MEDICINE INFORMATION

R-DHAP (rituximab, dexamethasone, cytarabine and cisplatin)

A guide to R-DHAP for some B-cell lymphomas, including the infusion days, steroid tablets, eye drops and what to watch for between treatments.

At a glance

Treatment	Rituximab + Dexamethasone + Cytarabine + Cisplatin
When it may be used	For selected B-cell lymphomas, including some that have returned or continued to grow after earlier treatment.
How it is given	Rituximab, cytarabine and cisplatin are given through a vein. Dexamethasone is taken by mouth or given through a vein, depending on the plan.
Before you start	Check your treatment calendar, eye-drop and steroid instructions, and who to call out of hours.

What this treatment is and how it works

Rituximab is an antibody that attaches to CD20, a protein on certain B cells. It helps your immune system remove lymphoma cells carrying that protein. Cytarabine and cisplatin are chemotherapy medicines. They affect the genetic material cells need to grow. Dexamethasone is a steroid used as part of the treatment. Cytarabine in this regimen may also be called Ara-C.

When it may be used

Your team may offer R-DHAP for some types of B-cell non-Hodgkin lymphoma. It is often used after the lymphoma returns or has not responded well enough to earlier treatment. The reason can differ by lymphoma type. Ask what the team hopes to achieve and whether a response could lead to another treatment, such as a stem cell transplant.

Before treatment

Tell your team about any kidney problem, hearing change, diabetes, heart condition or difficulty with balance or coordination. List your medicines, supplements and previous infusion reactions. Tell the team if you have ever had hepatitis B. Rituximab can reactivate the virus, so you will usually have a blood test and may need medicine or monitoring.

The team checks blood counts, kidney and liver function and blood salts. Ask whether you will stay in hospital, which days you need to attend and how to use your prescribed eye drops and steroid tablets.

How treatment is given

You have the medicines over several days. The timing and length of the infusions can vary between hospitals. Cisplatin usually involves extra fluid to help protect the kidneys. You also have medicine to prevent nausea. Rituximab may take longer on the first visit while nurses check for reactions.

High-dose cytarabine can irritate the eyes. Use the steroid eye drops the team prescribes, including after you go home if instructed. Ask exactly when to start and stop them. If you are taking dexamethasone at home, follow the dates on your prescription. Call the unit if you miss a dose or vomit after taking it.

Tests and monitoring during treatment

Staff check blood counts, kidney function and blood salts before and between treatments. Tell them about new ringing in your ears, hearing loss, numbness or reduced urine. The team may ask you to write or carry out simple tasks to check your balance and coordination during high-dose cytarabine. Report new changes straight away.

You may have a scan to assess the lymphoma's response. Ask when it will happen and what the results will mean for your next treatment.

Side effects

Common side effects

- **Low blood counts.** You may be more likely to get an infection, feel tired or bleed. Tell the team about fever, bruising, breathlessness or bleeding.
- **Nausea and bowel or mouth problems.** Take medicines as prescribed and ask for help if you are unable to drink or eat.
- **Sore or watery eyes.** Use your prescribed eye drops. Report eye pain, blurred vision or discomfort in bright light.
- **Sleep, appetite, mood or blood sugar changes.** Dexamethasone can affect these. Follow your diabetes monitoring plan if you have one.

Less common and serious side effects

Cytarabine can affect the nerves that control balance, speech and movement. Tell staff straight away if you have new unsteadiness, slurred speech, confusion or unusual sleepiness. Cisplatin can affect the kidneys, hearing and nerves. Early reporting helps the team decide whether to adjust treatment.

A reaction to rituximab can cause itching, shivering, wheezing or dizziness. Tell your nurse immediately during treatment and ask how to get help if symptoms begin after you leave.

When to seek urgent help

Tell your nurse straight away if you are in hospital. At home, call your hospital's 24-hour cancer care number for fever, shaking chills, sudden illness, unusual bruising or bleeding, new eye pain, repeated vomiting or passing very little urine. Follow your hospital's temperature instructions. If you have no written threshold, call at 37.5°C (99.5°F) or above, or below 36°C (96.8°F). Call even with a normal temperature if you feel very unwell.

