CYCLOPHOSPHAMIDE WEEKLY

INDICATION: Myeloma

Prior to a course of treatment

- Check FBC, U&Es, creat – *see dose modification* and do not use if creatinine >600μmol
- If appropriate discuss possibility of pregnancy with female patients and need for contraception with both male and female patients. Discuss risk of infertility – offer semen cryopreservation to males
- Written consent for course

Prior to each cycle

- Medical review of fitness for chemotherapy – exclude active infection, major changes in organ function
- Check FBC, U&Es, creat – *see dose modifications*
- Ensure patient can drink 3L fluid daily

Cyclophosphamide * 400mg/m^2	PO	every 7 days
	OR	
Cyclophosphamide 300mg/m^2	IV	every 7 days

If the patient is cytopenic prior to starting consider a 6 week course of prednisolone 40mg/m^2 PO alternate days for 6 weeks, then tailing off to zero over weeks 7 and 8.

Aim to continue treatment until plateau phase or disease progression

** Cyclophosphamide available as 50mg tablets*

Prophylaxis for acute emesis	5HT antagonist
Prophylaxis for delayed emesis	5HT antagonist and metoclopramide
Other medications	Allopurinol 300mg od (if Cr.Cl <20ml/min use 100mg) for weeks 1-3
	Cotrimoxazole 480mg od with prednisolone
	Fluconazole 50mg od with prednisolone

Dose modification for haematological toxicity

- Every effort should be made to give treatment every 7 days at full dosage, with blood and platelet support if necessary. Severe haematological toxicity, i.e neutrophils <0.5, platelets <50, is often due to marrow infiltration. *Discuss these cases with the consultant*.

Dose modification for renal dysfunction

- Creatinine > 300μmol/l — Reduce to 50% dose cyclophosphamide
- Creatinine > 600μmol/l — Do not use cyclophosphamide

Weekly Cyclophosphamide Toxicities	
Neutropenic sepsis	Nausea (mild - moderate)
Thrombocytopenia	Alopecia (mild)
Amenorrhoea & infertility (offer semen cryopreservation)	Haemorrhagic cystitis

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