

Trabectedin

Information for patients and caregivers. Read this with your treatment calendar and the instructions from your oncology team.

At a glance

Treatment	Trabectedin; Yondelis
Used in selected settings	Selected advanced soft-tissue sarcomas; with liposomal doxorubicin in selected relapsed ovarian cancer
How it is given	An infusion into a vein, usually through a central line such as a peripherally inserted central catheter (PICC line) or an implanted port. This reduces the risk of the medicine leaking into surrounding tissue. It may be given using a portable pump or during a hospital stay.
Before you start	Save your 24-hour oncology number. Have a thermometer and written treatment calendar available.

Important for this medicine

Tell the nurse immediately about burning, pain, swelling, redness or leakage around the line or port. Trabectedin outside the vein can seriously damage tissue. If this happens with a home pump, contact the unit immediately and follow its emergency pump instructions.

What this treatment is and how it works

Trabectedin is chemotherapy that attaches to DNA (the genetic instructions inside cells) and disrupts the way cancer cells read and repair their genetic instructions. This can stop cancer cells growing and lead to their death.

When it may be used

It is used for selected adults with advanced soft-tissue sarcoma, particularly leiomyosarcoma and liposarcoma. It is often considered after earlier chemotherapy or when some usual treatments are unsuitable. Exact licensed indications differ between countries.

In selected patients with advanced leiomyosarcoma, specialists may use [doxorubicin](#) with trabectedin followed by trabectedin maintenance, based on clinical-trial evidence. This is a distinct combination protocol; it should not be confused with the usual single-drug schedule.

In the European product information, trabectedin with [pegylated liposomal doxorubicin \(PLD\)](#) is also an option for ovarian cancer that has returned and is still considered sensitive to platinum treatment. This ovarian combination is not included in the US Yondelis indication. Your oncologist will explain the locally applicable use and alternatives.

Licences and access differ by country and product. This sheet does not establish Indian regulatory approval or availability. Your oncologist will explain the locally appropriate treatment.

Before treatment

Before starting, tell the team about previous cancer treatment, allergies, infection symptoms, heart, lung, kidney or liver disease, hearing or nerve problems, diabetes and all medicines you take. Discuss pregnancy, contraception and fertility. Ask for a written treatment calendar, supportive-medicine instructions and a 24-hour oncology contact number. Baseline blood tests usually include a full blood count and kidney and liver function; additional tests depend on the medicine and your health. Before chemotherapy that reaches the whole body, the team should check for current or past hepatitis B infection. If a test is positive, extra monitoring or antiviral treatment may be needed to prevent the virus becoming active again. The team will coordinate testing and treatment; do not delay urgent cancer treatment yourself.

How treatment is given and the schedule

An infusion into a vein, usually through a central line such as a peripherally inserted central catheter (PICC line) or an implanted port. This reduces the risk of the medicine leaking into surrounding tissue. It may be given using a portable pump or during a hospital stay.

For the usual single-drug sarcoma schedule, the infusion runs over 24 hours and is repeated about every 3 weeks. In the ovarian combination, trabectedin usually runs over 3 hours after PLD, every 3 weeks. Other specialist combinations have their own timing.

Dexamethasone is given before each infusion to help prevent sickness and reduce liver toxicity. Other anti-sickness medicines may be added. The number of cycles depends on benefit, side effects and your preferences, rather than one fixed number for everyone.

The dose is calculated for your treatment and health. Do not change the dose or treatment dates yourself. The team will provide a revised calendar if treatment needs to be delayed, reduced or stopped.

Tests and monitoring during treatment

- Blood counts, liver tests, kidney function and the muscle enzyme creatine phosphokinase (CPK, also called CK) are checked before treatment. CPK helps identify muscle injury.
- The SmPC recommends blood-count, liver and CPK monitoring weekly during the first 2 cycles, then at least once between later cycles as well as assessment before further treatment. The team may check more often if there are symptoms or abnormal results.
- A heart assessment, usually an echocardiogram to measure pumping strength, is needed before treatment and about every 2 to 3 months during treatment. Previous doxorubicin or other anthracyclines, heart disease and older age can increase risk. Kidney function is assessed throughout treatment; scans assess the cancer's response.

