valrubicin (val-roo-bi-sin)

Valstar, Ventaxin

**Classification**

Therapeutic: antineoplastics
Pharmacologic: anthracyclines

**Pregnancy Category C**

**Indications**

Intravesicular (bladder instillation) therapy of BCG-refractory carcinoma in situ of the urinary bladder in patients for whom surgery is inappropriate.

**Action**

Interferes with DNA synthesis.

**Pharmacokinetics**

**Absorption:** Action is primarily local; systemic absorption is negligible.

**Distribution:** Penetrates bladder wall.

**Metabolism and Excretion:** Excreted by voiding of instillate.

**Half-life:** Unknown.

**TIME/ACTION PROFILE** (antineoplastic effect)

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**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity to anthracyclines or poloxyl castor oil; known alcohol intolerance; Concurrent urinary tract infection; Patients with small bladder capacity (unable to tolerate 75-mL instillation); Perforated bladder or conditions where the integrity of the bladder mucosa has been compromised; OB, Lactation: Pregnancy and lactation; Recent (within 2 wk) transurethral resection.

**Use Cautiously in:** Patients with severe irritable bladder symptoms; Patients with childbearing potential; Pedi: Safety not established.

**Adverse Reactions/Side Effects**

**CNS:** Dizziness, headache, malaise, weakness.

**Resp:** Pneumonia.

**CV:** Chest pain, vasodilation.

**GI:** Abdominal pain, diarrhea, flatulence, nausea, vomiting.

**GU:** Bladder spasm, cystitis, dysuria, hematuria, red urine, urinary frequency, urinary incontinence.

**Derm:** Rash.

**F and E:** Peripheral edema.

**Hemat:** Anemia.

**Metab:** Hyperglycemia.

**MS:** Back pain.

**Interactions**

**Drug-Drug:** None significant.

**Route/Dosage**

**Intravesicular** (Adults): 800 mg instilled into urinary bladder once weekly for 6 wk.

**NURSING IMPLICATIONS**

**Assessment**

- Monitor patient for bladder spasms following instillation of valrubicin. May cause spontaneous discharge of intravesical instillate; clamping of the urinary catheter is not advised.

- Cystoscopy, biopsy, and urine cytology should be performed every 3 mo to monitor patients for disease recurrence or progression.

**Potential Nursing Diagnoses**

- Impaired urinary elimination (Indications)

**Implementation**

- **High Alert:** Fatalities have occurred with chemotherapeutic agents. Before administration, clarify all ambiguous orders; double check single, daily, and course of therapy (dosage); have second practitioner independently double check original order and dose calculations. Use appropriate technique during instillation to avoid introducing contaminants into the urinary tract or traumatizing the urinary tract mucosa.

- Administration should be delayed for at least 2 wk after transurethral resection or fulguration.

- Solution should be prepared in a biologic cabinet. Wear gloves, gown, and goggles while handling medication. Discard equipment in specially designated containers.

- **Intravesicular:** Prior to instillation, allow four 5-mL vials of valrubicin to warm slowly to room temperature; do not heat. Withdraw 20 mL from the four vials and dilute with 55 mL of 0.9% NaCl, resulting in 75 mL of diluted valrubicin solution. Solution is clear red. May form a waxy precipitate at temperatures >4°C. If this occurs, warm in hand until solution is clear. Do not administer if particulate matter is present.

- **Other:** Consider drug name. **I** = Generic Implication. **OPPS** indicate bioequivalence studies indicate most frequent. **Discontinued** = Discontinued.
ter remains. Diluted solution is stable for 12 hr at room temperature. Prepare and store valrubicin solutions in glass, polypropylene, or polyolefin containers and tubing. Cremophor EL in valrubicin may cause leaching from polyvinyl chloride bags and IV tubing.

Rate: Insert a urethral catheter into the patient’s bladder, drain the bladder, and instill diluted 75-mL valrubicin solution slowly via gravity flow over several minutes. Withdraw catheter. Patient should retain drug for 2 hr before voiding. All patients should void at the end of 2 hr. Instruct patient to maintain adequate hydration following treatment.

Additive Incompatibility: Do not mix with other drugs.

Patient/Family Teaching

Inform patient that complete responses from valrubicin occur in only 1 in 5 patients and that delaying cystectomy may lead to metastatic bladder cancer, which is fatal. Discuss the risks associated with both procedures and the increased risk the longer cystectomy is delayed.

Advise patient that major toxicities from valrubicin cause irritative bladder symptoms, which may occur during instillation and retention and for a limited period following voiding. Red-tinged urine is common for the first 24 hr following instillation. Instruct patient to report prolonged irritative bladder symptoms or prolonged passage of red-tinged urine to health care professional immediately.

Caution women of childbearing age not to become pregnant during treatment. Men receiving valrubicin should refrain from engaging in sexual intercourse during therapy. Advise patients to use an effective method of contraception throughout treatment.

Evaluation/Desired Outcomes

Decrease in the spread of bladder cancer.

Why was this drug prescribed for your patient?