

How do I prepare for my first infusion?

You will need to have the following tests done:

- 1. Complete Blood Count (CBC), electrolytes labs
- 2. BUN/Creatinine labs (tests to monitor kidney function)
- 3. Liver profile
- 4. Pregnancy test
- 5. Urinalysis (urine analysis) with cytology (cell study) within 1 week of infusion.
- Women of child-bearing age should be on a consistent form of contraception for at least 30 days before infusion.
- Take 0.5 mg dose of Ativan before your first infusion.

What are my instructions after my first infusion?

Drink 3 liters of fluid on the day of treatment and the following day. Follow the instructions in the table below for your medications:

What medication?	What is it for?	How do I take it?
Zofran	Nausea	Take 8 mg by mouth twice per day as
		needed
Compazine	Severe nausea and	Take 25 mg every 6 hours as needed
suppository	vomiting	for 3 days
Mesna	To protect the	Take 400 mg (1 dose) by mouth 3
	bladder from	hours after, and then 6 hours after
	infection or	Cytoxan infusion is complete (first 2
	bleeding	doses will be given by IV in the
		infusion center). At home doses are
		taken in pill form.

Ativan	Ongoing nausea	Take 0.5 mg by mouth every 6 hours
	and anxiety	as needed. Take your first dose
		before the infusion, you may have a
		small quantity to take home for
		nausea or anxiety.

What are my instructions for later infusions?

Follow the same instructions as your first infusion. Your dose of Cytoxan may be increased by 25% until a White Blood Cell Count (WBC) of 2-3 (2000-3000/mm3) is reached during lab testing. Once that has been reached, you will receive the same dose for the next infusion. This is called your maintenance dose.

Laboratory monitoring:

There will be 4 lab visits per month while you are getting Cytoxan infusion. Lab monitoring determines your dosing for later infusions. It is important to follow the schedule for blood draws below after each infusion. **Remember each visit to the lab must be done within 7 days before your next infusion.** (See the schedule on page 3 for a summary of this schedule).

- 1. Visit the lab to obtain your CBC with differential on days 8, 11 and 14 following each treatment. **CBC with differential** means the test measures hemoglobin, hematocrit, red and white blood cells (all types) and platelets. You must visit the lab within 7 days before your next treatment until your maintenance dose is established.
- 2. After reaching your maintenance dose visit the lab to have your CBC with differential checked on day 14 after treatment and within 7 days before the next treatment.
- 3. Obtain a Urinalysis after each treatment.

Following treatment, you should have urinalysis and cytology yearly. You may need to visit with a urologist if abnormal urine cells (cytology) develop.

Cytoxan labwork schedule

This lab schedule is subject to change depending on results and as discussed with your doctor.

Infusion	When do I go to the lab?	
1	Baseline: within 7 days before infusion	
	Day 8 after infusion	
	Day 11 after infusion	
	• Day 14 after infusion	
2 &	• 7 days before infusion	
beyond	Day 8 after infusion	
	Day 11 after infusion	
	Day 14 after infusion	

What are the potential side effects and precautions?

Nausea and vomiting:

Nausea is a common occurrence. It typically begins 4-6 hours after Cytoxan and can last up to 48 hours. You will be treated with IV medication to prevent nausea and vomiting during the infusion and you will be sent home with oral medications.

Hair loss (Alopecia)

Hair loss is a common occurrence in patients being treated with Cytoxan for various medical conditions. It is typically not severe enough to cause complete hair loss in patients receiving pulse dosing for multiple sclerosis. You can expect your hair to grow back after treatment or even during continued treatment.

Infertility or menstrual irregularities:

Cytoxan is associated with a significant risk of infertility (the inability to have children) in both males and females. It is also associated with early menopause

in women. The chances of having these reproductive side effects rises with increasing age and each dose.

Increased risk of infection due to low white blood cell counts (lymphopenia):

Seek medical attention for signs of infection:

- Fevers
- Chills

• Painful urination (dysuria)

• Impaired would healing

• Upper respiratory symptoms

Bladder toxicity:

Cytoxan has been associated with various disorders of the urinary tract and bladder including bleeding from the bladder (hemorrhagic cystitis) and bladder cancer. Aggressive hydration, emptying the bladder or catheterization, and taking Mesna may decrease the risk however these conditions may still rarely occur. The occurrence of bladder cancer tends to follow long-term or high cumulative doses of Cytoxan. You should consult your doctor immediately if you develop blood in your urine (hematuria) or a change in bladder emptying (voiding) habits.

Increased risk of cancer (malignancy):

Long-term Cytoxan therapy is associated with an increased risk of urinary bladder, skin (cutaneous), and blood or lymph node cancer (myeloproliferative/lymphoproliferative malignancies). It is usually secondary to the primary cancer.

The greatest risk for malignancy was in patients receiving the highest cumulative dose of Cytoxan with the risk persisting for many years after the withdrawal of the drug. While this study involved a different patient population and dosing protocol, you should be aware of this potential risk before proceeding with treatment.

Delayed reactions include:

- Swelling in your mouth or throat
- Trouble breathing
- Weakness
- Fast, slow, or irregular heart beat
- Chest pain
- Rash
- Nausea or Vomiting that does not resolve with medications for nausea (antiemetics)

When should I call for help?

- Call the patient care line if you have reactions or intolerable side effects at (810) 263-4000,
- Call the neurologist on call after hours (734) 936-6267

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