Mogamulizumab-kpkc (Poteligeo®)

Pronounced: moe-GAM-ue-LIZ-ue-mab kpkc

Classification: Monoclonal Antibody

About Mogamulizumab-kpkc (Poteligeo®)

Monoclonal antibodies are created in a lab to attach to the targets found on specific types of cancer cells. The antibody “calls” the immune system to attack the cell it is attached to, resulting in the immune system killing the cell. These antibodies can work in different ways, including stimulating the immune system to kill the cell, blocking cell growth or other functions necessary for cell growth. Mogamulizumab-kpkc is a CC chemokine receptor type 4 directed monoclonal antibody.

How to Take Mogamulizumab-kpkc

Mogamulizumab-kpkc is given by intravenous (IV) infusion. The dose is based on your size and how often you receive the medication will be determined by your provider. Prior to your first dose, you will be given medications, including an antihistamine (such as diphenhydramine) and acetaminophen (Tylenol®) to decrease the risk of an infusion reaction.

Possible Side Effects

There are a number of things you can do to manage the side effects of Mogamulizumab-kpkc. Talk to your care team about these recommendations. They can help you decide what will work best for you. These are some of the most common or important side effects:

**Infusion-Related Side Effects**

The infusion can cause a reaction that may lead to chills, fever, low blood pressure, nausea and vomiting. You will receive Tylenol and diphenhydramine prior to the infusion to help prevent these reactions. Reactions are most common during the first infusion. Notify your nurse if you are experiencing any of these reactions.

**Skin Reactions**

Skin reactions to this medication can be either a minor rash treated with topical steroids or they can be a serious side effect such as Stevens-Johnson syndrome or toxic epidermal necrolysis. The rash can be flat or raised lesions, scaly plaques or a variety of lesions. These reactions can occur anywhere from 15-31 weeks after treatment was started. It is important to notify your care provider or any new rash or changes to your skin. If you experience symptoms of Stevens-Johnson syndrome such as flu like symptoms with a painful red or purple colored rash the blisters or symptoms of toxic epidermal necrolysis which include flu-like symptoms followed by blistering and painful peeling of the skin and mucous membranes of the mouth call your provider immediately as these need to be treated emergently.

**Infection and Low White Blood Cell Count (Leukopenia or Neutropenia)**

This medication can cause life threatening infections, with or without a decrease in white blood cell counts.

White blood cells (WBC) are important for fighting infection. While receiving treatment, your WBC count can drop, putting you at a higher risk of getting an infection. You should let your doctor or nurse know right away if you have a fever (temperature greater than 100.4 °F/38 °C), sore throat or cold, shortness of breath, cough, burning with urination, new rash or a sore that doesn’t heal.

**Tips to preventing infection:**
• **Washing hands**, both yours and your visitors, is the best way to prevent the spread of infection.
• Avoid large crowds and people who are sick (i.e.: those who have a cold, fever or cough or live with someone with these symptoms).
• When working in your yard, wear protective clothing including long pants and gloves.
• Do not handle pet waste.
• Keep all cuts or scratches clean.
• Shower or bath daily and perform frequent **mouth care**.
• Do not cut cuticles or ingrown nails. You may wear nail polish, but not fake nails.
• Ask your oncology care team before scheduling dental appointments or procedures.
• Ask your oncology care team before you, or someone you live with, has any vaccinations.

**Low Platelet Count (Thrombocytopenia)**

Platelets help your blood clot, so when the **count is low** you are at a higher risk of bleeding. Let your oncology care team know if you have any excess bruising or bleeding, including nose bleeds, bleeding gums, or blood in your urine or stool. If the platelet count becomes too low, you may receive a transfusion of platelets.

• Do not use a razor (an electric razor is fine).
• Avoid contact sports and activities that can result in injury or bleeding.
• Do not take aspirin (salicylic acid), non-steroidal, anti-inflammatory medications (NSAIDs) such as Motrin/Advil (ibuprofen), Aleve (naproxen), Celebrex (celecoxib) etc. as these can all increase the risk of bleeding. Please consult with your healthcare team regarding use of these agents and all over the counter medications/supplements while on therapy.
• Do not floss or use toothpicks and use a soft-bristle toothbrush to brush your teeth.

**Low Red Blood Cell Count (Anemia)**

Your red blood cells are responsible for carrying oxygen to the tissues in your body. When the **red cell count is low**, you may feel tired or weak. You should let your oncology care team know if you experience any shortness of breath, difficulty breathing, or pain in your chest. If the count gets too low, you may receive a blood transfusion.

**Fatigue**

*Fatigue* is very common during cancer treatment and is an overwhelming feeling of exhaustion that is not usually relieved by rest. While on cancer treatment, and for a period after, you may need to adjust your schedule to manage fatigue. Plan times to rest during the day and conserve energy for more important activities. Exercise can help combat fatigue; a simple daily walk with a friend can help. Talk to your healthcare team for helpful tips on dealing with this side effect.

**Diarrhea**

Your oncology care team can recommend medications to relieve **diarrhea**. Also, try eating **low-fiber** bland foods, such as white rice and boiled or baked chicken. Avoid raw fruits, vegetables, whole-grain breads, cereals, and seeds. Soluble fiber is found in some foods and absorbs fluid, which can help relieve diarrhea. Foods high in soluble fiber include: applesauce, bananas (ripe), canned fruit, orange sections, boiled potatoes, white rice, products made with white flour, oatmeal, cream of rice, cream of wheat, and farina. Drink 8-10 glasses of non-alcoholic, un-caffeinated fluid a day to prevent dehydration.

**Muscle or Joint Pain/Aches**

Your healthcare provider can recommend medications and other strategies to help relieve pain.

**Less common, but important side effects can include:**

- **Autoimmune Complications**: This medication can cause autoimmune issues. It is important to notify your care team of any history of autoimmune diseases such as hepatitis, myocarditis, and pneumonitis.
- **Hematopoietic Stem Cell Transplant Complications**: Patients who receive this medication prior to a stem cell transplant are at risk for severe graft vs host disease (GVHD). You will be closely monitored after transplant for GVHD.
- **Liver Toxicity and Hepatitis B Reactivation**: This medication can cause liver toxicity, which your care team may monitor for using blood tests called liver function tests. Notify your healthcare provider if you notice yellowing of the skin or eyes,
your urine appears dark or brown or pain in your abdomen, as these can be signs of liver toxicity. This medication can also cause Hepatitis B reactivation in patients who have previously had hepatitis. Be sure your healthcare provider is aware of previous Hepatitis B diagnosis and treatment. You will also be tested for the Hepatitis B virus prior to beginning treatment with mogamulizumab-kpvc.

- **Heart Problems:** In some cases, this medication can cause or worsen pre-existing heart problems including congestive heart failure, decreased heart function, and heart attack. Notify your healthcare provider if you have sudden weight gain or swelling in the ankles or legs. If you develop chest pain or pressure, pain in the left arm, back, or jaw, sweating, shortness of breath, clammy skin, nausea, dizziness or lightheadedness, call 911 or go to the nearest emergency room.

**Reproductive Concerns**

Exposure of an unborn child to this medication could cause birth defects, so you should not become pregnant or father a child while on this medication. Effective birth control is necessary during treatment and for at least 3 months after treatment. Even if your menstrual cycle stops or you believe you are not producing sperm, you could still be fertile and conceive. You should consult with your healthcare team before breastfeeding while receiving this medication.

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