

Dacarbazine (DTIC, DTIC-Dome®)

Pronounce: da-KAR-ba-zeen

Classification: Alkylating Agent

About Dacarbazine (DTIC, DTIC-Dome®)

Dacarbazine exerts its anti-cancer affect by 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 Dacarbazine

Dacarbazine is given through intravenous (IV, into a vein) infusion. The dosage and schedule are determined by the person's size, type of cancer, and treatment regimen. 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 Dacarbazine

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

Liver Problems

This medication can affect your liver including serious conditions called hepatic vein thrombosis (blood clot in the liver) and hepatocellular necrosis (death of liver cells). Call your care provider right away if you have yellowing of the skin or eyes, if your urine appears dark or brown, or if you have pain in your abdomen (belly).

Secondary Malignancies

There is a very low risk of developing another type of cancer, including fibrosarcoma, sarcoma, or angiosarcoma due to treatment with this medication, which can occur many years after treatment.

Nausea and/or Vomiting

Limiting food intake for 4-6 hours before receiving the medication may help with these side effects. Talk to your doctor or nurse 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 antacids, (e.g. milk of magnesia, calcium tablets such as Tums), saltines, or ginger ale to lessen symptoms.

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

Decrease in Appetite

[Nutrition](#) is an important part of your care. Cancer treatment can affect your appetite and, in some cases, the side effects of treatment can make eating difficult. Ask your nurse about nutritional counseling services at your treatment center to help with food choices.

- Try to eat five or six small meals or snacks throughout the day, instead of 3 larger meals.
- If you are not eating enough, nutritional supplements may help.
- You may experience a metallic taste or find that food has no taste at all. You may dislike foods or beverages that you liked before receiving cancer treatment. These symptoms can last for several months or longer after treatment ends.
- Avoid any food that you think smells or tastes bad. If red meat is a problem, eat chicken, turkey, eggs,

dairy products, and fish without a strong smell. Sometimes cold food has less of an odor.

Add extra flavor to meat or fish by marinating it in sweet juices, sweet and sour sauce, or dressings. Use seasonings like basil, oregano, or rosemary to add flavor. Bacon, ham, and onion can add flavor to vegetables.

Flu-Like Symptoms

Dacarbazine can cause fever, body aches, and sometimes a rash. You may also experience weakness and headaches. These symptoms generally do not last long. These symptoms usually occur during the treatment and stop after the treatment is discontinued. Call your doctor or nurse for fever greater than 100.4 °F or 38°C or any other symptom listed. Drink plenty of fluids.

Important but Less Common Side Effects

- **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.
- **Sun Sensitivity:** This medication can make your skin 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 10-2 pm, when it is strongest. Wear sunscreen (at least SPF 15) every day; wear sunglasses, a hat, and long sleeves/pants to protect your skin and seek out shade whenever possible.
- **Allergic Reactions:** In some cases, patients can have an allergic reaction to this medication. Signs of a reaction can include: shortness of breath or difficulty breathing, chest pain, rash, flushing or itching, or a decrease in blood pressure. If you notice any changes in how you feel during the infusion, let your nurse know immediately.

Sexual & Reproductive Concerns

This drug 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, 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 on this medication.

Doxorubicin (Adriamycin®, Rubex®)

Pronounce: DOX-oh-ROO-bi-sin

Classification: Anthracycline

About Doxorubicin (Adriamycin®, Rubex®)

Anthracyclines work by interrupting the copying of DNA, which is necessary for cancer cell growth. This causes the cancer cells to die, slowing or stopping tumor growth. Doxorubicin interferes with the growth of cancer cells and slows their spread in the body by inhibiting DNA synthesis and causing the production of harmful free radicals.

How to Take Doxorubicin

Doxorubicin is given through an intravenous (IV, into a vein) infusion or injection. It can be given alone or with other drugs. The dosage and schedule are determined by your height and weight, type of cancer, and how the medication is given.

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, leading to 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 care team.

This medication is red. Your urine may look orange or reddish in color for 1-2 days after the infusion. This is not blood. This is expected as the medication is cleared from your body. If the red urine lasts more than two days or if you have other urinary symptoms, such as frequency or painful urination, call your healthcare provider.

The blood levels and effectiveness of this medication can be affected by certain foods and medications, so they should be avoided. These include verapamil, phenytoin, fluconazole, voriconazole, St. John's wort, phenobarbital, trastuzumab, dexamethasone, and 6-mercaptopurine, among others. Be sure to tell your healthcare provider about all medications and supplements you take.

