

Carmustine (BCNU, BiCNU®)

Pronounce: CAR-mus-teen

Classification: Alkylating Agent

About Carmustine (BCNU, BiCNU®)

Carmustine kills cancer cells through a process called alkylation. Alkylation damages the DNA of cells, which prevents them from dividing and causes them to die. Since cancer cells, in general, divide faster and with less error correcting than healthy cells, cancer cells are more sensitive to this damage.

How to Take Carmustine

Carmustine is most often given through intravenous (IV, into a vein) infusion. The dose depends on your size and the tumor type being treated.

Even when carefully and correctly administered by trained personnel, this drug may cause a feeling of burning and pain. There is a risk that this drug may leak out of the vein at the injection site, causing tissue damage that can be severe. If the area of injection becomes red, swollen, or painful at any time during or after the injection, tell your care team right away. Do not apply anything to the site unless told to do so by your provider.

Your blood count levels can be affected if you take carmustine and cimetidine (Tagamet®) at the same time. Your provider or pharmacist can recommend a different medication to take instead of cimetidine. The blood levels of this medication can be affected by certain foods and medications, so they should be avoided. These include phenobarbital and phenytoin, among others. Be sure to tell your healthcare provider about all medications and supplements you take.

Carmustine comes in a few other formulations, such as a wafer (called Gliadel wafer), that is placed into a surgical cavity after the removal of a brain tumor. It can also be placed directly into an artery, called the intraarterial intracarotid route, that leads to your brain. This type of treatment is still being investigated and can cause problems with your hearing. Carmustine can also be used in a topical formula that is applied to the skin in the treatment of cutaneous lymphoma. The medication stays in the area around the wafer or the application area, so these patients are often not at risk for the following side effects.

Possible Side Effects

There are a number of things you can do to manage the side effects of carmustine. 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:

Low White Blood Cell Count (Leukopenia or Neutropenia)

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. Let your care team know right away if you have a fever (temperature greater than 100.4°F or 38°C), sore throat or cold, shortness of breath, cough, burning with urination, 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 bathe 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.

Lung Changes

Carmustine may cause serious pneumonitis and pulmonary fibrosis (a scarring and stiffening of the lung tissue), especially when you have received high doses. These problems can happen months to years after treatment and may be more common in people with pre-existing lung problems. You may have breathing tests (pulmonary function tests) performed every so often. Call your care team right away if you have shortness of breath, cough, wheezing, aching joints and muscles, clubbing of the fingers or toes (enlarged tips and changes in nails), or have a hard time breathing.

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.

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. Use a soft-bristle toothbrush to brush your teeth.

Nausea and/or Vomiting

Talk to your oncology care team so they can prescribe medications to help you manage [nausea and vomiting](#). In addition, dietary changes may help. Avoid things that may worsen the symptoms, such as heavy or greasy/fatty, spicy or acidic foods (lemons, tomatoes, oranges). Try saltines, or ginger ale to lessen symptoms.

Call your oncology care team if you are unable to keep fluids down for more than 12 hours or if you feel lightheaded or dizzy at any time.

Infusion Reactions

The infusion, when given quickly, can cause a reaction that may lead to skin flushing, burning at the injection sight, swelling, pain, skin necrosis (death of tissue), and redness in the eye. Reactions are most common during the first week of therapy, including the evening after the infusion. Your provider will tell you what to do if this

happens.

Kidney Problems

This medication can cause kidney failure and decreased kidney size, especially in patients who receive large doses or prolonged therapy with carmustine. Your healthcare team will monitor your kidney function throughout your treatment. Notify your healthcare provider if you notice decreased urine output, blood in the urine, swelling in the ankles, or loss of appetite.

Liver Toxicity

This medication can cause liver toxicity, which your oncology 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 you have pain in your abdomen, as these can be signs of liver toxicity.

Seizures

A seizure is caused by abnormal electrical activity in the brain and can lead to uncontrollable shaking of the body, loss of consciousness, and convulsions. The length and severity of the seizure may vary. If you are experiencing a seizure have someone call 911.

