

cyclopentolate ophthalmic

See Appendix B

⚠ HIGH ALERT

cyclophosphamide (Rx)

(sye-kloe-foss'fa-mide)

Procytox 

Func. class.: Antineoplastic alkylating agent

Chem. class.: Nitrogen mustard

Do not confuse:

cyclophosphamide/cycloSPORINE

ACTION: Alkylates DNA; is responsible for cross-linking DNA strands; activity is not cell-cycle-phase specific

USES: Hodgkin's disease, lymphomas, leukemia; cancer of female reproductive tract, breast, multiple myeloma; neuroblastoma; retinoblastoma; Ewing's sarcoma; nephrotic syndrome

CONTRAINDICATIONS: Pregnancy, hypersensitivity, prostatic hypertrophy, bladder neck obstruction

Precautions: Radiation therapy, cardiac disease, anemia, dysrhythmias, child, dental disease/work, dialysis, geriatric patients, heart failure, hematuria, infections, leukopenia QT prolongation, secondary malignancy surgery, tumor lysis syndrome, vaccinations, breastfeeding, severely depressed bone marrow function

DOSAGE AND ROUTES

Acute lymphocytic leukemia (ALL)

• **Adult/adolescent/child:** **IV** Total doses of IV 300-1500 mg/m² have been incorporated into induction, intensification, consolidation regimens, possibly using vinCRiStine, predniSONE, or others; **PO** 1-5 mg/kg/day depending on response

Neuroblastoma

• **Adult/child:** **IV** For induction, 40-50 mg/kg in divided doses over 2-5 days or 10-15 mg/kg q7-10days, 3-5 mg/kg 2×/wk or 1-5 mg/kg daily

• **Child and infant:** **PO** 150 mg/m²/day, days 1-7 with DOXOrubicin (**IV** 35 mg/m² on day 8) q21days × 5 cycles

• **Child:** **IV** 70 mg/kg/day with hydration on days 1, 2 with DOXOrubicin and vinCRiStine q21days for courses 1, 2, 4, 6 alternating with CISplatin and etoposide q21days for courses 3, 5, 7

Breast cancer


• **Adult:** **PO** 100-200 mg/m²/day or 2 mg/kg/day × 4-14 days; **IV** 500-1000 mg/m² on day 1 in combination with fluorouracil and methotrexate or DOXOrubicin or DOXOrubicin alone, also cyclophosphamide 600 mg/m²; may be given dose-dense on day 1 of q14days with DOXOrubicin (60 mg/m²) with growth-factor support

Operable node-positive breast cancer IV (TAC regimen)

• **Adult:** **IV** 500 mg/m² with DOXOrubicin (50 mg/m² **IV**), then DOCetaxel (75 mg/m²) **IV** given 1 hr later q3wk × 6 cycles

Nephrotic syndrome

• **Child:** **PO** 2.5-3 mg/kg daily × 60-90 days

Available forms: Powder for inj 
200, 500 mg, 1, 2 g/vials; caps 25, 50 mg

Administer:

• Use cytotoxic handling procedures

• In AM so product can be eliminated before bedtime

• Fluids IV or PO before chemotherapy to hydrate patient

• Antacid before oral agent; give after evening meal, before bedtime

• Antiemetic 30-60 min before product and prn

• Allopurinol or sodium bicarbonate to maintain uric acid levels, alkalization of urine

PO route

• Take on empty stomach; do not crush, break, chew caps; wash hands immediately if in contact with caps