

MabThera[®] SC: Understanding your treatment



A guide for patients with non-Hodgkin's lymphoma
receiving MabThera for subcutaneous (SC) injection

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**For information on the topics provided in this booklet,
visit: www.cancerinfo.co.nz**



Contacts

Use this space to help keep track of important contact information

Doctor (Name): _____

 _____ 

Nurse (Name): _____

 _____ 

Hospital (Name): _____

 _____ 

Pharmacy (Name): _____

 _____ 

Emergency contact (Name): _____

 _____ 

Getting started

This booklet is designed to support you in understanding your MabThera SC (rituximab) treatment for **non-Hodgkin's lymphoma**. It is not meant to be a substitute for any guidance, advice or help provided by your doctor or nurse.

It is important for you to discuss any questions that you have about your treatment with your doctor or nurse, including any side effects.

The glossary

We have highlighted certain words and terms in **blue** and have included an explanation of what they mean in a glossary at the back of this booklet.

Taking an active role

To help you take an active role in your treatment, we have included pages to capture your notes and any questions for your doctor or nurse.

What is MabThera and how does it work?^{1,2}

MabThera is a prescription medicine that is commonly used to treat non-Hodgkin's lymphoma.

Non-Hodgkin's lymphoma is a type of **lymphoma**, which is a cancer that affects **white blood cells** called **B lymphocytes**. In someone with non-Hodgkin's lymphoma, the white blood cells don't behave normally. Instead, they grow uncontrollably and may not die off in the way they should.

MabThera is a type of anti-cancer medicine called a **monoclonal antibody**. Monoclonal antibodies are proteins which specifically recognise and bind to other unique proteins in the body. MabThera fights non-Hodgkin's lymphoma by mimicking the way the body's own **immune system** naturally defends itself.

MabThera:

- Targets a protein on the surface of B lymphocytes (a type of white blood cell), which are involved in the development of non-Hodgkin's lymphoma
- Works with the immune system to kill mature B lymphocytes, but not the new (immature) B lymphocytes, which allows for a new source of healthy B lymphocytes to develop
- Does not target other white blood cells, so they can go about their normal business of protecting the body from infection and other disease

MabThera may be prescribed on its own, or may be prescribed with **chemotherapy**. Your doctor will decide what medicine or combination of medicines is best for your condition.

MabThera is given in one of two ways: by infusion into a vein (**intravenous**, also called IV) or by injection under the skin (**subcutaneous**, also called SC). You and your doctor have agreed that SC injection is the best way for you to receive MabThera.

You may hear your MabThera treatment described in a number of different ways:

- **Rituximab** (the 'generic' or 'non-brand' name for MabThera)
- **Immunotherapy**
- **Biological agent**
- **Antibody**
- **Monoclonal antibody**
- **Targeted therapy**

If you are unsure whether your doctor or nurse is referring to your MabThera treatment, please do not hesitate to ask them to explain further.

Treating non-Hodgkin's lymphoma with MabThera^{1,3,4}

MabThera has been used to treat blood cancers for more than 15 years. MabThera-based therapies are a first-line treatment option for many people with the two most common types of non-Hodgkin's lymphoma: **diffuse large B-cell lymphoma** and **follicular lymphoma**.

MabThera treatment for diffuse large B-cell lymphoma

In diffuse large B-cell lymphoma, the goal of treatment is to cure your illness. Your treatment will be given in **cycles**, meaning you will probably have to go to the hospital every few weeks to receive both your MabThera treatment and chemotherapy. MabThera may be given in combination with chemotherapy for up to 8 cycles.

It is possible that your lymphoma will not be cured completely by the treatment. However, you may experience a period of feeling well with little evidence of remaining disease (**remission**) followed by a time when your symptoms return (**relapse**). If your diffuse large B-cell lymphoma does relapse, it is more difficult to cure, but various treatment options are available, which your doctor will discuss with you.

MabThera treatment for follicular lymphoma

In follicular lymphoma, the goal of treatment is to induce **remission**. Once your lymphoma is in remission, the next goal of treatment is to keep you free from lymphoma for as long as possible.

You may have two stages of treatment. The first stage is called **induction** therapy.

During induction therapy, your treatment will be given in cycles, meaning you will probably have to go to the hospital or private clinic every few weeks to receive both your MabThera treatment and chemotherapy. MabThera should be given in combination with chemotherapy for up to 8 cycles.

