treatments so that your health care team can monitor how your body reacts. Your health care team will give you medications before your treatments to help prevent side effects.
- Your elranatamab injection will be given according to a step-up schedule (also known as ramp-up) for the first 3 doses. This means that your doses will start off smaller and will be increased over time so that your health care team can make sure you do not have any problems with the medication. Talk to your health care team about your treatment schedule.
- If you missed your treatment appointment, talk to your health care team to find out what to do.

You will have a blood test before each treatment dose to make sure it is safe for you to get treatment.

Other medications you may be given with this treatment

To Prevent Allergic Reaction

You will be given medications before your treatment to help prevent allergic reactions before they start.

- There are different types of medications to stop allergic reactions. They are called:
    - antihistamines (such as diphenhydramine or Benadryl®)
    - analgesics/antipyretics (such as acetaminophen or Tylenol®)
    - corticosteroids (such as dexamethasone)

To Prevent Infection from Herpes Zoster Virus (Shingles)

You may be given medication to take before your treatment to prevent infection from the Herpes Zoster virus.

- These are called anti-virals (such as acyclovir or valacyclovir).

To Prevent Infection from Bacteria

You may be given a medication to take before your treatment to prevent infection.

- These are called antibiotics (such as trimethoprim-sulfamethoxazole).

To Prevent Hepatitis B Flare Ups

If you have ever been infected with hepatitis B, there is a risk that this treatment can cause it to flare up (come back). Tell your health care team if you have had hepatitis B. You may need to take medication to prevent a hepatitis B flare-up.

Other important things for you to know about this treatment

Elranatamab causes your immune system to work harder. Your immune system is what fights infections and your cancer.

When your immune system is working harder, it can also damage healthy cells. This can cause side effects that are different from other cancer medications, like chemotherapy.

Cytokine release syndrome (CRS) can happen when your immune system responds aggressively to elranatamab. CRS usually happens during the ramp up schedule and with your first full dose. The symptoms can be mild but can also quickly become severe and life-threatening.

CRS can be treated. It is important to catch it early so that the treatment has the best chance of working well. Talk to your healthcare team **right away** if you have any of the following signs of CRS:

- Fever higher than 38°C
- Trouble breathing
- Fast or irregular heartbeat
- Flu-like symptoms (such as chills, body aches and fatigue)
- Severe nausea, vomiting or diarrhea

Immune effector cell-associated neurotoxicity syndrome (ICANS) is a rare side effect from elranatamab that affects your nervous system (brain and nerves). ICANS can happen on its own, or together with CRS. It can start during treatment, up to a week after treatment, or may start a few days after developing CRS.

ICANS is treatable, and it is very important to manage it as quickly as possible. You should talk to your health care team right away if you have any of the following signs of ICANS:

- Headaches that are new or worse than usual
- Drowsiness or weakness
- Tremors (shaking or trembling)
- Change in handwriting
- Trouble speaking or swallowing
- Seizures

Ask your health care team for the Treating cancer with T-cell engaging antibodies: What you need to know pamphlet for more information.

You will be given a **wallet card** that has information and instructions for other health care providers about your treatment and possible side-effects. **Show this card to all health care providers**, especially if you need to go to the emergency room.

DO this while on treatment

- ✓ DO check with your health care team before getting any vaccinations, surgery, dental work or other medical procedures.
- ✓ DO consider asking someone to drive you to and from the hospital on your treatment days. You may feel drowsy, dizzy or confused after your treatment.
- ✓ DO tell your health care team about any serious infections that you have now or have had in the past. This includes herpes virus (such as Shingles) or Hepatitis B infections.

DO NOT do this while on treatment

- ✕ DO NOT smoke or drink alcohol while on treatment without talking to your health care team first. Smoking and drinking can make side effects worse and make your treatment not work as well.
- ✕ DO NOT take any other medications, such as vitamins, over-the-counter (non-prescription) drugs or substances, or natural health products without checking with your health care team.
- ✕ DO NOT start any complementary or alternative therapies, such as acupuncture or homeopathic medications, without checking with your health care team.
- ✕ DO NOT drive, operate machinery, or do any tasks that require you to be alert until at least 2 days after each dose during the step-up schedule, or at any point during treatment if you feel tired or confused.

