Third Consolidation for Acute Promyelocytic Leukemia
(PETHEMA PROTOCOL)

Contact Physician:_______________________ Pager: ________

Diagnosis:__________________________________

Cycle:___________ Day 1 = _________ Cycle 1: consent form done □

Weight:__________ Height:__________ BSA:_______

Adjusted IBW:___________ Adjusted BSA:________

Allergies:__________________________________

*Low risk:

**Idarubicin** 12mg/m²/day IV bolus daily day 1 only

*Intermediate and High risk:

**Idarubicin** 12mg/m²/day IV bolus daily days 1&2 plus

**All-trans-retinoic acid (ATRA)** 45mg/m²/day PO in two divided doses days 1-15.

For patients < 20 years old then ATRA 25mg/m²/day PO in two divided doses days 1-15.

1. **Hydration:**

2. **Prophylactic medications:**
   - Acyclovir: 400mg PO twice daily
   - Antifungal:
   - GI prophylaxis:

3. **Anti-emetics:** (Moderate emetogenic potential)
   - Ondansetron: 16mg PO daily prior to each dose of idarubicin. May give 16mg IV if unable to tolerate PO.
   - Dexamethasone: 10mg PO daily prior to each dose of idarubicin
   - Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
   - Prochlorperazine 10mg PO or IV every 6 hours prn nausea.
4. Chemotherapy: Choose Low risk vs Intermediate/High risk

☐ Low risk protocol*

- **Idarubicin** (12mg/m²/day) _____mg IV day 1______.

☐ Intermediate and High risk protocol*

- **Idarubicin** (12mg/m²/day) _____ mg IV days 1&2
  - Idarubicin ________mg IV day 1______
  - Idarubicin ________mg IV day 2______

- **All-trans-retinoic acid** (45mg/m²/day) _____ mg PO rounded to the nearest 10mg in twice daily doses (_______mg PO twice daily) days 1-15
  - Day 1-15= ________. (If patient ≤ 20 years old, dose reduce to 25mg/m²/day.)

*Risk categories: Based on patient leukocyte and platelet count at diagnosis
- Low risk= WBC<10,000 and platelet count>40,000
- Intermediate risk= WBC<10,000 and platelet count<40,000
- High risk= WBC≥10,000

Signed: _________________________________ Pager:_________


After completion of consolidation, patients who tested negative for PML/RARα were started on maintenance therapy.