



Outpatient Fludarabine/Melphalan Chemotherapy

What is outpatient fludarabine/melphalan chemotherapy?

We are offering patients the choice to receive their chemotherapy before their **allogeneic transplant** (a procedure where you get healthy cells from a donor to replace your diseased or destroyed cells) as an **outpatient procedure**. This means that you do not have to stay at the hospital for the week leading up to your transplant. Instead, you will visit your infusion center every day, and our team will check in often to see how you're doing. Fludarabine and melphalan are the chemotherapy medications you will get during your infusion center visits. This outpatient visit schedule will help you to be safe and stay outside of the hospital for the start of your allogeneic transplant. Your Blood and Marrow Transplant (BMT) nurse coordinator will help you schedule the appointments.

How do I know if outpatient chemotherapy is right for me?

For outpatient chemotherapy, you need to be able to get safely to and from your appointments at the lab, your infusion center, and the BMT clinic. You'll need to be on time every day for your visits to get lab work. You also need to meet the qualifications for outpatient chemotherapy outlined by the BMT team (such as organ function).

How will the BMT team prepare me for outpatient chemotherapy?

You will have a visit before starting your transplant process, where you will have a teaching session with your BMT nurse coordinator and your BMT doctor to prepare you. You will also get several resources from us.

- We will give you calendars that will explain and help you organize what you will need to do each day before your transplant.

- We will prescribe several medications that you will need to pick up from the pharmacy after this appointment. You will need to have them by the day you start your chemotherapy (5 days before your transplant).
- We will give you a medication schedule to follow. You must follow this medication schedule exactly. It is very important for you to report any changes in your health to us immediately in order to keep you safe.
- We will give you a list of reasons to call the BMT clinic (or the BMT doctor on call on evenings and weekends). If you have complications, you will be required to start your hospital stay sooner.

What should I do to prepare for outpatient chemotherapy?

- We recommend getting a thermometer and an automatic blood pressure cuff. This is so you can check your temperature and blood pressure if you don't feel well in the evenings while you are at home. Having these numbers may help us decide if you'll need to come into the hospital. It will also be helpful to have for after your transplant.
- You will be coming to the lab, infusion center, and BMT clinic every day for several days in a row. Make sure you're staying somewhere close to the hospital so you can travel back and forth easily. You will need a caregiver with you at all times from 5 days before your transplant until you get admitted to the hospital.
- Other than coming to the clinic each day, you and your caregiver must stay at home (or wherever you're staying locally) to avoid the risk of infection. You should limit visitors during this time, and you should not spend time with anyone other than your caregiver.

What can I expect each day before my transplant?

The week before you start your outpatient chemotherapy:

- You will have lab work done, including a COVID test. This includes going into a particular clinic space, or lab, where staff will collect blood or

other fluid samples from you. You will also see your BMT doctor or **extender** (a physician assistant or nurse).

5 days before your transplant (when you start your outpatient chemotherapy):

- You will start your day with lab work.
- You will go to the Interventional Radiology Department to have a TriFusion™ triple-lumen catheter placed in your chest. This is a flexible IV (intravenous, or a small tube that goes into your vein) that your care team will be using to give you medication, blood products, and your donor cells for your transplant.
 - This catheter placement may also take place the day before you start chemotherapy, or on another day before you are admitted to the hospital.
- You will see your BMT doctor or extender in the BMT clinic to make sure you are ready to start chemotherapy.
- You will go to your infusion center to get your first dose of fludarabine (Fludara®), one of your chemotherapy medications.
 - This is the first dose of 4 total doses that you will get.
- You will also get anti-nausea medications. These include palonosetron (Aloxi®), prochlorperazine (Compazine®), and some patients may also get dexamethasone (Decadron®).
 - We will give you more anti-nausea medication to take home with you. Please use your anti-nausea medications if needed, and write down each dose you take in your medication tracking handout.
- After you leave the clinic, be sure to drink a lot of fluids to stay hydrated.

4 days before your transplant:

- You will start your day with lab work and see a BMT doctor or extender.
- You will go to your infusion center to get your second dose of fludarabine (Fludara®).

