



Oxford University Hospitals
NHS Foundation Trust

Obinutuzumab

**Information for patients with
Thrombotic Thrombocytopenic
Purpura (TTP)**



You have Thrombotic Thrombocytopenic Purpura (TTP) and have been diagnosed with an ADAMTS13 relapse by your doctor. This leaflet gives you information about obinutuzumab, a medication used to treat your ADAMTS13 relapse.

What is an ADAMTS13 relapse

This is when your platelet count is normal, but your ADAMTS13 activity level has fallen below the normal range (less than 60 IU/dL). Additionally, you may or may not have symptoms. Treatment is needed to prevent a full clinical relapse if you have either:

- A persistent ADAMTS13 activity level of less than 20 IU/dL despite other treatment.
- Previously had a normal ADAMTS13 activity level (normal range is greater than 60 IU/dL), and now it is below the normal range, and you are symptomatic.

Standard treatment of an ADAMTS13 relapse is a drug called rituximab.

Why have I been prescribed obinutuzumab?

You have been prescribed obinutuzumab to treat your ADAMTS13 relapse for one of the following reasons:

- You have had an ADAMTS13 relapse less than 12 months after previously being treated with rituximab for an ADAMTS13 relapse.
- You are intolerant of rituximab. This means you either had a severe allergic reaction to rituximab, developed infusion related reactions to rituximab, or an acute rituximab induced serum sickness (a skin rash, joint pain, or stiffness, facial or limb swelling or fever).

Obintuzumab is licensed for several other haematological conditions such as chronic lymphocytic leukaemia and follicular lymphoma in adults. It is not licensed for treatment of people with immune TTP, which means that the drug company has not applied for a license to treat this condition.

NHS England have reviewed the evidence to electively prevent immune TTP relapse in patients who relapsed within 12 months after being treated with rituximab or developed a reaction to rituximab with obinutuzumab and have concluded that there is enough evidence to make this treatment available for this indication. If you would like more information on unlicensed and off-label medicines, please ask for our leaflet.

Consent

Your doctor will talk to you about the benefits and possible side effects of treatment with obinutuzumab as treatment for your ADAMTS13 relapse and help you decide if this is the right treatment for you. We will ask you to sign a consent form prior to starting the treatment. This may be completed during your outpatient clinic appointment or on the Haematology Day Treatment unit prior to starting your treatment.

How does it work?

Obinutuzumab reduces the activity of your immune system. Obinutuzumab is a monoclonal antibody, a type of protein that sticks to the surface of a white blood cell called a B-cell. When obinutuzumab sticks to the surface of a B-cell, the cell dies, therefore significantly reducing the number of antibodies attacking and destroying your healthy blood cells, and therefore improving the ADAMTS13 activity level circulating in your blood.

It can often take several weeks before it starts to take effect. If you respond well to obinutuzumab, you will probably feel better within four to six weeks. It is not made from donated human blood but developed by a medicines company.

How is Obinutuzumab given?

Obinutuzumab is given as an infusion through a cannula (a small tube into a vein in your arm) weekly for 3 weeks (3 x 1000mg doses). You will be given pre-medication 60 minutes before the start of your infusions to reduce the risk of you developing any reactions or side-effects.

Week 1 is split into two consecutive days, as a small test dose of 100mg will be given initially on day 1 followed by the rest of the dose (900mg) the next day. It can take 4 to 6 hours for each dose to be given. The first dose is often given at a slower rate with close monitoring so that any infusion related reactions or side effects can be treated early.

You will then receive a further dose of 1000mg on Week 2 (Day 8) and Week 3 (Day 15), respectively. Obinutuzumab is usually given as an outpatient but can also be given as an inpatient.

You will also have repeat blood tests taken prior to each weekly dose and once you have completed the initial treatment course of obinutuzumab your ADAMTS13 activity level will be monitored every 3 to 6 months during your routine clinic review.

As an outpatient, obinutuzumab will be given on the Haematology Day Treatment Unit or on the Haematology/Oncology Ambulatory Care Unit at the Churchill Hospital by specially trained nurses. You should prepare to be on the unit for half a day during your first dose. Subsequent doses are administered quicker.

Concurrent medications

You will be asked to take Aciclovir, 200 milligrams, an oral tablet, three times a day, to continue until 90 days, after end of treatment. This is an anti-viral medication to prevent you from getting certain infections whilst you have a weakened immune system following treatment with obinutuzumab.

What are the advantages of Obinutuzumab?

Unlike rituximab, obinutuzumab is a humanised type II monoclonal antibody, giving potential advantages in terms of your response, tolerance, and development of reactions (anti-rituximab antibodies).

What are the risks of Obinutuzumab?

Most people who are treated with obinutuzumab for an ADAMTS13 relapse have no side effects. You may get some of the side effects mentioned, but you are unlikely to get all of them.

