Doxorubicin is an anthracycline topoisomerase II inhibitor indicated:

- for the treatment of acute lymphoblastic leukemia in children
- for the treatment of acute non-lymphocytic leukemia in children
- for the treatment of acute myeloblastic leukemia
- for the treatment of acute myeloid leukemia
- for the treatment of high-grade non-Hodgkin lymphoma
- for the treatment of Hodgkin’s lymphoma
- for the treatment of peripheral T-cell lymphoma
- for the treatment of small cell lung cancer
- for the treatment of certain solid tumors
- for the treatment of soft tissue sarcomas
- for the treatment of metastatic ovarian carcinoma
- for the treatment of metastatic transitional cell bladder carcinoma
- for the treatment of metastatic thyroid carcinoma
- for the treatment of metastatic breast cancer
- for the treatment of metastatic prostate cancer

**Indications**

- Treatment of patients with advanced malignancies who have failed to respond to other chemotherapy regimens.
- Treatment of patients with metastatic breast cancer who have failed to respond to prior chemotherapy regimens.
- Treatment of patients with metastatic ovarian carcinoma who have failed to respond to prior chemotherapy regimens.
- Treatment of patients with metastatic thyroid carcinoma who have failed to respond to prior chemotherapy regimens.

**Contraindications**

- Hypersensitivity to doxorubicin HCl (4)
- Severe hepatic impairment (4)

**Warnings and Precautions**

- Doxorubicin is associated with the development of cardiac and hematologic toxicities.
- Cardiac impairment
- Extravasation and tissue necrosis
- Severe myelosuppression

**Adverse Reactions**

- Cardiac impairment
- Extravasation and tissue necrosis
- Severe myelosuppression

**Dosing and Administration**

- The recommended dose of doxorubicin, when administered in combination with other chemotherapy drugs, is 40 to 75 mg/m² on a weekly basis. The recommended dose of doxorubicin when used as a single agent is 60 to 75 mg/m² every 3 weeks.

**PK Parameters**

- Doxorubicin is extensively metabolized by the liver and is excreted primarily in the urine.
- The mean plasma clearance of doxorubicin is approximately 200 mL/min.
- The mean plasma half-life of doxorubicin is approximately 14 hours.

**Pharmacokinetic Properties**

- Doxorubicin is eliminated primarily by metabolism in the liver and excretion in the urine.
- The mean terminal plasma half-life of doxorubicin is approximately 14 hours.
- The mean plasma clearance of doxorubicin is approximately 200 mL/min.

**Pharmacodynamics**

- Doxorubicin is a topoisomerase II inhibitor that inhibits DNA replication and transcription.
- Doxorubicin is a potent inducer of apoptosis in cancer cells.

**Pharmacokinetic Interactions**

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**Pharmacodynamic Interactions**

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This Patient Information has been approved by the U.S. Food and Drug Administration.

0.9% sodium
Patient Information leaflet.

These are not all of the possible side effects of Doxorubicin.

Tell your doctor if you have any side effect that bothers you or that does not go away.

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Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Doxorubicin can interact with other medicines. Do not start any new medicine before you talk with the doctor who prescribed Doxorubicin.

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