- You will also get anti-nausea medications. This includes prochlorperazine (Compazine®) and some patients may also get dexamethasone (Decadron®).
 - We will give you more anti-nausea medication to take home with you. Please use your anti-nausea medications if needed, and write down each dose you take in your medication tracking handout.
- Continue to drink a lot of fluids!
- Make sure that you have your tacrolimus medication for tomorrow! Your doctor will have given you a prescription for tacrolimus, which you should have picked up from your pharmacy at least 1 day before you start taking it.

3 days before your transplant:

- You will start your tacrolimus medication today. This medication helps your body prepare to accept your transplant and reduces the risk of **graft-versus-host disease or GVHD** (a complication where the donor cells attack your own body's cells).
 - Take your first dose between 8:00-9:00 am.
 - Make sure that you know your dose and how much to take.
 - Write down each dose you take in your medication tracking handout.
- You will start your day with lab work and see a BMT doctor or extender.
- You will go to your infusion center to get your third dose of fludarabine (Fludara®).
- You will also get anti-nausea medications. This includes prochlorperazine (Compazine®), and some patients may also get dexamethasone (Decadron®).
 - We will give you more anti-nausea medication to take home with you. Please use your anti-nausea medications if needed, and write down each dose you take in your medication tracking handout.

- Continue to drink a lot of fluids!
- Take your evening dose of tacrolimus about 12 hours after your morning dose (between 8:00-9:00 pm).

2 days before your transplant:

- Continue taking your tacrolimus medication.
 - Take your first dose between 8:00-9:00 am.
 - Write down each dose you take in your medication tracking handout.
- You will start your day with lab work and see a BMT doctor or extender.
- You will go to your infusion center to get your fourth and final dose of fludarabine (Fludara®).
- You will also get anti-nausea medications. These include palonosetron (Aloxi®), prochlorperazine (Compazine®), and some patients may also get dexamethasone (Decadron®).
 - We will give you more anti-nausea medication to take home with you. Please use your anti-nausea medications if needed, and write down each dose you take in your medication tracking handout.
- Continue to drink a lot of fluids!
- Take your evening dose of tacrolimus about 12 hours after your morning dose (between 8:00-9:00 pm).

1 day before your transplant:

- **Do not take your tacrolimus until after you get lab work today.**
- You will start your day with lab work and see a BMT doctor or extender.
 - After you get lab work, take your morning dose of tacrolimus.
- You will go to your infusion center for a dose of melphalan, another chemotherapy medication. Melphalan can cause mouth sores, so you should chew ice chips before, during, and after you get this chemotherapy to prevent or reduce sores.

- You will get IV fluids with the melphalan. This will help keep you hydrated and help your body tolerate the infusion better.
- You will also get anti-nausea medications: Prochlorperazine (Compazine®), and some patients may also get dexamethasone (Decadron®).
- After your infusion is done, you will be admitted (checked in) to the BMT inpatient unit of the hospital.

When should I call my BMT doctor or the BMT clinic?

Call your BMT doctor or the BMT clinic if you have any of these symptoms in the 5 days before your transplant:

- Uncontrolled diarrhea, nausea, or vomiting, or if you are not able to eat food or drink fluids
- An oral (by mouth) temperature greater than 100.5 degrees Fahrenheit
- You have signs and symptoms of infection, such as:
 - Shaking or chills
 - A burning feeling when you pee
 - A cough or sore throat
 - Flu-like symptoms (unusual tiredness, body aches, runny nose, headache)
- Any unusual shortness of breath
- You feel confused, dizzy, or very tired or weak
- Your blood pressure is greater than 160 systolic (the top number) or 90 diastolic (the bottom number)
- Your blood pressure is less than 90 systolic or 50 diastolic
- Your heart rate is greater than 100 or less than 50 beats per minute, or your heartbeat feels irregular or unusual
- Any drainage, redness, or unusual bleeding from your TriFusion™ triple-lumen catheter
- Your eyes or skin turn yellow

- Any unusual signs of bleeding (like blood in your pee or poop, nose bleeds, or bleeding gums)
- You have any other serious questions or concerns that are not listed above

What is the contact information?

- Between 8:00 am - 5:00 pm: Call the BMT clinic nurse at (734) 936-9814.
- After hours or on weekends: Call (734) 936-6267 and ask for the BMT doctor on call.

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