If your induction therapy is completed and your lymphoma is in remission, you may continue to the next stage of treatment, known as **maintenance** therapy.

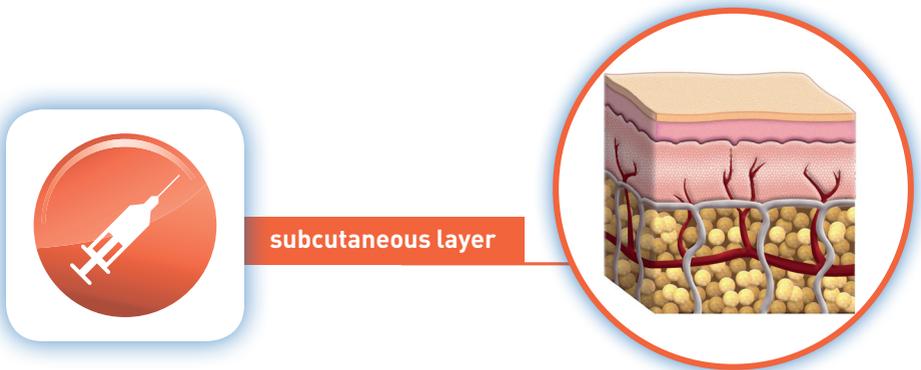
Maintenance therapy with MabThera is given after induction therapy. Maintenance therapy usually means that you receive MabThera on its own, without chemotherapy, every few months for 2 more years.

It is possible that you will experience a period of feeling well with little evidence of remaining disease (**remission**), followed by a time when your symptoms return (**relapse**). If your follicular lymphoma does relapse, your doctor may decide to administer further MabThera-based therapy.

What is MabThera SC?^{1,5}

MabThera SC is the same medicine as MabThera, but it is given in a different way. SC is short for subcutaneous, which means 'under the skin'. Therefore, SC means that a medicine is injected under the skin with a needle.

The MabThera SC injection takes approximately 5 minutes. Please see pages 14-15 for detailed information about receiving the MabThera SC injection.



When you have received your MabThera SC injection, you may have to stay at the hospital or clinic to receive the chemotherapy part of your treatment. If you are not having chemotherapy on the same day, your doctor or nurse will ask you to stay at the hospital for a short period of observation (15 minutes).

The one-to-one time with your nurse gives you the opportunity to talk about your treatment and ask any questions you may have.

What to expect when receiving MabThera SC treatment¹

Your first dose of MabThera will be given by infusion into a vein through an IV line. Your doctor will then decide if MabThera SC is the right treatment for you to have next time. Sometimes you may require more than one dose of MabThera IV before you can receive MabThera SC (for example, if you were unable to complete your first dose).

Your first IV MabThera dose is given slowly, over several hours, so that your doctor can see how your body reacts to the medicine. Some people may have a 'reaction' (see page 16) to their first dose of MabThera, and sometimes this means the dose has to be stopped for a short time. Most reactions can be treated and usually go away, so that the rest of the dose can continue to be given.

If your MabThera IV infusion is completed and your doctor decides that MabThera SC is the right treatment for you, the next time you come to the hospital or clinic for your treatment you will have MabThera injected under the skin on your stomach.

Your doctor or nurse will be able to tell you exactly how many doses of MabThera SC you will get and how often. There is space to record this information on the next page for your reference.

Details of your MabThera treatment

Therapy	Number of cycles/dose	Length of each cycle
Antibody therapy		
MabThera		
Chemotherapy		

Preparing for a MabThera treatment^{1,6}

There are ways you can be prepared for having a MabThera treatment. Here are some tips to help with your planning.

Set aside enough time for your first treatment

Your first MabThera treatment will probably take most of the day, as it will be given by IV infusion. Your following treatments with MabThera SC should take less time, but because everyone is different, it's best to check with your doctor how much time you will need.

Ask your doctor about your blood pressure medicine

MabThera may temporarily affect your blood pressure. If you take blood pressure medicine, check with your doctor, pharmacist or nurse before the day of your MabThera treatment. You may be asked not to take your blood pressure pill on your MabThera treatment days.

