Mechlorethamine (me klor ETH a meen)
Patient Education

US Brand Names: Nitrogen Mustard, Mustargen
Therapeutic Category: chemotherapy

What is this medicine used for?
Used to treat cancer. More specifically this particular drug is used to treat Hodgkin's disease and non-Hodgkin's lymphoma.

How does it work?
Mechlorethamine 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.

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?

- Nausea and vomiting: take anti-nausea medication as directed. Call for nausea and vomiting not controlled by prescribed medication and/or inability to eat and drink liquids.
Alopecia: this medication will make your hair fall out. Hair loss starts about 2 to 3 weeks after you get this drug. Hair on your head is often lost first, but body hair can thin. Hair re-growth takes about 3 to 5 months after your last dose of this medication. (See Patient Teaching Sheet: Alopecia)

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)

This medicine may cause sterility. If you are thinking about having children, talk to your doctor about your fertility risk and options before starting treatment.

VESICANT: This drug will cause tissue damage if it leaks out of your vein. If you feel pain in or around the vein into which the drug is being administered, tell the nurse IMMEDIATELY.

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; Robert Carlson, MD 6/07.

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