



KEEP ALL MEDICINE OUT OF THE SIGHT AND REACH OF CHILDREN

Idarubicin (Zavedos)

What is idarubicin?

Idarubicin is also called by its brand name Zavedos. It is a chemotherapy drug used to treat some types of cancer including

- Acute myeloid leukaemia
- Advanced breast cancer

One of the ways idarubicin works is by blocking an enzyme (called topoisomerase 2). If this enzyme is blocked the cell's DNA gets tangled up and the cell can't split into 2 new cancer cells. The cell then dies.

How you have idarubicin

Idarubicin is a red liquid that you have as an injection through a fine tube (cannula) put into one of your veins (intravenously). Or you may have it through a central line, a portacath or a J-line. These are long, plastic tubes that give the drugs directly into a large vein in your chest. You have the tube put in just before your course of treatment starts and it stays in place as long as you need it.

Idarubicin also comes in 5mg red capsules and 10 mg red and white capsules. You should swallow the capsules whole with plenty of water and can take them with a light meal. It is very important that you take the capsules according to the instructions your doctor or pharmacist gives you. You should take the right dose, not more or less. And never stop taking a cancer drug without talking to your specialist first.

You usually have chemotherapy as a course of several cycles of treatment. The treatment plan for idarubicin depends on which type of cancer you have. There is information about how chemotherapy is planned in this section.

Common side effects

More than 10 in every 100 people have one or more of the side effects listed below.

- A temporary drop in the number of blood cells made by the bone marrow. This can cause
- An increased risk of getting an infection from a drop in white blood cells – it is harder to fight infections and you can become very ill. You may have headaches, aching muscles, a cough, sore throat, pain passing urine, or feel cold and shivery
- Tiredness and breathlessness due to a drop in red blood cells (anaemia) – you may need a blood transfusion
- Bruising more easily due to a drop in platelets – you may have nosebleeds, bleeding gums after brushing your teeth, or lots of tiny red spots or bruises on your arms or legs (known as petechia)
- Some of these side effects can be life threatening, particularly infections. You should contact your doctor or specialist nurse if you have any of these effects. Your doctor will check your blood counts regularly to see how well your bone marrow is working.
- **Contact your treatment center straight away if you have any of these effects or if your temperature goes above 38°C**



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- Tiredness (fatigue) during and after treatment – most people find that their energy levels are back to normal from 6 months to a year after their treatment ends
- Feeling or being sick happens to 9 out of 10 people (90%) and usually starts about 2 to 4 hours after treatment begins and lasts a couple of days. It is usually possible to control this side effect with anti sickness injections and tablets. If you are still being sick, tell your doctor or nurse, as your anti sickness medicines may need to be changed
- Loss of appetite
- Hair loss – nearly everyone has complete head and body hair loss, which begins 2 to 5 weeks after the treatment starts. Your hair will grow back after your treatment ends
- A sore mouth and throat can happen about 2 to 3 days after each treatment – you may have red, sore skin in your mouth as well as mouth ulcers. It usually clears up within 3 weeks of treatment finishing. Your nurse may give you a mouthwash to reduce this
- Your urine may turn pink or red for up to 2 days after having idarubicin – this will not harm you
- Diarrhoea – drink plenty of fluids and tell your doctor or nurse if the diarrhoea becomes severe, or lasts more than a couple of days
- A high temperature (fever) and chills – taking paracetamol every 6 to 8 hours can help
- Headaches

Occasional side effects

Between 1 and 10 in every 100 people have one or more of these.

- Inflammation around the drip site – if you notice any signs of redness, swelling or leaking at your drip site, tell your doctor or chemotherapy nurse immediately
- Your skin may become more sensitive to the sun during your treatment and for several months afterwards – you need to cover up and stay in the shade. Use a high factor sun cream if you do go out
- If you have had radiotherapy in the past, the skin in the treatment area may become dry and flaky, and you may have some pain and burning similar to sunburn
- Your nails may become darker and white lines may appear on them
- Black or brown discoloration may occur in the creases of your skin – this is particularly common in children
- Liver changes that are very mild and unlikely to cause symptoms – the liver will almost certainly go back to normal when treatment is finished, but you will have regular blood tests to check how well your liver is working
- Damage to heart muscle, which is usually temporary and may change the rhythm of the heartbeat – for a small number of people the change may be permanent so your doctor or nurse will check your heart before and after your treatment
- Stomach ache and bleeding from the small bowel – let your doctor or nurse know straight away if your stools look darker or you notice blood
- Skin rashes or itching



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Rare side effects

Fewer than 1 in 100 people have these.

- An allergic reaction causing a raised temperature, shivering and a rash
- Loss of fertility – it is not known exactly what effect this drug may have on your fertility. Talk to your doctor before starting treatment if having a baby is important to you
- Women may stop having periods (amenorrhoea) – this may only be temporary
- Painful joints due to raised uric acid levels in the blood
- A second cancer or leukaemia may develop some years after idarubicin treatment but this is rare

High dose treatment

- With high doses, or many treatments, there is a small risk that you may develop permanent heart problems.

Important points to remember

The side effects above may be mild or more severe. A side effect may get better or worse through your course of treatment, or more side effects may develop as the course goes on. This depends on

- How many times you've had the drug before
- Your general health
- The amount of the drug you have (the dose)
- Other drugs you are having

Coping with side effects

Talk to your doctor, pharmacist or nurse about all your side effects so that they can help you manage them. They can give you advice or reassure you. Your nurse will give you a contact number to ring if you have any questions or problems. If in doubt, call them.

Other medicines

Tell your doctor about any other medicines you are taking, including vitamins, herbal supplements, and over the counter remedies – some drugs can react together.

Pregnancy and contraception

These drugs may have a harmful effect on a developing baby and it is not advisable to become pregnant or father a child if you are having this treatment. Talk about contraception with your doctor or nurse before treatment starts.

Breastfeeding

Breastfeeding is not advisable during this treatment because the drug may come through in the breast milk.



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Medical and dental treatment

If you need to go into hospital for any reason other than cancer, always tell the doctors and nurses that you are having chemotherapy. Give them contact details for your cancer doctor. Talk to your cancer doctor or nurse if you think you need dental treatment. Always tell your dentist you are having chemotherapy.

Immunisations and chemotherapy

- You should not have immunisations with live vaccines while you are having chemotherapy or for at least 6 months afterwards. These include rubella, mumps, measles (usually given together as MMR), BCG, yellow fever and Zostavax (shingles vaccine).
- You can have other vaccines, but they may not give you as much protection as usual until your immune system has fully recovered from your chemotherapy. It is safe to have the flu vaccine.
- It is safe for you to be in contact with other people who've had live vaccines as injections. There can be problems with vaccines you take by mouth (oral vaccines), but not many people have these now. So there is usually no problem in being with any baby or child who has recently had any vaccination. You might need to make sure that you aren't in contact with anyone who has had oral polio, cholera or typhoid vaccination recently, particularly if you live abroad.