Tell your doctor important health information

Your doctor must know about all of the following before you are given MabThera. Tell your doctor if you:

- Have an infection, or a history of a recurring or long-term infection, such as hepatitis B
- Are taking or have previously taken medicines which may affect your immune system, such as chemotherapy or immunosuppressive medicines
- Have a history of heart disease
- Have lung disease
- Had or plan to have an immunisation with any vaccine (e.g. measles, rubella, flu, vaccines for travel purposes)
- Are allergic to any other medicines or any other substances, such as foods, preservatives or dyes
- Are pregnant or are breast-feeding

Step-by-step guide to receiving MabThera SC treatment^{1,5}

The following guide aims to help explain what will happen when you receive MabThera SC. However, many hospitals and clinics have slightly different procedures. Your injection will be given according to the procedures used in your hospital or clinic, so don't worry if the details of your treatment differ slightly from those listed below.

Step 1

Before you have MabThera SC, you may be given some medicine to prevent or reduce possible reactions to MabThera.

Your nurse will then make sure you are comfortable; you will need to loosen and move any clothing covering your stomach. You will not have to undress fully and your privacy will be respected.

Tip: It is easier for your nurse to access your stomach if you wear loose and comfortable clothing.

Step 2

Your nurse will select an area on your stomach to inject MabThera SC, and will clean the surrounding skin.

Step 3

Your nurse will gently pinch the skin on your stomach to create a fold. Then, the nurse will inject MabThera SC into the skin fold. You will feel a slight sting as the needle goes into your skin. You may feel a slight pressure as the liquid is injected.

Step 4

The MabThera SC injection will take approximately 5 minutes. You could use this time to ask your nurse about your treatment, or any other questions you may have. Your nurse will remove the needle and may cover the area with a dressing, if necessary.

Step 5

When you have received your MabThera SC injection, you may have to stay at the hospital to receive the chemotherapy part of your treatment. If you are not having chemotherapy on the same day, your doctor or nurse will ask you to stay at the hospital for at least 15 minutes of observation after your MabThera SC injection.

You will be free to leave the clinic after 15 minutes has passed, unless your doctor or nurse asks you to stay. Once you have been told you can leave the hospital, you should be able to carry on with your day as normal.

Remember: It is important to tell your doctor or nurse if you have any side effects after receiving your treatment. Please see page 16 for further information.

What about side effects?^{1,5}

Your doctor or nurse will discuss the possible side effects of MabThera SC with you before you have your treatment for the first time. Like all medicines, MabThera SC can cause side effects, although not everybody gets them. Side effects may be serious and require treatment.

For more information on side effects associated with MabThera and MabThera SC, please refer to the Consumer Medicine Information leaflets provided to you by your pharmacist, doctor or nurse, or available online at:



<http://www.medsafe.govt.nz>

Administration-related reactions

You may experience some side effects at or around the MabThera SC injection site, such as pain, swelling, bruising, bleeding, skin redness, itching and rash. These reactions are usually mild or moderate and resolve without any specific treatment. Your doctor or nurse will provide advice on how to manage these side effects if they occur.

What side effects should be reported to the doctor or nurse?

Please talk to your doctor or nurse if you experience any side effects following MabThera treatment, including side effects not listed in this booklet.

The following pages describe side effects that have been reported by people experiencing MabThera and MabThera SC treatment. If you are being treated with other cancer medicines at the same time, such as chemotherapy, you may experience these and other side effects.

The following is not a complete list of all possible known side effects. Your doctor or pharmacist has a more complete list.

Do not be alarmed by the list of side effects. You may not experience any of them, or just one or two, and you may experience only mild side effects.

Possible side effects experienced during or after a MabThera SC treatment¹

The following is a list of the more common side effects.

Tell your doctor if you notice any of the following during or after a MabThera SC treatment, and they worry you:

- Side effects at the injection site including pain, swelling, bruising, bleeding, skin redness, itching and rash
- Wheezing or coughing, stuffy nose or chest, increased cough
- Dizziness or lightheadedness, especially on standing up
- Nausea (feeling sick) or vomiting, loss of appetite, stomach pain or discomfort, indigestion
- Diarrhoea or constipation
- Headache
- Fatigue (feeling tired) and/or feeling weak
- Fast heart beat
- Chest pain which may spread to the neck and shoulders
- Pain where the cancer is located
- Muscle and joint pain, muscle stiffness
- Throat irritation
- Sore mouth or mouth ulcers
- Bleeding or bruising more easily than normal
- Shingles (herpes zoster infection)
- Increased blood pressure
- Nervousness, feeling anxious or agitated, inability to sleep
- Pins and needles, or decreased feeling in the skin
- Sweating or night sweats
- Watery, itchy or crusty eyes
- Changes to sense of taste
- Weight loss
- Ear pain and/or buzzing, hissing, whistling, ringing or other persistent noise in the ears
- A general feeling of being unwell
- Unusual hair loss or thinning

Your doctor may recommend that you take medication to prevent pain or allergic reactions before you receive your MabThera SC treatment.

