



**KEEP ALL MEDICINE OUT OF THE SIGHT AND REACH OF CHILDREN**

## VAD

### About VAD

VAD is the name of a chemotherapy drug combination usually used to treat multiple myeloma. VAD is made up of the drugs

- V – Vincristine
- A – (Adriamycin) – now called doxorubicin
- D – Dexamethasone, which is a steroid drug

There are a number of combinations of drugs for people with myeloma. VAD is just one type of treatment. Your doctor will decide which drugs are best to treat your type of myeloma and the stage of your myeloma.

### How you have VAD

- You usually have chemotherapy as cycles of treatment. You have VAD in 4 week cycles, every 28 days. On the first day of your cycle you start a 4 day treatment with all 3 drugs. You have the vincristine and doxorubicin slowly over the 4 days through an infusion pump.
- Then you have a break with no treatment for 24 days. This completes one cycle. You then start the next cycle. At times during each cycle of treatment, you will have dexamethasone tablets to take. Usually you take these for 4 days at a time. You may take up to 3 lots of dexamethasone tablets during each cycle of chemotherapy.
- You will probably have between 4 to 6 cycles of treatment over 4 to 6 months. The number of cycles you have depends on
  - How well your cancer responds to the drugs
  - Whether your cancer has spread
  - You have the drugs as injections into a vein or through a drip.

### 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 – 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 hospital straight away 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**



---

**KEEP ALL MEDICINE OUT OF THE SIGHT AND REACH OF CHILDREN**

**Other common side effects include**

- Tiredness (fatigue) during and after treatment – most people find their energy levels are back to normal within 6 months to a year
- Nerve problems causing abdominal cramps, constipation, jaw pain, double vision or temporary incontinence of urine – tell your doctor or nurse if you have any of these effects
- Numbness and tingling in fingers and toes can cause difficulty with fiddly things such as doing up buttons – this starts within a few days or weeks and usually goes within a few months of finishing treatment
- Feeling or being sick – doxorubicin can cause sickness. It may begin a few hours after treatment and last for a few days. It is usually possible to control this side effect with anti sickness injections and tablets but tell your doctor or nurse if you are still being sick
- Hair loss
- A sore mouth
- Your urine may become a pink or red colour for one or two days after having doxorubicin – this will not harm you
- Sensitivity to the sun – cover up and stay in the shade while you are having treatment with doxorubicin. If you have to go out in the sun, use a high factor sun cream
- Gritty eyes, blurred vision or watery eyes from an increased production of tears
- Loss of fertility – you may not be able to become pregnant or father a child after VAD treatment. Talk to your doctor before starting treatment if you plan to have a baby in the future

**Occasional side effects**

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

- An allergic reaction to doxorubicin affects 3 people in 100 (3%). This causes a sudden rash of pink, itchy bumps on your skin and reddening of the skin along the veins. It should clear up within a few days
- Reddening of the skin in areas where you have had radiotherapy in the past, and the skin may get dry and flaky and feel sore and hot – this goes away on its own but keep affected areas out of the sun
- Taking dexamethasone may affect your blood sugar levels and you will need to have regular blood tests. If you are diabetic, talk to your diabetes doctor or nurse about the best way to control your diabetes
- Temporary damage to the muscles of the heart, which may change the rhythm of the heartbeat. In most cases this goes back to normal after the treatment is completed. There is a small, more serious risk of heart failure after a lot of treatment with doxorubicin. Your doctor will check your heart before you start treatment, and at times through your treatment course
- Taste changes
- Nails may become darker and white lines may appear on them
- You may develop black or brown discoloration in the creases of your skin
- Inflammation around the drip site – if you notice any signs of redness, pain, swelling or leaking at your drip site, tell your chemotherapy nurse straight away



---

## **KEEP ALL MEDICINE OUT OF THE SIGHT AND REACH OF CHILDREN**

- Dexamethasone may cause bruising of the skin, an increased appetite, skin spots, and shoulder or hip muscle weakness. Let your doctor or nurse know if you get any of these effects

### **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 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 any over the counter remedies – some drugs can react together.

### **Pregnancy and contraception**

Vincristine and doxorubicin may have a harmful effect on a developing baby. It is important not to become pregnant or father a child during treatment or for a few months afterwards. Talk to your doctor or nurse about contraception before having treatment if there is any chance that you or your partner could become pregnant.

### **Breastfeeding**

Breastfeeding is not advisable during this treatment because the drugs 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 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.



DR. JACKIE THOMSON INC.  
*Hope grows inside*

Prac Nr: 9990 2700 0076 6062

**VAD PATIENT  
INFORMATION  
LEAFLET**

HE-I-  
056

---

**KEEP ALL MEDICINE OUT OF THE SIGHT AND REACH OF CHILDREN**

- So there is usually no problem in being with any baby or child who has recently had any vaccinations. 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.