Secondary Malignancies

There is a low risk of developing leukemia or other type of cancer due to treatment with this medication, which can happen many years after treatment. This is most often linked with many treatments or high doses. Your oncology care team will provide instructions on how to best follow up and be monitored for this.

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 6 months after treatment for women and 3 months for men. Even if your menstrual cycle stops or you believe you are not producing sperm, you could still be fertile and conceive. You should not breastfeed while receiving this medication.

Sexual and Reproductive Concerns

This medication can affect the male reproductive system, causing sperm production to become irregular or stop permanently. Additionally, sexual desire may decrease during treatment. You may want to consider sperm banking if you want to have a child in the future. Discuss these options with your oncology team.

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 6 months after treatment for women and 3 months for men. Even if your menstrual cycle stops or you believe you are not producing sperm, you could still be fertile and conceive. You should not breastfeed while receiving this medication.

Cyclophosphamide IV Formulation (Cytoxan®, Neosar®, Endoxan®)

Pronounce: SYE-kloe-FOS-fa-mide

Classification: Alkylating Agent

About Cyclophosphamide IV Formulation (Cytoxan®, Neosar®, Endoxan®)

Cyclophosphamide kills cancer cells through a process called alkylation. Alkylation damages the DNA of cells, which prevents them from dividing and causes them to die. Since cancer cells tend to divide faster and with less error correcting than healthy cells, cancer cells are more sensitive to this damage.

How to Take Cyclophosphamide

Cyclophosphamide can be given by intravenous (IV, into a vein) infusion or taken orally (by mouth) in a pill form. This information is about the IV formulation. Your dose and schedule are determined by your size and type of cancer being treated.

This medication can interact with a number of medications including: metronidazole, tamoxifen, warfarin, cyclosporine, amiodarone, Echinacea, and thiazide diuretics, among others. Be sure to tell your healthcare provider about all medications and supplements you take.

Possible Side Effects

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

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 or 38°C), sore throat or cold, shortness of breath, cough, burning with urination, 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 bathe 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 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.

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.

Nausea and/or Vomiting

Talk to your oncology care team so they can prescribe medications to help you manage [nausea and vomiting](#). In addition, dietary changes may help. Avoid things that may worsen the symptoms, such as heavy or greasy/fatty, spicy or acidic foods (lemons, tomatoes, oranges). Try saltines, or ginger ale to lessen symptoms.

Call your oncology care team if you are unable to keep fluids down for more than 12 hours or if you feel lightheaded or dizzy at any time.

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.

Loss or Thinning of Scalp and Body Hair (Alopecia)

Your hair may become [thin, brittle, or may fall out](#). This typically begins two to three weeks after treatment starts. This hair loss can be all body hair, including pubic, underarm, legs/arms, eyelashes, and nose hairs. The use of scarves, wigs, hats and hairpieces may help. Hair generally starts to regrow soon after treatment is completed. Remember your hair helps keep you warm in cold weather, so a hat is particularly important in cold weather or to protect you from the sun.

Nail and Skin Changes

Your fingernails/toenails may become dark, brittle or fall off. You may notice dry skin or changes in the color or tone of your skin. Your skin may be more sensitive to the sun, which can result in severe sunburn or rash. Sun sensitivity can last even after chemotherapy is completed. Avoid the sun between 10-2pm, when it is strongest. Wear sunscreen (at least SPF 15) everyday, wear sunglasses and long sleeves/pants to protect your skin. Keep your fingernails and toenails clean and dry. You may use nail polish, but do not wear fake nails. If any nails fall off, clean the nail bed well with soap and water and cover with a band aid.

