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Infusion or Immune Reactions

Infusion reactions are symptoms or side effects that can happen if your immune system overreacts to cancer treatment given through an IV (intravenously).

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What causes infusion reactions?

Anyone can develop an infusion reaction to any medicine. But certain types of types of [immunotherapy](#)¹, [targeted drug therapy](#)², or [chemotherapy](#)³ (chemo) are known to cause reactions more often than others. You might also hear your cancer care team call them **hypersensitivity** or **immune reactions**.

If you have had reactions or allergies to other medicines in the past, you are more likely to develop an infusion reaction. They are also more common among women than men.

Certain cancer treatments have a higher risk of causing an infusion reaction, such as:

- Taxane chemotherapy, especially paclitaxel and docetaxel
 - Etoposide chemotherapy
 - Platinum chemotherapy
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When do infusion reactions happen?

For most medicines, the highest risk for having an infusion reaction is during the first or second dose. However, you can develop a reaction to any medicine during any dose – even if you’ve never had a reaction before.

- Steroids such as prednisone or dexamethasone (Decadron)
- Anti-fever medicines such as acetaminophen (Tylenol)

You might take premeds at home before your infusion appointment, or you might get them at your appointment. Follow whatever directions you are given by your cancer care team.

During the infusion

Some infusions are started at a slower rate to see how you respond to the medicine. If you don't have any signs or symptoms of a reaction, they might increase how fast the infusion goes in (infusion rate).

During the infusion, a nurse will watch you for signs and symptoms of an infusion reaction. They might ask you how you're feeling, or check your temperature, heart rate, and blood pressure. **It's important to tell your nurse immediately if you feel anything unusual, even if you're not sure what it is.**

If you have an infusion reaction

If you have any signs or symptoms of an infusion reaction, your nurse may pause the infusion while they check your breathing, temperature, blood pressure, and/or heart rate.

If your symptoms are severe or don't go away after stopping the infusion, they might give you **hypersensitivity** hypersensiti4ity

It might also be used if someone had signs of anaphylaxis during a past infusion. Some people go through desensitization in the hospital so they can be closely monitored.

If your cancer care team suggests desensitization, ask them about the risks versus benefits of continuing the treatment.

Hyperlinks

1. www.cancer.org/cancer/managing-cancer/treatment-types/immunotherapy.html
2. www.cancer.org/cancer/managing-cancer/treatment-types/targeted-therapy.html
3. www.cancer.org/cancer/managing-cancer/treatment-types/chemotherapy.html
4. www.cancer.org/cancer/managing-cancer/treatment-types/immunotherapy/monoclonal-antibodies.html
5. www.cancer.org/cancer/managing-cancer/side-effects/hair-skin-nails/itching.html
6. www.cancer.org/cancer/managing-cancer/side-effects/low-blood-counts/fever.html

References

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