Will this treatment interact with other medications or natural health products?

- Yes, this medication can interact with other medications, vitamins, foods, traditional medicines and natural health products. Interactions can make this medication not work as well or cause severe side effects.
    - Tell your health care team about all of your:
        - prescription and over-the-counter (non-prescription) medications
        - other drugs and substances, such as cannabis/marijuana (medical or recreational)
        - natural health products such as vitamins, herbal teas, homeopathic medicines, and other supplements, or traditional medicines
    - Check with your health care team before starting or stopping any of them.
- If you are taking a blood thinner (such as warfarin), your health care team may need extra blood tests and may change your dose.

Talk to your health care team BEFORE taking or using these :

- Anti-inflammatory medications such as ibuprofen (Advil® or Motrin®), naproxen (Aleve®) or Aspirin®.
- Over-the-counter products such as dimenhydrinate (Gravol®)
- Natural health products such as St. John’s Wort
- Traditional medicines
- Supplements such as vitamin C
- Grapefruit juice
- Alcoholic drinks
- Tobacco
- All other drugs or substances, such as marijuana or cannabis (medical or recreational)

What to do if you feel unwell, have pain, a headache or a fever

✓ **Always** check your temperature to see if you have a fever **before** taking any medications for fever or pain (such as acetaminophen (Tylenol®) or ibuprofen (Advil®)).

  - Fever can be a sign of infection or CRS that may need treatment **right away**.
  - If you take these medications before you check for fever, they may lower your temperature and you may not know you have an infection or CRS.

How to check for fever:

Keep a digital (electronic) thermometer at home and take your temperature if you feel hot or unwell (for example, chills, headache, mild pain).

- You have a fever if your temperature taken **in your mouth (oral temperature)** is:
  - 38.0°C (100.4°F) or higher.

If you do have a fever:

✓ **Try to contact your health care team. If you are not able to talk to them for advice, you MUST get emergency medical help right away**.

✓ Ask your health care team for the Treating cancer with T-cell engaging antibodies: What you need to know pamphlet for more information.

If you do not have a fever but have mild symptoms such as headache or mild pain:

✓ Ask your health care team about the right medication for you. **Acetaminophen (Tylenol®)** is a safe choice for most people.

Talk to your health care team before you start taking ibuprofen (Advil®, Motrin®), naproxen (Aleve®) or ASA (Aspirin®), as they may increase your chance of bleeding or interact with your cancer treatment.

Talk to your health care team if you already take **low dose aspirin** for a medical condition (such as a heart problem). It may still be safe to take.

How will this treatment affect sex, pregnancy and breastfeeding?

Talk to your health care team about:

- How this treatment may affect your sexual health
- How this treatment may affect your ability to have a baby, if this applies to you

This treatment may harm an unborn baby. Tell your health care team if you or your partner are pregnant, become pregnant during treatment, or are breastfeeding.

- If there is **any** chance of pregnancy happening, you and your partner together must use **2 effective forms of birth control** at the same time until **5 months** after your last treatment dose. Talk to your health care team about which birth control options are best for you.
- Do not breastfeed while on this treatment and for **5 months** after your last dose.

What are the side effects of this treatment?

The following table lists side effects that you may have when getting elranatamab treatment. The table is set up to list the most common side effects first and the least common last. It is unlikely that you will have all of the side effects listed and you may have some that are not listed.

Read over the side effect table so that you know what to look for and when to get help. Refer to this table if you experience any side effects while on elranatamab treatment.

Some side effects can become serious or life-threatening very quickly. You must tell your health care team **right away** if:

- You start to have **any new side effects**, especially if severe.
- You notice any of your side effects getting worse.