Important but Less Common Side Effects

- **Bladder Irritation:** Cyclophosphamide may irritate your bladder and can cause blood in your urine or pain with urination. Drink at least 6 to 8 glasses of fluid per day to flush out your bladder. You may be given IV fluids along with this medication to help lower the chance of bladder irritation. Let your care team know if you have a hard time urinating, have pain or pink/red urine, or bleed with urination. When given in high doses, your provider may give you a medication to protect your bladder.
- **Secondary Malignancies:** There is a very low risk of developing leukemia or another type of cancer due to treatment with this medication, which can happen many years after treatment. This is most often linked to repeated treatments or high doses.
- **Electrolyte Abnormalities:** This medication can affect the normal levels of electrolytes (sodium, potassium, magnesium, calcium, etc.) in your body. Your levels will be monitored using blood tests. If your levels become too low, your care team may prescribe specific electrolytes to be given by IV or taken by mouth. Do not take any supplements without first consulting with your care team.
- **Lung Changes:** This medication may cause lung changes, including pneumonitis (irritation of the lung tissue) and pulmonary fibrosis (a scarring and stiffening of the lung tissue). These problems can develop

during treatment, or months to years after treatment is completed. Call your provider right away if you have new or worsening shortness of breath, cough, wheezing or difficulty breathing.

- **Heart Problems:** This medication can affect your heart function and can cause abnormal heartbeats or an abnormal heart rhythm called QT prolongation. Call your provider right away if you develop swelling of the feet or ankles, shortness of breath, have rapid weight gain, feel abnormal heartbeats, or if you feel dizzy or faint.
- **Wound Healing:** This medication can lead to slower or incomplete wound healing, such as a surgical wound not healing or staying closed. Be sure to inform the team performing the surgical procedure that you are taking this drug. You should also inform your oncology team that a surgical procedure is planned. It is recommended that this medication be discontinued prior to any surgery. In addition, any surgical incision should be fully healed prior to starting or restarting the medication. If you have a surgical wound that has not healed or begins to have signs of infection (redness, swelling, warmth), report this to your healthcare team.
- **Veno-occlusive Liver Disease:** This medication can cause blood clots in the small veins of your liver. This can lead to liver failure. If you feel like there is fluid in your belly or notice that your skin or the whites of your eyes are yellowing, contact your care team right away.

Reproductive Concerns

This medication may affect your reproductive system, resulting in the menstrual cycle or sperm production becoming irregular or stopping permanently. Women may experience menopausal effects including hot flashes and [vaginal dryness](#). In addition, the desire for sex may decrease during treatment. You may want to consider sperm banking or egg harvesting if you may wish to have a child in the future. Discuss these options with your oncology team.

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. For women, effective birth control is necessary during treatment and for at least 1 year after treatment. For men, effective birth control is necessary during treatment and for at least 4 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 not breastfeed during treatment and for at least 1 week after your last dose.

Etoposide (Toposar®, VePesid®, Etopophos®, VP-16)

Pronounce: e-toe-POE-side

Classification: Topoisomerase inhibitor

About Etoposide (Toposar®, VePesid®, Etopophos®, VP-16)

Etoposide works by blocking the action of an enzyme in cells called topoisomerase, which is necessary for cell replication and tumor growth. Cells need this enzyme to keep their DNA in the proper shape when they are dividing. Blocking this enzyme leads to breaks in the DNA, which leads to cancer cell death.

How to Take Etoposide

Etoposide is given by intravenous (IV, into a vein) infusion. It can also be given by mouth in the form of a [capsule](#), but this article will focus on the intravenous route. The dosage and schedule is determined by the person's size, type of cancer, and mode of administration. It can be given alone or with other medications.

Even when carefully and correctly administered by trained personnel, this drug may cause a feeling of burning and pain. There is a risk that this medication may leak out of the vein at the injection site, resulting in tissue damage that can be severe. If the area of injection becomes red, swollen, or painful at any time during or after

the injection, notify your care team immediately. Do not apply anything to the site unless instructed by your care team.

Possible Side Effects of Etoposide

There are a number of things you can do to manage the side effects of etoposide. 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:

Low White Blood Cell Count (Leukopenia or Neutropenia)

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 or 38°C), sore throat or cold, shortness of breath, cough, burning with urination, 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 bathe 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 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.