Possible serious side effects experienced during or after a MabThera SC treatment¹

Some more serious side effects have been reported during or after a MabThera SC treatment. You may need urgent medical attention if you experience these. Serious side effects are rare.

Tell your doctor if you notice any of the following during or after a MabThera SC treatment:

- Severe skin rash, itching or hives
- Swelling of the face, lips, mouth or throat which may cause difficulty in swallowing or breathing, swelling of the hands, feet or ankles
- One or a combination of the following: severe shortness of breath, severe difficulty breathing, severe wheezing, severe coughing
- Vision loss associated with headaches, confusion and seizures
- One or a combination of the following: confusion, disorientation or memory loss, changes in the way you move, walk or talk, decreased strength or progressive weakness in your body, blurred or loss of vision
- Yellowing of skin and eyes, light coloured bowel motions, dark coloured urine

Tell your doctor immediately or go to Accident and Emergency at the nearest hospital if you notice any of the symptoms described above.

Possible side effects experienced when MabThera SC is given with chemotherapy¹

If you have been given MabThera SC in combination with chemotherapy, the following additional side effect may also occur:

- Bronchitis (inflammation in the lungs)

If you are 65 years of age or over and have been given MabThera SC in combination with chemotherapy, the following side effects may be more likely to occur:

- Frequent infections with symptoms such as fever, severe chills, sore throat or mouth ulcers

Please consult your doctor or pharmacist for possible side effects that may be caused by your chemotherapy.



Frequently asked questions^{1,5}

Below are answers to some common questions that you may have about your treatment. Remember, if you have any questions, it is best to talk to your healthcare professional, who will be able to discuss your specific treatment and answer any concerns directly. You can record any questions you may have on page 27 of this booklet.

Q: Who will give me my MabThera SC injection?

A: Normally, one of the nurses at your haematology clinic or day unit will give you the MabThera SC injection.

Q: Can I administer the MabThera SC injection myself?

A: No, MabThera SC must only be given by trained and qualified healthcare professionals.

Q: Can I have the MabThera SC injection at home?

A: MabThera SC must only be administered by trained and qualified healthcare professionals in a clinical setting.

Q: How often will I receive MabThera SC injections?

A: This will depend on the type of non-Hodgkin's lymphoma you have (although everyone receives their first dose of MabThera through an IV line into a vein):

- **Follicular lymphoma induction:** MabThera may be given in combination with chemotherapy for up to 8 cycles
- **Follicular lymphoma maintenance (in those who have responded to induction):** MabThera should be given every 3 months for up to 2 years
- **Diffuse large B-cell lymphoma:** MabThera should be given in combination with chemotherapy for up to 8 cycles

Your doctor will discuss with you how your treatment will be given. If you have any questions about this, it is best to ask your doctor, nurse or pharmacist.

Q: Where on my body will I receive the MabThera SC injection?

A: You will receive the MabThera SC injection under the skin on your stomach.

Q: How much MabThera SC will be injected?

A: The injection contains 1400 mg of MabThera (the active substance) in a total volume of 11.7 mL.

Q: How long will the MabThera SC injection take?

A: The injection will take approximately 5 minutes. Following this, you will be monitored for at least 15 minutes, to make sure you feel well before going home.

Q: Why does the MabThera SC injection take 5 minutes?

A: MabThera SC takes approximately 5 minutes to administer because the volume of the injection (11.7 mL) is larger than many other SC injections. This is because it contains an extra ingredient to help your body absorb MabThera from where it is injected.

Q: Will the MabThera SC injection hurt?

A: You will feel a slight sting as the needle goes into your skin, and you may feel a slight pressure as the liquid is injected. Tell your nurse if you feel any discomfort during the injection.

Q: What if I am scared of needles?

A: Tell your doctor or nurse if you are concerned about any part of the treatment. They will be able to address your concerns and discuss your treatment options with you.

Q: How will I feel after my MabThera SC injection?