Tell the team about symptoms since the previous dose, including problems that have already settled. A normal earlier test does not make new symptoms safe to ignore.

Side effects: what to expect

The table groups common or very common problems. Some regulatory data combine single-drug sarcoma treatment with the PLD ovarian combination; they cannot provide one precise risk for every patient. PLD can add hand-foot soreness and other side effects, so read its sheet too.

You are unlikely to have every effect listed, and this is not an exhaustive list. Report new symptoms even if they are not mentioned here.

Common or more frequent side effects

Practical care and when to ask for help

Possible effect	What you can do	When to contact the team
Low blood counts	White cells fight infection, red cells carry oxygen and platelets help clotting. Treatment can lower one or more of these. Wash hands, avoid close contact with people who are unwell and keep blood-test appointments.	Call immediately for fever, shaking chills or feeling suddenly unwell. Report unusual bruising, bleeding, marked tiredness or increasing breathlessness. Do not wait for a blood-test result before seeking help.
Feeling or being sick	Take preventive anti-sickness medicines at the prescribed times. Try small meals and frequent small drinks; avoid strong food smells if they worsen nausea.	Contact the team the same day if medicines are not controlling symptoms. Seek urgent advice if you cannot keep fluids down, feel faint or pass much less urine.
Tiredness and reduced stamina	Balance rest with short periods of gentle activity. Prioritise tasks and accept help with shopping, meals or transport. Tell the team about poor sleep or pain.	Report fatigue that prevents basic activities or is worsening. Sudden breathlessness, chest pain, fainting or confusion needs urgent assessment.
Reduced appetite or changes in eating	Try smaller, frequent meals with protein and energy-rich foods you tolerate. Ask for a dietitian if your weight or intake is falling.	Report ongoing weight loss or difficulty eating. Inability to drink or signs of dehydration needs same-day urgent advice.
Loose or more frequent stools (diarrhoea)	Record how often you pass stools and follow the team's fluid and anti-diarrhoea plan. Use small, regular drinks unless you have a fluid restriction.	Report new or worsening diarrhoea promptly. Fever, blood, severe abdominal pain, dizziness or difficulty drinking needs urgent assessment.
Constipation	Keep a bowel record. Gentle movement, usual fluids and a prescribed laxative can help. Ask before using suppositories or enemas when blood counts may be low.	Contact the team for worsening constipation. A swollen or painful abdomen, vomiting or inability to pass wind needs urgent assessment; do not simply add laxatives.

Possible effect	What you can do	When to contact the team
Sore mouth or ulcers	Clean your teeth gently with a soft brush, use the mouth rinses your team recommends and choose soft foods. Avoid alcohol-containing mouthwash and foods that sting.	Report soreness early. Difficulty eating or drinking, fever or severe pain needs same-day advice.
Changes in liver blood tests	Attend blood tests even if you feel well. Check medicines and supplements with the pharmacist.	Report yellow eyes or skin, dark urine, severe upper-abdominal pain or confusion urgently. The team may need to pause or change treatment.
Headache, back pain or other aches	Use only agreed pain relief and pace your activity.	Report troublesome symptoms. Severe muscle pain or weakness, especially with dark urine, needs urgent assessment.
Breathlessness, cough or swelling	Report a change from your usual breathing or new swelling promptly.	Do not simply treat these at home: infection, heart problems or fluid leakage may be responsible. Sudden severe breathlessness or chest pain needs emergency help.

Other reported side effects (frequency varies)

Hair thinning or loss, taste changes, dizziness, tingling or numbness, rash and sleep problems can occur. Acute kidney injury is listed as common in the current EMA SmPC. Muscle breakdown and capillary leak syndrome are uncommon, and liver failure is rare. Their seriousness is why the warning symptoms are separated below.

Important serious side effects, including rare effects

Serious effects can be common, uncommon, rare or have an uncertain frequency. The following advice explains when to seek help; it does not label all serious effects as rare.

Serious infection or bleeding

Low blood counts can lead to sepsis or serious bleeding. Call immediately for fever, chills or feeling suddenly unwell. Uncontrolled bleeding, collapse or severe breathing difficulty needs emergency care.

