



Dexrazoxane

This information sheet explains what dexrazoxane is, how it is given and some of the possible side effects. Each person reacts differently to medicines, so your child will not necessarily suffer from every side effect mentioned. If you have any questions or concerns, please speak to your doctor, nurse or pharmacist.

Please read this in conjunction with any patient information leaflet provided by the manufacturer. However, please note that this information sheet explains about the use of dexrazoxane in children and young people so may differ from the manufacturer's information.

What is dexrazoxane?

Dexrazoxane belongs to a group of medicines which protect the heart (cardioprotective medicines).

It is used to prevent heart damage when medicines called anthracyclines (such as doxorubicin, mitoxantrone, daunorubicin, epirubicin, idarubicin) are used for chemotherapy treatment.

Dexrazoxane is classified as a cytotoxic agent and you may be asked to sign a consent for this medicine to be used with the other chemotherapy treatment that your child may be having.

How is it given?

Dexrazoxane is given as a slow infusion into a vein (intravenously or IV), through a cannula, central venous catheter or implantable port.

Dexrazoxane is administered by a short intravenous infusion (15 minutes), 30 minutes prior to anthracycline administration at a dose equal to 10 times the anthracycline-equivalent dose (maximum 500mg per surface area (m²) for each dose).

The anthracycline must be given over 1 hour, starting 15 minutes after the end of dexrazoxane infusion.

What are the side effects?

Allergic reaction

Some people receiving dexrazoxane have an allergic reaction to the medicine. This reaction may be mild to severe.

Signs of a **mild** reaction include skin rashes and itching, high temperature, shivering, redness of the face, a feeling of dizziness or headache. If you see any of these signs, please report them to a doctor or nurse.

Signs of a **severe** allergic reaction include any of the above, as well as shortness of breath. If you are in hospital and your child shows signs of a severe allergic reaction, call a doctor or a nurse immediately.

Bone marrow suppression

There will be a temporary reduction in how well your child's bone marrow works. This means your child may become anaemic (reduced red blood

cells), bruise or bleed more easily than usual, and have a higher risk of infection.

Your child's blood counts will be checked regularly to see how the bone marrow is working. Please tell your doctor if your child seems unusually tired, has bruising or bleeding, or any signs of infection, especially a high temperature.

Nausea and Vomiting

Anti-sickness medicines can be given to reduce or prevent these symptoms. Please tell your doctor or nurse if your child's sickness is very bad or lasts for more than a few days.

Increased tendency for blood clotting within blood vessels

Very rarely, dexrazoxane may slightly increase the risk of blood clot formation within blood vessels.

This risk may be further increased if your child and/or close family members have had a previous history of blood clots, for instance, deep venous thrombosis (DVT) or pulmonary embolism (PE).

It is important to let the doctors know of such past history before dexrazoxane.

If blood clots occur, your child will be given medicines to thin the blood and dissolve the clot.

Dizziness, headache, peripheral neuropathy (tingling sensation in the fingers and toes)

Your child may feel dizzy or complain of headache whilst on dexrazoxane. They may also feel a tingling sensation in the fingers and toes. This is common and will be monitored during treatment.

Cough, sore mouth

Dexrazoxane may sometimes cause cough or a sore mouth. This may be a sign of chest infection. If you notice your child has a mild cough or wheeziness, please inform your doctor or nurse.

Interactions with other medicines

- Some medicines can react with dexrazoxane, altering how well it works. Always check with your doctor or pharmacist before giving your child any other medicine, including medicines on prescription from your family doctor (GP), medicines bought from a pharmacy (chemist) or any herbal or complementary medicines.

Immunisations

Your doctor will advise you if your child should avoid immunisation during treatment. Your child should NOT have any live vaccinations such as MMR, oral polio, chicken pox or BCG whilst on dexrazoxane treatment.

Inactivated or killed vaccines such as influenza/flu, meningitis c, pneumococcal, hepatitis, Hib, tetanus, diphtheria, whooping cough/pertussis and the killed version of the polio immunisation are permitted if the patient is stable under treatment.

If you have other children who need vaccines while your child is on dexrazoxane treatment, they should have these as normal, but they should also receive the 'killed' or inactivated polio vaccine.

If you have any questions about vaccines and immunisations, please ask your doctor.

Useful numbers

- GOSH switchboard 020 7405 9200
- Pharmacy medicines information 020 7829 8608 (Monday to Friday from 9am to 5pm)

Compiled by the Pharmacy department in collaboration with the Child and Family Information Group

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