A: You probably won't feel very different compared with how you felt before the injection. You may have some redness, swelling and itchiness in the area where you were given the injection. Also, sometimes the medicines that are given to prevent or reduce side effects may make you feel drowsy or dizzy.

Please talk to your doctor if you experience any side effects following MabThera treatment, including any side effects not listed in this booklet.

Q: Will I be able to drive after receiving MabThera SC?

A: Be careful driving or operating machinery until you know how MabThera SC affects you. MabThera SC generally does not cause any problems with your ability to drive or operate machinery. However, you may receive some additional medicines during your MabThera treatment that may make you drowsy or dizzy. If this happens, you may need to arrange for someone to drive you home.

Q: Are there any special precautions I need to take before/after receiving my MabThera SC injection?

A: You should not be administered MabThera SC if you are allergic to MabThera (rituximab), to other similar proteins of mouse origin, or to any of the other ingredients in the medicine. For a full list of ingredients, please refer to the Consumer Medicine Information leaflet provided to you by your doctor or nurse, or available at: <http://www.medsafe.govt.nz>

Tell your doctor before your MabThera treatment if you:

- Think you have hepatitis infection now or have had it in the past
- Are taking treatment for high blood pressure
- Have ever had heart disease (e.g. angina, palpitations or heart failure) or a history of breathing problems
- Are taking or have previously taken medicines that may affect your immune system, such as chemotherapy or immunosuppressive agents

Before starting treatment, make sure your doctor knows if you are taking or have recently taken any other medicines. MabThera should not be used with other drugs unless your doctor has told you it is safe to do so.

Q: Are there any side effects I should report to my doctor?

A: Please talk to your doctor if you experience any side effects that concern you following MabThera treatment, including any side effects not listed in this booklet or the Consumer Medicine Information leaflet. Please refer to pages 16–20 of this guide for further information on symptoms you should look out for while receiving MabThera SC treatment. Tell your doctor straight away if you experience any of the side effects listed on page 19 of this booklet.

Q: Will my B lymphocytes (and white blood cell count) return to normal after MabThera SC treatment?

A: MabThera, whether delivered by IV infusion or SC injection, reduces the levels of both abnormal (cancerous) and normal B lymphocytes (a type of white blood cell). This reduction begins after the first dose of MabThera is given. Usually, your body is able to replace these normal B lymphocytes after your treatment is finished, and the number of B lymphocytes will gradually increase back to a normal level. Generally, B lymphocyte levels return to normal within 12 months after completing treatment, although in some people this may take longer.

Warning:

Tell your doctor if you get any symptoms of an infection (for example, fever, cough, sore throat, burning pain when passing urine), or you start to feel weak or generally unwell. You might get infections more easily following MabThera therapy. Often these are common colds, but there have been cases of pneumonia or urinary infections (uncommon).

Very rarely, some people taking MabThera have had a serious brain infection. Tell your doctor immediately if you have memory loss, trouble thinking, difficulty with walking, or loss of vision.

Talk to your doctor, pharmacist or nurse before you are given MabThera if you have ever had or might now have a hepatitis infection. This is because, in a few cases, MabThera could cause hepatitis B to become active again. Patients who have ever had hepatitis B infection will be carefully checked by their doctor for signs of this infection.

Q: Why will I get MabThera by IV infusion for my first cycle of treatment?

A: Everybody who plans to receive MabThera SC treatment must have their first MabThera dose given by IV infusion. This is because the risk of experiencing a reaction to the treatment is highest at the first treatment. By giving MabThera as an IV infusion, if a reaction occurs, it can be managed by slowing or stopping the infusion.

If your MabThera IV infusion is completed and your doctor decides that MabThera SC is the right treatment for you, the next time you come to the hospital for your treatment you will have MabThera SC injected under the skin.

Q: How is MabThera SC different from MabThera given by IV infusion?

A: The active substance in MabThera is the same regardless of whether the medicine is delivered by IV infusion or SC injection. The difference is that the active substance in MabThera SC is highly concentrated (so a smaller volume is needed), and MabThera SC contains an extra ingredient (called vorhyaluronidase alfa) to help your body absorb it from where it is injected.

Questions to ask your doctor or nurse

Before starting treatment, it is important to ask your doctor or nurse any questions you may have. It is a good idea to write down a list of questions before your appointment. It may be useful to bring a family member or friend to your appointment for support. He or she can also help you keep track of the answers.