Side effects while obinutuzumab is being given

Allergic reaction

A reaction can happen while obinutuzumab is being given or for up to two hours afterwards. Allergic reactions are most common during the first infusion. You will be given drugs before the infusion to reduce the chance of an allergic reaction.

Allergic reactions are usually mild, although rarely, can be severe. If you have an allergic reaction, the nurse can usually treat this by slowing or stopping the drip. You may require additional treatment such as an antihistamine or paracetamol. When the symptoms improve, the rest of your obinutuzumab will be given at a slower rate to minimise the risk of any further reaction. These reactions are less likely to happen after the second infusion. If your reaction is deemed severe, the obinutuzumab will be stopped, and your doctor will be informed.

The nurse will check you for signs of an allergic reaction, but always tell your nurse or doctor **immediately** if you have any of the following symptoms.

- Breathlessness, wheezing or a cough.
- A rash or you feel itchy.
- Feeling unwell or sick.
- Flu-like symptoms such as headaches, feeling flushed, feverish, chills, shivering or dizziness.
- Pain in your back, stomach or chest.

Rarely, people may have a reaction a few hours after the treatment. If you develop any of these symptoms, or feel unwell after you get home, contact the hospital for advice.

Changes in blood pressure

Your blood pressure may fall whilst having obinutuzumab. If you usually take medication to lower your blood pressure, your doctor may ask you not to take it 12 hours before having obinutuzumab and continue to withhold 1 hour after the infusion. Your doctor will discuss the benefits and risks of withholding your blood pressure medication prior to starting treatment with obinutuzumab.

Rarely, obinutuzumab can increase your blood pressure. Your nurse will check your blood pressure regularly during your infusion, to monitor any changes.

Raised blood sugar levels

One of the pre-medications for Obinutuzumab, called dexamethasone (a type of steroid) may cause increased blood sugar levels. If you have diabetes, you may notice your blood sugar levels may be higher than usual as a result. Symptoms of a raised blood sugar include feeling thirsty, needing to pass urine more often than normal or feeling tired. Tell your nurse or doctor and they will talk to you about how to manage high blood sugar levels.

Common side effects

There are several possible common side effects with this drug, which include the following:

Risk of infection

Obinutuzumab doesn't increase the risk of catching an infection, but people can become more unwell if they get an infection after having obinutuzumab. If you develop any signs of an infection such as a fever, cough, sore throat, feeling weak or generally unwell, tell your nurse or doctor. Before receiving obinutuzumab, you will be screened for viral infections including hepatitis B, as obinutuzumab can make this infection more serious or active again.

Bruising and bleeding

This treatment can reduce the number of platelets in your blood. Platelets are cells that help blood to clot. If the number of platelets is low, you may bruise or bleed easily. You may have nosebleeds, bleeding gums, heavy periods, blood in your urine or stool or tiny red or purple spots on the skin that may look like a rash. Tell your nurse or doctor if you have any unexplained bruising or bleeding, so that appropriate treatment can be given if necessary.

Anaemia (low number of red blood cells)

This treatment can reduce the number of red blood cells in your blood. Red blood cells carry oxygen around your body. If the number of red blood cells is low, this is called anaemia. You may have symptoms such as lack of energy, feeling breathless, pale skin and feeling dizzy or light-headed. Tell your nurse or doctor if you have any of these symptoms, so that appropriate treatment can be given if necessary.

Feeling tired

Feeling tired is a common side effect of this treatment. It is often more noticeable towards the end of treatment and some weeks after it has finished. Try to pace yourself and plan your day so you have time to rest.

Headaches

This treatment may cause headaches. Tell your nurse or doctor if you have headaches, they may give you painkillers to help.

Diarrhoea and constipation

You may have diarrhoea, constipation, or stomach pain. Your doctor can prescribe medication to help with these issues. Make sure you keep well hydrated and drink at least two litres of fluids every day if you have diarrhoea or constipation.

Problems passing urine

Obinutuzumab may cause problems with passing urine. Tell your nurse or doctor if you have pain or difficulty passing urine, or if you need to pass urine urgently or leak urine.

Hair loss

Your hair may get thinner. But you are unlikely to lose all the hair on your head. Hair loss may start after the first or second treatment. It is almost always temporary, and your hair will usually grow back after treatment finishes. Tell your nurse or doctor if you are worried about any hair loss.

Skin changes

Obinutuzumab may cause an itching or eczema. Tell your nurse or doctor if you notice any skin changes. Your doctor can give you advice or prescribe medicines or creams to help. Any changes to your skin are usually temporary and will improve when your course of obinutuzumab is complete.

Nose irritation

This treatment may cause a runny or blocked nose. Tell your nurse or doctor if this happens as there may be medicines that can help.

Muscle, joint or back pain

You may get pain in the muscles or joints of your arms or legs or pain in your back. If this happens, tell your nurse or doctor so that they can give your painkillers. Tell them if the pain does not get better.

