



## TREATMENT WITH RITUXIMAB LEAFLET

### TREATMENT WITH RITUXIMAB

Rituximab is known as a biological therapy. It works by killing B cells. B cells are part of the immune system, produced mainly in the bone marrow. B cells make useful antibodies which protect infection but they can also make harmful antibodies which attack the body's own tissues.

Rituximab is particularly useful for the ANCA-associated vasculitis. If you don't get on with cyclophosphamide, rituximab offers an alternative. It is also sometimes helpful if your condition comes back despite treatment. Rituximab can be used long-term with injections every 6 or 12 months to maintain disease in remission.

Rituximab is given by a cannula into a vein. The dose varies according to your weight and condition. Typically, treatment is given once a week for four weeks or 2 doses 2 weeks apart.

Rituximab is usually well tolerated but it can have side effects. You may get wheeziness, a rash or fall in blood pressure during or shortly after treatment. This allergic reaction is normally prevented by giving steroids and antihistamines before the infusion. Rituximab can reduce the effectiveness of your immune system, so you may become prone to infections. You should consult a healthcare professional if you get a sore throat, high temperature, a fever, or any new symptoms or concerns.

Rituximab has been associated with reactivation of viral hepatitis and your doctor will check for previous exposure to these viruses before treatment. There have been rare cases of a serious virus infection called progressive multifocal leukoencephalopathy following treatment, which included rituximab. This can damage the spinal cord and brain. This may cause weakness, unsteadiness, loss of vision, speech problems or changes in mood.

If you develop chickenpox or shingles whilst taking rituximab you can become quite ill which applies to any immunosuppression treatment. If you come into contact with someone who has chickenpox or shingles or develop one of these illnesses yourself, you should consult a healthcare professional as soon as possible.

**Patient Support & Guidance:** <http://www.thelaurencurrietwilightfoundation.org>

Author: Dr Laurence Knott

Peer Reviewer: Dr David Kluth & Dr Neil Basu