**Fludarabine (flu dara been)**

**Patient Education**

US Brand Names: **Fludara**

Therapeutic Category: chemotherapy

**What is this medicine used for?**

Used to treat cancer. More specifically this particular drug is used to treat low grade lymphoma, chronic lymphocytic leukemia (CLL).

**How does it work?**

Fludarabine works by killing rapidly growing cells. This drug will affect all fast growing cells, cancer cells and normal cells, in your body.

**What should my doctor or nurse know before I take this medication?**

- If you are allergic to any medicines.
- If you are taking other over the counter or prescription medicines, including vitamins and herbal remedies.
- If you are, or may be pregnant.
- If you are breast feeding.
- If you have kidney problems.
- If you have epilepsy or numbness and tingling in your hands and feet.

**How is this drug given?**

- This medicine can be used alone or in combination with other cancer medicine.
- This medicine is given into a vein.

**What are the general precautions when taking this medicine?**

- Talk with your doctor or nurse before taking aspirin, aspirin-containing products, over the counter or prescription medications, including vitamins and herbal remedies.
- Drink 8 to 10 glasses of non-caffeinated liquid every day (unless told otherwise by your doctor or nurse).
- If you or your partner can get pregnant, use birth control during your treatment. Once completing treatment, discuss the timing for discontinuing birth control measures with your provider. (See Patient Teaching Sheet: Fertility)

**What are the common side effects of this medicine?**
Myelosuppression (drop in number of blood cells)
Will cause a drop in the number of white blood cells in your body (Neutropenia). These cells fight infection. A drop in the number of these cells puts you at risk for infection. You may be at an increased risk for getting an infection during your treatment. Talk to your doctor or nurse about your risk. Avoid people with infections, colds or flu when you are at risk. (See Patient Teaching Sheet: Neutropenia)

Will cause a drop in the number of platelets in your body (Thrombocytopenia). Platelets help your blood clot. A drop in platelets put you at risk for bleeding. You may bleed easily during your treatment. Talk to your doctor or nurse about your risk. Avoid injury to your skin and mucous membranes by using a soft toothbrush, electric razor, etc., when you are at risk. (See Patient Teaching Sheet: Thrombocytopenia)

Will cause a drop in the number of your red blood cells in your body (Anemia). Red blood cells carry oxygen throughout your body. This drop in red blood cells may lead to you feeling tired/fatigued. Talk to your doctor or nurse about your risk. (See Patient Teaching Sheet: Fatigue)

- In higher doses this medicine may cause neurologic toxicity leading to blindness and coma.

**Danger signals to report immediately to your doctor or nurse:**

- Signs or symptoms of infection. This include a fever of 100.4 F (38 C) or greater, chills, severe sore throat, ear or sinus pain, cough, increased sputum or change in color, painful urination, mouth sores, wound that will not heal, or anal itching or pain.
- Severe nausea or vomiting or diarrhea not controlled by medication.
- Not able to eat or drink.
- Bleeding from your nose, mouth, gums, or in your urine or bowel movements. Bruising that does not heal.
- Feeling extremely tired, weak, dizzy or light headed.

Prepared by the Oncology Nursing Committee 10/04.
Reviewed/revised by Oncology Clinical Nurse Specialist (T. Baltic) 4/07; Jason Gotlib, MD 6/07.

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