The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The care of patients with cancer is also limited by the availability of clinical trial data. Therefore, clinicians must choose and verify treatment options based on the best available evidence and consider the unique needs and likelihood of benefit for each individual patient.

General treatment note: Exposure to myelotoxic agents—including alkylating agents and nitrosoureas—should be limited to avoid compromising stem-cell reserve prior to stem-cell harvest in patients who may be candidates for stem-cell transplantation. This approach is particularly relevant for patients with acute myeloid leukemia and multiple myeloma.

### References