

SHARED CARE GUIDELINE

HYDROXYCARBAMIDE (Hydroxyurea) for Haematological Conditions

<p>Contact Details</p> <p>Name: _____</p> <p>Location: _____</p> <p>Date: _____</p> <p>Phone No. _____</p>	<p>Patient ID Label:</p> <p>Surname: _____</p> <p>Forenames: _____</p> <p>NHS Number: _____</p> <p>Date of Birth: _____</p>
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Introduction	<p>Indication: Used for the management of haematological myeloproliferative disorders including:</p> <ul style="list-style-type: none"> • Essential thrombocythaemia • Chronic myeloid leukaemia • Primary proliferative polycythaemia (polycythaemia vera) • Myelofibrosis • Unclassified myeloproliferative disorders
Secondary Care Responsibilities	<ol style="list-style-type: none"> 1. Initiate the hydroxycarbamide treatment, and advise the GP (in writing) of any dose modifications required. 2. Arrange shared care with patient's GP after 6 weeks. 3. Provide patient/carer with relevant written information on use, side effects and need for monitoring of medication. 4. Provide chemotherapy record booklet for recording of monitoring and information. 5. Baseline tests: FBC, LFT, U&E. 6. Review results of safety monitoring and request additional tests as required. 7. Disease monitoring – response to treatment and need to continue therapy. 8. Continue to review the patient at agreed specified intervals, sending a written summary to the GP whenever the patient is reviewed, including the current dose to be prescribed. 9. Provide any other advice or information for the GP if required.
Primary Care Responsibilities	<ol style="list-style-type: none"> 1. Prescribe hydroxycarbamide as per the written dosage supplied by the hospital specialist. 2. Arrange and record ongoing monitoring as agreed with specialist (some specialists may choose to arrange their own monitoring instead). 3. Identify and report adverse events to the specialist and the MHRA. 4. Ensure no drug interactions with other medicines. 5. Administer influenza vaccine annually. 6. Check the patient as had one dose of pneumococcal vaccine (re-vaccination is not recommended) – see BNF.

	<p>7. Passive immunization using Varicella-Zoster immunoglobulin (VZIG) should be considered in non-immune patients if exposed to chickenpox or shingles. Contact virology for advice if exposure is suspected.</p> <p>8. Ask about oral ulceration/sore throats or unusual bruising at every consultation. If present, arrange urgent FBC.</p>										
<p>Monitoring Required in Primary Care</p>	<ul style="list-style-type: none"> FBC – weekly for 6 weeks, reduce to a minimum of once every 3 months for the duration of therapy (in line with advice from specialist) If MCV > 105fl – B₁₂ and folate should be checked <p>Results should be recorded in patient's Chemotherapy Book</p> <table border="1" data-bbox="480 551 1401 815"> <tr> <td colspan="2">Urgently contact the specialist if (if unable to contact the specialist advise the patient to withhold treatment):</td> </tr> <tr> <td>Hb</td> <td>decreases by 3g/dL</td> </tr> <tr> <td>WCC</td> <td>< 4 x 10⁹/L</td> </tr> <tr> <td>Neutrophils</td> <td>< 1 x 10⁹/L</td> </tr> <tr> <td>Platelets</td> <td>< 100 x 10⁹/L</td> </tr> </table>	Urgently contact the specialist if (if unable to contact the specialist advise the patient to withhold treatment):		Hb	decreases by 3g/dL	WCC	< 4 x 10⁹/L	Neutrophils	< 1 x 10⁹/L	Platelets	< 100 x 10⁹/L
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<p>Adverse Effects</p>	<p>Leucopenia, anaemia and thrombocytopenia: GPs should be alert to any unexplained bruising or bleeding.</p> <p>Macrocytosis occurs in almost all patients and may persist for up to one year after stopping therapy.</p> <p>Rarely: anorexia, nausea, vomiting, diarrhoea, headache, drowsiness, dizziness, cutaneous hyperpigmentation. If severe or persistent, refer to hospital.</p> <p>Renal dysfunction: hydroxycarbamide should be used with caution in patients with marked renal dysfunction.</p>										
<p>Common Drug Interactions</p>	<p>No significant drug interactions. Toxicity may be potentiated by previous or concomitant radiotherapy or cytotoxic therapy. Patients should not be receiving anti-retroviral therapy containing didanosine and/or stavudine.</p>										
<p>Cautions & Contraindications</p>	<p>Pregnancy/contraception: female patients must be advised not to conceive whilst receiving hydroxycarbamide. A reliable form of contraception should be used by men and women whilst on hydroxycarbamide.</p> <p>Breastfeeding: women should not breastfeed whilst receiving hydroxycarbamide.</p> <p>Live vaccines should be avoided by patients receiving hydroxycarbamide.</p>										

Protocols on the use of hydroxycarbamide in the treatment of myeloproliferative disorders may be obtained from:

North: ☒ http://www.cancernorth.nhs.uk/portal_repository/files/crp-08-h009hydroxycarbamide.pdf

☎ (01228) 814563

South: ☒ <http://mbhci/C12/C1/Haematology%20Protocols/Haematology%20Protocols/Hydroxycarbamid.doc>

☎ (01524) 516202 and 07920027896

This guidance does not replace the SPC's, which should be read in conjunction with this guidance.