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.

Mouth Ulcers (Mucositis)

Certain cancer treatments can cause [sores or soreness in your mouth](#) and/or throat. Notify your oncology care team if your mouth, tongue, inside of your cheek, or throat becomes white, ulcerated, or painful. Performing

[regular mouth care](#) can help prevent or manage mouth sores. If mouth sores become painful, your doctor or nurse can recommend a pain reliever.

- Brush with a soft-bristle toothbrush or cotton swab twice a day.
- Avoid mouthwashes that contain alcohol. A baking soda and/or salt with warm water mouth rinse (2 level teaspoons of baking soda or 1 level teaspoon of salt in an eight ounce glass of warm water) is recommended 4 times daily.
- If your mouth becomes dry, eat moist foods, drink plenty of fluids (6-8 glasses), and suck on sugarless hard candy.
- Avoid smoking and chewing tobacco, drinking alcoholic beverages and citrus juices.

Nausea and/or Vomiting

Talk to your oncology care team so they can prescribe medications to help you manage [nausea and vomiting](#). In addition, dietary changes may help. Avoid things that may worsen the symptoms, such as heavy or greasy/fatty, spicy or acidic foods (lemons, tomatoes, oranges). Try saltines, or ginger ale to lessen symptoms.

Call your oncology care team if you are unable to keep fluids down for more than 12 hours or if you feel lightheaded or dizzy at any time.

Loss or Thinning of Scalp and Body Hair (Alopecia)

Your hair may become [thin, brittle, or may fall out](#). This typically begins two to three weeks after treatment starts. This hair loss can be all body hair, including pubic, underarm, legs/arms, eyelashes, and nose hairs. The use of scarves, wigs, hats, and hairpieces may help. Hair generally starts to regrow soon after treatment is completed. Remember your hair helps keep you warm in cold weather, so a hat is particularly important in cold weather or to protect you from the sun.

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.

Important but Less Common Side Effects

- **Lowering of Blood Pressure:** Blood pressure may drop while this medication is being infused. When receiving this medication through a vein, your nurse will be checking your blood pressure before and during the infusion. It may become necessary to stop the administration of this medication or slow down the infusion rate if your blood pressure drops.
- **Allergic Reactions:** Patients can have an allergic reaction to this medication. Signs of a reaction can include: swelling, chills, fever, increased heart rate, shortness of breath or difficulty breathing, or a decrease in blood pressure. If you notice any changes in how you feel during the infusion, let your nurse know immediately. The infusion will be slowed or stopped if this occurs.
- **Radiation Recall:** Radiation recall is when the administration of a medication causes a skin reaction that looks like a sunburn (redness, swelling, soreness, peeling skin) in areas where radiation was previously given. Notify your oncology team if you notice this side effect. Treatment can include topical steroid ointments and a delay in your next chemotherapy dose.
- **Secondary Malignancies:** There is a very low risk of developing leukemia due to treatment with this medication, which can occur many years after treatment. This is most often associated with repeated treatments or high doses.

Sexual & Reproductive Concerns

This medication may affect your reproductive system, resulting in the menstrual cycle or sperm production becoming irregular or stopping permanently. Women may experience menopausal effects including hot flashes and [vaginal dryness](#). In addition, the desire for sex may decrease during treatment.

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 6 months for women and 4 months for men after treatment, even if your menstrual cycle stops or you believe you are not producing sperm. You may want to consider sperm banking or egg harvesting if you may wish to have a child in the future. Discuss these options with your oncology team. You should not breastfeed while receiving this medication.

OncoLink is designed for educational purposes only and is not engaged in rendering medical advice or professional services. The information provided through OncoLink should not be used for diagnosing or treating a health problem or a disease. It is not a substitute for professional care. If you have or suspect you may have a health problem or have questions or concerns about the medication that you have been prescribed, you should consult your health care provider.