Possible Side Effects of Doxorubicin

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

Heart Problems

In rare cases, the heart muscle can be damaged by this medication, causing heart failure and cardiomyopathy. This heart damage can occur during therapy or many months to years after treatment. The risk is highest at higher doses, in patients who receive other cardio-toxic medications, radiation to the chest area, and in children. There is a maximum lifetime dose that you can receive of this medication. Your provider may order tests to check your heart function before you begin treatment or if any symptoms arise.

If you have shortness of breath, new or worsening cough, ankle swelling, chest pain, rapid or irregular heartbeats, call your provider right away, or call 911.

Secondary Cancers

A secondary cancer is one that develops as a result of cancer treatment for another cancer. This is quite rare, but you should be aware of the risk. In most cases, a secondary cancer related to chemotherapy is a blood cancer (leukemia, lymphoma). This can occur years after treatment. This is most often associated with repeated treatments or high doses. Your provider will monitor your labs closely. You may need a complete blood count with differential checked each year by your healthcare provider if you received high-risk therapies.

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 the 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.

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.

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.

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.

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 will 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 10-2 pm, when it is strongest. Wear sunscreen (at least SPF 15) every day, 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 bandaid.

Important but Less Common Side Effects

- **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.
- **Tumor Lysis Syndrome:** If there are a large amount of tumor cells in your body prior to treatment, you are at risk for tumor lysis syndrome. This happens when the tumor cells die too quickly and their waste overwhelms the body. You may be given a medication (allopurinol) and IV fluids to help prevent this. If you experience nausea, vomiting, diarrhea or become lethargic (drowsy, sluggish), notify your oncology team right away. TLS can affect your kidney function. Your provider will monitor your kidney function with blood work. Notify your provider if you have little or no urine output.

Sexual & Reproductive Concerns

This drug 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. Women should use effective birth control during and for 6 months after treatment, even if your menstrual cycle stops. Men should use condoms during and for three months after treatment even if you believe you are not producing sperm. If you have a pregnant partner, you should use condoms during and for 10 days after the last dose. 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.

Ifosfamide (Ifex®)

Content Contributor: Karen Arnold-Korzeniowski, BSN RN

Pronounce: eye-FOSS-fa-mide

Classification: Alkylating Agent

About Ifosfamide (Ifex®)

Ifosfamide uses a process called alkylation to kill cancer cells. Alkylation damages the DNA of cells, preventing them from dividing. This 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 Ifosfamide

Ifosfamide is given by intravenous (into a vein) infusion. The dosage and schedule are based on your size and type of cancer. It can be given alone or with other drugs.

The blood levels of this medication can be affected by certain foods and medications, so they should be avoided. These include grapefruit, grapefruit juice, verapamil, ketoconazole, rifampin, phenytoin, St. John's wort, and fluconazole. Be sure to tell your healthcare provider about all medications and supplements you take.

Possible Side Effects of Ifosfamide

There are a number of things you can do to manage the side effects of ifosfamide. 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 care team 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, or a sore that doesn't heal.

Tips for 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 the 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.

Nervous System Toxicity

In rare cases, ifosfamide can be toxic to the nervous system. Symptoms of this can include mild confusion, drowsiness, difficulty walking, blurry vision, hallucinations, personality changes, seizure, and coma. Toxicity can develop immediately after treatment or up to several days later. Your caregiver should be aware of this rare side effect and know to report any changes in your behavior to your healthcare team right away.

Effect on Kidneys and Bladder

Ifosfamide can damage the kidneys. It can irritate or cause damage to the lining of the bladder, causing you to have blood in your urine. Intravenous (IV) fluids will be given with your treatment to flush the kidneys and bladder. A medication called Mesna will be given to protect the bladder lining. Your care team will monitor your kidney function with blood tests. Drink 6 to 8 glasses of fluid a day and try to urinate every 2 to 3 hours. Call your provider if you have difficulty urinating or have blood in your urine.

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.

