



KEEP ALL MEDICINE OUT OF THE SIGHT AND REACH OF CHILDREN

R-DHAP

What is R-DHAP?

R-DHAP is the name of a combination of drugs used to treat high grade non-Hodgkin's lymphoma that has come back. R-DHAP is DHAP chemotherapy with the drug rituximab. Rituximab is a type of biological therapy called a monoclonal antibody. R-DHAP is made up of the drugs

- R = Rituximab (also called Mabthera)
- DH = Dexamethasone, which is a steroid
- A = Cytarabine (also known as Ara C) – a chemotherapy drug
- P = Cisplatin – a chemotherapy drug

How you have R-DHAP

- Cytarabine, cisplatin and rituximab are all colourless fluids given into your bloodstream (intravenously). You can have them through a thin, short tube (a cannula) put into a vein in your arm each time you have treatment. Or you may have them through a central line, a portacath. 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.
- You usually have the steroid (dexamethasone) as tablets (orally) but you may have it into the vein as well. It is very important that you take tablets according to the instructions your doctor or pharmacist gives you. You should take the right dose, not more or less. You need to swallow the tablets whole after a meal, or with milk, as they can irritate your stomach. It is best to take them early in the day, immediately after breakfast.
- You have R-DHAP as cycles of treatment. Each cycle lasts 3 weeks. You may have 1 or 2 cycles.
- You have each cycle in the following way.
 - On the first day you start taking the dexamethasone tablets or you have it as a drip. You also have a slow drip (infusion) of rituximab followed by cisplatin as a drip for 24 hours
 - On the second day you have cytarabine (Ara C) as a drip twice. Each drip lasts for 3 hours and you have them 12 hours apart. You also take the dexamethasone tablets
 - On the third and fourth days you carry on taking the dexamethasone either as tablets or through a drip. If you are having it as tablets you will be able to take them home with you
 - You also have fluids (hydration) into the drip during your first two days of treatment. This is because R-DHAP can cause kidney damage and the extra fluids help to keep your kidneys working properly.
 - Your nurse or doctor will give you steroid eye drops to use for 5 to 7 days to help prevent your eyes getting sore.
 - Once you have finished the dexamethasone you have no treatment for 3 weeks. You then start a new treatment cycle.
- Some people can have an allergic reaction to rituximab so you have the first dose slowly over about 4 hours. To help prevent a reaction you will have paracetamol and an anti-



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histamine. You should be able to have further doses of rituximab at a faster rate (about 2 hours).

- A reaction to rituximab while the drug is being given –
 - this causes flu like symptoms such as a fever
 - chills and shivering (rigors)
 - a headache and feeling sick
- About 1 in 20 people (5%) have a more severe reaction, with wheezing, an itchy rash and a drop in blood pressure. Your doctor will give you medicines beforehand to try to prevent a reaction. If you do have a reaction, your nurse will slow your drip down or stop it for a while
- The side effects of a combination of drugs are usually a mixture of those of each drug. The combination may increase or decrease your chance of getting each side effect or it may change the severity. The side effects associated with R-DHAP are listed below.

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, causing
- 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 happens in 4 out of 10 people having R-DHAP (40%) – 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. Contact your doctor or 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
- Kidney changes – you will have regular blood tests to check how well your kidneys are working and will have fluids to flush the drugs through
- Tiredness (fatigue) during and after treatment – most people find their energy levels are back to normal within 6 months to a year
- Feeling or being sick is usually well controlled with anti sickness medicines
- Diarrhoea may happen up to a week after your treatment – make sure that you drink plenty of fluids and tell your doctor or nurse if it becomes severe or continues for more than 3 days. 1 in 5 people (20%) have severe diarrhoea
- A sore mouth or ulcers
- Loss of appetite – this is more likely if you have sickness, diarrhoea, or a sore mouth
- Flu like symptoms including fever and chills happen in 1 out of 2 people (50%) – taking paracetamol as your doctor or nurse prescribes can help



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- Changes in your blood sugar levels – steroids can change your blood sugar levels so you will have regular blood tests to check this. You may also need to check your urine for sugar
- Ringing in the ears (tinnitus) happens to about 3 in 10 people treated (30%) and usually gets better on its own
- Women may stop having periods (amenorrhoea) – this may be temporary
- Loss of fertility – you may not be able to get pregnant or father a child after treatment with these drugs. Talk to your doctor about your fertility before starting treatment if you plan to have a baby in the future
- Sore, red eyes because some of the cytarabine is removed from your body (excreted) in your tears
- Skin changes – your skin may be sore and red, particularly on the hands and feet and you may also have an itchy rash
- A reaction while having rituximab can cause flu like symptoms, such as a fever, chills and shivering (rigors), a headache and feeling sick – let your doctor or nurse know straight away if you have this
- Feeling weak occurs in about 1 in 4 people (25%)
- Night sweats occur in about 3 in 20 people (15%)
- Stomach pains
- Low blood pressure in about 1 in 10 people (10%) and more rarely, raised blood pressure
- A runny nose (rhinitis) during the rituximab drip, which is usually mild

Occasional side effects

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

- High uric acid levels in your blood due to cancer cells being broken down by the body – you will have regular blood tests and will be asked to drink plenty of fluids to flush out the uric acid. Your doctors may also give you a drug called allopurinol
- Numbness or tingling in hands or feet – this usually improves a few months after the treatment ends. Some people have some permanent numbness
- Loss of taste or a metallic taste in your mouth
- Hair loss or thinning
- Aching muscles (myalgia) and bones
- Drowsiness and confusion happens in up to 1 in 10 people (10%) but is usually mild and gets better on its own – it is more likely if you are over 40 or have liver or kidney problems
- A cough and breathlessness – tell your doctor or nurse if this continues
- Liver changes that are very mild and unlikely to cause symptoms – your liver will almost certainly go back to normal when treatment is finished, but you will have regular blood tests to check how well it is working
- Indigestion
- Dizziness
- Flushing in about 1 in 20 people (5%) – when you are having the rituximab drip you may have a sudden feeling of warmth and your face may go red



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Important points to remember

Not everyone will get these side effects. You may have 1 or 2 or several. A side effect may get worse through your course of treatment. Or you may have more side effects as the course goes on. This depends on

- How many times you've had a drug before
- Your general health
- How much of the drug you have (the dose)
- The way you take the drugs (tablets or drip)
- 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.

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

- 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.



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R-DHAP PATIENT INFORMATION LEAFLET

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- 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.