Pain in your mouth or throat

You may get pain in your mouth or throat. Tell you nurse or doctor if this happens as there may be medicines that can help.

Difficulty sleeping or mood changes

This treatment may cause difficulty sleeping. Some people may have depression and anxiety. If you notice these changes, or any other changes in your mood, talk to your nurse or doctor.

Effects on your lungs

Obinutuzumab can cause changes to your lungs. If you notice wheezing, a cough, or feel breathless, always tell your nurse or doctor. You should also let them know if any existing breathing problems get worse. Your doctor may arrange for you to have tests to check your lungs.

Changes in the way your heart works

This treatment affects the way your heart works. You may notice your heart beating too fast or irregular. Tell your nurse or doctor if you notice this.

If you have any chest pains, difficulty breathing or feel your heart is beating too fast or too slowly, seek urgent medical attention. If you already have heart problems (such as angina, palpitations, or heart failure), obinutuzumab may make them worse.

Rare side effects of obinutuzumab

Effects on your nervous system

Rarely, obinutuzumab can affect the nervous system. It can cause a condition called PML (progressive multifocal leukoencephalopathy). This is a very rare and life-threatening brain infection.

Tell your nurse or doctor straight away if you have any memory loss, trouble speaking, difficulty walking, or changes in your eyesight. If you notice these symptoms do not drive or operate machinery.

Stomach pain

You may feel pain or discomfort in your stomach or have indigestion. Your doctor may prescribe drugs to help improve these symptoms. Tell your nurse or doctor if the pain doesn't improve or get better.

Hepatitis B reactivation

If you have had Hepatitis B (a liver infection) in the past, obinutuzumab can make it active again. Your nurse or doctor will talk to you about this and take a blood sample to test you for Hepatitis B before prescribing obinutuzumab. If you have active Hepatitis B, you cannot be treated with obinutuzumab, as it can make your infection more serious.

Skin cancer

Obinutuzumab can increase the risk of developing types of skin cancer called squamous cell carcinoma and basal cell carcinoma, but the benefits of the treatment far outweigh the risks. Your doctor can talk to you about this.

What should I do if I have any side effects?

If you experience any side effects during the infusion, immediately tell your nurse or doctor. If you experience any side effects after you have left the hospital, contact the Haematology Triage team on: **01865 572 192**.

If you come into close contact with anyone who has chickenpox or shingles, tell your doctor as soon as possible.

Starting new medications

Before you start any new medications, including over the counter medications or herbal remedies, you must check with your doctor or pharmacist to ensure that they do not interact with obinutuzumab.

There is no need to avoid alcohol during obinutuzumab treatment, although drinking in moderation is advised.

Vaccinations

Tell your doctor prior to starting treatment if you think you may need any vaccinations including flu, pneumonia or COVID. This includes vaccinations needed to travel to other countries.

You should avoid having live vaccinations during treatment with obinutuzumab and for at least six months afterwards. Live vaccines include BCG (tuberculosis), yellow fever, measles, mumps, rubella (including combined MMR), poliomyelitis, and liquid typhoid.

Obinutuzumab does not appear to increase the risk of contracting a viral infection, but the illness can be more severe if you catch it whilst the effects of this treatment are still in your system.

Pregnancy and contraception

You must tell your nurse or doctor if you are pregnant, think that you might be pregnant, or are planning to become pregnant. This will help you weigh up the risk of continuing treatment with obinutuzumab against the risk to your baby.

If you become pregnant during treatment with obinutuzumab, tell your nurse or doctor as soon as possible. This is because treatment with Obinutuzumab may affect yours or the baby's health.

It is important to use effective contraception during treatment with obinutuzumab and for 18 months after treatment has stopped. If you have any questions, discuss them with your nurse or doctor prior to starting treatment.

Breastfeeding whilst taking obinutuzumab

It is advised to not breastfeed during treatment with obinutuzumab or for 18 months after stopping treatment with obinutuzumab. This is because small amounts of the medicine may pass into your breastmilk.

Driving and using machines

It is not known if obinutuzumab affects your ability to drive or use any tools or heavy machinery. You may be given medication for a potential allergic or infusion related reaction, such as an antihistamine, which may cause drowsiness. If so, you should avoid driving, cycling, or using any tools or heavy machinery while these effects last. Speak to your doctor or nurse if you have any questions or concerns.

How to contact us

Please discuss any areas of concern with your nurse or doctor in clinic.

For questions about your appointment, please contact:

Haematology Day Treatment Unit Administration Team

Telephone: **01865 235 554**

If you feel unwell after your treatment, please contact:

Haematology Triage Team

Telephone: **01865 572 192**

This is a 24-hour telephone help line (including after 5pm, weekends and bank holidays). You will speak to an experienced nurse who can discuss your symptoms with a doctor. You may be asked to attend the Haematology Triage Unit at the Churchill Hospital to be seen by a doctor.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust

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