Tumor Lysis Syndrome
Patient Education

Tumor Lysis Syndrome (TLS) happens when a cancer is very sensitive to treatment. As the cancer cells are destroyed, they break open and what is inside the cancer cell (uric acid, potassium, phosphorus) gets into your blood. If the kidneys cannot get rid of these substances, the amount in your blood increases. If not treated, this increase in the amount of substances in your blood can lead to decreased urination, kidney damage, and failure of other organs.

Prevention/Monitoring
Not all cancer patients are at risk for developing tumor lysis syndrome. The types of cancer most likely to develop TLS include lymphomas, leukemia, and cancers that are large and bulky. TLS can be seen before you receive treatment or within hours after starting treatment and may last up to 7 days. The greatest risk for TLS is with your first treatment. Before you start your treatment tests may be done to check to see if you are at risk. Tests may include drawing blood and x-rays.

If you are at risk for TLS you may be given a medicine called Allopurinol and/or Rasburicase to help reduce the risk of kidney failure. You will also be given large amounts of fluid through your vein to help flush your kidneys. The nurses will closely monitor your blood pressure, pulse and respirations, urine output, weight and draw blood from your vein frequently to check for signs of TLS.

If you develop TLS, your urine may look dark or thick. If you notice this, notify your doctor or nurse right away. Despite close monitoring and preventative measures, kidney failure may occur with TLS. If this should happen, you may need kidney dialysis. Kidney failure from TLS is usually reversible.

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