Very Common Side Effects (50 or more out of 100 people)	
Side effects and what to do	**When to contact health care team**
Cytokine release syndrome Cytokine release syndrome (CRS) can happen when your immune system responds aggressively to elranatamab. This can cause the release of a large amount of proteins called cytokines. CRS usually happens at the start of treatment, when your immune system starts to work harder (within hours and up to a few days of getting your first 3 doses). Symptoms of CRS can be mild but can also quickly become severe and life-threatening. Your health care team will monitor you more closely during and for a few days after your first 3 doses, and do blood tests as necessary. **What to look for?** • Fever. Sometimes the fever can be high (more than 40ºC). • You may also have: ○ Trouble breathing ○ Fast or irregular heartbeats ○ Flu-like symptoms (such as chills, body aches and fatigue) ○ Severe nausea, vomiting or diarrhea ○ Signs of low blood pressure, such as dizziness **What to do?** • Tell your nurse right away if you have any signs of CRS during or just after your treatment. Symptoms may get worse quickly.	Talk to your health care team right away if you have any of these symptoms. If you are unable to talk to the team for advice, you must get emergency medical help right away

Very Common Side Effects (50 or more out of 100 people)	
Side effects and what to do	**When to contact health care team**
If you have left the hospital: • **Check your temperature to see if you have a fever.** If you have a fever, or any other signs of CRS, try to contact your health care team. If you cannot speak to the team for advice, you MUST get emergency medical help right away. • If you get emergency medical help, make sure you show the emergency health care team the wallet card given to you by your cancer health care team.	
Anemia (low red blood cells) (may be severe) **What to look for?** • You may feel more tired or weaker than normal. • Pale skin and cold hands and feet. • You may feel short of breath, dizzy or lightheaded. • This may occur in days to weeks after your treatment starts. **What to do?** **If your health care team has told you that you have anemia (low red blood cells):** • Rest often and eat well. • Light exercise, such as walking may help. • You may need medication or a blood transfusion. • If it is severe, your health care team may need to make changes to your treatment regimen.	Talk to your health care team if it does not improve or if it is severe

Common Side Effects (25 to 49 out of 100 people)	
Side effects and what to do	**When to contact health care team**
Low neutrophils (white blood cells) in the blood (neutropenia) When neutrophils are low, you are at risk of getting an infection more easily. Ask your health care team for the Neutropenia (Low white blood cell count) pamphlet for more information. **What to look for?** • If you feel hot or unwell (for example if you have chills or a new cough), you **must** check your temperature to see if you have a fever. • Do not take medications that treat a fever before you take your temperature (for example, Tylenol® (acetaminophen), or Advil® (ibuprofen)). • Do not eat or drink anything hot or cold right before taking your temperature. You have a fever if your temperature taken in your mouth (oral temperature) is: • 38.0°C (100.4°F) or higher **What to do?** **If your health care team has told you that you have low neutrophils:** • Wash your hands often to prevent infection. • Check with your health care team before getting any vaccines, surgeries, medical procedures or visiting your dentist. • Keep a digital thermometer at home so you can easily check for a fever. **If you have a fever:** **If you have a fever, try to contact your health care team. If you are unable to talk to the team for advice, you must get emergency medical help right away.**	If you have a fever, try to contact your health care team. If you are unable to talk to the team for advice, you MUST get emergency medical help right away.

Common Side Effects (25 to 49 out of 100 people)	
Side effects and what to do	**When to contact health care team**
Low platelets in the blood When your platelets are low, you are at risk for bleeding and bruising. Ask your health care team for the [Low Platelet Count](#) pamphlet for more information. **What to look for?** • Watch for signs of bleeding: ○ bleeding from your gums ○ unusual or heavy nosebleeds ○ bruising easily or more than normal ○ black coloured stools (poo) or blood in your stools (poo) ○ coughing up red or brown coloured mucus ○ dizziness, constant headache or changes in your vision ○ heavy vaginal bleeding ○ red or pink coloured urine (pee) **What to do?** **If your health care team has told you that you have low platelets:** • Tell your pharmacist that your platelet count may be low before taking any prescriptions or over-the-counter medication. • Check with your healthcare team before you go to the dentist. • Take care of your mouth and use a soft toothbrush. • Try to prevent cuts and bruises. • Ask your health care team what activities are safe for you. • Your treatment may have to be delayed if you have low platelets. Your health care team may recommend a blood transfusion. **If you have signs of bleeding:** • If you have a small bleed, clean the area with soap and water or a saline (saltwater) rinse. Apply pressure for at least 10 minutes. **If you have bleeding that does not stop or is severe (very heavy), you must get emergency medical help right away.**	Talk to your health care team if you have any signs of bleeding. If you have bleeding that doesn’t stop or is severe (very heavy), you MUST get emergency help right away.