Question: _____

Response: _____

Where to find more information

This booklet is intended as a brief overview of information on MabThera SC and non-Hodgkin's lymphoma. It does not include all the available information on these topics.

There are many other resources available to learn about non-Hodgkin's lymphoma and its treatments. In New Zealand, there are a number of organisations offering support to people with non-Hodgkin's lymphoma. Your healthcare professional may also be able to help you find more information.

Below and on the following page are some organisations and their contact details, to get you started.

The Leukaemia Foundation

Leukaemia and Blood Cancer NZ (LBC) is New Zealand's leading organisation for blood cancer in New Zealand, funding research and providing free services to support people with leukaemia, lymphoma, myeloma and related blood disorders.

Please call **0800 15 10 51** (freecall) to contact your local Support Service Coordinator and/or to find out more about the information and services offered by LBC for people with lymphoma and their loved ones.

Visit: **www.leukaemia.org.nz**

For more information on MabThera or MabThera SC, ask your doctor or pharmacist for a copy of the MabThera or MabThera SC Consumer Medicine Information leaflet.

Glossary

Antibody: A protein produced naturally in the body by specialised B lymphocytes. Antibodies help to defend the body against infection, by binding to antigens and triggering their destruction.

B lymphocytes (also called B cells): A type of white blood cell that makes antibodies. B lymphocytes are a part of the immune system. However, like many cells in the body, B lymphocytes can become cancerous, which leads to diseases such as non-Hodgkin's lymphoma.

Biological agents: Replicates of natural substances occurring in our bodies, such as enzymes, antibodies or hormones, which are used in the prevention, diagnosis or treatment of cancer and other diseases. Biological agents are made from a variety of natural resources – human, animal and microorganism – and may be produced by biotechnological methods.

Chemotherapy: The use of chemical agents to attack cancer cells that are fast-growing. They also attack fast-growing healthy cells in the body, such as hair and the lining of the intestine, which is why they are associated with certain side effects, such as nausea, vomiting and hair loss.

Cycle: Each treatment for your cancer is usually followed by a few weeks where you do not receive any treatment. This period of time will allow your body to recover from any side effects. The treatment and the rest period together are referred to as a 'cycle' of treatment.

Diffuse large B-cell lymphoma: This is the most common type of non-Hodgkin's lymphoma. It is a fast-growing (aggressive) cancer.

Follicular lymphoma: A type of non-Hodgkin's lymphoma. It is a slow-growing (indolent) cancer.

Immune system: The bodily system that protects the body from foreign substances, cells and tissues by producing the immune response. It includes the thymus, spleen, lymph nodes, white blood cells and antibodies.

Immunotherapy: A broad term for drugs such as MabThera that work together with the body's immune system to treat disease.

Induction: The first treatment given for a disease. If it doesn't lead to remission or cure the disease, or if it causes severe side effects, other treatments may be added or used instead. It is also called first-line therapy, primary therapy and primary treatment.

Intravenous (IV): Meaning 'into the vein' (often used to describe a way of administering medicine using a 'drip' or IV line).

Lymphoma: The name for a group of blood cancers that develop in the lymphatic system. The lymphatic system is part of the body's immune system. Lymphoma can be divided into two main types: non-Hodgkin's lymphoma and Hodgkin's lymphoma.

Maintenance: A prolonged period of follow-on treatment after an initial treatment (induction), to prevent or delay cancer cells from re-growing or to stop the lymphoma from getting worse.

Monoclonal antibody: A man-made antibody that recognises, targets and sticks to specific proteins on the surface of cancer cells, and stimulates the body's immune system to destroy these cells.

Non-Hodgkin's lymphoma: One of the two main types of cancer of the white blood cells that is characterised by symptoms such as enlarged lymph nodes, fever, night sweats, fatigue and weight loss.

Relapse: The term used to describe a cancer that has returned/grown after initial disappearance/shrinkage.

Remission: A decrease in, or disappearance of, signs and symptoms of cancer. In partial remission, some, but not all, signs and symptoms of cancer have disappeared. In complete remission, all signs and symptoms of cancer have disappeared, although cancer still may be in the body.

Rituximab: A drug used to treat certain types of non-Hodgkin's lymphoma. This is the 'generic' or 'non-brand' name for MabThera.

Subcutaneous (SC): Under the skin (often used to describe a way of administering medicine).

Targeted therapy: A therapy that targets a specific process in the body – a term frequently used to describe cancer therapies.