Important but Less Common Side Effects

- **Secondary Cancers:** A secondary cancer is one that develops as a result of cancer treatment for another cancer. This is quite rare, but you should be aware of the risk. In most cases, a secondary cancer related to chemotherapy is a blood cancer (leukemia, lymphoma). This can occur years after treatment. This is most often associated with repeated treatments or high doses. Your provider will monitor your labs closely. Consider having a complete blood count with differential checked annually by your healthcare provider if you received high-risk therapies.
- **Lung Changes:** This medication may cause pulmonary fibrosis (scarring and stiffening of the lung tissue) or interstitial pneumonitis. These problems can develop months to years after treatment is completed and may be more common in people with pre-existing lung conditions. You may have breathing tests (pulmonary function tests) performed periodically. Call your physician right away if you have shortness of breath, cough, wheezing, or difficulty breathing.
- **Heart Problems:** Ifosfamide can cause or worsen pre-existing heart problems including congestive heart failure, arrhythmias, ST-segment and t-wave changes, pericardial effusion, pericarditis, 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.

- **Liver Problems:** This medication can cause liver toxicity, which your oncology care team may monitor 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. This medication, and when used in combination with other medications, may also potentially cause a serious side effect called veno-occlusive disease, also known as hepatic sinusoidal obstruction syndrome. This is caused by blockage of the blood flow through the small veins of the liver. Symptoms that should immediately be reported to your care team include yellowing of the skin or eyes, an enlarged liver which can lead to discomfort in the upper abdomen, weight gain, and fluid accumulation in the belly. The chance of having this side effect is higher if you are planning to receive a stem cell transplant after receiving this medication.
- **Allergic Reactions:** In some cases, patients can have an allergic reaction to this medication. Signs of a reaction can include shortness of breath or difficulty breathing, chest pain, rash, flushing or itching or a decrease in blood pressure. If you notice any changes in how you feel during the infusion, let your nurse know immediately.

Sexual & Reproductive Concerns

This drug 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 a 6 month period 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 taking this medication.

Mesna (Mesnex®)

Content Contributor: Christina Bach, MBE, LCSW, OSW-C

Pronounce: MES-nuh

Classification: Uroprotectant

About Mesna (Mesnex®)

Mesna is **not** a cancer treatment, but a medication, called a chemoprotectant, used to protect the bladder from a harmful side effect of certain chemotherapy medications ([ifosfamide](#), [cyclophosphamide](#)) called hemorrhagic cystitis (bleeding in the bladder).

How to Take Mesna

Mesna is given by intravenous (IV, into a vein) infusion or by mouth, in a pill form. It can be given before, after, and/or at the same time as chemotherapy. The actual dose depends on your body size and the dose of chemotherapy you are receiving. You should contact your healthcare provider if you vomit (throw up) within two hours of taking oral mesna or if you miss a dose. You should drink 1-2 liters of fluid daily while receiving this medication.

If taking the oral form of mesna, it is important to make sure you are taking the correct amount of medication

every time. Before every dose, check that what you are taking matches what you have been prescribed.

Intravenous (IV) mesna contains a small amount of alcohol, which may cause you to experience drowsiness, dizziness, lightheadedness, and blurred vision, which can impair your ability to drive.

If you are in the hospital, the nursing staff may use a test strip to check your urine periodically for microscopic blood (not visible to the eye) to be sure that cystitis is not developing. You should report any burning or urgency with urination to your care team. You should also let your provider know if you are taking any blood-thinning medications (coumadin, aspirin, Plavix), as these put you at a higher risk of bleeding. Drink plenty of non-alcoholic fluids while taking mesna.

Possible Side Effects of Mesna

Most side effects experienced while taking mesna are caused by the chemotherapy medication it is given with. These are some of the most common or important side effects related to mesna.

Nausea and/or Vomiting

Some patients reported a bad taste or nausea when taking mesna in a pill form. Talk to your doctor or nurse 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 antacids (e.g., milk of magnesia, calcium tablets such as Tums), saltines, or ginger ale to lessen symptoms.

Important but Less Common Side Effects

- **Allergic Reactions:** Some patients may experience an allergic reaction to this medication. This can range from a mild reaction to anaphylaxis. Symptoms of a reaction include itching, flushing, burning, swelling of the face, or difficulty breathing. A serious skin reaction that starts as a rash and progresses to painful blisters can happen in rare cases. Report any unusual symptoms to your healthcare provider.
- **Stevens-Johnson Syndrome:** Stevens-Johnson Syndrome is a rare, but serious, allergic reaction that affects the skin and mucous membranes. It typically starts as a rash or painful blisters and can progress to serious damage to the skin and, in some cases, death. It is important that you report any rash to your oncology care team immediately.

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 for women is necessary during treatment and for 6 months after the last dose. Effective birth control for men is necessary during treatment and for 3 months after the last dose. 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 taking this medication and for 1 week after the last dose.

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.