Common Side Effects (25 to 49 out of 100 people)	
Side effects and what to do	**When to contact health care team**
Fatigue **What to look for?** - Feeling of tiredness or low energy that lasts a long time and does not go away with rest or sleep. **What to do?** - Be active. Aim to get 30 minutes of moderate exercise (you are able to talk comfortably while exercising) on most days. - Check with your health care team before starting any new exercise. - Pace yourself, do not rush. Put off less important activities. Rest when you need to. - Ask family or friends to help you with things like housework, shopping, and child or pet care. - Eat well and drink at least 6 to 8 glasses of water or other liquids every day (unless your health care team has told you to drink more or less). - Avoid driving or using machinery if you are feeling tired. Ask your health care team for the Fatigue pamphlet for more information.	Talk to your health care team if it does not improve or if it is severe
Reactions at the injection site **What to look for?** - Your skin may become red, itchy, bruised, and/or swollen where the injection was given. - Site reactions are usually mild and go away within one to three days. **What to do?** - You may need to apply hot compresses or ice/cold compresses if you have mild redness or discomfort. This depends on which medication caused the reaction. - Talk to your health care team to find out which treatment is right for you.	Talk to your health care team if this bothers you

Common Side Effects (25 to 49 out of 100 people)	
Side effects and what to do	**When to contact health care team**
Diarrhea **What to look for?** • Loose, watery, unformed stool (poo) that may happen days to weeks after you get your treatment. **What to do?** **If you have diarrhea:** • Take anti-diarrhea medication if your health care team prescribed it or told you to take it. • Do not eat foods or drinks with artificial sweetener (like chewing gum or 'diet' drinks), coffee and alcohol, until your diarrhea has stopped. • Eat many small meals and snacks instead of 2 or 3 large meals. • Drink at least 6 to 8 cups of liquids each day, unless your health care team has told you to drink more or less. • Talk to your health care team if you can't drink 6 to 8 cups of liquids each day when you have diarrhea. You may need to drink special liquids with salt and sugar, called Oral Rehydration Therapy. • Talk to your health care team if your diarrhea does not improve after 24 hours of taking diarrhea medication or if you have diarrhea more than 7 times in one day. Ask your health care team for the Diarrhea pamphlet for more information.	Talk to your health care team if no improvement after 24 hours of taking diarrhea medication or if severe (more than 7 times in one day)
Low appetite **What to look for?** • Loss of interest in food or not feeling hungry. • Weight loss. **What to do?** • Try to eat your favourite foods. • Eat small meals throughout the day. • You may need to take meal supplements to help keep your weight up. • Talk to your health care team if you have no appetite. Ask your health care team for the Loss of Appetite pamphlet for more information.	Talk to your health care team if it does not improve or if it is severe

Common Side Effects (25 to 49 out of 100 people)	
Side effects and what to do	**When to contact health care team**
Rash; dry, itchy skin **What to look for?** • You may have cracked, rough, flaking or peeling areas of the skin. • Your skin may look red and feel warm, like a sunburn. • Your skin may itch, burn, sting or feel very tender when touched. **What to do?** **To prevent and treat dry skin:** • Use fragrance-free skin moisturizer. • Protect your skin from the sun and the cold. • Use sunscreen with UVA and UVB protection and a SPF of at least 30. • Avoid perfumed products and lotions that contain alcohol. • Drink 6 to 8 cups of non-alcoholic, non-caffeinated liquids each day, unless your health care team has told you to drink more or less. **Rash may be severe in some rare cases and cause your skin to blister or peel. If this happens, get emergency medical help right away.**	Talk to your health care team if it does not improve or if it is severe

