

Low-dose cytarabine

Low-dose cytarabine is a non-intensive treatment used to treat some people with acute myeloid leukaemia (AML).

Summary

- Low-dose cytarabine is used to treat some people with acute myeloid leukaemia (AML). Your doctor might sometimes recommend it for other types of leukaemia.
- Low-dose cytarabine is a type of chemotherapy medicine. You have it as an injection under your skin.
- You will have regular blood tests to check how well the treatment is working and how your body is coping with it.
- You may get some side effects while you are having low-dose cytarabine. Some people have very few side effects. Other people may experience more serious side effects.
- Tell your haematology team if you get any side effects. They may be able to suggest things to help.

[Download our leaflet about low-dose cytarabine](#) 

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About low-dose cytarabine

This page is about low-dose cytarabine used on its own. We have separate information about:

- [Daunorubicin + cytarabine](#)
- [Daunorubicin + cytarabine + gemtuzumab ozogamicin](#)
- [Liposomal daunorubicin + cytarabine](#)
- [Venetoclax + cytarabine](#)
- [Higher-dose cytarabine](#)

<https://lcdemo-stage.gb.aldryn.io/about-leukaemia/treatments/low-dose-cytarabine/>

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Low-dose cytarabine is a non-intensive chemotherapy medicine. It stops cancer cells from growing and dividing.

There is no brand name for low-dose cytarabine. Some people call it Ara-C.

Your team might recommend low-dose cytarabine for you if:

- You have AML **AND**
- Intensive treatment is not suitable for you

Your team might also recommend it for other types of leukaemia.

You might have low-dose cytarabine on its own, or with other medicines. Your medical team will let you know what they recommend for you.

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Before having low-dose cytarabine

Before you start treatment, your haematology team will carry out:

- Blood tests to measure your blood counts
- Blood tests to check your liver and kidney function
- Blood tests to measure the level of salts in your blood
- Bone marrow tests

Things to tell your haematology team

Before starting treatment, you should let your haematology team know if you:

- Have any problems with your liver
- Have recently had cancer treatment or radiotherapy (or are due to have it)
- Have any allergies or have ever had an allergic reaction
- Are or think you may be pregnant

Some medicines or drugs may interact with low-dose cytarabine. Tell your haematology team about any medicines or supplements you are taking. This includes prescribed medicines and medicines you have bought yourself without a prescription. Examples include:

- Methotrexate, used to treat some cancers and inflammatory conditions
- Some medicines used to treat infections

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- Some medicines used to treat your heart or heart conditions
- Some medicines which can affect your immune system

Low-dose cytarabine may affect your fertility. If you may want to have children in the future, ask your haematology team for advice on sperm or egg storage before starting treatment.

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Having low-dose cytarabine

You have treatment in cycles. There will be some days where you have low-dose cytarabine, and some days where you have no treatment.

You usually have low-dose cytarabine as an injection under your skin. Your doctor or nurse might give it to you on a hospital day unit. Or they might teach you or a carer how to inject the medicine so that you can have it yourself at home.

You usually have a cytarabine injection once or twice a day for 10 days, every 4 to 6 weeks.

Dose

You usually have 20mg of cytarabine twice a day for 10 days.

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Precautions

You should not have live vaccines when you are being treated with low-dose cytarabine. It is OK to have non-live vaccines, but they might not work as well as usual. Tell your haematology team if you are due to have any vaccines.

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Pregnancy, breastfeeding and fertility

Low-dose cytarabine may harm unborn babies.

- If you could get pregnant, it is important to use effective contraception. You need to do this while you are having low-dose cytarabine and for 6 months after you stop.
- If you could make someone pregnant, it is important to use effective contraception. You need to do this while you are having low-dose cytarabine and for 6 months after you stop.
- If you think you might be pregnant, tell your haematology team as soon as possible. They may recommend stopping low-dose cytarabine for a while. They could also recommend switching to a different treatment.
- If you are planning to get pregnant, or make someone pregnant, tell your haematology team. They can discuss your treatment options with you.

Breastfeeding

Scientists are not sure if low-dose cytarabine passes into breast milk. If it does, it could be a risk for breastfed babies or children. You should not breastfeed when having low-dose cytarabine.

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Monitoring

During your treatment with low-dose cytarabine you will have blood tests:

- Before you start treatment
- At least once a week until your body responds to treatment
- On a regular basis throughout your treatment

You may also have further blood and bone marrow tests during your treatment. Your haematology team will let you know what tests you need and how often.

Your haematology team will use the results of these tests to:

- Check how well low-dose cytarabine is working for you
- Make sure your blood counts have not dropped too low
- Check how well your liver and kidneys are working

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- Check the level of salts in your blood

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How long to have low-dose cytarabine

You usually carry on having low-dose cytarabine unless:

- It has not worked well enough
- It stops working well
- You are having side effects that are difficult to cope with

If this happens, your haematology team might:

- Stop low-dose cytarabine
- Adjust your dose of low-dose cytarabine
- Recommend a different treatment

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Side effects

You may get some side effects while you are having low-dose cytarabine. Some people have very few side effects. Other people experience more serious side effects.

Tell your haematology team if you get any side effects. They may be able to suggest things to help.

If you are getting side effects that are difficult to cope with, they might suggest:

- Stopping treatment for a while
- Increasing the time between your treatment cycles

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Common side effects

Common side effects affect more than 1 but less than 10 out of every 100 people who are having low-dose cytarabine.

Common side effects include:

- Feeling tired, dizzy or short of breath. This could be due to a low red blood cell count (anaemia) or red blood cells that don't work as they should.
- Frequent or long-lasting infections due to a low white blood cell count.
- Unexpected bruising or bleeding, like nosebleeds, bleeding gums, blood spots or rashes. This could be due to a low platelet count.
- Loss of appetite.
- Sore, inflamed eyes.
- Difficulty swallowing.
- Tummy pain.
- Feeling sick or being sick.
- Diarrhoea.
- Inflammation or ulcers in or around your mouth or bottom.
- Changes in your liver or kidney function (found on a blood test).
- Increased levels of uric acid in your blood, which can lead to gout. You'll have medicine to try to prevent this.
- Red, itchy skin, a rash, or swelling and redness where you had the injection. This may look different on black or brown skin.
- Hair loss.
- Difficulty peeing.
- Fever.

Cytarabine syndrome

This is a type of allergic reaction that can happen, usually 6 to 12 hours after you have had a cytarabine injection. You may get symptoms like:

- Fever
- Muscle aches and pains
- Bone pain
- Chest pain
- Reddish skin covered in bumps (this may look different on black or brown skin)

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- Red and sore eyes
- Feeling sick
- Feeling generally unwell

If you experience these symptoms, tell your haematology team. They may be able to give you treatment, such as steroids, to help.

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If low-dose cytarabine does not work

Your haematology team will explain your options if low-dose cytarabine is not working well. They might suggest altering your dose or how often you have treatment.

If this is not suitable for you, or does not work, they will talk to you about other treatment options.

If your AML does not respond to treatment, this is known as refractory AML. We have more [information about relapsed and refractory AML](#).

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Sources we used to develop this information

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Need support?

You are not alone. We're here for you whether you have a diagnosis yourself or know someone who has. If you'd like advice, support, or a listening ear, call our freephone helpline on 08088 010 444 or send a WhatsApp message to 07500 068 065.

[Helpline and WhatsApp →](#)

Help us improve our information

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About our information

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Page last reviewed: 31 January 2025

Updated February 2026

Next review due: 31 January 2028



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