Seek emergency care for severe breathing difficulty, chest pain, sudden trouble speaking or walking, a seizure, collapse or bleeding that will not stop. Tell staff you have received high-dose cytarabine and cisplatin as part of R-DHAP.

Practical advice for this treatment

Check the eye-drop instructions before discharge

High-dose cytarabine may cause eye soreness. Ask when to start preventive drops, how often to put them in and how long to continue. Report painful eyes, sensitivity to light or blurred vision even if you have already used the drops.

Understand the balance and coordination checks

Your team may check speech, walking or handwriting during cytarabine treatment. Tell it promptly about unusual dizziness, unsteadiness or slurred speech. Tell the team if you already have a balance or movement problem so it can recognise changes.

Plan for cisplatin and rituximab checks

Hydration and blood tests help the team monitor kidney function and blood salts. Report new ringing in the ears or a drop in urine output. Rituximab also needs hepatitis B screening and observation for infusion reactions.

Medicines, interactions and vaccinations

Ask your cancer pharmacist before adding a new medicine, including painkillers, antibiotics, vitamins and supplements. Tell anyone prescribing for you that you receive cisplatin and rituximab. Check vaccine timing with the cancer team and ask when any prescribed infection prevention should stop.

Everyday life

Keep the eye drops, steroid dates and after-hours number together. Ask how much fluid to drink if you have any fluid restriction. Plan for support with travel and meals around treatment. If your hands or feet feel numb, take care with hot objects and stairs and report the change to your team.

Pregnancy, fertility and breastfeeding

Ask about fertility preservation before starting if it matters to you. Discuss contraception and breastfeeding and check when you can safely stop precautions after treatment.

After treatment

Ask which tests you need before the next appointment and when the team will discuss the lymphoma's response. Report changes in balance, eyesight or hearing that persist, and ask whether infection monitoring continues.

Frequently asked questions

Is R-DHAP the same as DHAP?

R-DHAP includes rituximab. Your team will confirm the medicines and formulation used in your plan.

Why do I need eye drops?

High-dose cytarabine can irritate the eyes. The prescribed drops help reduce that risk.

Can I stop the drops if my eyes feel fine?

Use the prescribed drops for the full course, including the days after cytarabine on your written plan. If the drops are missed or you develop pain, redness or blurred vision, contact your unit.

Why does the nurse check my handwriting or walking?

Changes can show that cytarabine is affecting coordination. Tell staff if you or your caregiver notice a difference.

Why do I need fluids with cisplatin?

The fluids help protect the kidneys. The team also checks your kidney function and blood salts.

What if I have ringing in my ears?

Report it promptly, along with any change in hearing. Tell the team if it started after your last treatment.

Will I need to stay overnight?

Some people do. Ask the unit how long your infusion lasts and which monitoring it requires.

Can dexamethasone affect my sleep or blood sugar?

Yes. Ask when to take it and how to monitor your blood sugar if you have diabetes.

What if I vomit after taking my steroid?

Call the unit for advice and tell them when you took it.

Why is hepatitis B checked again?

Rituximab can reactivate a past infection. Your team uses the result to decide whether you need prevention or monitoring.

Will I be able to go ahead if my blood counts are low?

The team decides from your tests and symptoms. A delay may give you time to recover.

What if my eyes become painful or blurry?

Call your hospital promptly. Tell the team when you received cytarabine and which drops you have used.

How will I know if the lymphoma has responded?

The team may use a scan and review your symptoms and examination. Ask when you will discuss the results.

Will I have a transplant after this?

That depends on your response, lymphoma type, previous treatment and health. Your team can explain the possible next steps.

Individual medicine guides

- Rituximab
- Dexamethasone
- Cytarabine
- Cisplatin

Sources and further reading

Read this guide alongside your hospital's plan. Ask your pharmacist to confirm the exact product dispensed in India and follow the instructions for that product.

Summary of Product Characteristics (SmPC) and prescribing information

- Rituximab (MabThera) - EU SmPC
- Dexamethasone tablets - UK SmPC
- Dexamethasone injection - UK SmPC
- Cytarabine injection for systemic use - UK SmPC
- Cisplatin injection - UK SmPC

Clinical protocols and other references

- eviQ R-DHAP protocol

Additional sources

- Cancer Research UK, R-DHAP
- eviQ, R-DHAP for non-Hodgkin lymphoma

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