White blood cell: A clear or colourless cell in the blood that protects the body from disease.

This booklet is provided as a patient service by Roche Products NZ Limited, the manufacturer of MabThera® SC. This booklet is intended as an education resource for people who are receiving MabThera SC for the treatment of non-Hodgkin's lymphoma. It is not intended as a substitute for guidance and instruction from a qualified medical doctor or healthcare professional, nor is it considered a comprehensive and exhaustive source of information on non-Hodgkin's lymphoma and its associated treatments. Further details on MabThera SC can also be found in the Consumer Medicine Information available at <http://www.medsafe.govt.nz>, from your doctor or other healthcare professional, or from Roche Medical Information on 0800 276 243.

References: 1. MabThera SC Consumer Medicine Information. Available at <http://www.medsafe.govt.nz>. 2. MabThera Consumer Medicine Information. 3. Oldham RK & Dillman RO. *J Clin Oncol* 2008; 26(11): 1774-1777. 4. DeVita VT et al. Devita, Hellman & Rosenberg's Cancer: Principles & Practice of Oncology, 8th Edition, Lippincott Williams & Wilkins 2008. 5. MabThera SC Datasheet available at <http://www.medsafe.govt.nz>. 6. MabThera Datasheet available at <http://www.medsafe.govt.nz>.

MabThera® SC (rituximab), 1400 mg in 11.7 mL solution for subcutaneous injection, is a **Prescription Medicine** fused to treat non-Hodgkin's lymphoma.

Do not use MabThera SC if: you have had an allergic reaction to MabThera SC, rituximab, other proteins of mouse origin, or any of the ingredients.

Tell your doctor if: you are pregnant or breastfeeding or plan to become pregnant or breastfeed; you are taking medication to control blood pressure; you have any disorders or conditions affecting your lungs; you have a history of heart disease, hepatitis B, or certain types of blood disorders e.g. low neutrophils (low white blood cells), low platelets (cells which help clot blood); you have an infection, or a history of a recurring or long-term infection; you intend to have or recently had immunization with any vaccine e.g. measles, rubella, flu.

Tell your doctor immediately or go to your nearest Accident and Emergency Centre if you notice any of the following: infections with fever, severe chills, sore throat or mouth ulcers; severe skin rash, itching, hives; swelling of the face, lips, mouth or throat which may cause difficulty in swallowing or breathing, swelling of the hands, feet or ankles; severe shortness of breath, severe difficulty breathing, severe wheezing, severe coughing; numbness of the face; severe vision or hearing loss; vision loss associated with headaches, confusion and seizures; confusion, disorientation or memory loss, changes in the way you move, walk or talk, decreased strength or progressive weakness in your body, blurred or loss of vision; severe stomach pain, nausea, vomiting; yellowing of skin and eyes, light coloured bowel motions, dark coloured urine. **Possible common side effects may also include:** pain, swelling, bruising, bleeding, skin redness, itching and rash at the injection site; temporary drop in blood pressure (felt as dizziness or fainting); nausea and/or vomiting; flushing; a runny nose; pain where the tumour is; headache; fatigue (feeling tired) and/or feeling weak; dizziness; insomnia, agitation, feeling anxious; anaemia (felt as tiredness, headaches, being short of breath when exercising, dizziness and looking pale); general pain, stomach, chest, back and/or neck pain; aching muscles, muscle tenderness or weakness, muscle stiffness; joint pain, painful swollen joints; indigestion, constipation; diarrhoea; difficulty swallowing; loss of appetite, weight loss; cough; sweating and night sweats; tingling, numbness of feet and hands or decreased sensitivity; bleeding or bruising more easily than normal; high sugar levels in the blood (symptoms include passing large amounts of urine, excessive thirst, dry mouth and/or skin); high blood pressure; fast and/or irregular heart beat; throat irritation, mouth ulcers; watering and/or itching eyes, ear pain, buzzing/ringing in ears; infections such as urinary tract infections or skin infections.

MabThera SC has risks and benefits. Ask your doctor if MabThera SC is right for you. Use strictly as directed. If symptoms continue or you have side effects, see your healthcare professional. For further information on MabThera SC, please talk to your health professional or visit www.medsafe.govt.nz for MabThera SC Consumer Medicine Information.

MabThera SC is not funded by PHARMAC for non-Hodgkin's lymphoma. You will need to pay the full cost of this medicine. A prescription charge and normal doctor fees may apply.

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