Muscle breakdown (rhabdomyolysis)

Urgently report severe muscle pain, unusual muscle weakness, dark or cola-coloured urine, or much less urine. Muscle breakdown can damage the kidneys and may occur together with liver and blood-count changes. Do not wait for the next scheduled CPK test.

Liver or kidney injury

Yellow eyes or skin, marked upper-abdominal pain, confusion, reduced urine or new swelling need urgent assessment. Blood-test abnormalities may precede symptoms. Kidney injury may occur with or without obvious muscle symptoms.

Weakened heart function

Report increasing breathlessness, swelling of the legs, palpitations or difficulty breathing when lying flat promptly. Chest pain, collapse or severe breathlessness requires emergency help.

Capillary leak syndrome

Fluid can leak from small blood vessels into tissues. Rapid weight gain, widespread swelling, dizziness or low blood pressure, with or without breathlessness, needs immediate assessment.

Tissue injury or severe allergic reaction

Pain, burning or swelling around the infusion site needs immediate attention, even if it appears later. Wheezing, facial swelling, collapse or breathing difficulty can indicate a severe allergic reaction and requires emergency help.

When to seek urgent help

Follow your hospital's temperature instructions. If you have not been given a threshold, contact the oncology team immediately for a temperature of 37.5°C (99.5°F) or above, below 36°C (96.8°F), shaking chills or feeling suddenly unwell. Do not wait for a fever if you are deteriorating. Check your temperature before taking a fever-reducing medicine when possible, but do not delay seeking help.

Emergency assessment now

Seek emergency medical help immediately for severe breathing difficulty, chest pain, collapse, a seizure, new confusion, sudden one-sided weakness, uncontrolled bleeding or swelling of the face or throat. Tell emergency staff that you are receiving cancer treatment and when the last dose was given. Do not drive yourself if seriously unwell.

Practical advice for this treatment

Keep the central-line dressing dry and intact and check the area daily. Ask how to protect a pump during sleep, bathing and travel. If it alarms, leaks, disconnects or empties unexpectedly, call the unit; do not change settings or repair it yourself. Record your temperature and symptoms as instructed. Avoid alcohol during trabectedin treatment because of the risk to the liver.

Medicines, interactions and vaccinations

Give the oncology pharmacist a complete list of prescription medicines, over-the-counter products, vitamins, herbal and Ayurvedic remedies and supplements. Ask before starting anything new. Do not stop prescribed medicines, including anticoagulants or infection-prevention medicines, without a coordinated plan. Live vaccines are generally unsuitable while immunity is suppressed; discuss vaccine type and timing with the team. Non-live vaccines may be offered, although protection can be reduced. Follow any specific stop-and-call instructions for the cancer medicine on this page or in your written treatment plan.

Important interactions include some antifungals, antibiotics such as clarithromycin, HIV medicines, rifampicin, some anti-seizure medicines and St John's wort. They can change trabectedin levels. Grapefruit products should be avoided. Statins and other medicines that can injure muscle or liver need review. Anti-sickness medicines, including aprepitant, should also be selected by the oncology pharmacist. Do not stop prescribed medicines yourself.

Pregnancy, fertility and breastfeeding

Chemotherapy can harm a developing baby and may affect fertility temporarily or permanently. Discuss sperm, egg or embryo storage before treatment when feasible. Tell the team immediately about a suspected pregnancy. Periods stopping does not guarantee infertility.

The current EMA Yondelis SmPC advises highly effective contraception during treatment and for 8 months afterwards for women who could become pregnant, and for 5 months afterwards for men with partners who could become pregnant. It also advises no breastfeeding during treatment and for 3 months afterwards. Other products or combination drugs may require different or longer precautions; ask for a written end date.

Everyday life

Gentle activity, regular meals and rest can help you cope. Prepare food hygienically and drink according to your individual fluid plan. Avoid smoking; avoid alcohol during trabectedin treatment. Plan work, travel and driving around symptoms and monitoring visits. Do not drive if dizzy, sleepy, weak, visually affected or impaired by neuropathy. You can usually be close to family and friends: chemotherapy does not make you radioactive. Follow the unit's instructions for handling urine, vomit, laundry and sexual precautions for the period it specifies.

