

# Cyclophosphamide

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AL amyloidosis  
Treatment Guide

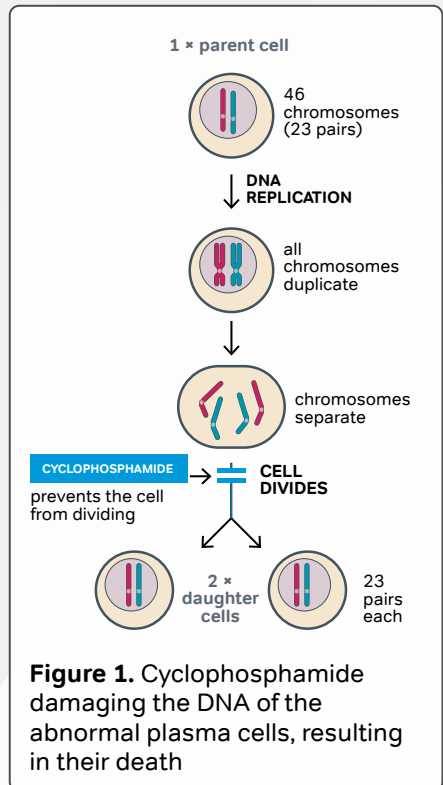
# What is cyclophosphamide?

Cyclophosphamide is a chemotherapy drug used in the treatment of AL amyloidosis. It belongs to a class of chemotherapy drugs called alkylating agents.

## How does it work?

Treatment for AL amyloidosis aims to kill the abnormal plasma cells, preventing more amyloid being produced and enabling the body to clear existing deposits gradually.

Cyclophosphamide works by damaging the DNA within the abnormal plasma cells. Damaging the DNA stops the abnormal plasma cells multiplying and results in their death.



**Figure 1.** Cyclophosphamide damaging the DNA of the abnormal plasma cells, resulting in their death

## How is cyclophosphamide given?

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Cyclophosphamide is given orally (by mouth) or intravenously (into a vein). In AL amyloidosis, it is most often used in tablet form.

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Cyclophosphamide is usually given in combination with other anti-AL amyloidosis drugs.

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Individual treatment plans may vary. Your exact dose of cyclophosphamide and your length of treatment will be discussed with you by your healthcare team. This is because your treatment will depend on some factors such as your weight and what treatment combination you are receiving.

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## Other information about cyclophosphamide

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If you are sick shortly after taking cyclophosphamide or if you miss a dose, you should contact your doctor immediately for advice before taking the next dose.

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You should take cyclophosphamide in the morning and drink plenty of clear fluids (staying within your fluid intake limit). If you have any blood in your urine, contact your doctor immediately.

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Cyclophosphamide is expected to be harmful to an unborn baby. This means you must use effective methods of contraception while on this treatment and for up to 1 year after treatment has finished if you or your partner could become pregnant.

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You should not breastfeed when taking cyclophosphamide as the drug can pass to your baby in the milk.

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## Possible side effects

Cyclophosphamide has a number of possible side effects which can vary considerably from patient to patient. It is important to report any side effects to your doctor or nurse as soon as possible so they can be treated or managed promptly.

Side effects of cyclophosphamide are more common in parts of the body where there are rapidly dividing cells such as the hair follicles, bone marrow, skin and the lining of the mouth and digestive tract.

The side effects listed here are those experienced most often. For a complete list of side effects please refer to the patient information leaflet which is included in the pack with the treatment. If you do not have this, ask your healthcare team for it.



## Effects on fertility

Cyclophosphamide may affect your fertility and ability to have a child. You should talk to your doctor or nurse about how this may affect you and what your options are. It is possible that cyclophosphamide may bring on an early menopause.



## Nausea, vomiting and appetite loss

Cyclophosphamide can cause nausea and/or vomiting. This can begin 2–3 hours after taking the treatment and may last for up to 24 hours. You may be given anti-sickness (antiemetic) drugs to prevent or reduce nausea and vomiting. You should take these as prescribed rather than waiting until you feel sick. There are several types of antiemetic available and if the one you have does not work, ask your doctor to try another.

You should keep drinking to avoid dehydration (but be aware of your fluid intake limit), especially if you have been vomiting. If vomiting is prolonged and you can't keep anything down, you should contact your healthcare team for advice.

Sometimes, cyclophosphamide can alter your sense of taste and smell and this may contribute to your loss of appetite, nausea and/or vomiting. This is usually temporary and should disappear when you have finished your treatment.



## Low blood counts

Cyclophosphamide may cause a decrease in the number of red blood cells, white blood cells and platelets in your blood. This can cause anaemia (which can cause shortness of breath, tiredness and weakness) and fatigue, as well as making you more susceptible to infection and increasing your risk of bleeding. If necessary, you will be given supportive treatment to help with these side effects and to boost your blood cell counts.



## Diarrhoea

In most cases, diarrhoea is temporary and your normal bowel pattern should return once treatment has finished. You should maintain a good fluid intake to prevent dehydration and a balanced diet low in highly spiced or fatty foods (however, you must make sure to stay within your fluid intake limit). You may be prescribed anti-diarrhoeal treatment and if your diarrhoea is severe, you may also need intravenous fluids via a drip. Diarrhoea can also be caused by AL amyloidosis and amyloid deposits in the gastrointestinal tract. This should improve as your treatment for AL amyloidosis works.



## Sore mouth and throat

Cyclophosphamide can sometimes cause a sore mouth and throat (oral mucositis) which can result in mouth ulcers and mouth infections. If this occurs, it can sometimes make eating, drinking and swallowing difficult. You may need intravenous fluids and/or nutritional supplements until you are able to resume eating and drinking normally.

It is important you maintain good oral hygiene if you have mucositis. Your nurse will show you how to care for your mouth and how to keep it clean with mouthwashes and brushes or foam sticks. Your doctor can prescribe painkillers which should help to ease any pain.



## Hair thinning or loss

You may have some thinning of your hair but it is unlikely that you will lose it completely. Thinning or loss of your hair will usually start within 2–4 weeks of your first dose of cyclophosphamide. You may also have thinning or loss of eyelashes, eyebrows and other body hair.

This is nearly always only temporary and normally your hair should start to grow back a month or so after finishing treatment. During this time, you should try to avoid hair dyes and use a very mild shampoo to avoid scalp irritation.



If you have any questions about your treatment, speak to your medical team. They are the best people to ask if you have questions about your individual situation. The information in this publication is not meant to replace their advice.



## We're here for everything a diagnosis of AL amyloidosis brings

Get in touch to find out more about how we can support you

Call the Myeloma UK Infoline on

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