Cysview

(hexaminolevulinate hydrochloride)

Unless specified all of the information below was obtained from GE Healthcare Cysview- see Reference page

Overview of Bladder Cancer and Cysview

- Bladder cancer is the 5th most commonly diagnosed cancer in the world (Bladder Cancer Advocacy Network, 2011).
- Cysview is a drug that is an optical imaging agent helping to identify non-muscle invasive papillary bladder cancer of those patients who have lesion(s) or suspected lesion(s).
- This drug is not intended for repetitive use and should never be used in place of random bladder biopsies or other procedures to detect bladder cancer.

Rationale behind using Cysview

 Small tumors are often difficult to identify when just performed under white light cystoscopy, however, using Cysview with blue light cystoscopy (from Karl Storz D-Light C Photodynamic Diagnostic- PDD) allows the physician to detect lesions and identify the margins more easily.

Preparing for Cysview

- Cysview is supplied as a kit that contains the following:
 - o 10 ml glass vial with 100 mg powder of Cysview
 - o 50 ml diluent
 - o Luer-lock catheter adapter
- In addition to the kit, gather the following supplies:
 - Sterile 50 ml Luer-lock syringe
 - Catheterization kit (do not use any catheter coated or embedded with silver or antibiotics)
 - Alcohol prep swabs
 - o Needle (if reconstituting)
- Vanderbilt University Hospital (VUH) Pharmacy:
 - Prior to contacting VUH Pharmacy, first verify that physician orders are present to instill the Cysview medication.
 - Notify VUH Pharmacy (24897) one (1) hour prior to instillation time to ensure that the medication is delivered in a timely manner.
 - VUH Pharmacy will reconstitute and send Cysview in a 60 ml syringe, until further notice.

Cysview Reconstituted

- Once reconstituted the solution is colorless to pale yellow and clear to slightly opalescent, free from visible particles, containing 2mg/ml of Cysview.
- Cysview is to be stored in the refrigerator (36-46 °F) up to 2 hours after reconstituting. If not used in 2 hours, the drug must be discarded.

Contraindications

- Porphyria (a disease of the metabolism)
- Gross Hematuria
- BCG immunotherapy or intravesical chemotherapy within 90 days
- Known hypersensitivity to hexaminolevulinate or aminolevulinate derivatives, which are sometimes used in dermatology procedures and found in some topical creams.

Adverse Reactions

- Bladder spasms are the most common occurring in less than 3%
- The following reactions occur in less than 2%:
 - o Dysuria
 - o Hematuria
 - o Bladder pain
 - o Procedural pain
 - o Urinary retention
 - o Headache
- Less common adverse reactions were identified post-approval and therefore it is not possible to estimate the frequency of the following reactions:
 - Anaphylactoid shock
 - o Bladder pain
 - o Cystitis
 - o Abnormal urinalysis

Safety with Use

- Skin exposure may increase risk of sensitization to the drug.
- Avoid skin contact.
- If Cysview comes into contact with the skin wash immediately with soap and water, then dry off.
- After patient has voided Cysview, routinely wash the peritoneal skin region with soap and water, then dry.

Overdose

 No adverse events were reported in the study for those patients who received twice the recommended dose of Cysview.

Administration of Cysview

- Insert the catheter and drain the bladder.
- Once bladder is drained of urine, slowly instill 50 ml of Cysview.
- Follow orders for instillation and indwelling catheter placement.

Patient Teaching

- The patient must hold Cysview in the bladder for at least 1 hour, not to exceed 3 hours.
- During the 1 hour waiting period, the patient can move around freely.
- Instruct the patient of the normal symptoms associated with catheter placement to include sensation to urinate and or bladder fullness.

Cysview and the Cystoscopic Exam

- Ideally the cystoscopic exam should be completed within 30 minute after Cysview has been evacuated (See Table 1).
- At the minimum it is necessary to wait at least 1 hour from Cysview instillation to perform the cystoscopic exam. This scenario would mostly likely occur if the patient voided Cysview prior to the 1 hour holding period (See Table 2).
- At the maximum the cystoscopic exam should occur within 3 hours from instillation of Cysview (See Table 3).

Table 1- Ideal Time Frame for the Cystoscopic Exam

Time	Activity	
1000	Cysview administered	
1100	Patient urinated	
1130	Cystoscopic exam	

Table 2- If Patient Voids Prior to the Hour

Time	Activity	Notes
1000	Cysview administered	
1020	Patient urinated	Patient could not hold Cysview for 1 hour
1100	Cystoscopic exam	Must wait 1 hour from instillation of drug until exam

Table 3- Maximum time the Cystoscopic Exam Can Occur

Time	Activity	Notes
1000	Cysview administered	
1100	Patient urinated	
1300	Cystoscopic exam	Exam must occur within 3 hours from Cysview administration

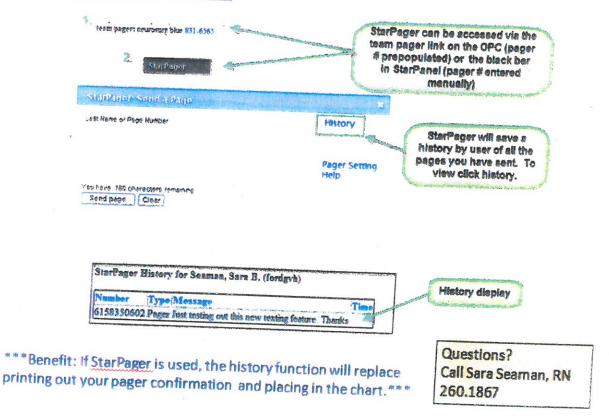
References:

- Bladder Cancer Advocacy Network. (2011). Mission and background at bladder cancer advocacy network. Retrieved from http://www.bcan.org/about/mission-background/
- General Electric Company. (2011). A step-by-step guide to reconstitution and instillation of cysview (hexaminolevulinate hcl) [DVD]. (Available from GE Healthcare).
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- General Electric Company. (2010). Cysview hexaminolevulinate hcl. Retrieved from http://www.cysview.net/
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STARPAGER FEATURES

(September 2010)

StarPager features



Tom CSL will note "BL" on daily staff schedule

RN is informed by CSL they will be receiving a patient requiring Cysview (RN can also see patient is a TURBT with Blue Light on OR board). Once receiving patient 1 1/2 hour or 1 hour and fifteen min before scheduled case RN will activate Cysview (Playback) Wiz Orders (Resident should have already entered into system)

> Tom CSL sees TURBT with Cysview or Blue Light is scheduled for the next day

RN gathers Foley catheter with bag and catheter plug RN places catheter into patient and completely drains the bladder leaving the Foley in place

completely instills Cysview into patient, plugs the catheter leaving in place for OR. RN disconnects catheter bag, slowly and

reconstitutes Cysview and delivers syringe to Pharmacy receives activated order

floor