Less Common Side Effects (10 to 24 out of 100 people)	
Side effects and what to do	**When to contact health care team**
Cough and feeling short of breath **What to look for?** • You may have a cough and feel short of breath. • Symptoms that commonly occur with a cough are: ○ wheezing or a whistling breathing ○ runny nose ○ sore throat ○ heartburn ○ weight loss ○ fever and chills • Rarely this may be severe with chest pain, trouble breathing or coughing up blood.	Talk to your health care team. If you are not able to talk to your health care team for advice, and you have a fever or severe symptoms, you MUST get emergency medical help right away

Less Common Side Effects (10 to 24 out of 100 people)	
Side effects and what to do	**When to contact health care team**
What to do? • Check your temperature to see if you have a fever. Read the above section **"What should I do if I feel unwell, have pain, a headache or a fever?".** • If you have a fever, try to talk to your health care team. **If you are not able to talk to them for advice, you MUST get emergency medical help right away.** • **If you have a severe cough with chest pain, trouble breathing or you are coughing up blood, get medical help right away.**	
Mild headache, joint, muscle pain or cramps **What to look for?** • Mild headache • New pain in your muscles or joints, muscle cramps, or feeling achy. **What to do?** • Take pain medication (such as acetaminophen) as needed, or opioids such as codeine, morphine, hydromorphone, oxycodone as prescribed. • Read the above section: **"What to do if I feel unwell, have pain, a headache or a fever?"** before taking acetaminophen (Tylenol®), ibuprofen (Advil®, Motrin®), naproxen (Aleve®) or Aspirin. These medications may hide an infection that needs treatment or they may increase your risk of bleeding. • Rest often and try light exercise (such as walking) as it may help. Ask your health care team for the Pain pamphlet for more information. **If you have a sudden, severe headache get emergency medical help right away.**	Talk to your health care team if it does not improve or if it is severe
Too much or too little salt in your body **What to look for?** • Muscle spasms, cramping, weakness, twitching, or convulsions. • Irregular heartbeat, confusion or blood pressure changes. **What to do?** **Get emergency medical help right away for severe symptoms.**	Get emergency medical help right away for severe symptoms

Less Common Side Effects (10 to 24 out of 100 people)	
Side effects and what to do	**When to contact health care team**
Nausea and vomiting (generally mild) **What to look for?** • Nausea is feeling like you need to throw up. You may also feel light-headed. • You may feel nausea within hours to days after your treatment. **What to do?** **To help prevent nausea:** • It is easier to prevent nausea than to treat it once it happens. • If you were given anti-nausea medication(s), take them as prescribed, even if you do not feel like throwing up. • Drink clear liquids and have small meals. Get fresh air and rest. • Do not eat spicy, fried foods or foods with a strong smell. • Limit caffeine (like coffee, tea) and avoid alcohol. **If you have nausea or vomiting:** • Take your rescue (as-needed) anti-nausea medication(s) as prescribed. • Ask your health care team for the Nausea & Vomiting pamphlet for more information. • Talk to your health care team if: ◦ nausea lasts more than 48 hours ◦ vomiting lasts more than 24 hours or if it is severe	Contact your healthcare team if nausea lasts more than 48 hours or vomiting lasts more than 24 hours
Mild swelling **What to look for?** • You may have mild swelling or puffiness in your arms and/or legs. Rarely, this may be severe.	Talk to your health care team if it does not improve or if it is severe

Less Common Side Effects (10 to 24 out of 100 people)	
Side effects and what to do	**When to contact health care team**
What to do? **To help prevent swelling:** • Eat a low-salt diet. **If you have swelling:** • Wear loose-fitting clothing. • For swollen legs or feet, keep your feet up when sitting.	
Liver problems Your health care team may check your liver function with a blood test. Liver changes do not usually cause any symptoms. **What to look for?** • Rarely, you may develop yellowish skin or eyes, unusually dark pee or pain on the right side of your belly. This may be severe. **What to do?** **If you have any symptoms of liver problems, get emergency medical help right away.**	Get emergency medical help right away
Heart problems **What to look for?** • You may have: ◦ an irregular or fast heartbeat ◦ shortness of breath ◦ chest pain or pressure ◦ fainting spells • Extreme tiredness that prevents you from exercising or doing normal activities. **What to do?** Get emergency medical help right away.	Get emergency medical help right away

