

# SHARED CARE GUIDELINE

## HYDROXYCARBAMIDE (Hydroxyurea) for Haematological Conditions

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

	<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><b>Monitoring Required in Primary Care</b></p>	<ul style="list-style-type: none"> <li>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)</li> <li>If MCV &gt; 105fl – B<sub>12</sub> and folate should be checked</li> </ul> <p><b>Results should be recorded in patient's Chemotherapy Book</b></p> <table border="1" data-bbox="480 551 1401 815"> <tr> <td colspan="2"><b>Urgently contact the specialist if (if unable to contact the specialist advise the patient to withhold treatment):</b></td> </tr> <tr> <td><b>Hb</b></td> <td><b>decreases by 3g/dL</b></td> </tr> <tr> <td><b>WCC</b></td> <td><b>&lt; 4 x 10<sup>9</sup>/L</b></td> </tr> <tr> <td><b>Neutrophils</b></td> <td><b>&lt; 1 x 10<sup>9</sup>/L</b></td> </tr> <tr> <td><b>Platelets</b></td> <td><b>&lt; 100 x 10<sup>9</sup>/L</b></td> </tr> </table>	<b>Urgently contact the specialist if (if unable to contact the specialist advise the patient to withhold treatment):</b>		<b>Hb</b>	<b>decreases by 3g/dL</b>	<b>WCC</b>	<b>&lt; 4 x 10<sup>9</sup>/L</b>	<b>Neutrophils</b>	<b>&lt; 1 x 10<sup>9</sup>/L</b>	<b>Platelets</b>	<b>&lt; 100 x 10<sup>9</sup>/L</b>
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<p><b>Adverse Effects</b></p>	<p><b>Leucopenia, anaemia and thrombocytopenia:</b> GPs should be alert to any unexplained bruising or bleeding.</p> <p><b>Macrocytosis</b> occurs in almost all patients and may persist for up to one year after stopping therapy.</p> <p><b>Rarely:</b> anorexia, nausea, vomiting, diarrhoea, headache, drowsiness, dizziness, cutaneous hyperpigmentation. If severe or persistent, refer to hospital.</p> <p><b>Renal dysfunction:</b> hydroxycarbamide should be used with caution in patients with marked renal dysfunction.</p>										
<p><b>Common Drug Interactions</b></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><b>Cautions &amp; Contraindications</b></p>	<p><b>Pregnancy/contraception:</b> 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><b>Breastfeeding:</b> women should not breastfeed whilst receiving hydroxycarbamide.</p> <p><b>Live vaccines</b> 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](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.**