When to contact the oncology team

Contact the oncology team the same day for persistent vomiting or diarrhoea, difficulty drinking, reduced urine, mouth pain affecting eating, new cough, jaundice, a painful or spreading rash, unusual bruising, worsening constipation or new nerve symptoms. Use the more urgent instructions for the particular symptom when given above. If the team cannot be reached and you are unwell, seek urgent medical care.

Write down your hospital's daytime and out-of-hours numbers before treatment. CTI's general contact details do not replace the emergency number provided by your treating hospital.

After treatment

Keep the planned blood tests and follow-up appointments after the last dose. Blood counts and immunity may take time to recover, and some effects can start or persist later. Contact the team about symptoms rather than waiting for a routine visit. Keep a treatment summary, including drug names, dates and any serious reactions, for future doctors. Response may be assessed with examination, scans or blood or marrow tests, depending on the cancer.

Words you may hear

Soft-tissue sarcoma	A cancer arising in tissues such as muscle, fat or connective tissue.
CPK or CK	A blood enzyme used to check for muscle injury.
Maintenance	Treatment continued after an initial treatment phase to help keep cancer controlled.

Frequently asked questions

Why can one infusion take 24 hours?

That is the established single-drug sarcoma schedule. The shorter infusion used in some combinations has a different dose and protocol. They are not interchangeable.

Why do I receive dexamethasone?

It helps prevent sickness and reduces liver toxicity. Take the prescribed supportive medicines even if an earlier cycle caused little nausea.

Why is a central line recommended?

Trabectedin can cause severe tissue injury if it leaks outside a vein. A central line helps reduce this risk but still needs careful checking.

Why are blood tests needed between cycles?

Counts, liver tests and CPK can change before the next treatment date. The early cycles need especially close monitoring.

What does a high CPK mean?

CPK is an enzyme released when muscle is injured. The team interprets it with your symptoms and other results; a rise may require a delay or stopping treatment.

Will I definitely lose my hair?

Hair thinning or loss can occur, and the risk changes with accompanying medicines. It is not possible to predict your exact experience from the drug name alone.

Can I drink alcohol?

Avoid alcohol during trabectedin treatment because both can affect the liver. Ask the team when it is safe to resume.

Is maintenance treatment the same as the first combination?

No. In some sarcoma plans, the initial combination is followed by trabectedin alone. Your written calendar should show the change clearly.

Related treatment guides

- Doxorubicin
- Pegylated liposomal doxorubicin

Sources and further reading

Summary of Product Characteristics

Professional reference resources. The SmPC describes product-specific warnings, interactions, adverse effects and monitoring. US prescribing information is identified separately. Original-brand or direct manufacturer documents are linked where retrieved. The team must also check the product actually supplied in India.

- [Yondelis - EMA product information including SmPC](#). Accessed 16 October 2026. Original brand, PharmaMar. Current document includes acute kidney injury and updated reproductive precautions.
- [Yondelis - manufacturer-hosted US prescribing information](#). Accessed 16 October 2026. Original brand; revised January 2026. US indication is narrower than the EU indication.

Other authoritative references

- [Cancer Research UK - Trabectedin](#). Accessed 16 October 2026. Patient treatment, side-effect and practical-care information.
- [BC Cancer - Trabectedin monograph](#). Accessed 16 October 2026. Revised 1 April 2026. Monitoring, interaction and toxicity cross-check.
- [NCI - Trabectedin](#). Accessed 16 October 2026. US sarcoma use cross-check.
- [Pautier et al. - Doxorubicin-trabectedin with trabectedin maintenance in leiomyosarcoma, NEJM 2024](#). Accessed 16 October 2026. Primary abstract indexed by PubMed, PMID 39231341, read through web search; full journal article not retrieved.
- [EMA - Yondelis periodic safety review, PSUSA/00003001/202509](#). Accessed 16 October 2026. 2026 assessment supporting addition of acute kidney injury.
- [NCI - infection and neutropenia](#). Accessed 16 October 2026.
- [NCI - mouth and throat problems](#). Accessed 16 October 2026.
- [NCI - diarrhoea](#). Accessed 16 October 2026.
- [NCI - fatigue](#). Accessed 16 October 2026.
- [ASCO hepatitis B screening and management opinion](#). Accessed 16 October 2026. Independent cross-check: Provisional Clinical Opinion: universal three-test screening before or at systemic anticancer therapy; chronic/past infection management.