Less Common Side Effects (10 to 24 out of 100 people)	
Side effects and what to do	**When to contact health care team**
Nervous System Problems Elranatamab can affect your nervous system (brain and nerves), which controls how your muscles work. This can affect the way you think, move, write or speak. **Immune effector cell-associated neurotoxicity syndrome (ICANS)** is a rare nervous system problem that can happen with elranatamab. Symptoms usually occur with the first few doses of elranatamab but can sometimes occur several weeks after you start treatment. Symptoms of ICANS can become serious or life-threatening very quickly. **What to look for?** • Headaches that are new or worse than usual • Drowsiness or weakness • Hallucinations (seeing or hearing things that aren’t there) • Delusions (a strong belief that isn't real) • Tremors (shaking or trembling) • Trouble walking • Change in handwriting • Trouble speaking or swallowing • Seizures • Feeling confused • Problems with thinking or with your memory (rarely) **What to do?** • Do not drive or operate machinery if you feel tired, confused or have any symptoms that affect your movement, thoughts or vision • **Talk to your health care team right away if you have any of the symptoms listed above.** If it is ICANS, it is very important to manage it as quickly as possible. **If you cannot speak to the team for advice, you must get emergency medical help right away.**	Talk to your health care team right away if you have any of these symptoms. If you are unable to talk to the team for advice, you must get emergency medical help right away

Less Common Side Effects (10 to 24 out of 100 people)	
Side effects and what to do	**When to contact health care team**
Constipation **What to look for?** • Having bowel movements (going poo) less often than normal. • Small hard stools (poo) that look like pellets. • The need to push hard and strain to have any stool (poo) come out. • Stomach ache or cramps. • A bloated belly, feeling of fullness, or discomfort. • Leaking of watery stools (poo). • Lots of gas or burping. • Nausea or vomiting. **What to do?** **To help prevent constipation:** • Try to eat more fiber rich foods like fruits with skin, leafy greens and whole grains. • Drink at least 6 to 8 cups of liquids each day unless your health care team has told you to drink more or less. • Be Active. Exercise can help to keep you regular. • If you take opioid pain medication, ask your health care team if eating more fibre is right for you. **To help treat constipation:** • If you have not had a bowel movement in 2 to 3 days you may need to take a laxative (medication to help you poo) to help you have regular bowel movements. Ask your health care team what to do. Ask your health care team for the Constipation Pamphlet for more information.	Talk to your health care team if it does not improve or if it is severe

Less Common Side Effects (10 to 24 out of 100 people)	
Side effects and what to do	**When to contact health care team**
Trouble Sleeping Your medications may cause trouble sleeping. It may get better once your body gets used to the medication or when your treatment ends. **What to look for?** • You may find it hard to fall asleep or stay asleep. • How well you sleep may change over your treatment. For example, you may have several nights of poor sleep followed by a night of better sleep. • You may wake up too early or not feel well-rested after a night's sleep. • You may feel tired or sleepy during the day. **What to do?** Talk to your health care team if it does not improve or if it is severe	Talk to your health care team if it does not improve or if it is severe
Neuropathy (Tingling, numb toes or fingers) **What to look for?** • Numbness or tingling of your fingers and toes may happen after starting your treatment. • It can also happen to other parts of your body. • Sometimes it can be painful and feel like a burning sensation, which may be severe. **What to do?** • **Talk to your health care team if you have symptoms of neuropathy.** • Numbness and tingling may slowly get better after your treatment ends. In rare cases, it may continue long after treatment ends. If you continue to have bothersome symptoms, talk to your health care team for advice.	Talk to your health care team, especially if you have trouble doing tasks like doing up buttons, writing, moving, or if you have severe pain or numbness

Other rare, but serious side effects are possible with this treatment.

If you have **any** of the following, talk to your cancer health care team or get emergency medical help right away:

- Tingling or weakness that started in your feet or toes that is spreading to your upper body
- Severe weakness or inability to move

For more information on how to manage your symptoms ask your health care provider, or visit: https://www.cancercareontario.ca/symptoms.

Notes

September 2025 New patient information sheet